Educating Maladjusted Children

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To David Wills
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### Contents

**Introduction**

1. Theoretical Considerations ........................................ 1
2. Identification of Maladjustment in Children ................. 28
3. Educational Provisions for Maladjusted Children .......... 50
4. The Organisation and Management of Children in Special Schools .................................................... 75
5. Assessment and Record Keeping ................................ 101
6. The Curriculum for Maladjusted Children .................... 120
7. The Teacher's Attitudes, Qualities and Skills ............... 166
8. The School's Relations with Parents, Neighbours and Visitors ......................................................... 194
9. Maladjusted Children in the Ordinary School System ........ 218
10. Evidence of Achievements .................................... 241

**References** .................................................................. 256

**Index** ......................................................................... 267
The accounts of the treatment of maladjusted children in this country which have appeared in the literature have been dominated for many years by those who have based their work on psychodynamic principles, mainly Freudian in origin. These accounts have made important contributions to our understanding of how maladjusted children can be helped in residential special schools, but not much material has so far appeared (outside the American literature) about other approaches to the treatment of these children, nor have teachers in day schools and day units been able to find many suggestions about work with maladjusted children which they can put to practical use in the classroom.

This book has been written for teachers and for teachers in training who wish to know why maladjusted children behave in the ways that they do, and how they can best help them. Teachers wish to be acquainted with the theoretical issues on which they can base effective work with maladjusted children, but they also wish to know how they can develop skills in the management of maladjusted children, how they can provide school or class organisation which is most appropriate to these children's needs, what sort of curriculum is likely to be appropriate, how they can manage their relationships with maladjusted children, how they can sustain helpful relations with the children's parents and with
their colleagues from other disciplines who are concerned with special educational treatment, and how they can develop their insights into the problems that maladjusted children present to them.

In considering the present situation in the education of maladjusted children, there are some aspects which are sufficiently remarkable to mention here. There is the very rapid expansion in the number of residential and day special schools in the years between 1950 and 1974, which makes it extremely unlikely that the output of specially qualified staff to work in these schools has kept pace with this expansion; there is the development of the idea that many maladjusted children should be retained in the ordinary school system and the investigation of alternatives to provision in separated special schools; and the emergence of disruptive and poorly motivated pupils in secondary schools. The extent and nature of this problem is not yet certainly known, but it seems indisputable that many teachers are now presented with problems for which their training and experience have not prepared them and which they have to resolve without the resources which are available to their colleagues in the special schools and classes for maladjusted children. Consideration of the situation of these teachers raises the question of what sort of balance should be made when increasing demands are made upon limited resources. As this book is not written for teachers in special schools and classes only, it is hoped that the material in the book will be useful to teachers of maladjusted children who are retained in the ordinary school system, and those who are managing with the considerable problems presented by children in ordinary schools.

Lastly, there is the surprising fact that although special schools for maladjusted children have been in existence for many years, there appears to be a remarkable resistance among those who work in them to assess the effectiveness of what they are doing. This does not mean that the work has not been successful, but at present we do not know how successful it has been or what factors contribute towards the success. As a result, there are limitations placed upon ongoing work with maladjusted children because teachers now working with them cannot learn all that they might from the efforts made by others. There is an urgent need for research, especially outcome research and into many other aspects of the education of maladjusted children.
Teachers of maladjusted children are aware that however much these children are like their companions, there are times when their behaviour is significantly different from other children's behaviour. It is inappropriate for their age and level of intelligence, and it takes extreme forms. Where this behaviour has a recognisable and immediate cause, it goes on for a longer time and with an intensity which is out of proportion to the cause. Their exaggerated and inappropriate behaviour recurs frequently, and although there are times when their difficulties are dormant, teachers recognise that maladjusted children either do not function like other children in an ordinary school situation or, if they do, they do so with considerable difficulty.

The school situation is one where children's ability to co-operate, to accept competition, to accept adult authority, and to acquire learning skills, makes demands upon their abilities to adapt and respond. Increasing demands are made upon their personal and social adjustment, demands which most children are able to meet with satisfaction or enjoyment. They successfully adapt their behaviour as the demands upon them increase and they acquire new confidence from their successes. In this process, fortunate children depend upon their environment and take adults' affection, encouragement and good example for granted. They
rely upon what they can observe in their environment and, unknowingly, upon infantile experiences which are the invisible foundations of their successful development.

Most maladjusted children cannot make the same assumptions about their environment, and their infantile experiences have not laid the foundations for successful development. Their experiences have left them with disabilities and, for some of them, their environment has aggravated their disabilities into a handicap. For those who are concerned with the education of these children, whether their disabilities do become a handicap, and how permanent that turns out to be for those whose disabilities have reached that stage, depends upon the effectiveness of the intervention that teachers, child care staff and clinical personnel make on their behalf.

In this book I am concerned with the teacher's task in the education of maladjusted children, although I hope that much of the material in it will be relevant to those who are not teachers but whose work in special schools and classes and in the ordinary school system contributes to the education of maladjusted children. It is with the practitioner in mind that in this first chapter the theoretical considerations are confined to theories which explain maladjustment in children and which illustrate the situation of the maladjusted child. The chapter does not attempt to answer what seems to be the much larger question—'What is maladjustment?'—which would involve consideration of adult behaviour and of concepts which are outside the scope of the book.

There are many descriptions of maladjusted children. There is the well-known paragraph in the Underwood Report (1955): 'In our view, a child may be regarded as maladjusted who is developing in ways that have a bad effect on himself or his fellows, and cannot without help be remedied by his parents, teachers, and the other adults in ordinary contact with him.'

Stott (1966), Burt and Howard (1952), Haring and Phillips (1962), Lenhoff (1960), Gulliford (1971), Wall (1955) and Valentine (1956) have also described these children, and they are defined in the Handicapped Pupils and School Health Regulations of 1945 as 'Pupils who show evidence of emotional instability or psychological disturbance and who require special educational
treatment in order to effect their personal social and educational readjustment’.

The picture of the maladjusted child emerges from these descriptions. He, or she, is a child whose behavioural and emotional difficulties, however caused, have prevented the child from benefiting from the ordinary social and educational experiences of home and school, and whose difficulties will persist unless help is given by those with appropriate skills—a child for whom failure in learning and in socially approved situations is more probable than success.

It is important to recognise multiple causation of maladjustment. Even if some physical damage or organic cause can explain many of the difficulties of those maladjusted children who are brain injured, for example, their environment has contributed something to their condition, and sensory deficiencies in infants affect their emotional and social interchanges with their mothers. As Bowlby (1971) has described attachment behaviour, an infant’s sucking, clinging, following, crying and smiling are directed towards maintaining proximity with the mother, and infants with sensory deficiencies are at a disadvantage in maintaining this proximity with deleterious effects upon their emotional development. Whatever physical or genetic causes contribute to maladjustment, it is usually the result of the absence of the fundamental support systems which are essential for the satisfactory emotional development of a child, or a breakdown of this support system. The system includes unconditional love of the infant by an attachment figure or figures; adequate nurture and physical care; the presence of appropriate identificatory and modelling figures; and appropriate discipline. Maladjustment in children is typically the result of inadequate responses to the child’s basic needs—their love needs, safety needs, esteem needs and their needs for self-actualisation (Maslow, 1959).

To appreciate the essentials of the support system that establishes and facilitates a child’s satisfactory emotional development, and to understand what happens to children when these systems break down or never function, it is necessary to look at the theories which explain maladjustment in children. There is no single theory which accounts absolutely for such a complex condition, so it is necessary to look at relevant explanations from
two principal sources. These are psychodynamic theory and learning theory. In psychodynamic theory behaviour is regarded as representing the activity of psychic forces, and as Brown (1961) puts it: 'The dynamic theory of the personality postulates that the motivations of our actions and attitudes lie in emotional forces and that in order to understand human personality it is necessary to take into account emotional drives which are often in conflict.' As psychoanalytic theory explains the functioning of the personality in terms of individual development, the emphasis that Winnicott, Klein, Horney and Bowlby, whose theories are considered in this chapter, put upon infantile experiences is most noticeable, as is the view that behaviour disorders are symptomatic of an underlying pathology which must be cured before behaviour changes. In contrast to this, learning theory emphasises the effects of events in the environment in determining behaviour. It does not accept the idea of behaviour being symptomatic of an underlying pathology, and it emphasises that behaviour is elicited and maintained by the stimuli in the environment.

**Psychodynamic Theory**

The psychodynamic theories which are considered are Freudian in origin because it is Freudian theory that has most influenced those whose explanation of maladjustment is from the traditional psychodynamic base. In considering these theories, attention has been focused upon those which, despite some differences, fairly represent this approach and which are likely to be most helpful to teachers of maladjusted children.

Winnicott accounts for maladjustment in children as a result of a failure in the infant's environment during the critical period of his dependence upon his mother. When Winnicott said that 'There is no such thing as an infant' he summarised what he meant by the infant's environment. For Winnicott this environment was the infant's mother and the relationship between mother and infant, sustained and protected by the father. Winnicott is far more explicit about the mother as the essential part of this environment, but the father's part is implicit in what he writes, especially when
we consider his description of the impingements upon the mother-baby relationship more likely to occur for an unsupported or unloved mother. He also reminds us that the father's function is unknown to an infant. In *The Maturational Process and the Facilitating Environment* Winnicott writes: 'The main thesis is that maladjustment and all derivatives of this type of disorder consist essentially in an original environmental failure, and the pathology is therefore primarily in the environment and only secondarily in the child' (Winnicott, 1965).

Winnicott sees early motherhood for 'the good enough mother' and for the fortunate infant as a time of a mother's preoccupation with her baby. Impingements on this relationship which must follow an upset in the mother's primary preoccupation with her baby—such as anxiety connected with mother's ill health, or desertion of the child, or disruption in the parental relationship—are detrimental to the infant's emotional development. While emphasising the importance of the mother, Winnicott does draw attention to someone else doing the job, and his theory does allow for the sufficiency of a mother-substitute as a bonding figure, as described by Rutter (1972).

Winnicott lays stress on 'the continuity of being' for the infant, which, if broken, is likely to check sound emotional development. This 'continuity of being' he sees not only as a biological process which will continue despite emotional setbacks, but as a continuity of experiences for the child in relationship with his mother. During the stage of maximum and absolute dependence on the mother, and during the stage of relative dependence, the infant's emotional health develops, and his ability to grow as an independent personality also develops: 'With the care that it receives from its mother, each infant is able to have a personal existence, and begins to build up what might be called a continuity of being. On the basis of the continuity of being, the inherited potential gradually develops into an individual infant.'

Those working with maladjusted children are well aware that many of these children have not had that continuity of being with a good enough mother or mother-substitute upon which Winnicott places such importance. The infancy of many of these children, and especially some of those taken into care by local authorities, has been a prolonged discontinuity, with those interruptions
in relationship with parental figures which are inimical to satisfactory emotional development. These children do not develop their inherited potential and they suffer from what Rabinow (1960) aptly describes as 'an impairment of being'.

It is the antisocial maladjusted child who raises most anxiety among teachers in the ordinary school system and in the special classes and schools for the maladjusted. They are usually the most numerous in any group of maladjusted children and, indeed, the antisocial, conduct disordered child is frequently, and mistakenly, regarded as being the prototype of maladjustment. In accounting for their disorder, Winnicott (1965) traces their behaviour and attitudes to deprivations during infancy. He regards the antisocial child as one 'who had something good enough and then no longer had this, and there was sufficient growth and organisation of the individual at the time of deprivation for the deprivation to be traumatic'.

This 'something good enough' relationship with the mother led the child to hope that the world was a good place. Then some trauma, such as the mother's desertion, or her death, or her rejection of the child or prolonged separation due to illness, led to experiences that break up hope. Winnicott regards antisocial behaviour in children as their claim upon the environment which they perceive as owing them something. The constant demands that these children make upon people, especially those who they suspect might be able to meet their demands, Winnicott sees as expressions of hope that the environment will make good its original failure. As he sees this behaviour as expressions of hope, Winnicott regards the acting-out of conduct disordered children as something positive, illustrating that these children have not given up in their attempts to recover what was once their own. For these children their chances of adjustment depend upon the ability of people, or more significantly, of one person, to accept the heavy demands they make and to demonstrate to them that what is tantamount to a new environment will not fail as the first one failed. The demands of these children do, unfortunately, make it probable that only the most understanding and resilient adults can sustain them. A failure in the new environment reacts in the child the trauma of the original environmental failure, and confirms in him his belief that the world is a hostile place.
It is in these circumstances that many of those working with maladjusted children are in great difficulties. These acting-out, conduct disordered children take up an enormous amount of staff time and energy. They are insatiable in their demands and their progress seems negligible. They disappoint those who are most concerned for them and wound those who persevere in their relationships with them. Inevitably the question arises among a staff: ‘Can we overlook the needs of other children for the sake of one?’ Frequently many of these children are at their worst just before they begin to improve. If staff can see their difficult behaviour in the positive way that Winnicott describes, this does at least put the problem into a better perspective as being episodical rather than permanent. Taking Winnicott’s view makes it more likely that a staff will persevere with a child, with incalculable benefit to him.

Winnicott (1965) relates the original failure of the child’s environment to the aetiology of the neuroses and psychoses, accounting for both with reference to when this failure occurred. He accounts for psychosis by environmental failure at the period of the infant's maximum dependence upon the mother (from birth to six months), at the stage ‘prior to that which the developing individual has the equipment to be aware of either the environmental provision or its failure’. He sees the neurotic child as one who has an ego to defend, whose defences, such as denial, projection and displacement, originate at that stage when the maladjustment of the environment was at a time when the child had sufficient growth to perceive the loss.

Before leaving Winnicott’s theory explaining maladjustment in children it is worthwhile to look at his concept of integration and non-integration in children, because these terms are now more widely used and frequently misused. Winnicott, like Melanie Klein, considers the process of integration as being fundamental to the child’s satisfactory emotional adjustment, although they approach the matter rather differently from each other. Winnicott considers the process of integration as the result of the acceptance by the mother of the whole range of instinctual feelings in the child, from anger at inevitable frustration, to love at the fulfilment of his basic needs: ‘There is a natural sequence of ruthless love, aggressive attack, guilt feelings, sense of concern, sad-
ness, desire to mend and give: this sequence is the essential experience of infancy and early childhood. It is the mother’s demonstration of love for the child during the manifestation of his hostile feelings, her acceptance of the hate and rage, and her support for him through such negative episodes in the relationship that makes ‘the integration of the various elements’ possible. Winnicott (1965) considers that the process of integration occurs during the stage of the baby’s dependence upon the mother, the stage of the undifferentiated nature of this relationship when, as he puts it, ‘the continuity of the human environment ... helps with the integration of the individual personality’. For the mother, this is the stage of her primary preoccupation with her baby, when she identifies with him and anticipates his needs. It is her consistency, her physical holding of her baby to comfort him during his aggressive outbursts, that provide the good experiences for him which are the groundwork of successful integration.

Many maladjusted children’s experiences of their mothers during infancy are experiences of rejection when their aggressive feelings are expressed. Their mothers cannot accept the whole range of feelings, so rage and hostility become unacceptable to them. They do not succeed in recognising and accepting their own aggressive feelings, and many of these children continue to deny these feelings or to project them on to others during their later childhood and into adolescence and adulthood. This denial and projection are common failures of these children, constantly recognised by those who are concerned with their care and education. Another distressing feature of many of these children is their apparent lack of concern for others and their lack of expressions of regret at their hostile and destructive behaviour. In managing this behaviour, Winnicott’s account of what a child must have in his first relationship with his mother for tender feelings to emerge helps adults to understand and through understanding to tolerate the lack of guilt common in many maladjusted children. Understanding and tolerance is the first step towards helping them.

Winnicott’s concept of the unintegrated child, and the child’s need to find an environment where a concerned and committed adult in a caring relationship will supply, as far as it is possible to supply, those primary experiences, has made a considerable impact upon those working with maladjusted children, as Dockar-
Drysdale's work testifies. We are also aware that the most mature and dependable adults are those who have achieved integration. They do not, as Winnicott and Melanie Klein describe, disown those negative aspects of their personalities; but having recognised the feelings of which they are capable, they accept them and control them. This is especially relevant to those who work with maladjusted children because these children will stir up in adults a whole range of feelings, some of them previously unrecognised by the adults themselves.

Both Winnicott and Melanie Klein lay particular stress upon the child's relationship with his mother as it affects his relationship with other people in the real world which is beyond the child's first world of himself and his mother. The child will perceive people as he perceives his mother, and whether he regards other people as benevolent and caring, depends upon his infantile experiences of a loving and predictable mother. These experiences will determine how his pattern of relationships with others will develop during his infancy, childhood and adult life.

In the Underwood Report there is the phrase 'It is a characteristic of maladjusted children that they are insecure and unhappy, and that they fail in their relationships'. Those working with maladjusted children are only too aware of the truth of this. Some of these children fail in their relationships with adults, some in their relationships with their peers, and some are incapable of relating to anybody, child or adult. Some maladjusted children fail in their relationships with adults not because they are hostile or solitary but because they can only respond to adults instantaneously in a facile, superficial way. For these children, and for those whose hostility or withdrawal prevents their making relationships with others, the writings of Winnicott and Melanie Klein on the child's first relationship experiences explains the difficulties these children have.

Melanie Klein contributes to the understanding of the maladjusted child by her accounts of the infant's anxiety at discomfort or frustration in his relationship with his mother. This anxiety then gives way to feelings of comfort and relaxation at being held and fed, feelings which the infant perceives as coming from a good object, thus making possible 'the infant's loving relationship to
She explains how an infant's perceptions about the objects he needs is shaped not only by their external reality but by his fantasies about them. In fantasy the infant splits the good and satisfying mother, the good object, from the bad object who frustrates him so that he can accept what is good and disown hostile feelings which he projects on to his bad object. In this way, infants and children relate to other people according to fantasies centring around their mother's response to their primary needs. Their subsequent relationships with others may be determined by these fantasies about the satisfying or frustrating mother.

The fortunate infant, as positive experiences with his mother continue, is able to tolerate hostile feelings when frustrated and become more able to identify with the good mother. As this process continues, he is increasingly able to tolerate, and accept as his own, residual feelings of hostility or envy at the omnipotence of the mother, and anger at the inevitable frustrations. This integration of the split-off parts of himself is 'a process in the development of the normal infant who begins at about three months of age to tolerate loving and hating in the same object with less splitting and projection' (Hughes, 1974). The infant begins to appreciate his own goodness as he appreciates goodness in someone else as close and important to him as his mother. He can also accept his own negative feelings because experiences within the infant–mother relationship demonstrate that these feelings are not destructive. As they become less threatening these negative feelings are more acceptable and less splitting occurs.

This part of Melanie Klein's theory is very important when considering how common it is for maladjusted children to project their hostile, aggressive feelings on to other people. It is important for teachers to recognise what these children are doing. By attributing their own unacceptable impulses and feelings to others, they can disown them and deny any responsibility for events which may follow from outbreaks of hostile or aggressive behaviour. It is very common for maladjusted children to make use of the defence mechanism of projection, and their use of this can put a teacher's relationship with a disturbed child to a severe test unless this projection is recognised for what it is.
As projection is destructive of relationships and impedes the infant's integration, introjection—feeling and acting as if 'an outer goodness has become an inner reality'—facilitates this process. The introjection depends upon repeated positive experiences of mother's love and care and, for the infant who has these experiences, the concern he begins to feel for his mother increases and is generalised to include other people.

Understanding of maladjustment does not depend only upon psychology, education and medicine. In his investigation of the importance of attachment behaviour in infants, Bowlby drew extensively upon observations of animal behaviour. Erikson has referred to anthropology and studies of Indian, American, European and Russian culture. His studies in anthropology as well as in education and psychoanalysis give added interest to his contributions to the understanding of maladjustment in children, especially in his conceptualisation of a sequence of developmental phases in childhood and adolescence.

In his description of the first developmental stage in which an infant has to resolve the conflict of 'basic trust versus basic mistrust', similarities between Erikson and Winnicott are recognisable. He refers to the infant's need for consistency and continuity of experience with a predictable mother so that he can establish a sense of identity: 'The infant's first social achievement ... is his willingness to let the mother out of sight without undue anxiety or rage, because she has become an inner certainty as well as an outer predictability. Such consistency, continuity and sameness of experience provide a rudimentary sense of ego identity' (Erikson, 1965).

As Erikson considers satisfactory emotional and social development to be the successful mastery of a series of developmental tasks, a successful outcome of the infant's first challenging situation is plainly crucial. The challenge of the infant's acquiring a sense of separate identity depends upon good mothering: 'The first establishment of enduring patterns for the solution of the nuclear conflict of basic trust versus basic mistrust ... is the first task of the ego, and thus first of all, a task of maternal care.'

As an emerging sense of identity depends first upon the provision of good maternal care, both Erikson and Winnicott explain
why so many deprived maladjusted children do not develop any real sense of identity, ‘the ability to experience oneself as something that has continuity and sameness and to act accordingly’ (Erikson, 1965). On this sense of identity depends achievement which leads to self-esteem and to the individual’s belief that he is someone who can be effective among other people who will grant him his recognition. The missing experience of good enough maternal care prevents the development of the defined self.

When referring to those inevitable frustrations which are part of everyone’s childhood, Erikson refers to another experience which many maladjusted children miss: ‘Parents’ practice must not only have certain ways of guiding by prohibition and permission, they must also be able to present to the child a deep almost somatic conviction that there is meaning to what they are doing.’ For many maladjusted children the frustrations of infancy were merely frustrations. They were meaningless because they could not sense the purpose of the limitations which resulted in frustration. Their mothers could not communicate to them that these frustrations were connected with emotional and social growth, and indeed were necessary for this growth. As Erikson puts it: ‘Ultimately children become neurotic not from frustrations, but from a lack of societal meaning in these frustrations.’

In the stage he describes as ‘Industry versus Inferiority’, Erikson draws attention to the child’s developing sense of industry during the years that Freud describes as the latency period. He points to the danger of a sense of inadequacy and inferiority that accompanies the failure to acquire skills, a failure which prevents a child from identifying with those who succeed in this developmental task. He does not identify with those whose success fits them to begin to enter the adult world. It is school experiences that help children to acquire the sense of industry, to meet what Maslow (1959) terms their esteem needs and their need for self-actualisation. It is in schools, at least in schools in the main stream of education, that many maladjusted children are unsuccessful.

Preventing a child from developing feelings of inferiority illustrates the importance of making sound educational provisions for maladjusted children in schools where they can succeed. The acquisition of skills makes a significant contribution to a child’s
adjustment. Continued lack of competence, which leads to feelings of inferiority and despair of recognition in the grown-up world, leads many children to seek status in undesirable ways.

Erikson returns to the task of identity-seeking in his account of the difficulties of adolescence, the adolescent's developmental task of resolving the 'Identity versus Role Confusion' conflict. Adolescents 'have to fight the battles of earlier years, even though to do so they must artificially appoint perfectly well-meaning people to play the role of adversaries, and they are even ready to install idols as guardians of a final identity'.

If, as seems true, during adolescence young people rework their relationships on the basis of earlier experiences, and if this is a period when even fortunate young people appoint the well-meaning for the purposes Erikson describes, it is even more true of maladjusted adolescents. They do indeed cast adults into the roles of adversaries during the formulation of a relationship with them which is potentially valuable. If the adults do become the adolescent's 'guardians of a final identity' the reward is usually worth the cost.

Erikson demonstrates how satisfactory emotional and social development during childhood and adolescence depends upon the successful resolution of the conflicts in each developmental task before an individual moves on to the next in the sequence. The resolution of these conflicts needs resources which many maladjusted children do not have. Erikson's description of these conflicts illustrates the disadvantageous position from which the unloved and unsupported child meets them.

Karen Horney considers maladjustment as a result of a child's limited success in managing his basic anxiety. Some anxiety is inescapable, but when threatened by insecurity arising from 'direct or indirect deprivation; indifference; erratic behaviour; lack of attention to the child's needs; lack of reliable warmth; isolation from other children; injustice; a hostile atmosphere', the child has to adopt some strategy to prevent anxiety from becoming intolerable. The strategies available are to move towards people, against them or away from them. Those whose emotional good health has been secured by appropriate care during infancy are flexible in the strategies they adopt in different situations. Their responses
are not confined to these three strategies. The maladjusted child is not flexible and his anxiety drives him 'to comply, to fight, to be aloof regardless of whether this move is appropriate in the particular circumstances, and he is thrown in a panic if he behaves otherwise' (Horney, 1949).

It is the inflexibility of approach to new situations and opportunities that is a characteristic of many emotionally damaged maladjusted children. Children who perpetually comply, who have no resources of their own; children who constantly move against other people—so convinced of others' hostility that they determine to fight either for protection or for revenge; and children who are aloof, detached and solitary are so numerous in schools for maladjusted children that one might suppose that Karen Horney was describing such groups. Her theory explains why it is that so many maladjusted children will continue to behave, unless intervention is made, in the ways that has produced counter-hostility in others, has dissuaded others from approaching them, or has defeated these approaches by withdrawal into an impenetrable shell of reserve and suspicion. They seem to have learned nothing from experiences of the past which they can use for their own benefit in the future. Karen Horney explains the situation of these children by reference to early experiences which are so prohibitive to growth that later experiences cannot penetrate their defences. They interpret new experiences in the light of an established pattern. Aggressive maladjusted children, for example, will interpret friendliness as 'either a manifestation of stupidity or an attempt to exploit them'. Should their hostility and aggression defeat the best efforts of a staff, the tendency for these children to rely on their past appreciation of people will only be reinforced. For these children, assurances of benevolence and intermittent demonstrations of it are not enough. The change they have to make in their estimation of other people, to overcome the experiences of the past, requires them to put declarations of benevolence to the test.

For children, as for adults, the process of change is sometimes uncomfortable and not easily accomplished. Despite the inconveniences and difficulties of a strategy adopted to enable an individual to meet the demands of his life, the temptation to hold on to the chosen strategy is strong. Well-adjusted children and
adults can change and adapt because they have the emotional resources that enable them to do so, but many maladjusted children cannot, and their attitudes, determined by their early experiences which inhibit their ability for growth, do not only affect their relationships with other people: 'They end by encompassing not only the person’s relations to others, but also his relation to himself and to life in general' (Horney, 1949).

It is John Bowlby who has made the major British contribution to the understanding of maladjustment in children as a result of maternal deprivation. He describes the effects of this deprivation upon children—their excessive need for love and attention as they grow older, their feelings of revenge for the loss they are aware of but do not fully comprehend, their impaired capacity for making satisfactory relationships with other people, their predisposition to respond to stress in antisocial ways and their retarded physical, intellectual and social development (Bowlby, 1953).

While Bowlby (1953) acknowledges that the age at which deprivation had the most serious consequences was not certainly known, he concluded on the basis of his own clinical experience and from his studies of the available evidence that ‘separations which appeared to do harm had all occurred after the age of six months and in a majority after that of twelve months, from which he was inclined to conclude that separations and deprivations in the first six months of life were less important for the child’s welfare than later ones’. In his later work, and particularly in *Attachment and Loss*, Volume I: *Attachment* (1971), Bowlby looks carefully at what determines the infant’s ties to the mother and he details and describes attachment behaviour. This behaviour, which fulfils a protective function for the child, includes ‘signalling behaviour’—crying and smiling which brings the mother to the child—and ‘approach behaviour’—sucking, clinging and following—which brings the child to the mother. From studies of behaviour that develops between a child and his mother, Bowlby has shown that the relationship between mother and child is crucial not only as an interchange where experiences of love and delight at being loved mark this off as an exceptional experience of profound significance for the child’s emotional well being, but also as the original basis for learning, especially social learning.
Confirmation of Bowlby's early views on the sinister effects of separation after six months comes from research studies of infants' behaviour. These studies illustrate that fortunate infants initiate social interaction with their mothers, and that the more social interaction that takes place, the stronger is the infant's attachment to the mother: 'After about six months, and markedly after nine months, babies are more likely to respond to strange figures with fear responses. Because of the growing frequency and strength of such fear responses, the development of attachment to a new figure becomes increasingly difficult at the end of the first year and subsequently' (Bowlby, 1971). The studies Bowlby quotes show that, at about the age of six months and certainly after that age, infants are able to make differential responses to their mothers. These include differentiating between the approach of their mothers and the approach of other adults, differential following, i.e. realising that the mother is different from other figures and following only her, differential greeting responses, differential flight to their mothers as havens of safety, and differential clinging.

In common with Winnicott and Klein, Bowlby pays particular attention to the importance of the mother as the person who feeds, comforts and cuddles her baby. But he adds a new significance to these infantile experiences in this loving relationship. His mother is the most interesting person for the infant to watch and listen to, and the principal source of his sensory stimulation. The more the infant looks and listens the more his mother interacts with him, and the amount of social interaction and learning increases in a circular pattern. Whether this attachment behaviour is possible with another adult depends upon that adult demonstrating mothering, which Bowlby describes as 'engaging in lively social interaction and responding readily to the infant's signals and responses' (Bowlby, 1973). Thus Bowlby shows quite plainly what is the significance of the first six months of an infant's life in relation to his mother or his mother-substitute, and that deprived children are those who are deprived of the experiences of social interaction with a responsive mothering figure. The 'warm, intimate and continuous relationship' which he brings into such prominence in Child Care and the Growth of Love is for the infant a social learning situation. The manner in which the
adult responds to his 'social advances' is crucial to the reinforce­ment of attachment behaviour. It is the basis on which subsequent and more complex patterns of social learning develops. Separation from the mother or adequate mother-substitute after the age of about six months is separation from the one person an infant has differentiated from all others. It is a separation experience of a magnitude and significance inconceivable to an adult. For an infant it is annihilation. It is an experience which many malad­justed children have undergone.

Bowlby provides explanations for many of the difficulties and much of the behaviour which is common among maladjusted children. He accounts for their anxiety and insecurity by drawing attention to the importance to infants of the availability and re­sponsiveness of their principal attachment figure. Knowledge of the early years of many maladjusted children shows that their attachment figures were either not available to them or, if they were, they were not responsive to their needs. He emphasises that this uncertainty about the availability of an attachment figure is frightening for infants, and how much more afraid infants are likely to be in the fear-arising situations (fear of the dark, of strange noises, of unfamiliar shapes, of heights and of strange places) whose experiences of their attachment figure has been marked by her unresponsiveness. The confidence in this figure is built up slowly during the years of infancy and childhood and it is during these years that a child constructs what he describes as his 'working model of the world and his place in it' (Bowlby, 1973). The key feature of this working model is the child's realisation of who his attachment figure is and how acceptable he is to her. Whether the child perceives this figure as responding to his needs determines whether the child sees himself as essentially wanted or as essentially unwanted. His expectations of this figure tend to persist throughout life and 'the varied expectations of the accessibility and responsiveness of attachment figures that differ­ent individuals develop during years of immaturity are toler­ably accurate reflections of the experiences these individuals have actually had'.

Teachers of emotionally deprived maladjusted children can see this quite plainly in the way these children behave towards them. Their distrust of adults, the hostility that they displace on to them
which can only be overcome by repeated experiences of adult’s availability and responsiveness, especially in times of crisis, illustrates what Bowlby has described. That this behaviour persists long after their infantile experiences have passed testifies to the correctness of his understanding of the reality of what he calls ‘anxious attachment’—anxiety in children based on their infantile experiences of unavailable and unresponsive attachment figures.

Another feature of many maladjusted children is their anger. Anger and anxiety are words, as Bowlby points out, with a common root. Many maladjusted children are angry about events in their lives they can recall, but they are also angry without knowing why. We know that children are aware of feelings they cannot understand. Bowlby explains how threats of desertion by parents, which are more common than we suspect, produce feelings of anger in children where the principal source of their anxiety is separation from a loved person during infancy.

Those concerned with maladjusted children are made well aware of their emotional needs. Bowlby’s work now clearly shows that these children are not only deprived of love. They are also deprived of stimulation, of interaction through speech and gesture in a mutually satisfying experience with a responsive adult. Many maladjusted children are sensitively unawakened. They have missed stimulating experiences which have benefited more fortunate children since birth. These deprivations are reflected in their poor language development, because as infants, and especially those who grew up in institutions, they did not have an individual’s welcome and loving response to their babbling, smiling or crying. Their poor performance in many of the subjects of the school curriculum, especially in the basic learning, also underlines their lack of stimulation as infants when they were deprived of the opportunities for learning in a ‘warm continuous and intimate relationship’.

Psychodynamic theory explains maladjustment in children as being symptomatic of inner conflict within the child, usually associated with some breakdown in inter-personal relationships. Winnicott, Melanie Klein and Bowlby emphasise that it is during infancy that the foundations of emotional health are laid. Anna Freud (1966) has drawn attention to the external stresses put upon
infants by the processes of socialisation and the disturbances that centre round sleeping, feeding and elimination, disturbances which combine among maladjusted children who develop the habit disorders described by Underwood. She has illuminated the processes whereby infants and little children defend themselves against anxiety, some as inevitable as the developing ego struggles with its instructual life, and some of it caused by harsh and unsympathetic treatment from adults and the neurotic behaviour that develops as they adopt various defences in their attempts to deal with their anxieties (Anna Freud, 1966). This emphasis upon the consequences of adverse infantile experiences does not mean that emotional upsets in later childhood cannot result in maladjustment, but experiences such as the death of a parent or parental separation are usually less damaging if the relationships between child and parents had been soundly established during infancy.

**Social Learning Theory**

The most influential critics of the psychodynamic approach to maladjustment in children are the advocates of learning theory who insist that behaviour is specific to situations and has not an underlying causation.

Contemporary social learning theory, described as 'an integration of learning theory in its broadest sense (including classical and operant conditioning, modeling, cognitive learning) with problems of personal and social behavior' (Hilgard, Atkinson and Atkinson, 1971), derives from the work of early twentieth-century figures such as Pavlov, Watson, Guthrie and Thorndike. More recently the theories of Hull, Skinner, Miller, Dollard, Bandura and Walters have developed from the work of earlier behaviourists, so that there is now a considerable body of knowledge about the way behaviour is learned.

The contribution that social learning theory has made to the understanding of maladjustment in children can be appreciated by consideration of its principles. These are clearly stated by Bandura and Walters (1963). Frequent references to this book will be made in the following section, and teachers who wish to increase their acquaintance with a body of theory which accounts
for maladjustment very differently from those who, like Winnicott, Klein and Horney, approach the problem from the psychodynamic base, would find Bandura and Walter's book particularly helpful.

**Learning by observation**

Social learning draws attention to the learning that is acquired by children copying the behaviour of models and learning by imitation, and how children learn to behave by witnessing the behaviour of adults or other children in various social situations. Children learn reactions to stress, for example, and Bandura and Walters have demonstrated by experimental studies the conditions under which children copy and imitate the behaviour of models. They draw attention to an aspect of this learning which is most significant when teachers consider the models that surround so many maladjusted children in their home and in their immediate environment. They state 'that the influence of models may be most potent when the observers are emotionally aroused and cannot rationally attribute their feelings to stimuli other than the model's behaviour. The aggressive behaviour of a punitive parent may produce this stimulus condition for the children in his family.' For children who are emotionally aroused, as many maladjusted children must be when faced with parents who cannot control their feelings, so that the children witness behaviour in a situation highly charged with emotion, this statement of Bandura and Walters gives a good indication of how easily aggressive behaviour can be learned. In Chapter 4 the description of one child who was attacked by his mother before getting into the school van is an example of this sort of learning situation.

Children do not only learn aggressive behaviour. Bandura and Walters demonstrate how children's observation of a model's submissive or aggressive behaviour increases their repertoire of submissive or aggressive behaviour. They do not only imitate the actual behaviour they observe; their observation of submissive or aggressive behaviour stimulates novel forms of this behaviour in them.
Schedules of reinforcement

The theory illustrates how behaviour is learned by the use of schedules of reinforcement or the rewarding of behaviour by attention or gratification. Children's acceptable behaviour may be reinforced by attention, praise or reward, but unacceptable behaviour may also be reinforced. Social learning theory accounts for the persistence of troublesome and attention-seeking behaviour in children by parents' or teachers' use of a combined schedule of reinforcement, that is, the troublesome behaviour is ignored when it is mild, but reinforced by attention and gratification when it is continuous and intense. The theory suggests that very aggressive behaviour results from the use of a schedule which only reinforces intense and aggressive behaviour. This is how many parents and other adults in contact with maladjusted children do react to these children's behaviour. Much of their attention-seeking behaviour is ignored when it is mild, but when children begin to increase the intensity and persistence of their demanding behaviour and it reaches a high pitch they are gratified for the sake of peace and quiet. Many parents of maladjusted children confirm this. When discussing their children's difficult behaviour they say that they know they are doing wrong when they give in to a child, but they do this because they cannot put up with the child's whining or persistent demands. Even worse for children's chances of learning acceptable behaviour is when their parents covertly reinforce unacceptable behaviour and when their toleration is exhausted they punish them. This is how his parents treated Joey, the boy to whom reference is made in Chapter 2, and whose unacceptable behaviour was extremely difficult to eradicate. Indeed, he and his parents defeated the best efforts of skilled and experienced people. When considering maladjusted children's need of consistency in adults' reactions to them, the emphasis that social learning theory puts upon the use of reinforcement, and the effects of these reinforcements upon their behaviour, is most helpful in explaining why these children behave in the way they do.

Many maladjusted children show signs of regressive behaviour. Psychoanalytic theory accounts for regression, which is a retreat in times of stress to behaviour which was appropriate at an earlier period of development, by reference to fixation at some stage of
development, possibly the stage at which some trauma occurred, or during a stage of extreme indulgence or gratification. Social learning explains regression by reference to appropriate and inappropriate reinforcement of behaviour. During times of stress, behaviour which is inappropriate for a child's age is reinforced in his comfort-seeking and physical-depending behaviour for example, and reinforcements appropriate to a child's age, such as approval of his interaction with children of his own age group, are not adequate to sustain this age-appropriate behaviour. The theory also refers to the principle of observational learning to explain regression. Children who observe the reinforcement given to a younger child for behaviour which is appropriate for him imitate the younger child's behaviour in the expectation of receiving similar rewards.

Generalisation and discrimination

A characteristic of many maladjusted children is their inability to make satisfactory and meaningful generalisations. They are apt to make faulty generalisations from their own experiences. Karen Horney has pointed out how many of these children interpret new experiences in the light of established patterns, and she has explained why they do this. Social learning offers a different explanation, Bandura and Walters suggesting that 'Responses may overgeneralise or generalise on the basis of irrelevant cues, and in such cases maladaptive behaviour may occur'. This is precisely what happens with many maladjusted children although they may have had experiences of people which makes the cues less irrelevant to them than an observer may suppose. But they do, for example, assume that authority figures such as teachers are unreliable or aggressive because in their experience other authority figures, such as parents, are unreliable and aggressive. This misreading or misunderstanding of the cues in a social situation does not apply only to their behaviour when in contact with adults, it also accounts for some of the difficulties maladjusted children have in their relationships with other children.

Another characteristic of many maladjusted children is their lack of ability in making discriminations in social situations, because their discrimination learning has not been properly de-
veloped. Bandura and Walters illustrate this aspect of faulty social learning by reference to the reasonable amount of aggression, masculinity and toughness for which boys win approval in sports such as boxing, but which aggression even in a mild form is unacceptable in social situations. The ability to make appropriate discrimination does depend upon an ability to make distinctions which are sometimes beyond maladjusted children, especially if they do not have opportunities for learning from models how they should express aggressive or submissive responses in socially approved ways. In one school for maladjusted children, for example, one boy who was not remarkably aggressive interrupted a school assembly by striking another boy violently when he discovered the other boy had stolen his marbles. He explained his behaviour by saying that his father had told him always to stick up for himself and not to put up with anybody taking advantage of him.

Social learning, deviant behaviour and psychotherapy

Social learning theory rejects the use of models drawn from physical medicine as being appropriate for the explanation of deviant behaviour. It does not accept that this behaviour is symptomatic of an underlying pathology, nor does it accept the idea of symptom substitution—that is, that as a symptom is an outlet for repressed psychic forces, the treatment and removal of this symptom only blocks one outlet, leaving psychic energy free to find another. In social learning theory the symptom is regarded as a behaviour which dominates the hierarchy an individual has learned in response to stimuli. When the symptom is eliminated through the use of behaviour modification techniques, for example, the next dominant set of responses in the hierarchy, which may be deviant or non-deviant, will occur. If they are non-deviant, then the elimination of unacceptable behaviour has been successfully accomplished. If they are deviant, they in turn can be modified and alternative acceptable behaviour is elicited, shaped and strengthened. (This may be a prolonged process, but psychotherapy or psychoanalytic treatment is not remarkable for the speed with which it brings about changes in behaviour.) In contrast to psychodynamic theory, which seeks the determinants of deviant behaviour in unconscious forces with little reference
to stimulus events, learning theory seeks explanations of this beha-
viour as responses to stimuli which can be manipulated.

This emphasis upon the learning of behaviour illustrates a
fundamental difference between social learning theory and psy-
chodynamic theory. There is another important difference
between this theory and psychodynamic theory to which
reference should be made and which teachers of maladjusted
children might find helpful when trying to understand these
children's behaviour, and that is the theory's emphasis upon the
continuity of social development. It does not accept stage theories
of personality development, such as Freud's oral, anal, pre-genital
and phallic stages, or Erikson's developmental tasks which
children have to successfully discharge during their progress to
maturity. Stage theories emphasise differences between indivi-
duals of different ages, at different maturational levels, and simi-
larities between individuals at the same maturational level. This,
according to social learning, minimises the variability in indivi-
dual behaviour due to ethnic, cultural and biological differences,
and does not take into account the important fact that children
from different environments are exposed to different social
models and their social learning is differentially reinforced. Even
children from similar social and cultural backgrounds undergo
different social training experiences so that there are considerable
differences in the social behaviour between individuals. These dif-
f erences are likely to be maintained during their formative years
because most children remain with their families, and the social
models from which they learn, for a considerable time. Thus
social learning theory focuses attention on the differences between
individuals and the continuity of development.

_Behaviour therapy_

That behaviour is learned and sustained by reinforcements is
central to the behavioural view that is the basis of behaviour
modification. The behavioural view is that 'Behaviour is main-
tained by its effect on the environment' (Whelan, 1966). Ross
(1967) states that the basic principle of behaviour therapy is that
'behaviour is a function of its consequences. That is to say, the
probability of a certain behaviour recurring depends upon what
has followed that behaviour when it has previously occurred.' The theory underlying behaviour therapy can be easily recognised when reference is made to the principles of social learning theory—children learn maladaptive behaviour because this behaviour has been reinforced, it has been learned from inappropriate models and, as it is not a sign of an underlying pathology, it is specific to situations. As Ullman (1967) has put it: 'The basic orientation is that the person’s difficulty is his behaviour in reaction to situations, and that this behaviour is the result of previous and current stimuli and is not symptomatic of some deeper underlying discontinuity with normal functioning that must be dealt with prior to the committed behaviour. One of the implications of the behavioural view is that there is no distinction between normal and abnormal other than as behaviour is evaluated by criteria which change over time, over place, over persons.' It is for these reasons that behaviour therapists do not enquire ‘Why is this child like this and what are the causes of his condition?’ but they ask ‘What exactly is this child doing, in what circumstances, and what are the reactions to his behaviour which makes its continuance probable?’ Behaviour therapy is concerned with what can be observed in a contemporary situation and altered by reference to contemporary events.

The use of behaviour modification techniques for treating maladjusted children has aroused a certain amount of distaste and scepticism among those responsible for the treatment of maladjusted children in this country. Some of this distaste inevitably followed the naïvety and brashness of the early behaviour modification literature published in the United States. This rather raw beginning has now passed away and the contribution of behaviour modification as a technique for treating maladjusted children is gaining widespread recognition. Some doubts about its use remain, and certainly it is not a panacea to be applied across the board in the treatment of maladjusted children. Teachers are rightly concerned about the limitation of the techniques. It is not clear, for example, whether the success of a programme which modifies some unacceptable behaviour generalises to the modification of other unacceptable behaviour, and whether the benefits of the modification are long lasting. There are reasonable questions to be asked about the desirability of the passivity and con-
formity in children which appear to be an essential prerequisite for a successful behaviour modification programme; about the desirability of any adult in authority being the sole judge of what behaviour is acceptable and what is unacceptable without any reference to the probable causes of this behaviour and when it is defined in narrow limits; and about the value of a treatment approach which places such emphasis upon recognising only what is acceptable in children who find it hard to accept themselves and who have a potentiality for growth, but whose growth depends upon some experiences rather more exacting than doing what they are told.

If teachers' use of behaviour modification techniques cannot alter the source of all the problems that beset many maladjusted children, they can reduce the effects of some of them, and the elimination of some forms of unacceptable behaviour increases the child's likelihood of improving his relationships and acceptability in a group situation. One small boy, for example, always kicked the classroom door shut behind him, with that exaggerated display of force so well known to teachers of maladjusted children. The noise and disturbance of his entry invariably ensured a negative reception in his classroom. The teacher studiously avoided his behaviour for some time, and when, for the first time, he did not kick the door shut, she gave him a toffee. He gave up kicking the door. He was a child with an appalling history of deprivation and neglect and no-one pretended that his better behaviour on entering the classroom was a solution to all his difficulties. But it was a solution to that difficulty and he found the classroom a slightly more welcoming place because that solution had been found.

Consideration of social learning theory concludes this brief overview of the central themes of theories explaining maladjustment in children. A maladjusted child's difficulties may be explained satisfactorily by reference to one theory, but it is more probable that for most of the children in the special schools and classes their difficulties are caused by privation (the lack of) or deprivation (the loss of) the experiences with their mother or adequate mother-substitutes as described by Winnicott and Bowlby; by poor social experiences where they learn from inappropriate models in unsatisfactory environments; and by poor school experiences. The constitutional predisposition of some maladjusted children cannot
be overlooked, although the environment of such children, if other members of their families are mentally ill, makes its own deleterious contribution to their condition. The cerebral injuries some children sustain affects their personality development and increases their susceptibility to stress, as Stott (1966) has pointed out.

The fact that there are differing and conflicting theories explaining maladjustment in children is not of enormous importance to teachers. What is more important is their appreciation of what each treatment approach has to offer and the effectiveness of the one they choose to use. How effective the treatment is is linked with teachers’ conviction of its value for particular children. Behaviour therapy, for example, may be very appropriate for some maladjusted children, and it is appropriate for some teachers because they are convinced of the validity of its theoretical base. It accords with their attitudes to children and their views about maladjustment. Other teachers will be out of sympathy with the theory because it does not accord with their view of children and their idea of the purposes of a therapeutic education. It seems, at present, that there is little prospect of a synthesis between the behavioural and psychodynamic view, but this situation may alter.

Even if it does not, teachers are not restricted to adopting one approach to the exclusion of the other. For some children whose primary need is for a sympathetic, continuous and supportive relationship with an adult, and who can overcome their difficulties through a relationship with a teacher who can provide this, a behaviour modification programme would not be needed. But for other children, because the possibility of making any advance depends upon the modification of certain aspects of their behaviour, a teacher can make use of behaviour modification techniques.

While conviction of the rightness and effectiveness of a treatment approach is necessary for its success, if teachers are so convinced of its effectiveness they are less likely to consider any alternative approach which may be more effective. There does not seem to be any other solution to this paradoxical situation except honesty in evaluating the results of the treatment approach adopted and examining the evidence as dispassionately as possible. The lack of information about the results of work done in schools for maladjusted children strongly suggests that teachers are not very active in doing this.
CHAPTER TWO

Identification of Maladjustment in Children

This chapter is concerned with a difficult topic and is written at a time when interesting changes are about to be made in the way in which maladjusted children are identified and recommended for admission to special schools and units. The recommendations to local authorities in the Department of Education and Science circular No. 2/85 of March 1975 indicate these changes. Recommendation 17 for example, which is concerned with the customary role of the school doctor in deciding the category of handicapped pupil in which a child falls, states, 'yet the recommendation whether a child needs special education, and if so where it can best be provided, is primarily an educational matter rather than a medical one. It is therefore more appropriate that an experienced educational psychologist or adviser in special education should, after seeing the child, after considering the evidence and after consultation with medical or other professional staff, assume responsibility for conveying to the authority a recommendation about the nature of the special education required and where it should be provided.'

If these recommendations are accepted, it will be an educational psychologist and not a psychiatrist who will be responsible for recommending admission to a special school for maladjusted children. The educational psychologist will consult with a psychiatrist, but hitherto the process has usually been the other way
round—the psychiatrist has consulted other members of the clinic team before making the recommendation that a child should be admitted to a special school for maladjusted children. Evidence collected from a survey of the child guidance clinics in England and Wales (to which reference is made in Chapter 3) shows that in 1974 in 145 clinics (or 63.6 per cent of the 228 clinics from which an answer was obtained) it was the psychiatrist who made the recommendation that a child should be admitted to a special school, and in only 29 clinics (12.7 per cent) did the educational psychologist make the recommendation. In 10 clinics (4.4 per cent) the educational psychologist or the psychiatrist made the recommendation. The circular also emphasises that formal procedures are not necessary for admission of the majority of children who need special education, and the recommendations in the circular plainly represent a shift of emphasis towards a greater involvement of education rather than medicine in the identification of children needing special education and in making recommendations for appropriate treatment.

When considering the identification of maladjustment in children we are confronted with notorious difficulties of terminology (Graham and Rutter, 1970). For example, the authors state that teachers or educational psychologists would have used ‘maladjustment’ to categorise the conditions that they diagnosed as ‘psychiatric disorder’ in the 286 ten- to eleven-year-olds in the school population on the Isle of Wight. They define ‘psychiatric disorder’ as ‘an abnormality of behaviour, emotions, or relationships ... sufficiently marked and sufficiently prolonged to cause handicap to the child himself and/or distress or disturbance in the family or community’. They also state that ‘many of the children with psychiatric disorder could be reasonably regarded as maladjusted. However, maladjustment and psychiatric disorder are not synonymous terms.’

The difficulties of terminology are also immediately apparent when the definition of maladjusted pupils is considered. Maladjusted pupils are defined in the Handicapped Pupils and School Health regulations, 1945, as ‘Pupils who show evidence of emotional instability or psychological disturbance and who require special educational treatment in order to effect their personal, social and educational readjustment’.
This definition has caused some difficulties ever since it appeared and confusion arises when the term ‘maladjusted’ is used as if it referred to some clinical entity when, in reality, it is an administrative term only, indicating that a child needs special education. Thus it refers only to children who are included in the school system, it makes no reference to very young children or those who are above the school leaving age, nor does it indicate those for whom other treatment besides special educational treatment would be appropriate. Dissatisfaction with the definition is well expressed by Holman (1953): ‘The first clause asserts a proposition which is nearly circular, since “emotional instability” and “psychological disturbance” stand as much in need of definition as maladjustment. The second clause makes for even greater uncertainty. Is it intended to indicate that only some children showing evidence of psychological disturbance or emotional instability need “personal, social or educational readjustment”? The suggestion that this can be affected by special educational treatment has led to much bewilderment. Presumably what is intended is that these children have, in common with other handicapped children, a need for special educational treatment and also a need for personal, social and educational readjustment. For no other class of handicapped children is it suggested that the handicap can be treated by education ...’

Holman expresses dissatisfaction at the lack of clarity in the definition and dissatisfaction with it as a psychiatrist. While teachers share this dissatisfaction at the lack of clarity, they are aware that education and not psychiatry has to provide treatment for children with a wide range of difficulties and disabilities, and they feel justifiable bewilderment when these disabilities are described in medical language and when they realise that maladjustment is a global term. They are aware that special schools and classes include children who suffer from psychiatric disorders, children who are socially deprived, those who are emotionally deprived, delinquent children, children who have suffered some cerebral damage or damage to the central nervous system, children with some form of physical handicap, and children who are described as being psychiatrically ill or suffering from pathological conditions. Teachers are also aware that many children who are described as maladjusted are showing signs of stress reactions
to unsuitable environments, but that their behaviour, granted their circumstances, is logical. In so far as these environments are abnormal and harmful, their reactions are not pathological, although serious difficulties arise if these reactions become fixed patterns of behaviour.

The predominance of medical and psychiatric opinion in the identification and categorisation of maladjusted children, and the rather ambiguous relationship between medicine and education which has characterised the work with maladjusted children, have had beneficial and inhibiting effects. It has been beneficial because the involvement of psychotherapists and psychiatrists in the treatment of these children and support for their teachers has meant that the effectiveness of the therapeutic school community has increased considerably during the last twenty years. It has had inhibiting effects because it has tended to deflect attention from the educational needs of maladjusted children, and it has tended to lead to an assumption that psychiatric disorders or pathological conditions are present in all these children and not only in some of them. When such an assumption is made, then the possibilities of differentiation in treatment such as that proposed by Cruickshank and Johnson (1958) are likely to be overlooked.

Cruickshank and Johnson have outlined the different provisions which are appropriate for four different groups of exceptional children. The first group are children who are the responsibility of their schools alone. They are fundamentally normal, and the variations in their behaviour which are not outside the range of ordinary developmental differences are plainly associated with their environment. The second group need school-based educational guidance services to provide supports for them and their families. Their behaviour shows signs of more fixed disturbance and it is not so clearly associated with their environment. The third group require the assistance of clinical personnel. Their behaviour has become fixed: it affects their social adjustment and school performance and it is not altered merely by changing their school environment. The fourth group of children show severe and fixed disturbances which so disrupt both school and home that they need residential provision with assistance from clinical personnel.

An assumption that psychiatric disorders or pathological factors
are present in all maladjusted children tends to obscure appreciation of treatment approaches not based on models drawn from physical medicine because it diverts attention from the possibilities of treatment by direct methods, that is, the treatment that teachers can provide themselves in the classroom. This is precisely where behaviour modification programmes based on learning theory can help teachers. It is in the classification and categorisation of maladjusted children that the differences between psychodynamic and learning theory are clearly illustrated, and learning theory presents teachers with the more optimistic view because it construes the problem differently. It does more to suggest to teachers that the causes of children’s problems are more discernible in events they can understand and influence, and the children’s behaviour is more susceptible to solutions that they can provide. If a learning theory approach is followed, a diagnosis and classification would not be given to a teacher. The process would be the other way round. By following what Ward (1975) describes as ‘the behaviour modification paradigm’ the teacher would carefully observe what the child actually does, and identify which behaviour it would be appropriate for him to alter. This observation would include recording the frequency of the behaviour, of the stimuli which elicits it and what it is in the child’s environment that sustains it. He can then approach an educational psychologist and ask for help in drawing up a programme of behaviour modification, for advice on implementing it and for evaluating its effectiveness. If the teacher followed the paradigm as Ward describes it, and it is fairly typical, the following determinants of the child’s behaviour would be scrutinised: the antecedent events—including the appropriateness of what the child is learning, whether it is at the right level for the child, the way the teacher presents the learning material, and the way the class is organised; the setting events—including the presentation of tasks to the child with reference to what the teacher knows of his home circumstances and his physical condition, and the teacher’s expectations of the child’s performance; and the consequent events—what the teacher can do to increase or decrease the probability of unacceptable behaviour recurring or increase the probability of acceptable behaviour recurring. Such an approach would not solve the problem of children with a psy-
chiatric illness and this problem raises difficulties which are not easily overcome because of the lack of provisions for maladjusted children in various parts of the country—difficulties associated with the best use that could be made of the treatment centres for maladjusted children, such as hospital units, day hospitals, residential schools, day schools and special classes and units, and the ordinary schools which maladjusted children who are in care of the local authorities might attend, living in children’s homes where they can receive counselling and guidance.

**Childhood Psychiatric Disorders**

As there are many maladjusted children who suffer from psychiatric disorders, teachers should have some idea of what these disorders are. Rutter (1965) lists these disorders. They are: neurotic disorders; antisocial or conduct disorders; a mixed group in which neither antisocial nor neurotic disorders predominate; developmental disorders; the hyperkinetic syndrome; child psychosis; psychoses developing at or after puberty; mental subnormality; and educational retardation as a primary problem. Rutter et al. (1969) in an international seminar proposed a triaxial classification of mental disorders, but the 1965 classification provides teachers with a useful guide to children’s psychiatric disorders. Before looking at Rutter’s list in more detail teachers may find helpful the distinction which is usually made between children with behavioural (or conduct) disorders, children with neurotic disorders and psychotic children. This distinction is meaningful as it applies to the behaviour and the prognosis for children with these three types of disorder, those children with neurotic disorder having the most favourable prognosis, those with conduct disorders having a less favourable prognosis and the psychotic children having the least favourable (Rutter, 1965).

*Conduct disordered children*

Wardle (1974) gives a good description of conduct disordered children as being those ‘who are not fitting into socially accepted norms of behaviour and who fail to correct their deviation in
response to social sanctions'. Their behaviour gives rise to social disapproval because it frequently takes the form of acting out their anxieties, hostilities and jealousies against other people.

Wardle gives the major varieties of this disorder. They are: severe anxiety states which he describes as 'the cornered animal syndrome' where the underlying feature is a child's fear which has not been recognised; acting-out to draw attention to a serious wrong which the child has suffered or is aware of; acting-out as a result of disillusionment with an important figure in a child's life; a reaction to intolerable stresses at home—stresses on the child or on another member of the family; a result of discontinuity of affection in a stable home; a result of cerebral dysfunctions; depression marked by suicidal gestures and by 'leave me alone, I'm no good' attitudes; and adolescent psychosis, or at least, a sudden and dramatic deterioration in an adolescent's performance which is so atypical as to suggest the onset of a psychosis.

Wardle also points out that when maladjusted children are aware that something is wrong within the group to which they belong there is usually an increase in the amount of acting-out behaviour. The causes of this increase may be the eruption of staff tensions (this is the adults acting out their anxieties); the presence in the school of stolen property of which the children are aware but which the staff have not discovered; a good deal of sex play among some children arousing anxieties in others; or children running away from residential schools. It is at times like this that more windows are broken, more furniture and equipment spoiled and destroyed, door panels kicked in, and fires started. There is an increase in the number of accidents children sustain and an increase in the level of violence. A good deal of unrest prevails, and those children whose behaviour is stable and positive are drawn away from the middle ground they usually occupy and join in the extreme behaviour. The unrest cannot be brought to an end by punishment and continues until the causes are discovered and discussed.

The prognosis for conduct disordered children is not very good, although much depends upon the age at which treatment is made available, its quality and its duration. In follow-up studies of these children Morriss et al. (1954), Morriss et al. (1956) make the difference in the outcome between these children and shy and
withdrawn children very clear. O'Neal and Robins (1958), in a follow-up study of children referred to the St Louis clinic for behaviour problems, give a rather depressing picture of the future prospects of conduct disordered children. Undoubtedly these conduct disordered children are not easy to help. They are the children referred to earlier who make incessant demands upon other people. They put great strains upon the adults who make or who attempt to make affective relationships with them. Their perceptions of people are such that they make come true in reality the situations they create in fantasy—hostility and rejection from others whose intentions and attitudes are radically different from those who originally deprived them. They do not appear to benefit from traditional psychotherapy; they respond to milieu therapy as described by Redl and Wineman (1952) in America, and Wills (1960), Burn (1964), Lenhoff (1960) in England, milieu therapy sustained over considerable periods of time. Wardle (1974) suggests that 'A prolonged period of extensive nurture of a much more basic kind (than traditional psychotherapy) coupled with progressive behaviour expectations and training' is an effective treatment approach. Behaviour modification programmes as described in O'Leary and O'Leary (1972) and in Ullman and Krasner (1965) bring dramatic changes in their behaviour in school, but it is not yet clear how long these changes last.

Children with neurotic disorders

Rutter et al. (1969) give a description of children with neurotic disorders—sometimes described as children with personality problems. These children are remarkable for what the authors describe as 'an abnormality of the emotions not accompanied by marked personality disorder or loss of reality sense, as in psychosis'. The symptoms included are: disproportionate and persistent anxiety; depression; obsessional behaviour; and compulsive behaviour and phobias. The children who suffer from neurotic disorders do not offend against social conventions as conduct disordered children do, and the condition appears to be more prevalent among girls than boys (Rutter, Tizard and Whitmore, 1970).

Most teachers find children with neurotic disorders easier to help than conduct disordered children. They do not make the
same demands upon their environment nor stir up as much anxiety and hostility in others. They are usually careful not to offend against school discipline and tend to be rather passive. It is for this reason that they are more likely to be overlooked in the classroom and teachers’ attention is given to those who cannot be ignored. They may be isolated and unhappy, but they do not clamour for attention. They have poor self-esteem and do not relate easily or quickly to other people. This is not because they subject their relationships with others to the same stresses that conduct disordered children do, but because they are timid and do not initiate social relationships.

As these children usually make a good response to individual attention and sympathetic support, or to individual psychotherapy where this is appropriate, the prognosis for them is good.

Psychotic children

Childhood psychosis is differentiated from all other psychiatric disorders by its much worse response to treatment. Very few psychotic children recover, some achieve some kind of social adjustment, but nearly half remain in long-stay institutions. For many of these children there is associated cerebral dysfunction (Rutter, 1965). Some psychotic children fail to develop any proper speech—a condition which is usually associated with psychotic children who have strong autistic tendencies.

Stroh (1974) identifies seven categories of childhood psychosis: childhood autism; organic psychosis with autistic features; schizophrenia; traumatic psychosis; ‘ESN psychosis’; psychotic depression; and obsessive-compulsive psychosis. The few psychotic children who are admitted to schools for maladjusted children are usually children suffering from traumatic psychosis. These are children who have suffered some severe trauma in infancy.

Underwood (1955) describes psychotic behaviour as ‘conduct which is so profoundly disturbed that disruption of the normal pattern of development takes place at all levels, intellectual, social and emotional’. It is behaviour which has led to descriptions of these children as having broken with reality, or at the best, retaining a very slender hold on it.

Stroh and Buick (1964) describe the condition as a result of ‘a
discrepancy between inner and outer reality being so large that there are not enough points of reference to allow the individual to relate meaningfully to the environment. In other words psychotic manifestations vary in degree rather than in kind from other disorders ...

The behaviour of some psychotic children is bizarre and they are remarkably cruel to other individuals and to animals. These children seem quite unaware of the damage they do and feel no remorse for the injuries they inflict. It is a feature of psychotic children that they set up tensions among others, and certainly their bizarre, aggressive or vindictive behaviour frightens other children. They are usually unpopular, and the relationships they do make with adults are fragile and transitory. Other maladjusted children besides those who are psychotic are withdrawn, aggressive and hostile, and have obsessions and rituals. However, as Stroh and Buick point out, there is a special quality, a degree of intensity in the isolation, or the aggression, or the ritualistic behaviour, of psychotic children which is hard to describe but not difficult to recognise. These children are more appropriately placed in hospital units than in classes or schools for maladjusted children because they need care and treatment which few teachers or child care staff of residential schools can provide.

**Rutter's 1965 classification**

The children with psychiatric disorders admitted to special schools or classes are those with disorders listed by Rutter, but as this does not give any description of how the children in the nine categories actually behave in school, the brief case histories below, all taken from a day school for maladjusted children, illustrate Rutter's classification.

**Neurotic disorders**

George was admitted to the school when he was eight. He had not attended any school until that time as any attempt to get him into an infant or junior school was unsuccessful because he refused to go and became exceedingly upset at the prospect of going. He had had a series of childhood illnesses including periods in hospital for observation following an infection in the middle ear and two
operations for the correction of a squint in his right eye. He was extremely thin, fragile and pallid in appearance, unable to walk up the stairs without enormous efforts, and he perspired profusely, so much so that any written work he did manage to do was immediately spoiled by the perspiration of his hands. He had a marked tic, a grimace and a habit of clenching and unclenching his fingers while he held his arms rigidly away from his body.

He was an extremely anxious and timid child who would sit as if frozen to his chair if another child had a temper tantrum or disrupted the class. He was afraid of the dark and of being alone. He was of average intelligence but without attainments in reading and numbers. In the face of any challenging learning situation he would disappear from the classroom and slink around the school. He frequently complained of 'just feeling fed up' and unable to see the point of doing anything. Although he could not read or write he developed remarkable verbal fluency and had acquired a good deal of general knowledge. He repeatedly asked questions and on one occasion enquired whether Jesus had a birth certificate. He had no obsessional behaviour, but he masturbated continuously at one period. Although he was never very popular with other children because he could not join in their games and because he was slightly contemptuous of them, he related well to adults.

His parents showed little tolerance of his strange appearance and manners. His father threatened to leave the family unless George was sent away, but, in this crisis, his mother took his part and George remained at home. His father eventually returned, but the family situation was never a stable one.

George went on to a day school for older maladjusted children and made good progress.

**Antisocial or conduct disorders**

Veronica was admitted to the school when she was eight. She was of low average intelligence with practically no attainments in reading or numbers. She was almost impossible to manage in the classroom, demanding the whole of her teacher's attention. When this was not forthcoming she would rip up her own work, destroy other children's and run out of the classroom. She was unpopular with other children because she was so aggressive towards them and towards her teacher. She was remarkable for the speed, persistence and accuracy with which she kicked adults' shins. Her behaviour at school and her moods, which fluctuated from sullen rebellion to gay cheerfulness, reflected the stresses in her home. When
relations with her mother’s cohabitee were particularly bad she would steal money at home and from children and staff at school. At a time of crisis when she was taken into care of the local authority, she lit fires in her school desk and in the lavatory. When in trouble with her housemother she stole from her and from the local shops. She was a desperately unhappy child who illustrated Winnicott’s suggestion that the acting-out conduct disordered child makes constant claims on the environment to pay back what it owes her, and she illustrated Bowlby’s description of the deprived child.

Veronica was the illegitimate child of a loving and sensitive but rather inadequate unmarried mother, whose difficulties with her illegitimate child and with her cohabitee prevented her from displaying the affection she undoubtedly felt for her daughter. After a long period of stress and intermittent separations, Veronica was placed in a residential nursery at the age of three and then in a residential school where she found a good deal of care and affection. Her mother took her from the school to live with her and her cohabitee, who rejected her when she began to be difficult at home. He openly favoured his own daughter at Veronica’s expense. He was unrelentingly hostile towards Veronica and eventually the stresses in the home situation became so severe that she was taken into the care of the local authority. She remained at the day school until she was admitted to a residential school for maladjusted children. When this closed she went on to a residential school for educationally subnormal children where she made good progress.

Mixed group in which neither antisocial nor neurotic disorders predominate

Joey was the second child of a neurotic, shiftless and immature man. His mother, whom he once described as a rotten old gypsy, felt uneasy about the way in which she and her husband were bringing Joey up, but her uneasiness did not prompt her to change her attitudes. Despite her protestations she had connived at her husband’s extraordinary indulgence which had resulted in Joey’s unchallenged supremacy in the household at the age of seven. Whereas his mother was uniformly indulgent, his father would gratify him and spoil him until he lost his temper with the boy. He would then give way to unrestrained hostility and would drag Joey out of his bed and beat him. He would then be overcome with remorse and beg Joey to forgive him. Despite prolonged
casework with both parents, in which both agreed that Joey needed consistent discipline at home, neither parent could resist the temptation to undermine the social worker and the school.

Both parents asked for help in managing Joey and both took pride in recounting his many misdemeanours. He acted out his parents' delinquent tendencies and their contempt for authority.

After his exclusion from an infant school and transfer to a special class where the teacher had declared that either Joey left or she would, he was admitted to the special day school when he was seven years old. He sought to give the impression of a charming and co-operative little boy. He was of average intelligence and worked quite well in the classroom. He was adept at manipulating children and adults and at causing trouble when out of sight. He was ruthless in getting his own way; he was not popular with other children and merciless towards those smaller and weaker than himself. In any confrontation with an adult he would first try to charm his way out of the situation, then wheedle and plead, and finally give way to abuse and threats. When he perceived any situation which he lacked the initiative to alter to his own advantage, he would show signs of panic and distress. Beneath his façade of charm and aggressive behaviour there was a very frightened child who was extremely nervous of any new situations and whose inner life was dominated by macabre fears. He had an obsession with gas and electric cookers (keeping eight of these in his rather small house). He was a boy for whom psychotherapy was considered appropriate, but this treatment was sabotaged by his parents when Joey expressed a disinclination to attend the child guidance clinic.

He left the school to go on to a residential school for maladjusted children from which he was eventually removed by his parents. He made some progress at the school and the removal by his parents was against the advice of the headteacher.

**Developmental disorders**

These include such disorders as enuresis or speech abnormalities (sometimes called habit disorders). They may be part of neurotic or antisocial disturbance but they do occur in isolation.

Jim was admitted to the school when he was seven. He was a boy of good average intelligence whose educational performance was seriously impaired by his hyperactivity, his poor motor co-ordination, his perceptual difficulties and his stammer. He was inter-
Jim's parents were affectionate, but as his mother was not altogether a stable person, and because at the age of eleven no day provision was available for maladjusted children, he was admitted to a special residential school where he overcame his difficulties and did well.

*The hyperkinetic syndrome*
This can be distinguished in terms of response to treatment and its association with neurological abnormality.

Peter's behaviour was bizarre and frequently unmanageable. He was unable to give his attention to anything except war games for more than a few minutes. He was never still. When he was standing he was either rocking backwards and forwards or waving his arms about and when he was sitting down he rocked backwards and forwards on his chair. His motor co-ordination was extremely poor and he was seriously retarded in his school work. If his reading material was about aeroplanes he became a fighter aeroplane until he had collided with enough furniture or equipment to consider he had been shot down. He was effervescent and silly, interfering with other children's activities and inciting them to copy his wild behaviour. His relationships with other children were poor because they tired of his antics. When he became unpopular he was depressed but could gain no insight into the effects of his behaviour upon others.
He showed some strong paranoid tendencies, complaining bitterly that the other children were unfair to him and the staff picked on him. He informed his teacher that he was only waiting until he was old enough and strong enough to get his own back on other people. He could not accept any limitation on his behaviour without challenge, usually expressed in ridiculous terms, but seriously meant. His relationships with the teaching staff were generally without meaning for him, but he made an excellent relationship with the school caretaker, who exerted some restraint upon his wild and unpredictable behaviour. His relationship with his mother was also very good, but he detested and feared his father. He was extremely fond of his dog, who was his constant companion out of school hours and with whom he conducted long conversations. He frequently requested to be called by other names and for one period he would not respond unless he was addressed as Wild Bill Hickock. He was a boy whose behaviour most strongly suggested that there was some cerebral dysfunction, but although the electroencephalograph showed some neurological abnormality, the findings were not clear. He was admitted to a day school for older maladjusted boys, where he gradually gained some control over his behaviour, but the prognosis was poor.

**Child psychosis**

This has its onset before puberty, is associated with cerebral dysfunction, and displays some similarities to the hyperkinetic syndrome.

Ralph had been referred to the child guidance clinic at the age of four because of his very slow speech development. When he was admitted to the school at the age of eight there was little trace of any language deficiency. He gave the impression of a psychotic child with some features of childhood autism. He was obsessional and his behaviour was marked by the performance of rituals. He would spend a considerable time writing series of numbers in his books which he classified according to an inexplicable system, or floating torn-up paper into the breeze, or feeding the school rabbits with bus tickets. He could not go to the toilet unless the oil-fired boiler made a certain distinctive sound, and he would wait, rocking backwards and forwards with his arms outstretched and his thumbs sliding across the inside of his fingers, until the signal came. He was remarkably self-centred, either oblivious of
other children or insistent that they should be punished for getting in his way or objecting to his treatment of the rabbits, or for being naughty. He was of good average intelligence and had considerable success in the classroom, although he could not co-operate with other children at all, so that his work had to be provided on an individual basis. His relationships with the other children did not exist. He rarely spoke to them or acknowledged them and they were rather frightened by his bizarre behaviour—especially if they interrupted one of his rituals, when he would then attack them. For many years his parents had denied Ralph's problems and could only accept that he was certainly different from other children (and from his older sister), but they believed that firm discipline would put him right. When Ralph was admitted to a residential school for maladjusted children a good deal of progress was made with his parents, but they withdrew Ralph from the school and terminated the treatment. He was then admitted to a day school for older maladjusted children. The prognosis was poor.

This boy did not have any symptoms of cerebral dysfunctions nor were there similarities with the hyperkinetic syndrome. His disorder seemed more like the disintegrative psychoses described in the 1969 triaxial classification.

*Psychosis developing at or after puberty*

As well as being the most disturbed child in a group of maladjusted children (perhaps with the exception of Ralph), Alexander was a boy where a strong constitutional predisposition towards mental illness could be recognised. His mother was insane, and went into a mental hospital for periodic treatment. Both Alexander and his sister were admitted to a mental hospital in their late teens.

He was a boy of superior intelligence (so far as this could be determined). He spoke in a curious high-pitched voice through his teeth which he kept clenched. He could not participate in any social activity without showing great strain and usually breaking down under the stress. If he was with a group of children in the classroom he sat in stony isolation with his cap on and his coat collar turned up. If another child drew attention to his appearance he would break out into furious but usually ineffectual anger, running around the school beating his fists on walls and doors. He would complain for hours that somebody had looked at him and was laughing at him. He refused to eat school dinners and his
mother supported him in his refusal by suggesting the food might be poisoned. After some weeks of unsuccessful attempts to involve him in classroom activities, he was given individual assignments of work which he took into the school quiet room. If anyone came into the room he would protest at once and, if they stayed, he would take his work into the headmaster's study. He worked well and reached a high standard in many subjects of the curriculum.

His chief interest was history, which he read continuously. After reading most of the first volume of a two-volume edition of Macaulay's *History of England*, he began to read Shakespeare's historical plays. He slipped out of school and stole a complete volume of Shakespeare but was persuaded to return this. He then bought an edition of all the plays and began to read them. His father destroyed this edition as a punishment when Alexander cut his sister's dress. The boy was heart-broken, so the school bought him another copy. While he read he rocked backwards and forwards in his chair pulling at the fringe of his hair. He accompanied a group of children to the school camp, which was a very difficult experience for him and for a good many other people as well. His bedtime ritual was long and exacting, and it usually took the undivided attention of a senior member of staff to settle him down each night. He was eventually admitted to the Maudesley Hospital for a period of observation and assessment, and after six months he went on to a residential school for maladjusted children. He was admitted to a mental hospital soon after leaving.

*Mental subnormality*

Gordon presented the dilemma of the educationally subnormal maladjusted child very clearly. He was not alert enough to benefit from much that the school for maladjusted children provided because his lack of intelligence prevented him from joining in the group discussions and taking advantage of the individual counselling that was valuable for other children. At the same time it seemed improbable that he would be accepted in a school for educationally subnormal children because of his extraordinary behaviour and because there was a good deal of uncertainty about his level of intelligence. His admission to a day school for maladjusted children illustrated the value such a school has in admitting a child so that continuing assessment can go on. He undoubtedly had some emotional problems, but after a period of two years his intelligence quotient was found to be below seventy and he was
admitted to a school for educationally subnormal children and made good progress.

His parents were punitive and harsh, and were frequently summoned to Gordon's infant school to hear of his naughtiness and lack of progress. While he was there he was mischievous and restless and his behaviour, such as running into other children's classrooms, spoiling their work and insulting their teacher, was so extraordinary that it seemed uncertain whether he was remarkably stupid or remarkably naughty. On one occasion he met a visitor in the school playground and swore at her without restraint in the belief, apparently, that she would not care to repeat what he had said to the headmistress. Unfortunately for him the visitor was less sensitive than he supposed.

These incidents illustrate his lack of social awareness, which was a constant feature of his behaviour while at the school. When admitted he had practically no attainments, and his progress was very slow. He was remarkably persistent and obstinate. This helped him to achieve some goals, but it also gave his defiance of authority a quality which was unusual even among a group of maladjusted children. He would not be deflected from his purpose despite warnings from staff and other children. He had no insight into his behaviour and rarely learned from experience. His relationships with other children were poor because of his very limited ability to co-operate with others. He was usually the least intelligent among any group of children, which did not help his relationships with them. He was solitary and, as Stott (1966) has described such children, he seemed to have written-off the need for adult approval.

*Educational Retardation as a Primary Problem*

As in all day schools for maladjusted children many children were seriously retarded in the basic subjects of the curriculum. For most of them, their progress in the classroom could only come when they had made some progress towards better adjustment. This was not true of Freddy, however, who was a rather immature boy but who had no other problems except for persistent failure in reading. He was of low average intelligence, but he was remarkably co-operative and well behaved. He made friends easily and had excellent relationships with members of staff. He was rather silly, and his lack of school attainments had undoubtedly given him a sense of failure and a poor self-esteem, but there were no problems of behaviour. The social worker had not been able to
discover any stresses in the family, and although his parents expressed concern about his reading failure, this did not interfere with the good relationships between them. His mother had also had severe reading difficulties when she was a girl at school. He showed some evidence of perceptual problems and he needed a good deal of specific help in making successful left to right attack upon words, and in increasing his visual discrimination of words and letters. But despite prolonged and regular remedial reading, in the three years he was at the school, Freddy only reached a reading age of seven and a half years when he was aged eleven. As there was no remedial provision in the secondary school to which he could have transferred, and he was not educationally subnormal, he was admitted to a day school for older maladjusted children. He continued to make slow progress in acquiring basic skills, but he did not achieve fluency in reading.

Apart from those children admitted to a school for maladjusted children who are reacting in a predictable way to their environment, and who would be included in the proposed 1969 triaxial classification in the category ‘Adaptation Reaction’, Rutter’s classification would include most, if not all, of the children in special schools and classes for maladjusted children.

**Stott’s types of maladjustment**

Stott has also described maladjusted children. He has made a prolonged study of delinquent and maladjusted children and he has succeeded in identifying and describing core syndromes of behaviour which he refers to as types of maladjustment. He does not make reference to symptoms or disorders but to temperamental handicaps. These handicaps are represented by behaviours which he has classified into two main groups, Under-reactive and Over-reactive.

*Under-reactive behaviour* includes depression; lack of physical energy; dejection and an over-readiness to react to frustration with instability; withdrawal, ranging from a timidity in making relationships with others to an inability to do so; the independent child, who, like Gordon described above, is indifferent to others’ approval; and unforthcomingness, a general lack of self-confidence. *Over-reactive behaviour* includes attention-seeking;
aggression; hostility; the easily led ‘showing-off’ syndrome, which applies to children who go too far to win the approval of their peer group; distractibility; and the inconsequential syndrome for children who do not inhibit inappropriate behaviour or modify it. Further reference to Stott’s types of maladjustment will be made in Chapter 10 where teachers’ use of the Bristol Social Adjustment Guides is described.

Although Stott does not mention it specifically in this list of over-reactive behaviour, he has drawn attention to behaviour which is usually well represented in any group of maladjusted children, the ‘avoidance-excitement’ behaviour. Children who find quietness or ‘unoccupied thinking time’ intolerable are those whom teachers and child care staff describe as ‘whooping it up’ at bed times or lesson times, when quiet is particularly necessary. Their anxieties are such that the prospect of having nothing to do and nothing to distract them from thinking about their situation is intolerable. They postpone this solitary time for as long as possible and initiate wild behaviour to prolong their immunity.

The Underwood classification of symptoms

The Underwood Report gives a grouping of symptoms which, as the authors state, ‘may be indicative of maladjustment’ and they add that ‘For many of the symptoms listed, any and every manifestation does not indicate maladjustment, but only manifestations that are excessive or abnormal’. This note of caution is useful for teachers because it is a reminder that many children who are not maladjusted, and do not become maladjusted, pass through phases when they are anxious or moody or attention-seeking. For most children such phases do not last long, they are usually linked with transient events in school or home and, when they alter, the child’s behaviour returns to what is normal for his age and stage of development. It is the persistence of exaggerated forms of behaviour that indicates some degree of maladjustment in children. Although there is an overlapping of symptoms, the authors of the report have grouped symptoms into six main headings. These are:
1. **Nervous disorders** which include fears (anxieties, phobias, timidity, oversensitivity), withdrawal (unsociability, solitariness), depression (brooding, melancholy periods), excitability (overactivity), apathy (laziness, unresponsiveness, no interests), obsessions (rituals and compulsions), hysterical fits and loss of memory. Fears, withdrawal, depression and apathy are similar to the neurotic disorders in Rutter's 1965 classification, and excitability and overactivity are similar to his hyperkinetic syndrome in the proposed 1969 triaxial classification.

2. **Habit disorders** which include disorders of speech (stammering, speech defects), disorders of sleep (night terrors, sleepwalking or talking), disordered movement (twitching, rocking, head banging and nail biting), disorders of feeding (food fads, nervous vomiting, indiscriminate feeding), disorders of excretion (as found in enuretic and encopretic children), nervous pains and paralysis (headaches, deafness, etc.) and physical symptoms (asthma and other allergic conditions).

   In Rutter's 1965 classification many of these habit disorders would appear as developmental disorders, and in the proposed triaxial classification the physical symptoms would be in the category of psychosomatic disorders.

3. **Behaviour disorders** which Rutter describes as antisocial or conduct disorders and which include unmanageableness (defiance, disobedience, refusal to attend school) temper outbreaks, aggressive behaviour (bullying, destructiveness, cruelty, jealous behaviour, demands for attention, pilfering, lying, romancing, wandering off from school and staying out late at night) and sexual difficulties (which are more common among conduct disordered girls than boys).

4. **Organic disorders** which follow head injuries or are associated with brain damage and damage to the central nervous system. Underwood gives as examples encephalitis or cerebral tumours, epilepsy and chorea.

5. **Psychotic behaviour** such as extreme withdrawal, bizarre behaviour, violence towards others and hallucinatory or delusional states.

   In the 1965 classification, Rutter distinguishes between
child psychosis and psychosis developing after puberty. In the 1969 proposed triaxial classification, there is differentiation between infantile psychosis, which includes infantile autism, disintegrative psychosis, which is a severe disorder of the emotions, behaviour, and relationships following normal or near normal early development, schizophrenia, and other psychoses such as manic-depressive and delusional states.

6. *Educational and vocational difficulties* which include backwardness not accounted for by dullness, dislikes of school work connected with the subject or the teacher, unusual responses to school discipline, and inability to concentrate. This is similar to Rutter's classification of educational retardation as the primary problem.
Since maladjusted children were recognised as a category of handicapped children in the School Health and Handicapped Pupils regulations of 1945, educational provision for these children in special schools has been made at a steady rate. Up till 1974 there has been no sign of slackening in the opening of new residential and day schools, but whether this rate of opening new schools will be maintained is open to question. This is not because adequate provision in special schools has been made, but because the policy of educating maladjusted children in separate schools is already changing and more changes are bound to be made in the future.

Table 1 shows the ages of children in schools for maladjusted children; Table 2 shows the increase in the number of schools for maladjusted children since 1951; Table 3 shows the number of children in schools from 1950 to 1972; and Table 4 shows the accommodation in special schools in 1974.
Table 1 *Ages of children in schools for maladjusted children*

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<td>10–16</td>
<td>24</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>10–18</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11–16</td>
<td>22</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>11–17</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11–19</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>12–16</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14–16</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Total number of schools: 124, 68, 192

*From List 42, Department of Education and Science (HMSO, 1974).*
## Table 2 Schools for maladjusted children 1951–1972

<table>
<thead>
<tr>
<th></th>
<th>Maintained residential</th>
<th>Non-maintained residential</th>
<th>Independent (recognised)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>1951 (Jan.)</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>(2)</td>
<td>1955 (Jan.)</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td>(3)</td>
<td>1960 (Jan.)</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>(4)</td>
<td>1965 (Jan.)</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>(5)</td>
<td>1970 (Jan.)</td>
<td>39</td>
<td>53</td>
</tr>
<tr>
<td>(6)</td>
<td>1972 (Jan.)</td>
<td>61</td>
<td>64</td>
</tr>
<tr>
<td>(7)</td>
<td>1974 (Jan.)</td>
<td>67</td>
<td>69</td>
</tr>
</tbody>
</table>

(1) From 'Education in 1951' (HMSO, 1952).
(2) From 'Education in 1955' (HMSO, 1956).
(3) From 'Education in 1960' (HMSO, 1961).
(7) From 'List of Special Schools for Handicapped Pupils' (HMSO, 1974) (List 42).

## Table 3 Number of children in schools for maladjusted children 1950–1972*

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>467</td>
<td>120</td>
<td>587</td>
</tr>
<tr>
<td>1955</td>
<td>1,029</td>
<td>206</td>
<td>1,235</td>
</tr>
<tr>
<td>1960</td>
<td>1,426</td>
<td>316</td>
<td>1,742</td>
</tr>
<tr>
<td>1965</td>
<td>2,305</td>
<td>599</td>
<td>2,904</td>
</tr>
<tr>
<td>1970</td>
<td>4,793</td>
<td>1,300</td>
<td>6,093</td>
</tr>
<tr>
<td>1972</td>
<td>6,966</td>
<td>1,986</td>
<td>8,952</td>
</tr>
</tbody>
</table>

### Table 4 Schools for maladjusted children: January 1974*

#### A. Maintained and non-maintained residential schools

<table>
<thead>
<tr>
<th>Description</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 schools for boys only with accommodation for</td>
<td>2,361</td>
<td></td>
</tr>
<tr>
<td>9 schools for girls only with accommodation for</td>
<td>414</td>
<td></td>
</tr>
<tr>
<td>11 schools for boys and girls with accommodation for</td>
<td>398</td>
<td></td>
</tr>
<tr>
<td>6 schools for boys only, admitting some day pupils, with accommodation for</td>
<td>307</td>
<td></td>
</tr>
<tr>
<td>4 schools for girls, admitting some day pupils, with accommodation for</td>
<td>167</td>
<td></td>
</tr>
<tr>
<td>4 schools for boys and girls, admitting some day pupils, with accommodation for</td>
<td>255</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong> 87 schools with accommodation for</td>
<td>3,902</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Independent residential schools recognised by the Department of Education and Science

<table>
<thead>
<tr>
<th>Description</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 schools for boys only with accommodation for</td>
<td>1,222</td>
<td></td>
</tr>
<tr>
<td>1 school for boys only, admitting some day pupils</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>13 schools for boys and girls with accommodation for</td>
<td>627</td>
<td></td>
</tr>
<tr>
<td>1 school for girls only with accommodation for</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong> 37 schools with accommodation for</td>
<td>1,928</td>
<td></td>
</tr>
</tbody>
</table>

Total number of residential schools maintained, non-maintained and independent = 124 with accommodation for

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,830</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Maintained day schools

<table>
<thead>
<tr>
<th>Description</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>66 schools for boys and girls with accommodation for</td>
<td>3,013</td>
<td></td>
</tr>
<tr>
<td>1 school for boys with accommodation for</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong> 67</td>
<td>3,063</td>
<td></td>
</tr>
</tbody>
</table>

#### D. Independent day schools

<table>
<thead>
<tr>
<th>Description</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 school for boys and girls with accommodation for</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL all schools = 192 with accommodation for</strong></td>
<td>8,866</td>
<td></td>
</tr>
</tbody>
</table>

#### E. Hospital schools

28 hospital schools accepting psychiatric cases, and 6 of these schools accepting psychiatric cases only.

**Special classes and units**

In 1972 there were 2,133 maladjusted children attending special classes and units. (Health of the School Child 1971-1972, HMSO, 1974).

**Maintained schools** are owned and maintained by local education authorities. **Non-maintained schools** are owned and maintained by voluntary bodies but receive some financial assistance from the Department of Education and Science.
Table 4 (cont.)

Independent schools are owned and maintained by voluntary bodies and do not receive financial assistance from the Department of Education and Science. The independent schools listed in Table 4 are recognised as efficient by the Department. In 1974 there were 16 independent schools for maladjusted children which were not recognised as efficient but where local authorities place children.

*From List 42, Department of Education and Science (HMSO, 1974).

Prevalence of maladjustment

It is not possible to give an accurate estimate of the number of maladjusted children who are at present included in the school population of England and Wales, and the difficulties of making such an estimate demonstrate that it would be unwise to attempt to do so. The figures for the prevalence of maladjustment presented in Table 5 do no more than indicate that the use of a particular method of assessment with a group of children of certain ages at a certain time in a particular area (except for the National Child Development Studies) showed that a certain percentage of the children were maladjusted.

Variations in the prevalence of maladjustment are shown by the differences in the regional ascertainment rates, these being 5 and under per 10,000 of the school population in the Northern region; 5.1-10 in the Western Midlands, North Midlands, Midland and Southwestern regions, in Wales and the East and West Ridings of Yorkshire; 10.1-15 in the Eastern region; 20.1-25 in the Southeastern region; and 25.1-30 per 10,000 in the London Metropolitan area (Health of the School Child 1964-1965, HMSO, 1966). Even where a prevalence figure such as the 14 per cent reported by Davie, Butler and Goldstein (1972) is not affected by regional variations or by the possibility of an unrepresentative sample, the fact that the prevalence figure was arrived at by schoolteachers using the Bristol Social Adjustment Guides, which could not indicate how the children behaved at home or whether they suffered from sleep disorders for example, is an important consideration which Davie and his fellow workers acknowledge: 'It is as well to remind ourselves that the “maladjustment” being assessed was that revealed in the school situation. If the mothers'
### Table 5: Prevalence of Maladjustment

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Details</th>
<th>Prevalence Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Burt (1946)</strong></td>
<td>391 boys and girls aged 7-13 years.</td>
<td>31.40% showing signs of maladjustment, 4% seriously maladjusted. Assessed by Burt in 1920.</td>
</tr>
<tr>
<td><strong>McFie (1934)</strong></td>
<td>697 boys and girls aged 12-14 years.</td>
<td>46% showing signs of maladjustment and seriously maladjusted. Assessed by school teachers.</td>
</tr>
<tr>
<td><strong>Milner (1938)</strong></td>
<td>1,201 girls aged 10-16 years.</td>
<td>17% showing signs of maladjustment. Assessed by school teachers.</td>
</tr>
<tr>
<td><strong>Underwood Report (1955)</strong></td>
<td>883 boys and girls aged 6, 9 and 13 years (Somerset).</td>
<td>3.6% boys and 1.7% girls very maladjusted. 10.1% boys and 7.7% girls probably maladjusted. Assessed by educational psychologists on basis of questionnaire completed by head teachers and visits to parents.</td>
</tr>
<tr>
<td><strong>Underwood Report (1955)</strong></td>
<td>2,264 boys and girls aged 6, 9 and 13 years (Birmingham).</td>
<td>0.3% boys and girls very maladjusted. 7.4% boys and girls probably maladjusted. Assessed by educational psychologists and social workers on basis of questionnaires completed by teachers and parents.</td>
</tr>
<tr>
<td><strong>Underwood Report (1955)</strong></td>
<td>992 boys and girls aged 6, 9 and 13 years (Berkshire).</td>
<td>0.8% boys and girls very maladjusted. 4.6% boys and girls probably maladjusted. Assessed by psychiatrists and school medical officers on basis of questionnaires completed by teachers and social workers.</td>
</tr>
<tr>
<td><strong>Pringle, Butler and Davie (1966)</strong></td>
<td>3,244 boys and 3,223 girls aged 7 years.</td>
<td>15.6% boys and 8.1% girls maladjusted. Assessed by teachers using Bristol Social Adjustment Guides.</td>
</tr>
<tr>
<td><strong>Graham and Rutter (1970)</strong></td>
<td>2,199 boys and girls aged 10-11 years (Isle of Wight).</td>
<td>6.8% suffering from some form of psychiatric disorder. Assessed by questionnaires completed by teachers and parents and by psychiatric interview with the child and psychiatric interview with parent.</td>
</tr>
<tr>
<td><strong>Davie et al. (1972)</strong></td>
<td>1,689 boys and girls aged 10 (Inner London borough).</td>
<td>14% maladjusted. Assessed by teachers using Bristol Social Adjustment Guides. Survey showed up an increase in the prevalence rate as between Social Class I and Social Class V, the prevalence rising from 6 to 9% among children from the non-manual groups to 20% in the unskilled manual group.</td>
</tr>
<tr>
<td><strong>Rutter et al. (1975)</strong></td>
<td>1,279 boys and girls aged 10 years (Isle of Wight).</td>
<td>12% suffering from some form of psychiatric disorder. Assessed as for Graham and Rutter (ibid.).</td>
</tr>
<tr>
<td><strong>Rutter et al. (1975)</strong></td>
<td>1,689 boys and girls (Inner London borough).</td>
<td>25.4% suffering from some form of psychiatric disorder. Assessed as for Graham and Rutter (ibid.).</td>
</tr>
</tbody>
</table>
reports of the children’s behaviour had been used, the results might have revealed a very different picture.' The possibility that a seven-year-old’s difficulties at school may not appear at a later stage, and the possibility that difficulties not apparent at seven years of age may appear in adolescence, demonstrate the specificity and the limitations of the surveys.

The degree of rigour involved in arriving at a reliable prevalence figure is well illustrated by Graham and Rutter’s accounts of the Isle of Wight survey, and this survey is worth considering in further detail because of its precision and because of the limitations that the authors acknowledge (Graham and Rutter, 1970). It was a survey to discover the prevalence of psychiatric disorder which the authors define as ‘Psychiatric disturbance was rated as present when considered in relation to the process of the child’s psychic development, abnormalities of behaviour, emotions or relationships were sufficiently marked and sufficiently prolonged to be causing persistent suffering or handicap in the child himself or distress or disturbance in the family or community ...’ Graham and Rutter acknowledge that teachers and educational psychologists would almost certainly have used the term maladjustment and not psychiatric disorder, and they state, ‘Indeed many of the children with psychiatric disorder could reasonably be regarded as maladjusted. However, maladjustment and psychiatric disorder are not synonymous terms.’

The authors describe how, in 1965, an entire population of children aged between ten and eleven years who were attending local authority schools in the Isle of Wight were assessed to discover the prevalence of psychiatric disorder. The 2,199 children were screened first by the teachers’ use of Rutter’s questionnaire (Rutter, 1967) and by the use of a similar questionnaire which was completed by the children’s parents. The 271 children who scored above nine on the teachers’ questionnaire and above thirteen on the parents’ questionnaire and fifteen children who had attended a child guidance clinic during the previous year or who had been charged in a Juvenile Court during that year or who had been placed on probation during the same period, were then given more intensive study. This consisted of a psychiatric interview with the children, further investigation of their school careers, and an interview with their parents. In this way 118 child-
ren (excluding eight children with enuresis alone) were diagnosed as suffering from some form of psychiatric disorder, this being a prevalence rate of 5.4 per cent. Despite the care with which the screening was conducted, Graham and Rutter considered that for every four children correctly identified, one was missed, so they concluded that the true prevalence was 6.8 per cent.

In their discussion of the results of the survey Graham and Rutter comment that the prevalence rate of 6.8 per cent was ‘similar to (but slightly lower than) most previous estimates of psychiatric disorder or severe maladjustment in children of this age’. They state that the prevalence rate of 6.8 per cent was a minimum estimate of the problem because it did not include children with monosymptomatic disorders (such as enuresis), intellectual retardation, educational retardation or physical disorders associated with psychological or emotional factors. They draw attention to the important developmental changes in children which influence the kinds of emotional and behavioural difficulties observed at different stages of childhood, so that it is unwise to assume that the prevalence of severe maladjustment among ten- or eleven-year-olds applies to children of other ages; they point out that developmental disorders such as hyperkinesis, enuresis, speech disorders and sleep disturbances are more characteristic of younger children than ten- and eleven-year-olds, that tearfulness and jealousy, shyness and fears are also more common among younger children, while delinquency, sexual abnormalities and neurotic disorders are more probable among adolescents, and that the Isle of Wight findings are atypical in respect to the frequency of school refusal. Their comments underline the caution expressed earlier that it is advisable to regard the results of surveys which establish the prevalence of maladjustment as being specific to the sample or population actually investigated.

Criteria used by child guidance clinics in recommending admission to special schools and classes

In order to discover what criteria certain child guidance clinics use when recommending maladjusted children for admission to residential or day schools or for special classes and units, a questionnaire was sent to each child guidance clinic listed in the 1970
National Association of Mental Health ‘Directory of Child and School Psychological Services’. Each clinic director was asked to reply to the question ‘When recommending maladjusted children for admission to a residential/day school or special class or unit, what criteria do you use?’ Three hundred and sixty-six questionnaires were sent out, and 218 (60 per cent) were returned. Some clinics on the list did not make recommendations for children’s admission to special schools and classes, but as there was no means of discovering this, more questionnaires were sent out to discover the criteria than were necessary. This means that the percentage of questionnaires returned is a percentage of all those despatched and not a percentage despatched only to those clinics which recommended children’s admission to schools and classes. Thus the results may be taken to give a reasonable illustration of the admissions criteria used in child guidance clinics.

Preliminary investigations showed that the majority of children were recommended by psychiatrists working in child guidance clinics, so the clinics were chosen in preference to the school psychological services. Table 6 shows the answers to the question included in the questionnaire: ‘When a maladjusted child is recommended for admission to a special residential or day school or special class/unit, which member of the clinic team actually makes this recommendation?’

<table>
<thead>
<tr>
<th>Table 6 Child guidance clinic personnel recommending maladjusted children for admission to special residential or day schools or special classes/units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>By psychiatrist after consultation with clinic team:</td>
</tr>
<tr>
<td>By clinic team decision:</td>
</tr>
<tr>
<td>By educational psychologist after consultation with clinic team:</td>
</tr>
<tr>
<td>By educational psychologist or psychiatrist:</td>
</tr>
<tr>
<td>By educational psychologist and psychiatrist together:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>218 (100)</td>
</tr>
</tbody>
</table>

58 Educating Maladjusted Children
Criteria used by child guidance clinics in recommending admission to special residential schools

The results of the survey show that it is the presence of adverse factors in a child's home that leads to the recommendation for admission to a residential school, and that factors in the school, such as the child's exclusion or his inability to manage in it, are not by themselves considered to be sufficient reasons for recommending residential placement. This is in line with opinions expressed in the literature by those who are responsible for recommending residential placement or by those who provide it. Ratcliffe (1970), writing as a psychiatrist, suggests that residential schools are appropriate for children who need the experience of good relationships with stable adults who can act as substitute or additional parents and who can provide 'those parts of the parental image and those parts of the child's past environmental experiences which have been defective or missing'. He emphasises that except for severely deprived children who need total and permanent substitute parents (which residential schools cannot supply and whose needs are more appropriately met by being taken into care, although Ratcliffe does not state this) the staff of residential schools can provide children with the missing parts of the parental image. These may be the authority of a father's role or the protective supportive role for small children who have not had this experience with their mothers. The staff can also supply children in residential schools with good cultural and social models.

Balbernie (1966) suggests that residential placement is appropriate for children undergoing stress in unsuitable home environments and that severely disturbed children need the residential school not only for the experience of the secure and loving atmosphere it provides, but also as a protected environment where aggressive behaviour does not provoke counter-aggression among the adults.

Shields (1962) suggests that residential placement is appropriate for children whose emotional disturbance results from the failure of their own family environment. For emotionally deprived children and those who are subjected to parental harshness or cruelty, who lack consistent and appropriate discipline and for
children from unstable homes, the residential school provides them with what he calls 'a second chance' to develop positive relationships with adults which they can use as meaningful experiences to revise their hostile attitudes towards the community.

Hersov (1974) gives criteria for admission of disturbed children to hospital units which are applicable to residential schools as well as hospitals. He refers to the need to place a child away from a family where his presence maintains the family's precarious balance, and where the family's faulty structure can only be exposed when the child is not present in it. This unlocks the family situation and makes casework with it more successful.

The decision to place a child away from his home is a dramatic and serious intervention for the family as well as for the child. Such a decision should be made with regard to how the child is functioning when he is living with his family; how the family is functioning with the child present; how the child will function when he is away from the family; how the family will function when the child is away from it; and, as an ongoing assessment during the child's period at a residential school, how the child will function when he is restored to the family and how the family will function when the child is restored to it. If adequate attention is paid to all these aspects of residential placement, this would reduce the probability that children who are placed away from their homes will find them in their unaltered and original condition when they return.

Jones (1960) touches on this point when giving his criteria for residential placement. He writes: 'The very act of removing him from home, by reducing the opportunities for conflict, reduces also the incentives that both the child and the parents would otherwise have to co-operate in treatment', and he includes among his criteria the necessity for avoiding placement of a child when this masks the family problem, allowing it to remain dormant while the child is away from home. In this way, he approaches the problem of the faulty family structure rather differently from Hersov. Hersov sees placement of the child as exposing the family's faulty structure. Jones sees the danger of masking the family's problem by the placement of the child because the family may see the child's absence as a cure for problems which really involve all the members. When Jones refers to the opportunities for conflict
which are incentives for co-operation in treatment, it has to be remembered that some family conflicts are so destructive that children must be removed from their source, and that not all families can make use of a conflict as an incentive for co-operation.

Jones's other criteria are similar to those given by the directors of the child guidance clinics who returned questionnaires. They are: the need for residential placement if the child is damaging or is being damaged by his environment, which Wardle (1974) also uses and adds that residential placement is necessary for children who are so damaging their relationships in the family that unless they leave the family for a while the task of rehabilitation is made almost impossible; the need to lower the tension on the family and to make possible productive work with it; and the child's need of a residential experience which is likely to have a catalytic function for him. He also includes the need for residential placement for children for whom living at home is impossible, but this criterion needs some examination, for if a child's family is such that he cannot live in it, then the question arises whether such a child would not be better off in the care of a local authority. Residential schools are not homes and the staff of the schools, as Ratcliffe has pointed out, can provide an extension of parental care, but they cannot provide children with total parental care. Children in residential schools need a home to which they can return during the holidays, which functions as a home at least for some parts of the school year and which, it is hoped, will function again as a real home for the child.

Roe (1965) reports that the reasons most frequently given by psychiatrists in the Inner London Education Authority for recommending children for admission to residential schools were:

(a) the child was becoming delinquent or was at risk in other ways in a community;
(b) the child's parents were unable to control the child adequately;
(c) parental attitudes towards the child were considered to be so unfavourable that they were unlikely to be modified;
(d) the child was from a broken home.

When considering the criteria used by child guidance clinics for
recommending residential placement and the criteria used by those who have experience of providing such placement, its essential purpose becomes clear. For the child it is his need for opportunities of living with adults besides his own parents which can only be obtained in a total environment that is different from his home and that provides him with meaningful corrective emotional, social and educational experiences. For the child's family it is their need to have opportunities to come to an understanding of his difficulties and their own, an understanding which is impossible if the child's presence in the home causes perpetual stress among family members. If this is the purpose of residential schools, then the recent development in many of these schools—the children's return to their homes at the weekends or at frequent intervals—raises certain questions.

If children need living experiences away from home, then they need them, and being both at home and away from home is an alteration to the concept of residential treatment. What sort of environment does a school community provide on those weekends, for example, when most of the children are away? How does the possibility of the children going home at the weekends affect staff attitudes to those who remain in the school? What happens when a child would like to stay at school over the weekend but he is under pressure from his parents to go home? How do children who cannot go home at the weekends regard those who can and how do they regard their own situation? Should they be placed in these conflict situations? It is true that children's links with their homes should be kept open, but this development is a departure from the traditional concept of the purpose of residential schooling and it may be as much a response to staff needs as to children's needs. It is remarkable that when residential schools developed during the nineteen forties and fifties there were fewer child care staff available in them and children remained at school for long periods, and now that more child care staff are available to help the teaching staff the children in many schools spend less time in them. It would appear to be a very expensive way of providing residential treatment for children and one which may disguise the real needs of the children for whom these schools are intended.
Table 7 Criteria used by child guidance clinics in recommending admission to special residential schools

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. With reference to negative home factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Child needs total therapeutic environment'</td>
<td>28</td>
</tr>
<tr>
<td>'Breakdown in relationships at home'</td>
<td>26</td>
</tr>
<tr>
<td>'Child's home not open to modification' or 'Parents attitudes not modifiable in the short term'</td>
<td>24</td>
</tr>
<tr>
<td>'Removal of child necessary for child and family'</td>
<td>23</td>
</tr>
<tr>
<td>'The child cannot improve while remaining at home'</td>
<td>22</td>
</tr>
<tr>
<td>'Unsatisfactory home environment'</td>
<td>20</td>
</tr>
<tr>
<td>'Disturbed family'</td>
<td>19</td>
</tr>
<tr>
<td>'Home cannot cope with the child'</td>
<td>15</td>
</tr>
<tr>
<td>'Breakdown in home and school'</td>
<td>13</td>
</tr>
<tr>
<td>'Child's family exacerbates the problem'</td>
<td>10</td>
</tr>
<tr>
<td>'Unsatisfactory home and school situation'</td>
<td>9</td>
</tr>
<tr>
<td>'Tensions or stresses in the home'</td>
<td>6</td>
</tr>
<tr>
<td>'Breakdown of family'</td>
<td>5</td>
</tr>
<tr>
<td>'Unstable home'</td>
<td>2</td>
</tr>
<tr>
<td><strong>B. With reference to school factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'School unable to manage, or has excluded child'</td>
<td>26</td>
</tr>
<tr>
<td>'Breakdown in school or child unable to manage at school'</td>
<td>16</td>
</tr>
<tr>
<td>'School unable to help the child'</td>
<td>14</td>
</tr>
<tr>
<td><strong>C. With reference to other factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Clinic treatment not successful'</td>
<td>27</td>
</tr>
<tr>
<td>'Severe maladjustment'</td>
<td>19</td>
</tr>
<tr>
<td>'Child and family willing to accept placement'</td>
<td>12</td>
</tr>
<tr>
<td>'Day placement unsuccessful'</td>
<td>12</td>
</tr>
<tr>
<td>'Possibility of delinquency in child'</td>
<td>5</td>
</tr>
<tr>
<td>'Absence of delinquency in child'</td>
<td>4</td>
</tr>
<tr>
<td>Referred to age of child - not recommending very young children for residential placement</td>
<td>3</td>
</tr>
<tr>
<td>Referred to the necessity of the home to provide holiday accommodation for the child</td>
<td>3</td>
</tr>
</tbody>
</table>

Only 6 clinics used criteria with reference to school factors alone and, of these 6, 3 have no day school in the area.

48 clinics used 1 criterion
103 clinics used 2 criteria
44 clinics used 3 criteria
5 clinics used 4 criteria
6 clinics used unclassifiable criteria such as 'social criteria', 'complex factors' or 'each case decided on its merits'
12 clinics stated that they used no fixed criteria
Criteria used by child guidance clinics in recommending admission to special day schools

It is noticeable that whereas criteria with reference to negative home factors predominate in recommendations for residential placement, Table 8 shows that the criteria used for recommendation for placement in day schools are predominantly associated with school factors, and criteria with reference to positive home factors also appear for children recommended for day school admission. The clinics' use of the criteria makes clear a broad distinction between the residential and day schools. Residential schools are appropriate for children who need new and different living experiences; day schools are appropriate for children who need new and different school experiences while they live at home. For some of these children their homes may not be very satisfactory or happy places, but as the Underwood Report stated: 'Some maladjusted children with unsatisfactory homes can be treated through day classes and schools.' Although some of these homes may be unsatisfactory, they are not markedly or extremely unsuitable for children; and they are not homes which will prevent effective treatment of children while they remain in them, and relations between the children and their parents, poor as they may be when children are admitted to the schools, are not so destructive or grossly distorted that the parents and child cannot live together while steps are taken to improve these relationships. These usually improve when the child begins to succeed at school and his social and educational improvement by itself often helps parents towards a more positive evaluation of the child and, indeed, of themselves. They can overcome their anxieties arising from their child's previous poor school performance and his negative attitudes towards school, where most children succeed. Not all maladjusted children begin to improve when admitted to day schools because they are free to show their maladjustment. During this stage, parents need help from the school social worker, and this stage is often critical because it really tests the parents' desire and ability to retain the child and to co-operate in the treatment. Experience shows that day placement cannot succeed if the parents do not assist the child by their co-operation.

Day schools have many problems and many opportunities. Roe
has drawn attention to the number of very disturbed children admitted to them. Reviewing the reasons given by psychiatrists for recommending children to the London special schools and classes, and assessing the children’s performance in these schools and classes, she writes: ‘Day school placement would seem to be the more likely recommendation where an extremely disturbed behavioural or emotional state exists.’ She found that more children whose behaviour was too difficult for the ordinary school, and more children who were too timid or withdrawn to cope with the demands of the ordinary school, were recommended for day rather than residential placement. She discovered that the day school children showed more behaviour indicative of maladjustment than children in residential schools or special classes; they were more difficult to interview and they were less successful in modifying their behaviour, at least during a twelve-month period. During this period indeed, they showed an increase in what Roe calls ‘maladjustment pointers’ as shown up by the use of the Bristol Social Adjustment Guides. She suggests that the children in the day schools are more disturbed than children in residential schools because of what she calls ‘extreme conditions in the child’, presumably because extreme withdrawal or extreme aggression was not due to their home situation for, if it were, they would be admitted to residential schools. According to the reports from the clinics that recommend children for admission to the day schools, their parents were more able to control them and more likely to modify unfavourable attitudes towards them than were the parents of children admitted to residential schools, which would suggest that the children in the residential schools would be more likely to be more rejected and more uncontrolled children than the day schools. As emotional rejection and inadequate discipline together usually result in considerable maladjustment, while it seems from Roe’s evidence that the children in the London day schools (the only day schools for which there is good evidence) are more disturbed than children in residential schools, it is not altogether clear why this should be so and what causes ‘extreme conditions in the child’ unless this can be taken to refer to forms of maladjustment for which there appear to be no causes in the child’s environment or which are due to some constitutional factors.
There are other factors which may contribute to the degree of maladjustment in children in day schools. These schools usually include some children whose parents refuse residential placement. If these children's difficulties are centred around difficult relationships with their parents, then these difficulties are reactivated by daily contact with their parents. Some of the children who are appropriately placed in day schools have some problems in their relationships with their parents although it is expected that these will not be severe and persistent. Their difficulties are also reactivated by daily contacts.

There are also children in day schools who are either awaiting placement in residential schools or who are there for a period of further investigation. Some of these children may have very poor relationships with their parents which constantly reactivate their difficult behaviour, or they may be more disturbed than was at first recognised and go from the day school not to a residential school, but into a hospital unit. There are also children in the day school who may be very disturbed and who would benefit from residential placement, but neither they nor their parents could tolerate the separation. This is often the case when a maladjusted child is extremely important in a single-parent family and in families which are complete in name only and one of the parents, usually the child's mother, depends a great deal upon him for emotional and social support.

Children in day schools are not insulated from abnormal stresses of family life in the same way that children in residential schools are insulated. Many families of maladjusted children are particularly prone to stresses and domestic disasters of some kind. The child in the day school is present when it all happens; the child in the residential school is not and he is more protected from these stresses and can be prepared for some of these disasters.

As no advantages are gained by placement of the child away from his family, which in itself is of considerable help to many children in residential schools, effective treatment of children in day schools (and in special classes) is determined by the practicality of retaining the child in the family. This, however, has both advantages and disadvantages. Some children benefit immediately from leaving a school situation which they find too stressful and too competitive and the way is then open for the day school to
Table 8 Criteria used by child guidance clinics in recommending admission to special day schools

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. With reference to negative home factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Breakdown of relationships at home'</td>
<td>2</td>
</tr>
<tr>
<td>'Breakdown in home and school'</td>
<td>3</td>
</tr>
<tr>
<td>'Child's family exacerbates the problem'</td>
<td>1</td>
</tr>
<tr>
<td><strong>B. With reference to positive home factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Child's home background is satisfactory'</td>
<td>21</td>
</tr>
<tr>
<td>'Parents will co-operate in day school placement'</td>
<td>19</td>
</tr>
<tr>
<td>'Child should not be removed from home'</td>
<td>11</td>
</tr>
<tr>
<td>'Parents will support the day school'</td>
<td>8</td>
</tr>
<tr>
<td><strong>C. With reference to school factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Child needs small sympathetic group'</td>
<td>28</td>
</tr>
<tr>
<td>'Breakdown in school'</td>
<td>27</td>
</tr>
<tr>
<td>'School unable to manage or has excluded child'</td>
<td>25</td>
</tr>
<tr>
<td>'School unable to help child'</td>
<td>21</td>
</tr>
<tr>
<td>'Educational retardation due to emotional factors'</td>
<td>16</td>
</tr>
<tr>
<td><strong>D. With reference to other factors:</strong></td>
<td></td>
</tr>
<tr>
<td>'Severe maladjustment'</td>
<td>9</td>
</tr>
<tr>
<td>'Neurotic children'</td>
<td>7</td>
</tr>
<tr>
<td>'Parents refuse residential placement'</td>
<td>7</td>
</tr>
<tr>
<td>'School phobia'</td>
<td>6</td>
</tr>
<tr>
<td>'Moderate maladjustment'</td>
<td>4</td>
</tr>
<tr>
<td>'Possibility of delinquency'</td>
<td>4</td>
</tr>
<tr>
<td>'Further investigation needed'</td>
<td>2</td>
</tr>
<tr>
<td>'Borderline psychotic'</td>
<td>1</td>
</tr>
<tr>
<td>'Truancy'</td>
<td>1</td>
</tr>
<tr>
<td>Referred to a day school as a half-way house between residential school</td>
<td>1</td>
</tr>
<tr>
<td>and ordinary school</td>
<td></td>
</tr>
<tr>
<td>Referred to use of day school for children awaiting admission to a</td>
<td>1</td>
</tr>
<tr>
<td>residential school</td>
<td></td>
</tr>
</tbody>
</table>

37 clinics used 1 criterion
60 clinics used 2 criteria
26 clinics used 3 criteria
3 clinics used 4 criteria
1 clinic used 5 criteria
76 clinics had no day school in their area
6 clinics used unclassifiable criteria
9 clinics stated that they used no fixed criteria
provide a more informal learning situation where emphasis is placed upon the value of inter-personal relationships, and where the necessary attention can be paid to the individual differences in children and their differing emotional, social and educational needs. The day school provides a more caring and more sympathetic environment for children who need this and do not find it in the ordinary schools and may not have it in their homes. As they are in daily contact with parents who may themselves need some help, and whose relationship with the school is more vital to the school’s success than is the case with residential schools, the school’s demonstration of concern must extend to the parents. This is not only the task of the social worker but it is part of the ongoing task of the school. When this task is met, the advantages of day school placement are that it can help children without them having to leave their home and neighbourhood; it can keep open effective links with schools from which children come and to which it is hoped they will return; the children do not have to make their way back into families that they have left; the parents are more directly involved in the child’s treatment; day placement is less likely to mask the nature and extent of the family’s problem, and although parents of children in day schools may feel guilty and concerned that their children are in a special school, they are less likely to feel this guilt when the child remains with them at home.

Criteria used by child guidance clinics in recommending admission to a special class or unit

The criteria used show that special classes or units are considered appropriate for children whose problems are centred in their schools rather than in their homes, and admission is recommended for children who will respond to short-term placement and who come from homes which can provide sufficient security for the child, which do not exacerbate the child’s problems and where parents are willing and able to co-operate with the staff of the special unit and child guidance staff. From the little evidence that is available it seems that children admitted to special classes and units are less disturbed than children admitted to day schools or residential schools. Roe in her study of maladjusted children in
the London special schools and special classes—the tutorial classes—suggests that in a continuum stretching from the extremely withdrawn to the extremely aggressive, the children admitted to the day schools were mainly at the extremes of this continuum, while children in residential schools and tutorial classes were mainly in the centre, with the tutorial class children being rather towards 'the anxious unassertive end'. Children in the tutorial class system 'who on all counts are not so severely disturbed as those pupils thought to require special full-time provision, are likely to show a steady decrease in overt maladjusted pointers (as shown up by teachers' use of the Bristol Social Adjustment Guides) when they are provided with small group help with specially chosen teachers who have insight into psychological problems'.

The first London tutorial class opened in 1945, and the tutorial class system that has since developed, which in 1972 included forty-two classes, seems to have served as a model for other special classes and units which have opened in other parts of the country. The classes are autonomous and independent of any one parent school and are usually the responsibility of district educational psychologists. The children attend part-time; they remain on the registers of their own schools; and the tutorial class teacher has one day a week in which he or she can visit children's parents or their schools, or attend case conferences with psychological and administrative staff responsible for the class. When children attend all day, the morning is usually given up to formal basic learning and the afternoon to a variety of more informal activities.

In a description of the tutorial classes written by the senior educational psychologist, the aim of the classes is stated as being to return the children to their own schools as quickly as possible and classes achieve this aim 'partly by social rehabilitation ... and partly by remedial teaching which gives the children satisfaction through school work'. Antisocial and delinquent children as well as quiet and withdrawn children are admitted to the classes, where the teachers accept behaviour from newly admitted children which would not be accepted in the ordinary school. The timid children become less withdrawn and the aggressive less hostile, and the educational programme, which allows a good deal of individual attention, gives the children opportunities to develop their self-confidence in a tolerant, appropriately organised
environment. As the children progress, more demands are made upon them so that they can eventually manage whole-time attendance in their schools.

As an increasing number of all those concerned with special educational provision seek alternatives to day school and residential schools, the pattern of special class provision is becoming more varied. Some, like the London classes, are autonomous and not attached to any school; some are attached to parent schools and admit only children from them; and others adopt the pattern of the adjustment units which Jones has pioneered in Bristol and to which reference is made in Chapter 9. It is probable that the provision of various types of special classes and units will be a major development in the education of maladjusted children. The success of the units is closely linked with the selection of children for them, for they can only provide appropriate treatment for some maladjusted children and fit in to a pattern of provisions made in an area.

Table 9 Criteria used by child guidance clinics in recommending admission to a special class or unit

<table>
<thead>
<tr>
<th>Number of clinics</th>
</tr>
</thead>
</table>

A. With reference to negative home factors:
- 'Breakdown in relationships at home' 1
- 'Disturbed family' 2
- 'Home cannot cope with this child' 1
- 'Breakdown in home and school' 1

B. With reference to positive home factors:
- 'Parents will co-operate with clinic team and special class' 10
- 'Possibility of improvement in the home' 5
- 'Child's home background is satisfactory' 4
- 'Child should not be removed from home' 1

C. With reference to school factors:
- 'Child needs small sympathetic group' 26
- 'School phobia' 23
- 'Educational retardation due to emotional factors' 23
- 'School unable to manage or has excluded child' 16
- 'Breakdown in school' 16
- 'School unable to help the child' 8
### Table 9 (cont.)

<table>
<thead>
<tr>
<th>Number of clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D. With reference to other factors:</strong></td>
</tr>
<tr>
<td>'Child's problem will be resolved quickly'</td>
</tr>
<tr>
<td>'Further investigation needed'</td>
</tr>
<tr>
<td>'Moderate maladjustment'</td>
</tr>
<tr>
<td>'Severe maladjustment'</td>
</tr>
<tr>
<td>'Withdrawn behaviour'</td>
</tr>
<tr>
<td>'Borderline psychotic behaviour'</td>
</tr>
<tr>
<td>'Brain damage'</td>
</tr>
<tr>
<td>'Neurotic behaviour'</td>
</tr>
<tr>
<td>'Parents refuse residential placement'</td>
</tr>
</tbody>
</table>

4 clinics referred to use of special class for children awaiting admission to a residential school.
1 clinic referred to the use of a special class as a half-way house between residential school and ordinary school.
10 clinics used the same criteria for recommending admission to a special class as for recommending admission to a day school.

40 clinics used 1 criterion
46 2 criteria
19 3
11 4
1 clinic 5
82 clinics had no special class in their area
7 clinics used unclassifiable criteria
12 clinics stated that they used no fixed criteria

### Hospital schools

Hospital special schools differ from residential schools and day schools for maladjusted children in many important respects. Some of them only admit children suffering from psychiatric disorders, while others admit children suffering from psychiatric disorders and from other disorders as well. On the HMSO (1974) List of Special Schools for Handicapped Pupils, 6 hospital schools are listed as admitting psychiatric cases only and 28 as admitting psychiatric cases and other disorders such as congenital heart defect, epilepsy, rheumatism or chorea, and children with orthopaedic disorders. Some of the schools are in separate buildings
while in others the children are either taught on the wards or in rooms in the hospital set aside for that purpose.

The children attend the school because they are admitted to the hospital for inpatient treatment, and it is this which makes them so different from the residential special schools. Most heads of residential schools are able to influence or control the admission of children into the school (certainly heads of non-maintained and independent schools control the selection of children), but the head of a hospital school can only admit children to the school who are in the hospital, and some heads have very little say in which children from the hospital should be admitted to the school. As the children are admitted to the hospital for psychiatric treatment, the school is not responsible for making the main contribution to the child's treatment as is the case with residential schools, and it does not have the residential schools' autonomy and independence. Hospital schools contribute to treatment of the child; they are not responsible for the main therapeutic endeavour.

In residential and day schools, the staff have the initiative in providing appropriate treatment. Even when a child needs some form of treatment which the teaching staff cannot provide, such as psychotherapy or speech therapy, it is the head of the school who arranges for this treatment. In hospital schools, the treatment incentive is with the psychiatric staff. In residential schools, although inter-staff tensions arise, inter-professional tensions do not and there is no emphasis upon professional status. In hospital schools the possibilities of tensions arising between medical, nursing and teaching staff are considerable and are not unknown. When inter-professional tensions do arise, they weaken the therapeutic endeavour because, for some children, tension among adults is reminiscent of their home situation, and it threatens the children's security even when it is not overt.

Reference has already been made to Hersov's suggestion that hospital admission is appropriate for children whose families maintain their disorder, and children whose disturbed behaviour maintains the family's precarious emotional balance. He gives other reasons for admitting children to hospital units, and these are:

(a) When children's behaviour is symptomatic of a pathologi-
cal condition which has not responded to other methods of treatment.

(b) When children’s anxiety is manifested by night terrors or attention-seeking behaviour at night, which so disturbs the family that it is unable to function properly and there is a strong probability of hostile reactions from family members whose sleep is constantly disrupted. In hospital the night nursing staff are able to manage these sleep disorders.

(c) When hypochondriacal children are so preoccupied with their health and their anxieties about harmless physical symptom that the detailed physical examination in hospital and the evidence of nursing care reassure the child as much as he can be reassured. Such care makes an objective evaluation of his fears more probable.

(d) When children’s obsessive disorders interfere with their functioning and where ritualistic and obsessive behaviour affects their families.

(e) When depressed children exhibit persistent social withdrawal and depression which the family is unable to manage. In residential schools such children may remain in bed, for example, but as this is behaviour which is not expected in schools, there are fewer facilities for dealing with it positively.

(f) When children are suffering from phobic disorders which grossly affect their functioning at home and at school.

To this list, Wardle (1974) adds children whose extremely aggressive or bizarre behaviour shows signs of deteriorating and which is unacceptable in any non-psychiatric setting; children who need physical examinations and treatment which are not possible in residential schools; and children whose behaviour will damage their relationships so badly that rehabilitation will be extremely difficult unless they leave their families for a while. Barker (1971) also refers to the severity of the child’s disorder and mentions specifically extreme hyperactivity, extremely depressed behaviour which may be characterized by suicidal gestures, very bizarre and psychotic behaviour and severe anorexia nervosa.

When considering the reasons for admitting children to hospital units, it is evident that they are more seriously disturbed than
children in residential or day schools, and that teachers in hospital schools, if the very disturbed children from the unit attend the schools, have to work with some very ill children, although the children's stay in the school may be for a comparatively short time and the teaching staff have the support and guidance of the medical staff.

When special schools and classes, which are primarily responsible for the treatment the children need, are compared with the hospital school where the psychiatric staff are primarily responsible for the treatment of the children admitted to hospital, the comparison illuminates the meaning of the phrase 'special educational treatment'. In the schools and classes it is the head of the school and the teaching staff who are responsible for the child's treatment, although the effectiveness of this treatment may depend upon the contribution made by other disciplines whose help is sought by the head of the school. Although this is a meaningful distinction, in residential schools for maladjusted children it is not possible to be precise about the relative contribution to the child's recovery made by teaching staff and child care staff.
CHAPTER FOUR
The Organisation and Management of Children in Special Schools

Organisation

In describing the form of school organisation most appropriate to the needs of maladjusted children, there are several considerations which immediately indicate that the description can only be in general terms. Schools for maladjusted children are residential or day, admitting children from a wide age range over a wide range of abilities, the children are not all maladjusted in the same way, and school organisation is linked with the treatment approach adopted in each school. Differences in ages and in treatment techniques affect the amount of freedom given to children. Children in schools which are permissive and democratic will be allowed more freedom than children in schools where there is an emphasis upon direction and control. For quiet and withdrawn children obedience to school rules is no problem. For aggressive and behaviour disordered children obeying school rules is a very great problem. Some children need a good deal of freedom and react badly when they are frustrated, others cannot manage freedom and are able to tolerate frustration. For some maladjusted children confrontation with an adult is beneficial, for others such confrontation would be a mistake.

While acknowledging these important differences, there are
features of school organisation which are important for most
maladjusted children. These are: a stable pattern to their school
life; the presence of predictable and reliable adults; freedom from
meaningless restrictions; and fixed limits to behaviour. They are
important because many maladjusted children lead chaotic lives.
They live in a chaotic home environment, and many of them have
to cope with a good deal of inner chaos and internal destructive­
ness which continually threatens to overwhelm them. The most
suitable school organisation provides appropriate treatment in an
environment where the children can see evidence of order and
are aware of limits set upon behaviour.

A stable pattern to school life

A regular and predictable sequence of events during the school
day increases maladjusted children’s sense of security even if they
resist conforming to some parts of this pattern. The regularity
of lessons, play times, and meal times gives a structure to their
school day. The structure should not be so rigid that it cannot
be modified, but it should not be so malleable that it is not a
structure at all.

A pattern to their school life is reassuring to maladjusted child­
ren. It is clear evidence that somebody is in charge. It emphasises
the stability and consistency of the environment. It is evidence
that they are in an environment which can function independ­
dently of aggressive and destructive feelings, which cause severe
anxiety in some children. Some of them have been involved in
situations where relationships have been destroyed, where their
own families have ceased to function because of the eruption of
hostile and violent feelings. They have not been responsible for
the destruction, but they have been caught up in it and they have
fantasies about the power of their own hostility. Certainly a stable
pattern to their school life will not remove these fantasies, but
the pattern is important because these children need to find allies
for their emerging feelings of safety in the conflict with destruc­
tive feelings. Any area of the school environment which can form
part of this positive alliance reassures maladjusted children that
their destructive and aggressive urges can be contained.
Predictable and reliable adults

Children’s feelings of security are always increased if adult behaviour is predictable and consistent. Teachers in schools for maladjusted children are well aware that they cannot treat all the children in the same way, and they are therefore likely to react differently to different children. These differences in reaction, however, should be within recognisable limits, so that children’s experience of teachers will lead them to know what to expect. Reacting indignantly one day and with tolerance for the same behaviour the next undermines any child’s security. This is also true of teachers’ moods. Maladjusted children tend to be more vulnerable than other children and less able to cope with wide variations in a teacher’s moods.

If there is a regular pattern to their school lives, if they are able to rely on teachers’ reactions, and if they are able to predict what will happen from day to day, children are more able to understand their environment. Many maladjusted children have been bewildered by events in their lives which they do not understand, and for which they were not prepared. The school environment has to allow for maladjusted children’s conservatism and lack of flexibility arising from their lack of security. Unexpected changes raise their anxieties, which are immediately apparent if they are asked to cope with unexpected events and unfamiliar situations.

All children expect adults to be reliable, to do what they say they will do and to do it properly. They expect them to be reliable models so that their behaviour does not conflict with the standards they ask others to meet. Where children are in close and continuous contact with adults, which is a feature of any school for maladjusted children whether it is day or residential, the adults are under a great deal more scrutiny from the children than in an ordinary school. Their reliability is therefore more in evidence, and unreliability more noticeable.

This is an important feature of the treatment of maladjusted children. It is experience of predictable, consistent and reliable adults that so many of these children need, and it is the groundwork upon which more particular or more specific forms of treatment can be based. For some children this groundwork alone is sufficient and makes a surprising difference to their attitudes and
behaviour. This is borne out by people who observe the changes in maladjusted children after a period in a special school. It is a common experience for staff to be asked, when someone is commenting upon children's improvement, 'What do you do to these children?' What the staff do, which is always effective, is to provide experiences where consistency, predictability and reliability are characteristic features of the school environment.

There is another feature of reliability which is important for maladjusted children: the reliability of adults who do not give way under the strains that are imposed upon them. This reliability is needed in the adults' relationships with the children generally, but it is particularly necessary in the relationship between an adult and an individual child.

Winnicott's advice to social workers is relevant in considering this kind of reliability. In his advice Winnicott (1965) states, 'You accept being in the position of a subjective object (i.e. person) in the client's life, while at the same time you keep your feet on your own ground. You accept love ... without flinching and without acting out your response. You accept hate and meet it with strength rather than with revenge. You tolerate your client's illogicality, suspicion, muddle, fecklessness, and meanness etc., and recognise all these unpleasantnesses as symptoms of distress.' The weaknesses which Winnicott describes in the social worker's client are perhaps more characteristic of adults than of children. But if a teacher substitutes or includes aggressiveness, hostility, continual demanding behaviour, ambivalence—because in the early stages of a relationship with a child a teacher releases other feelings besides affection—then Winnicott has described the reliability that a child seeks in a teacher to whom he is particularly attached.

These demands upon reliability sometimes take an inexperienced teacher by surprise. It seems to them a reasonable supposition that when a child begins to show an interest in a particular teacher and he or she reciprocates this, then the child will show the teacher his more attractive qualities. Alas, the opposite is often the case. It is because the child sees in the relationship the possibility of making good what Winnicott describes as the environment's 'original failure' that the child puts the adult's reliability to such a test. The testing period is not as endless as it sometimes
appears but, while it lasts, there is no doubting the reality of it.

Many maladjusted children have had experiences of the unreliability of adults. They have experienced major unreliabilities. Adults have disappeared, or if they have not disappeared, they have neglected or rejected them. They have experienced unreliability in their relationships. Adults have turned on them when provoked or given way to despair when disappointed. They have been let down and left unsupported in times of stress and anxiety. In some relationships children have had to be more grown-up than the adults who have depended on them and made demands upon them. In schools for maladjusted children the maturity of the adults has to be a feature of their reliability.

**Freedom from meaningless restrictions**

Many maladjusted children displace feelings of hostility on to teachers and are prone to look upon them as unjust and persecutory when they are in conflict with teachers’ demands or expectations. They complain that teachers pick on them when they correct them. This is true of children in ordinary schools, but it is more true of maladjusted children and many of them really believe that they are treated unjustly. Some maladjusted children manipulate a situation, setting it up for themselves so that they feel justified in regarding a teacher as hostile. In order that children will find it easier to revise their attitudes towards teachers, it is advisable to avoid putting restrictions on behaviour which may be irritating or inappropriate, but which is not a serious breach of discipline, dangerous, antisocial or perverse. This tolerance is useful because children then will not find constant reinforcement of their previous attitudes towards authority figures. Some restrictions are inevitable and limits have to be set upon children’s behaviour, but meaningless restrictions interfere with good relationships and are usually ineffectual.

Some friction between those who set standards and those who resist them is inevitable. Most children generalise from the experiences of other children and do not have to individualise situations, but many maladjusted children are unable to do this. As they are more likely to challenge restrictions than other children, it is
advisable to reduce this frequency of challenge. If a challenge is prompted by a restriction for which there is no real justification, this increases the possibility of a confrontation between a teacher and a child on some unimportant issue. The more meaningless restrictions there are on children's behaviour, the less attention will be given to restrictions which are meaningful and important. It is better to have a few important rules in the school and to be adamant about keeping these than to have many rules which are not worth enforcing and are frequently broken with impunity.

In one day school for maladjusted children which was organised on democratic lines, the children suggested that all school rules should be abolished. The staff agreed to examine each rule before it was formally disposed of, and as each one came up for discussion the children decided that it was necessary. They then proposed very many more. As the list grew longer and longer it was realised that the situation was becoming ridiculous. It was finally agreed that the important rules were those that directly affected children's and adults' safety, and those which made it possible for everybody in the building to do what they had to do. It is difficult to quarrel with the children's view that this is a meaningful basis for putting restrictions on behaviour.

*Fixed limits to behaviour*

The organisation of a school for maladjusted children has to allow for freedom and flexibility so that staff can respond appropriately to children's individual difficulties and needs, but fixed limits have to be set to prevent disorder and demoralisation. Reconciliation of individual freedom with the need to put restrictions on freedom is a problem in the management of maladjusted children. Goldsmith *et al.* (1959) describes the resolution of this problem, in their account of the integration of clinical processes with residential work with maladjusted children, in terms of orbits, and it is difficult to find a better description: 'As stated, the problems predicate the need for delineating an orbit of movement for each child with an outer line of demarcation beyond which he is not allowed to go. Inside the line, flexibility. The outside line gives the sense of security and protection.'
The following examples illustrate this idea of orbits. Ralph (the psychotic child described briefly in Chapter 2) had an obsession with counting and with numbers. He used to stand in the front garden of the school counting people with umbrellas, or hats, as they passed along the road. Other children commented upon this, because they were not allowed to play in the front garden. It was pointed out that what Ralph was doing was not play. When he left the school premises and began counting people at the railway station, this was not acceptable and was immediately stopped. The opportunity for him to stand in the front garden depended upon his assurances that he would not leave the school premises, and those assurances were given.

At the same school, children’s interests in building camps and dens was recognised and encouraged. They had a good deal of freedom in their camps, but they were not allowed to light fires inside them. If they wanted to cook food during the school dinner hour while they were in their camps, they could only do this on the place reserved for fires and with supervision.

Maladjusted children need direction and control. Some of them come from homes where they are indulged by compliant and passive mothers, and ineffectual fathers. Others have had the opposite experiences with aggressive and punitive parents. In *Spare the Child* Wills has described how many of the boys admitted to the Cotswold Community were brutalised by aggressive fathers and had never had sound male figures in their environment with whom they could identify. Although Wills’s description is of delinquent boys, many boys in schools for maladjusted children have had the experiences he describes.

The limits to be placed upon children’s behaviour need to be agreed among the staff so that unanimity is assured. Some children will inevitably test the limits and test the ability of members of staff to stand up to the test. Some adults are better than others at firm and decisive action and these differences cause certain difficulties. Even greater difficulties are caused if a member of the staff agrees to the limits set, but makes exceptions in favour of particular children or for an individual child. Any disagreement among staff about the limits set cannot be an academic consideration, because some children are very quick to notice differences between staff and to exploit them. They will certainly exploit
differences of opinion between adults about restrictions put upon their own freedom. Teachers working with maladjusted children recognise that they are working in a team, and that a unanimous approach is essential in the important matter of limits.

A child must not be allowed to believe that his individual relationship with a teacher makes any difference to either of them as regards their acceptance of the agreed limits set on behaviour. If these differences are made, there is bound to be resentment among children and other members of staff. A teacher can use this individual relationship to emphasise the importance of these limits, or if the child transgresses them and is punished for so doing, he or she can help to make the punishment experience more meaningful.

If the limits are appropriate and they are described clearly, a good deal of anxiety becomes apparent when they are disregarded. There is anxiety among children who respect the limits but are aware that others are not keeping to them, and the offenders are also anxious. Some of their anxiety is connected with being found out, but they are also anxious because they are aware that those who are in charge of them are unable to prevent them from breaking the rules; they are not really in charge of them. When the limits are breached there is frequently an increase in aggressive and destructive behaviour—behaviour associated with anxiety—which serves to alert staff to what is happening.

This increased anxiety is understandable. The fixed limits reassure children who have anxieties about their own inner destructive impulses. If the limits are not observed, then this is a demonstration to them that the staff are not able to meet their responsibilities and discharge the tasks they have set themselves. They demonstrate that they are not able to do what they have said they will do. One very disturbed boy said to a teacher, at a time of considerable unrest in a residential school for maladjusted children, 'You are supposed to be looking after us, aren't you? I mean it is your job.' What sounded like a piece of impertinence was a rather desperate appeal. One of a group of girls who broke out of an assessment unit upbraided a member of staff, who saw them going, for not stopping them. This paradoxical situation illustrates the dilemma of many maladjusted children. They cannot
cope with their own impulses and they rely on others to help them. Some help had been given to the girls in the assessment centre by the setting of limits, but when the crisis occurred they needed extra strength. The deterrent effect of punishment is often sought to provide children with this extra strength, but there are good reasons to doubt the effectiveness of punishment in such situations.

Punishment

As limits are certain to be transgressed, the problem of what should be done about the offenders cannot be ignored. This raises the question of whether punishment is appropriate or effective in controlling maladjusted children, and the evidence strongly suggests that it is not. Where it is used, it is the child's relationship with the punisher or his positive feelings about the school which are more important factors in bringing about the desired change in his behaviour than the unpleasantness of the punishment experience. For those children who have not or who cannot identify with a person or a group of individuals in a school, punishment is ineffectual.

One of the difficulties about punishment (by which is meant the deliberate infliction or provision of an unpleasant experience designed to produce acceptable behaviour to replace unacceptable behaviour) is that it seems to be more effective than it is. It does bring about changes in behaviour. It also reduces tension in the punishers, who feel they have achieved something and altered matters for the better, but it is easy to over-rate its deterrent affect. In a very real sense, punishment is most effective for those who do not need it.

Teachers' punishment of children is a complicated matter, but there is a deceptive simplicity about punishment which is one of the reasons why they should approach the punishment of maladjusted children with a good deal of caution. There are, for instance, assumptions made about the effectiveness of punishment in reforming or deterring children, and about their ability to comprehend it as retribution. Teachers may be justified in making these assumptions about children who are not maladjusted, but as Redl (1951) has pointed out, it is unwise to make these assump-
tions about those who are. Redl suggests that, for punishment to be effective, the child must be able to:

(a) make use of the punishment experience as an incentive for concern;
(b) differentiate between the source of his punishment and the cause of it;
(c) make proper use of the aggressive feelings the punishment stirs up in him;
(d) use the punishment experience to increase his insight and self-control;
(e) generalise from the punishment experience so that it will influence him on future occasions.

These points illustrate the complexities of punishing maladjusted children. For punishment to be effective, they must understand the connections between their behaviour and the behaviour of others. They find this difficult in ordinary circumstances. In a situation of considerable frustration or stress, which is the punishment experience, they are likely to find it impossible. Their tolerance of frustration is very low, they are impulsive and inconsequential and they do not learn from experience. Their early experiences have left them with a fixed pattern of responses and they see new environments in terms of the past. They are therefore much more likely to misrepresent a new environment when features of it, such as punishment, resemble the original environment. They are inclined to regard adults in authority as punitive and hostile, and to them punishment is a proof of adult hostility. This makes it difficult for them to distinguish between the cause of their punishment (their offence) and the source of punishment—the punishing adult. Punishment increases their fantasies about adults' powers and motives.

Because punishment is likely to prevent or interfere in the establishment of the important relationships between children and staff and likely to stir up hostility and resentment in children, those who base their treatment on the effectiveness of promoting and preserving good adult–child relationships are not likely to rely on the use of punishment as a means of managing maladjusted children. This treatment is emphasised among those who base
their work on psychodynamic concepts, but the advocates of social learning theory also argue that although punishment does change behaviour, it has many undesirable effects. It suppresses rather than eliminates behaviour, it may produce conditioned anxiety in children, it may have a generalising inhibitory effect, and it may result in children avoiding the punisher, thus reducing his or her effectiveness as a teacher. Physical punishment presents children with an aggressive model (Bandura and Walters, 1963). In his account of the use of punishment on one difficult little boy, Bandura (1962) concludes, 'The ineffectiveness of punishment in eliminating undesired responses is abundantly documented ... in research on both animal and human subjects.'

There are other aspects of punishment which illustrate its complexity. One is the fact that some maladjusted children are punishment-seekers. Seeking punishment is one way of dealing with feelings of guilt arising from some incidents in their past or from their hostile feelings about individuals. What usually happens is that these children blame themselves for an accident to a parent or sibling against whom they have harboured hostile wishes. These hostile wishes may be no more than ordinary ambivalence, but the fact that the mother or father dies, or is injured, or falls ill, leads to feelings of guilt in the child. Punishment is usually a communication of low worth, so that in self-punishment and punishment-seeking this communication is assured.

There is also the fact that punishment inhibits or prevents restitution. Opportunities for maladjusted children to have experiences of restoring, or making good, and demonstrating their concern for what they have done amiss, are important experiences for them and important aspects of their treatment. This experience is often valuable for the child if an adult comments upon the significance of the restitution the child is making, but this is not necessary. The child is aware of what he is doing, even if he does not fully understand his feelings. Experience suggests that there are occasions when comment is superfluous and occasions when it is helpful. For example, on one occasion a child whose behaviour had been extremely difficult one day reached school early the following morning, picked branches of apple blossom from the trees in the school grounds, and arranged them on tables in the staffroom. One or two members of staff thanked the boy for doing this and
it was obvious that he understood that they understood why he had done it. On another occasion a girl who stole money from a teacher's handbag painted a picture and gave it to her when the money had been recovered. The teacher, when thanking her, said that she realised that Brenda wanted to do something to show that she was troubled by something she had done, and that perhaps this was connected with the stolen money. That was sufficient. The money was recovered, but Brenda did not give it back herself. That would have been too difficult for her, but what she could manage in the way of restitution, she did. It is important for teachers of maladjusted children to be aware of what children can manage in the way of restitution, and to accept it. Interesting illustrations of this restitution can be found in Dockar-Drysdale (1973).

Teachers' reasons for punishing children are usually complex, as indeed are adults' reasons for punishing other adults. We are all a little intolerant of those whose behaviour is a challenge to our own values, and a little harsh towards others if their behaviour challenges our own hardly won control of the aspects of ourselves we dislike or have reasons to fear. Some punishment is a communication of the stress felt when teachers' anxieties are aroused by maladjusted children's behaviour. Dockar-Drysdale (1973) refers to the connection between punishment and the amount of stress present in a school, and the levels of stress a teacher can tolerate. The fact that some punishment is connected with these stress levels is borne out by the fact that teachers who punish a child harshly, or who resort to corporal punishment, sometimes apologise to the child or explain to colleagues that they acted under stress. If teachers are under a great deal of pressure, they are likely to hit children. This arouses considerable guilt. It is helpful in dealing with these feelings for them to understand the incident in relation to their own stress and anxiety, for teachers who punish difficult children do not respond positively to comments about their own aggression which sound like accusations. They do respond to understanding – understanding of their own anxieties, explanations of their behaviour when under stress, and suggestions as to how they might deal with stress which they cannot avoid.

Despite all the limitations of punishment, there appear to be no schools for maladjusted children, even the most liberal and
democratic schools, which do not use some form of it. The punishments may be mild and infrequent, children may have opportunities of discussing appropriate punishment with adults and share the punishment of other children with them, punishment may be described as consequences or sanctions, but the fact remains that these are punishments. They are unpleasant experiences designed to make the child behave differently. Although teachers make use of punishments, these do not contribute much to the successful management of maladjusted children which depends more upon the appropriate structure of the school environment, its relevance to the children's needs, and the quality of the relationships that exist between children and staff.

Management

There are parts of the school day which are difficult and stressful for maladjusted children. These are times when difficulties can arise unless staff are vigilant and sensitive to children's needs. In residential schools staff are aware that getting up and going to bed are times of stress for some children. In day schools the children's arrival, the break times and dinner time and the children's departure are important times when difficulties can arise. In residential schools, the children's arrival and departure do not have the same significance as they have in day schools.

Arrival at school

In day schools the arrival of the children is a time that needs careful and sensitive management. Some of the children may have been travelling for some time before they reach the school. They may have had a poor sort of breakfast and have parted from their parents with harsh words. Some children may have found the actual separation from home difficult. For those using public transport many may have had to manage with frustration and delays. In many schools, children travel on twelve-seater vans, and although they have adults with them, the journey can be difficult for the adult and the children. At one day school, the children arrived hostile and frustrated after long delays in traffic. It was
discovered on enquiry that the children in the van had witnessed the mother of one of the boys first shouting at the child and then lashing out at him with a leather strap before he got into the van. The children sat quietly for a time, some of them stunned by the violence of the scene, and they commiserated with the boy who had been greatly upset by the incident with his mother. When the van was repeatedly delayed in long traffic queues, their anxiety and frustration broke out into what the escort described as 'a frenzy of naughtiness'. They shouted abuse at the policeman directing the traffic and hostile and provocative remarks to people on the pavement. Inevitably there were difficulties inside the van so that, by the time the children reached the school, a good deal of aggression and anxiety had to be dealt with before the lessons could begin.

The first few minutes at the school are most important and they repay careful organisation. Most of the children arriving at school look forward to seeing their teachers, and it is usually better if they are easily available while one or two members of staff are actually on duty. If it is possible to greet children with a hot drink on winter mornings, the psychological and physiological benefits of this are enormous. If possible, it is worthwhile to turn a blind eye to some misdemeanours first thing in the morning. If the day starts with criticisms and unpleasantness, this may trigger off confrontations which could have been avoided with a little forbearance. This is especially true of Monday mornings and, in day schools, Monday is often a difficult day. Some children who behave badly first thing in the morning behave very differently when they have had time to settle down. The old adage, 'Make it easy for children to be good', is particularly relevant for the first hour of school.

The school assembly is usually part of the opening of the school day. This assembly should be 'an act of worship', although it is difficult to decide what this constitutes. If the staff regard the assembly as a chore, or as an opportunity to inform children of the day's arrangements, then it will be a rather poor experience. This need not be. A morning assembly with music, a story, one or two prayers and a hymn can be an occasion for the whole school community to be together and contribute to a good experience. To neglect the assembly is to miss an opportunity to
help the children become aware of some of the most attractive
and important aspects of Christian European tradition. This may
not be appropriate for schools which include children from other
cultures and other religions, and their sensibilities must be
regarded so that appropriate arrangements can be made for them.
But for the majority of children, acquaintance with the language
and stories of the Bible, the hymns and hymn tunes and the lan­
guage and the sentiments of well-known prayers is a part of their
education.

The assembly can take many forms, as it does in ordinary
schools. One of the difficulties about children leaving the ordinary
school system and going into special education is an ever-present
tendency to assume that because the children could not do some
things in the ordinary school, or they did them badly, they must
have new and different approaches to everything. Maladjusted
children, especially the younger ones, enjoy hearing Bible stories
and acting them and taking part in school assemblies. They enjoy
visitors at school assemblies, so that priests or ministers from
neighbouring churches and chapels are made welcome. They
enjoy accompanying hymns on any musical instruments they can
play. In preparing assemblies, teachers need to be as resourceful
and imaginative as in preparing lessons in the curriculum. One
school, for example, made good use of a teacher’s enthusiasm for
church architecture, another of a student’s knowledge of priestly
vestments. There are many films and filmstrips which are appro­
priate for showing during an assembly, and the BBC radio broad­
casts can also be used. This variety is important. One or two well­
known hymns, the Lord’s Prayer and the Twenty-third Psalm
lose their appeal if they are remorselessly repeated.

Break and play time

Some schools do not have any breaks during the morning or after­
noon, but most do. These can be times of relaxation and
enjoyment for children and staff, but they are also times which
need careful management. They come at times when children and
staff are in need of some refreshment so that at the beginning of
break children and teachers may be jaded and their emotional
and physical resources are low. Difficulties often arise when
possessive and demanding children, as many maladjusted children are, find it hard to relinquish their teachers at a time when teachers need relief from their demands. The teacher needs his or her tea or coffee; the deprived children need the teacher.

In these circumstances, the reality of the situation has to be put before the children, or some arrangements made so that conflicting needs do not produce difficulties. Older children can certainly accept that teachers need a break and need to be free from demands for ten or fifteen minutes. For some children the idea of play is irresistible and they present no problems. But some maladjusted children find it very hard to play and for them break is not attractive. These children will tend to cling to the classroom, or constantly interrupt the teachers in the staffroom. Some of them are jealous of what they suppose is going on in there and, if this is a forbidden place, they will gather round the door or peer through the windows. When this happens, break is not a time of recreation for staff, and frustrations and tensions arise.

Because maladjusted children tend to be less inhibited and less socially aware than other children, staff use of the staffroom should be explained to them. In some schools children are allowed into the staffroom before school starts, but they understand that, after school has started, this is not a room for children’s use and the staff do not expect them to treat it as if it were. If children are allowed in the staffroom at appropriate times, this overcomes the idea that it is a special and rather mysterious place where no-one but adults can go. If staff respect children’s privacy in the same way that they ask children to respect theirs, then these difficulties usually disappear. In residential schools children have bedrooms or living rooms where they do have privacy, so that the idea of entering rooms only by request or by invitation is more meaningful than in a day school. But the possibilities of respecting children’s privacy exist even there. Children have camps or dens, and areas of the school where they can be private and where staff should not expect to go into as by right.

Because many members of staff are out of contact with children at play times (and some children will resent this) it is an opportunity for mischief which some children will be quick to exploit. One teacher cannot keep an eye on forty or fifty children, but children’s knowledge that a teacher is about talking to some and
casually asking after children he cannot see, with a fairly clear idea of where the key figures are and what they are up to, has a considerable effect on them. It is usually unwise for a teacher to become so involved with one group of children that he cannot observe what others are doing. The most effective supervision is done on the move.

**Dinner time**

Meal times need good management because they are times of stress for some maladjusted children. By dinner time many of the children are tired and their tolerance of frustration is low. Teachers who have had strenuous or stressful times during the morning lessons may be a good deal less tolerant than they usually are. The time immediately before dinner or during the meal itself is a particularly rich time for upsets.

For some children the meal time is one of anxiety and frustration. Many maladjusted children have had some feeding difficulties in the past and find meal times difficult. The whole process of being given food and eating is closely connected with their relationships with their parents, with the giving of love and with what Dockar-Drysdale (1973) calls a ‘primary experience’. For many of these children their meal times at home are times of stress when immature adults provide them with particularly bad models in managing their feelings. Many maladjusted children are very fussy about their food, and they are disappointed when they see what has been provided. It is often during a meal time that children make obscene comments about the food and try to embarrass and shock adults, so that meal times can be tense and difficult. This is well illustrated by a teacher’s comment, ‘We were short staffed, the dinner was awful and the whole place went up like a blue light.’ The ‘blue light’ phenomenon is more likely to be found in a day school than in a residential school because there are more adults about in residential schools and child care staff are on duty. School meal staff in day schools may not appreciate the significance of meal times and their help and co-operation are essential.

In times of anxiety, well-established routines are most helpful. At dinner times it is a good idea if the same member of staff, or
members of staff, do duty each day for long periods of time. They build up a working relationship with the children, who know what they expect and how they organise matters. They become accustomed to children's individual differences and difficulties. The possibility of friction is less if a routine is established, so that children leave the classrooms, go into the cloakrooms, and then into the dining room with as little delay as possible. If this routine is repeated every day, this reduces the possibilities of friction. Delay before meals is particularly frustrating. To be able to smell cooked food, to see and yet be unable to reach it and eat it, is the sort of frustration maladjusted children find extremely difficult to bear. It is also rather tantalising for adults, and some of them may have passed a difficult and demanding morning.

It is worthwhile for one of the teachers on duty to make sure that there are enough places set at the tables, and enough chairs, before the meal starts. Being left out of a meal is an unpleasant experience for anybody; for a maladjusted child it is quite unbearable and many of them will see this sort of mistake as deliberate hostility.

For some children, the younger ones and the ones for whom dinner time is particularly difficult, it would be inappropriate to use the meal as an opportunity to increase their social learning, but for older and settled maladjusted children meal times provide a very good opportunity. Children can be taught how to use cutlery properly, how to serve food and look after visitors. If the younger and worst-behaved children are separated from others during dinner time they lose opportunities of learning from older and better-behaved children, so it is a good idea for each settled table to have one younger or unsettled child sitting at it.

The question of sending children out of the room for bad behaviour frequently arises during meal times. Whatever punishments are used with maladjusted children, withholding food is particularly inappropriate. If a child's behaviour is so bad that the only solution is for him to leave the room, his meal should be kept so he can eat it later on. Whether the meal should be kept hot depends upon his age and his difficulties, but any action which demonstrates a lack of hostility on the part of those who have to punish maladjusted children is worthwhile. It is important that a punishing experience makes it easier, and not more difficult,
for a child to find his way back towards acceptance. Continuing hostility and resentment are more likely to result from a child returning to the dining room and finding a plate of cold stew and semolina, than from being told that his dinner is in the oven and being kept hot for him.

After dinner and before school, children have opportunities to play and this can be a very valuable part of the school day. Because play is so important for maladjusted children, it is important for them to have as many facilities as possible for imaginative play and opportunities for them to organise their own games. In residential schools there are these opportunities and there are provisions for play in the evenings and at weekends. In the day schools, if children are going to have long periods of play, then the time after school dinner is one of the few opportunities for it. In one school for junior children for example, the teacher on duty opened the craft room, the school assembly hall and one classroom. The other rooms were locked. A group of boys were building dens and tree huts and going in and out of the craft room for tools; a group of children were playing cricket; a group of children were painting in the craft room; a small group of boys were taking turns riding one of the boys' bicycles around the tarmac; a group of boys and girls were in the assembly hall dressing up with clothes from the drama wardrobe and making up a play; and two or three children were in the classroom chatting, using plasticine and drawing. The teacher on duty passed the time from one group to another, knowing that at the end of the dinner time he would not have a group to teach. The amount of learning that was going on during that forty or fifty minutes was considerable.

There are some difficulties in organising a dinner time so that children have the maximum play opportunities. There is the need to put away all the equipment and materials the children use, and in schools for maladjusted children a good deal of this is the responsibility of the staff. There is the matter of accidents which may occur when children have freedom to use tools and equipment. Maladjusted children usually behave responsibly when reasonable precautions are taken and when they are not constantly nagged to be careful. The tools should be checked of course and kept sharp, as the most dangerous cutting tools are blunt ones. It is usually true that the more freedom the children have, the
harder the staff have to work, and this is certainly true with younger maladjusted children.

There is also the question of when to bring all these activities to an end. Sometimes the dinner-time play is the first time during the day that the children have settled down and there is a positive and cohesive feeling in the group, although this is probably more true of day schools than residential schools. After a stormy and difficult morning, when maladjusted children are playing happily and constructively together, it may be inappropriate to bring this to an end. Sometimes, however, some children may be looking forward to their afternoon activities, and sometimes what is proceeding perfectly happily at twenty-past one breaks down in misery and disaster at half-past. The timing of a successful intervention in these circumstances depends upon the observation and assessment of children’s behaviour as described in Chapter 7.

**End of afternoon school**

In a day school the end of the afternoon is another time when careful management is necessary and where a routine is helpful. It is usually advisable for teachers in contact with children in classrooms to spend some time getting ready for going home. The fact that at the last minute so many children discover that they have left their personal belongings in different parts of the school may be due to their poor personal organisation, but it may be a demonstration that they do not want to leave the school, and for many of them this is true. Those children who have made good relationships with teachers do not want to leave them, especially if this relationship is in marked contrast to relationships at home. For most of the children the school has provided them with a day of interest and a place of security. For them it is an important place. There is therefore likely to be some anxiety and stress and more demands made upon a teacher on duty than he or she can manage alone. For all these reasons the end of the school day needs a routine to ensure that it is as smooth as possible for it is unfortunate if a school day closes with friction and conflict between staff and children. It is best to begin each day afresh, without any troubles from the previous day still to be cleared up. This is more likely if the end of the school day is carefully organised.
Staff absences

Staff absences are unwelcome in any school, but in a school for maladjusted children, where the staff relationships with children are closer and more personal, these absences can cause greater difficulties. The more teachers mean to children, the more their absence affects them. In the ordinary school system, supply teachers can usually make up for absent members of staff and classes can be arranged and split up. These arrangements are likely to cause anxieties for many maladjusted children. Supply teachers are more likely to find unexpected difficulties in teaching these children than teachers whose training and experience fit them for the task. As schools for maladjusted children are small, the effect of one class in any kind of disorder is likely to unsettle other children. Many head teachers prefer to take an absent teacher’s class even for a considerable period of time rather than risk upsetting the stability of the school by calling in an inexperienced teacher.

When a teacher who has established good relationships with a class is away, it is better for anyone else who takes the class to recognise that the children miss their permanent teacher, and express their understanding of the situation. Sympathy for the children who miss their teacher is particularly helpful with younger children and this sympathy usually establishes rapport with the class. The temporary teacher is not in an easy position, and his or her open acknowledgement of this often increases the rapport and gives children an opportunity to demonstrate their willingness to help. Some of the children will be anxious about the teacher’s absence and their anxiety may well result in difficult behaviour. For those who have made particularly good relationships with a teacher, his or her absence may activate anxieties associated with separation and desertion.

The head teacher’s absence sometimes arouses anxiety in the staff as well as in the children. This is understandable. The head teacher is usually the most experienced and competent member of staff and the most resourceful and reassuring should crises occur, so that his or her presence gives a sense of security to teachers and children alike. In a small school the head’s influence is considerable, and this is especially true of schools where a great deal of importance is attached to the relationships between staff
and children, schools for maladjusted children not being impersonal communities. The difficulty is that staff anxieties, if they are aroused, communicate to the children, adding to their own anxieties when the head is away. This increases the likelihood of difficult behaviour which the staff particularly wish to avoid in the circumstances.

The head of a school has several roles. He or she is a leader, an administrator, a teacher and, in a school for maladjusted children particularly, a supportive figure, so his or her absence makes a considerable gap in a small staff. In these circumstances, it is advisable for a head teacher to let children known well in advance of an impending absence. As maladjusted children are not good at coping with change, the sudden disappearance of a reliable figure unsettles them and causes some resentment. This is true of all members of staff, but it is more true of the key figures.

It sometimes happens that one or two members of staff are away at the same time so that the usual timetable cannot be followed. When this happens, it is worthwhile for the staff to consider altering the timetable so that the most popular activities and lessons predominate. Sudden and unexpected absences are crisis situations, and it is advisable to prepare for these before they arise. Thus a 'crisis timetable' can be prepared and discussed when all the staff are present, and it can be ready for use when necessary. If the children are feeling anxious and disconsolate because they are missing individuals who are important to them, this gesture of goodwill and consideration is usually well appreciated. Maladjusted children respond positively to demonstrations of awareness of their feelings.

End of school term

The end of term is often a difficult period for staff and children. The situation is rather like the break or play time on a much larger scale. The staff are looking forward to their holidays and are usually very ready for them. Some of the children are not looking forward to the holidays and do not want to leave the school and the company of the teachers. This is probably more true of children in residential schools than children in day schools, but children's anxieties are common in both types of schools. The increase
in difficult behaviour which is noticeable at the end of term is largely due to separation anxieties and it cannot be altogether avoided, but it can be ameliorated. Realisation of the cause of the difficult behaviour is some help to the staff, and it is helpful if the situation is explained to the children. This explanation may not make the children less anxious, but any help which can be given to increase children’s self-understanding is useful.

Emphasising that the children will be welcomed after the holidays gives them some reassurance. It would be inappropriate for teachers to increase any dissatisfaction children may feel about their home situation, but they can be assured that teachers understand and sympathise with them if they complain of boredom and loneliness. For some children, the apprehension they express about their holidays may provide an appropriate occasion to discuss with them what they find difficult in the home situation, and an opportunity to advise them how they might manage their relationships at home.

This chapter has been concerned with the organisation of a special school and management of maladjusted children at various times during the school day. The aspects of school organisation were described in order to illustrate the fact that good school organisation increases the effectiveness of the treatment it provides. Good organisation decreases the probability of frustration, anxiety and conflict. Poor organisation increases the probability and adds to the children’s problems. No teachers believe that good organisation alone will solve maladjusted children’s problems, and they are aware that too smooth an organisation may increase them if staff are so conscious of its importance that they become intolerant of compromise and impatient with children’s nonconformity. But maladjusted children are not helped by chance. The processes that enable the school to make a significant difference to a child’s situation depend upon planning and good management. This chapter concludes with two important aspects of school organisation, administration and communication.

Administration

The school needs to be properly administered and good administration contributes directly to the school’s therapeutic purpose.
The administration has to be such that staff can deal with a considerable number of tasks which are not usually met with in ordinary schools. Although there are a smaller number of children in special schools, the administration can suddenly be put under considerable strain. In times of crisis, sudden demands are made of the head of the school and his or her administrative abilities. In one residential school, for example, a boy set fire to a farmer’s haystack. The farmer insisted on prosecuting him, so that within a period of a few days the head of the school was involved in communications with the boy’s parents, his social worker and referring clinic, the farmer and other neighbours, the clerk of the Juvenile Court, and the police.

Sound administration is an aspect of caring and even the more mundane and monotonous administrative tasks contribute to the school’s therapeutic efforts. By giving time and attention to routine administrative tasks, the head teacher is making an important contribution to the continuance and success of the school as a caring institution. Frustrations among children and staff brought about by poor administration interfere with therapeutic processes. Good administration contributes to the structured environment which is necessary for maladjusted children who need the security of a well-managed but not over-organised school. The children need to be sustained by evidence of forces in the school environment which are in alliance against the destructive tendencies within themselves, and sound administration forms part of that alliance.

Some of the administrative tasks which have to be discharged are of great personal importance to the children. In residential schools the arrangements that are made for holidays and for parents’ visits, for example, reduce anxieties and uncertainties. The effective work done for children outside the school also depends upon the school’s administration. The understanding that exists between schools and child guidance clinics and social services departments is crucial to children’s progress and this understanding is less probable and co-operation is less effective if school administration is poor. School administration is therefore not something to approach with impatience and resignation as if it were unconnected with the real work of the school. It enables educational and social activities to flourish and succeed.
Communication

Good communication is an important aspect of school administration and organisation, and essential for any therapeutic processes. The communication from the school to outside and from the outside to the school is obviously important and will be considered in Chapter 8. Here the concern is with the internal communication between members of staff and children which is also very important. It deserves attention because, in any therapeutic community, communication between members of staff should be as full and continuous as possible.

Internal communication is of two kinds. There is what might be called therapeutic communication, which sometimes presents certain difficulties, and administrative communication, which is straightforward.

Clear and unambiguous communication is a feature of good administration. It ensures that administrative decisions are known and understood and it prevents resentment and frustration. It is sometimes necessary to make considerable efforts to make sure that all members of staff do know about administrative decisions and to risk the repetition of what may appear to be mundane communications. They are mundane when everybody has received them; they may become extremely important when somebody has not. In a school for maladjusted children some members of staff are under considerable pressures from time to time, and they may miss the opportunities for hearing about administrative decisions. A good deal of staff tension can result from poor communications, especially if this leads to extra work, or mistakes and inefficiency. Any effort to avoid misunderstanding usually repays the head teacher for the work it involves.

Therapeutic communications—communications about treatment, and staff relationships with children and their families—are more complicated than administrative communications because they involve censorship. Among members of staff where frankness is essential, the idea of censorship may be unwelcome, but there has to be some limitation on the free flow of information. Children's case notes, for example, contain confidential clinical material. The head of a school has to decide who has access to these case notes and under what circumstances. Some members of staff are the recipients of confidential information about child-
ren and they sometimes have to decide whether they should pass on the information they receive, and to whom. This information can remain confidential even if it is passed on to some other member of staff, but the fact that the teacher has passed on the information may affect the relationship with a child. Some children will only pass on information on condition that a teacher agrees not to pass it on to anyone else. In these circumstances, it would be unwise to agree to such a condition, but nevertheless a teacher can be placed in a conflict situation when he or she is given confidential information by a child. The social worker also has to respect her clients' confidences, and she has to decide what information she can pass on to her colleagues and what she must keep to herself. The passing on or the retention of confidential information is an aspect of the trust that must exist between colleagues working in a multidisciplinary organisation, such as a school for maladjusted children. It is not only a matter of trusting colleagues with information, but trusting them to respect and understand the reasons why some information is not given to them.
Assessment

There are good reasons why teachers should make as thorough an assessment as possible of children's abilities when they are in a school for maladjusted children. Some assessment will have been made of all the children admitted to the school before they arrive, but for some of these the time given to the assessment will not permit it to be very thorough. Once they are in the school, an assessment of children's abilities and difficulties can be made over a period of time with teachers with whom they are familiar and a profile of each child can be gradually put together. Although there are some tests which can only be made by an educational psychologist, teachers are in a very good position to assess children's performances. They are in contact with children for long periods of time, they can observe them in a variety of situations, and their relationships with them make any test situation more satisfactory. It is better for teachers to make the maximum use of their opportunities for observing children and making their own assessments of their performance and behaviour, using published tests and schedules where this is necessary. They can ask for help from an educational psychologist when they are puzzled by some aspect of children's performance and they feel
that a more thorough assessment should be made by someone with particular skills and understanding.

The assessment should be thorough, covering a child’s level of attainment in the basic subjects, language development, sensory and motor abilities, perceptual abilities and social behaviour. The assessment will enable teachers to plan appropriate remedial exercises and activities so that children will be able to overcome whatever weaknesses are preventing satisfactory performances, or reduce the effects of these weaknesses. Repeated assessments provide a record of a child’s progress and they are a useful check on the effectiveness of the treatment the school provides. Without these checks, teachers may believe or hope that a child is improving, or fear that he is deteriorating, but they cannot have good enough evidence of this improvement or deterioration without recourse to some measuring devices, imperfect though these may be.

The assessment should be thorough because many maladjusted children are not only maladjusted. They may have disabilities which the school health authorities will discover at a medical examination, but they may also have less obvious difficulties and weaknesses which only show up plainly and persistently when they attempt learning tasks or recreational activities in company with other children. It is when demands are made upon their capabilities in social interaction, upon their language and communication skills, their dexterity, and their power of observation and retention, upon which successful school performances depends, that teachers realise the extent of some of these children’s disabilities.

It is perhaps necessary to emphasise the need for an all-round assessment of a maladjusted child. In schools for maladjusted children there is a tendency to attribute many difficulties these children have to emotional causes alone. A child who is always falling over and hurting himself may be doing this to attract attention, or he may have self-punishing tendencies associated with his unassuaged guilt feelings. But he may also have difficulties of left to right orientation and have no idea of his body space. It is usually easier for a teacher to do something about his clumsiness and lack of body awareness than to unravel his need for self-punishment (although such action need not preclude attention to this) and,
since it takes little time, it is certainly worth the attempt. The con-
tribution to a child's emotional readjustment that can be achieved
by the discovering of a specific difficulty, by helping him to cor-
rect this and subsequently to enjoy a level of performance which
he could only hitherto observe in other children with feelings of
frustration and despair, is a very considerable contribution. It
demonstrates to a child the teacher's concern, it involves the child
in a relationship with a concerned adult, and it results in achieve-
ment and ego building for the child and satisfaction for the
teacher.

One of the aims of a school for maladjusted children is to in-
crease children's understanding about themselves. Assessment of
their educational difficulties contributes to this understanding.
There is, for example, the maladjusted child who is seriously
retarded in reading. He may have serious emotional and social
problems but, whatever these are, his reading retardation increases
them. When such a child is admitted to the school he is keenly
aware of his failure in learning to read. What he is not usually
aware of is why he cannot read and what he can do to overcome
this failure. Assessment reveals that he has a marked difficulty in
distinguishing and recognising letter and word shapes and his
directional attack onwards is extremely inefficient. These diffi-
culties and weaknesses can be overcome by remedial exercises.
The child's understanding about himself after this assessment has
been made and discussed with him is different from his under-
standing before this was done. Before assessment he was aware
that he failed in reading. After it he is aware of the reasons for
his failure, how common such failures are, and how they are over-
come. This understanding and explanation alters his idea of him-
self.

It is the same with a clumsy child whose difficulties are due to
motor and perceptual weaknesses. While he was stumbling about
feeling foolish and frustrated, his confidence in himself was con-
tinually undermined. When he realises that he has certain diffi-
culties which he can overcome he understands himself better and
his self-confidence is not so undermined.

Assessing a child's school performance, increasing his under-
standing about himself and increasing teachers' awareness of his
difficulties, may continue over a period of time and go on while
the child is participating in the lessons and activities of the curriculum. It cannot be done all at once, but it is important that there should be a well-planned assessment programme so that teachers can become aware of children’s needs as soon as possible. This makes it easier to plan appropriate remedial work and helps children to understand the relevance of lessons and activities included in the curriculum. The individualisation in the curriculum provides for children’s interests and gives them opportunities to develop those activities in which they have skills. But it must also provide opportunities for children to acquire and practise those skills in which they are deficient. An assessment programme, such as the one illustrated below, is thus a first step in this individualisation.

Assessment of motor and perceptive skills

When a child’s performance suggests to a teacher that his perceptual and motor skills are impaired, he or she can do a great deal to investigate these difficulties and to set about remedying them. Kephart (1960), for example, is helpful to teachers as he provides descriptions of numerous tasks which show up children’s weaknesses in perceptual and motor performance, and descriptions of exercises designed to practise their visual and motor skills. Teachers can investigate children’s weaknesses by observing how children jump, hop, or catch and throw balls; how they draw circles, curves, horizontal and vertical lines on a chalk board; and how they copy patterns and shapes. Their performance of the exercises show what sort of difficulties children have in balancing, whether they have confusion in laterality or directionality, in eye-hand co-ordination and lack of ocular control. The book is an excellent source of information.

Teachers can also find help from Tansley (1967), who has chapters on diagnosis which suggest how teachers can explore children’s weaknesses in visual and auditory discrimination, kinaesthetic and motor performance and tactile ability. Tansley also provides descriptions of numerous exercises so that teachers who consult the book can prepare appropriate remedial programmes.

Weaknesses in visual and motor skills which are indicated by
children’s continual clumsiness and their difficulties in left to right orientation can be investigated more thoroughly by tests which can only be used by an educational psychologist, such as the Fros-tig and Bender tests. If teachers have had experience of using the Ke-phalt and Tansley materials, they are more able to discuss and understand the implications of the tests used by an educational psychologist.

Assessment of language development

It is quite probable that many maladjusted children are likely to have difficulties in language acquisition and use. MacKeith and Rutter (1972) stated that, at the age of five years, about 5 per cent of school children speak so poorly that those who are unaware of their language idiosyncrasies are unable to understand what they are saying. Herbert and Wedell (1970) have estimated that 10 per cent of five-year-olds have language difficulties sufficiently serious for these to be considered as handicapping.

As with children’s perceptual and motor difficulties, teachers can do something to explore children’s language difficulties and remedy them without waiting for help from an educational psych­ologist. They can devise exercises to discover what sort of difficulties a child has, using Renfrew’s schedule as a guide (Renfrew, 1972). These exercises should cover the child’s abilities in reception, understanding and expression of language. Thus the teacher can find out whether the child actually heard sounds properly and whether he was able to differentiate accurately between sounds and imitate them. The range of his vocabulary, his understanding of single words and of sentences can be checked.

A child’s expression may be affected by difficulties of articula­tion. Rutter (1966) reports that 14 per cent of the retarded readers in the Isle of Wight survey had defective articulation. Their speech may be adversely affected by faulty pronunciation of certain words and consonants, or by faulty sequencing of sounds or syllables—a child may say ‘telephone’ as ‘tephelone’ or ‘eblow’ for ‘elbow’ for example. The poor quality of their language and written work may be due to persistence of grammatical and syntactical errors.

Some disturbed children show an inability to produce mean-
sential sentences. They omit prepositions and conjunctions, they cannot sequence words properly and their expression indicates a discord of thinking. These children need prolonged and systematic training, and their situation is rather different from those whose thinking is not disordered but whose understanding and use of language has suffered from a lack of stimulation, the absence of good language models in their environment and lack of practice in making clear communications. If teachers are aware that a child’s language difficulties require more investigation than they are able to undertake, they can ask an educational psychologist to make an assessment by using the Illinois Test of Psycholinguistic Abilities or the Reynell scale.

**Assessment of intelligence and school attainments**

It would be inappropriate and unnecessary for teachers to attempt to test a maladjusted child’s intelligence. They are not trained and qualified to use the published individual intelligence tests, which are the most satisfactory tests, and children’s intelligence quotients are assessed by an educational psychologist before their admission to a special school. By discussing the assessment of a child’s intelligence with an educational psychologist, teachers can obtain helpful information about many aspects of a child’s ability. The educational psychologist can give them information about a child’s reasoning ability, his understanding of instructions, how he assimilates and retains information, his reliance on aural or visual stimuli, his knowledge and use of vocabulary, and whether his verbal abilities are superior to his performance of tasks requiring control of fine movements, good hand–eye co-ordination and management of spatial relationships. The actual level of a child’s intelligence is only one piece of information provided by an intelligence test.

Discussion of an intelligence test result will also help teachers to realise the limitations of intelligence testing. The child’s intelligence may have been assessed in circumstances in which the educational psychologist had had very little opportunity to get to know the child, and in circumstances in which the child’s level of intelligence was influenced by emotional or environmental factors. As it is not easy to make an accurate assessment of an emo-
tionally disturbed child’s intelligence, any assessment made before the child benefited from treatment should be treated with caution.

Teachers are usually more familiar with methods of assessing children’s educational attainments and diagnosing their difficulties in the basic school subjects than they are with assessing children’s perceptual and motor abilities. The Schonell Tests are still in frequent use (Schonell, 1942, 1956). The Neale Test assesses the child’s rate of reading, his accuracy and his ability to comprehend what he has read (Neale, 1958). The Daniels and Diack Tests are extremely useful with younger children because they indicate the sort of help children need at various stages of reading (Daniels and Diack, 1958).

The great changes that have come about in the teaching of mathematics during the last ten or fifteen years, and the change to decimal currency, has left teachers with fewer tests of mathematical ability than reading and spelling ability, but there are attainment tests available from the National Foundation for Educational Research, such as the Junior Mathematics Test and the Mathematics Attainment Tests.

**Assessment of personal adjustment and social development**

The use of the Bristol Social Adjustment Guides provides teachers with an assessment of the type of maladjustment a child displays and a method of assessing changes in a child’s behaviour. In these guides Stott (1971) has provided a list of statements describing children’s behaviour in school. These statements are indicative of the temperamental handicaps represented by what Stott has called the five core syndromes of behaviour. These are Unforthcomingness, Withdrawal, Depression, Inconsequence and Hostility. A child’s score on the main scales, the Over-react scale, which indicates the behaviour most common to conduct-disordered children, and the Under-react scale, indicating the behaviour most common in children with neurotic disorders, indicates the degree and type of a child’s maladjustment. Of course these guides only indicate a child’s behaviour at one particular time and as assessed by one person, but if a teacher completes the assessment form for a child at regular intervals, and the number of behaviours indicating withdrawal, for example, remain unchanged or increase, then
a number of questions arise. Is the treatment approach appropriate for the child? Has anything happened at home or at school to increase his withdrawn behaviour? Is the child more withdrawn than first appeared? This qualitative assessment of a child’s behaviour is perhaps the best use of these guides.

Teachers can also use Rutter’s Behaviour Questionnaire. This scale, which consists of brief statements describing a child’s behaviour, discriminates between different types of behavioural or emotional disorders. By indicating whether each statement ‘always applies’, ‘applies somewhat’ or ‘does not apply’, a teacher can discover whether a child is predominantly neurotic or antisocial. It is of course a rather crude measure, it does not pick out children displaying obsessional behaviour, for example, or children with such problems as enuresis, but as a screening device it is useful and straightforward (Rutter, 1967).

Many maladjusted children are socially deprived and it is useful to assess their social competence so that appropriate training and teaching can supply these deficiencies. Many aspects of their social behaviour can be assessed by using the Manchester Scale of Social Adaptation. This assesses two aspects of social competence, the ‘know that’ and the ‘know how’ aspects, by the child’s answers to a series of questions which demonstrate his knowledge of current affairs, his aesthetic and scientific interests, his participation in the practical management of his home, and his degree of dependence upon adults. This scale indicates the social experiences that the child needs and the skills that he lacks (Lunzer, 1966).

Another method of assessing a child’s social competence is provided by Gunzburg’s Social Development Charts. The progress assessment chart provides means of assessing and summarising the social competence of a child and ascertaining whether social development has taken place. The charts cover a wide range of abilities, assessing behaviour and skills in four areas. The ‘Self Help’ section indicates whether a child can perform such simple tasks as using cutlery properly and tying his own shoe laces; the ‘Communication’ section provides evidence of the child’s competence in obeying simple instructions, repeating a story or addressing an envelope; the ‘Socialisation’ section gives an indication of how well the child manages his relations and his co-operation with others; and the ‘Occupation’ section provides evidence of a child’s
dexterity and agility. The chart also includes a personality record. Although the charts were designed to be used with children of very low intelligence, it is quite appropriate to use them with maladjusted children (Gunzburg, 1963, 1966).

**Assessment and adjustment**

Teachers in schools for maladjusted children are well aware that the curriculum has to provide experiences which assist children’s emotional and social recovery. By observing children’s behaviour, by discussing their behaviour with them, and by manipulating the environment—increasing or decreasing their exposure to frustration, increasing or decreasing the demands they make upon children—teachers are continually assessing children’s needs and the progress they are making. This informal assessment provides teachers with a continual guide in their work with children.

But maladjusted children are not only emotionally and socially handicapped. Many of them have other disabilities. The Isle of Wight surveys reveal that two-fifths of the maladjusted children had other disabilities, including intellectual retardation, educational backwardness and physical handicaps (Tizard, 1974). It is extremely difficult to know how much these disabilities contribute towards maladjustment, but as they must contribute something it follows that, if children are helped to overcome them or limit their effects upon their performance, this must contribute towards their emotional and social adjustment. Thorough assessment is necessary, for unless these disabilities are properly identified, appropriate remedial help cannot be provided.

Assessment of children’s educational difficulties helps them to understand about themselves. It also helps teachers to understand them, thus contributing to the formation of good relationships between teachers and children. It is an important first step towards the children’s acquisition of competence and confidence.

**Record Keeping**

Keeping adequate records of children’s progress contributes directly to successful work with them, especially individual work,
and it repays all the time that teachers spend on it. It is essential for the staff to possess all the relevant facts about a child when he is admitted to the school. A considerable number of individuals are concerned with the admission, and most of them will contribute some information. Thus, the child's class teacher, head teacher, educational psychologist, psychiatrist and social worker are involved, and for some children a general practitioner and probation officer also provide information and reports. All this information has to be properly organised.

While the child is at school, his social and educational progress must be checked and a good record kept. This is important for the school staff, and the record also forms the basis of reports on the child. These formal reports are considered later on in the chapter, but those who may not receive them, such as the child's head teacher and class teacher, usually appreciate some account of the child's progress.

**Records of individual children**

The best place for recording the facts about a child is in a file made out for him and kept in a safe place. This is usually in a filing cabinet in the head teacher's room, and the question then arises, who is to have access to the file, which contains confidential information? The head teacher has to decide whether any limits are to be placed on access to the case files, and if limits are to be placed, where they are to go. The complexities of limiting information and censorship have been mentioned in Chapter 4, and one of the considerations the head has to bear in mind is that a confidential report about a child may have reached him from someone who assumed that only he or she would read it. This is not a simple matter, but the guiding principle should be that all who are directly concerned with a child should have access to relevant information about him, but as the files contain confidential information not only about the child but his family as well, those who use them must realise their importance. This presents no problems to experienced staff, but not all members of staff are experienced. It is unwise to allow the files to go off the school premises unless this cannot be avoided, and it is advisable to have a duplicate set of the most important reports. It is advisable for each file to have
its corresponding ‘tracer card’ in its place in the filing cabinet. This is a piece of card with the child’s name, the date the file was borrowed, who borrowed it, and when it was returned. There are few situations more frustrating and more likely to waste time than for a head teacher who needs some information about a child quickly, perhaps in response to a telephone call, to discover that the child’s file is missing from the cabinet and there is no record of its whereabouts. It is also advisable for a head teacher to remind secretarial staff who use the file not to leave it by the typewriter, even face downwards, when they leave the room. All children are curious. Some maladjusted children are very uninhibited about poking about in places where they have no business, and some of them are very suspicious as well. In one school, a teacher was horrified to hear a boy telling another boy about his parents’ divorce. The child had read a social worker’s report that the school secretary was copying, which she had left on her desk while she was out of her office.

The child’s file should contain the basic facts about him, and it is usually wise for the head teacher to check these facts when they are first received. Mistakes are repeated endlessly, and sometimes with unfortunate consequences. Some maladjusted children have complicated personal histories, which makes the accurate recording of these basic facts all the more necessary. Drawing attention to the need to make an accurate record of these basic facts is perhaps stating the obvious, but it is surprising how often busy people have to waste time looking for facts which do not appear where they should and when they are wanted. The basic facts are: the child’s name, his present address (which may not be the address recorded when he was admitted), telephone number, date of birth, previous school with the head teacher’s name, address and telephone number, the address and telephone number of the parents’ place of work (which may be needed in an emergency), and the date of the child’s admission to the school. When a little more is known about a child after his admission, the addition of ‘Expected date of leaving’ below the child’s date of admission is a constant reminder of the very important fact that the school is preparing a child for leaving it.

Relevant information about the child should follow the basic facts. Thus the child’s level of intelligence and his attainment age
on admission should appear, and the record of his attainment ages in the basic subjects should be brought up to date each year. His intelligence should be reassessed at appropriate intervals. If the child's recorded intelligence quotient before admission was considered to be an underestimate, and most educational psychologists draw attention to this probability when they test the child, then the figure is very likely to increase during the child's stay at the school. This is not only due to the acknowledged inconstancy of the intelligence quotient—Vernon (1958), for example, has suggested not only that the average change in IQ among a normal population is about six points on similar tests, or ten points when different tests are used to assess intelligence, but also that intelligence is affected by changes in a child's environment. For many maladjusted children the environment of a special school is more stimulating and for children in a residential school their total environment is more stimulating, although in his study of ESN boys Brown (1972) has suggested that increments in cognitive growth may be more dependent on a stimulating school environment than a removal from adverse home conditions. Gulliford (1971) has pointed out that we also have to remember that the IQ is a measure of mental functioning and it changes after special teaching, therapy, or improvements in the environment. For these reasons a child's intelligence should be reassessed periodically. The increase in intelligence is an indication that the school's treatment is successful and that more can be expected of the child in the classroom.

The number of reports that are in a child's file can present problems unless they can be kept in some sort of order. When fresh assessments are made, it is helpful if they are typed on different coloured papers: the educational psychologists' reports, for example, being different from those of the social workers. There are occasions when information about a child is needed quickly and the use of a colour code for reports saves a great deal of time. As a child's file becomes thicker and more people read it, the more probable it is that the reports and papers will get into a muddle. Each reader tends to assume that it is somebody else who should sort this muddle out, but if a 'Report Order' with the colour code is printed inside the child's file with the order in which the reports should appear, this muddle is less likely to occur.
Treatment plan

Making an appropriate treatment plan for a child, checking its effectiveness and altering it when necessary, is a large part of the individual treatment which a school for maladjusted children should provide. It is therefore advisable for staff to prepare a treatment plan for each child and for this to be in the child's file. The basic facts and relevant information about the child indicates what sort of treatment plan would be appropriate for him. Knowledge that a child has no father living in the home and that he is seriously retarded in the basic school subjects would suggest that he should be placed with a male teacher and have as much remedial help as possible. This is the beginning of a treatment plan for such a child and, simple as it is, it is a response to the child's obvious needs and it may be that the plan will not need much alteration until he leaves the school. With other children, the treatment plan would have to be modified as knowledge of the child increases. Some of the knowledge which will affect the treatment plan will come from observing the child at school and from the information he provides about himself. Information about the child will also reach the staff from a social worker and the information may also affect the plan. For a child with marked retardation in reading, for example, it may be that the social worker becomes increasingly aware of the inappropriate pressures that his parents are putting on him to learn to read, and the relationship between the child and his parents is such that the child is refusing to learn in order to thwart parental wishes. In these circumstances, the child is unlikely to benefit from remedial teaching in reading, so that an initial treatment plan which made provision for this teaching would have to be modified. For such a child less emphasis would be put on reading and more emphasis on activities at which the child is successful and on providing opportunities for him to explore and discuss his feelings about his parents and the pressures they are putting on him to learn to read. Such a plan would have to be explained to the parents, whose anxieties would inevitably be aroused by what appeared to them to be the wrong response to the child's needs.

A great deal of information which may well affect the plan will also become available at case conferences. In most schools for
Educating Maladjusted Children

Maladjusted children these conferences are held regularly or periodically. There are occasions when the psychiatrist, educational psychologist, social worker and psychotherapist, the head teacher and anyone else concerned with the child contribute their knowledge of the child and review his situation. These conferences provide an opportunity for the head teacher to discuss all the relevant information and, if necessary, alter a child's treatment plan in the light of the evidence that it presented. The conferences are also opportunities for a head teacher to seek advice about a child.

The following example illustrates both these aspects—a head teacher seeking advice at a case conference and changing an initial treatment plan.

Hugh was a boy of nine, of good average intelligence with good attainments. He was not retarded in the basic subjects and was an alert and enterprising boy. At the time of his admission to the special school he was one of the most intelligent children in the school. The educational psychologist had suggested that Hugh's intelligence was probably higher than the test showed and that a place in grammar school was not beyond him if he could overcome his personal and social problems. The social history indicated that Hugh's father was a surly and disappointed man who considered that the complaints from the junior school about Hugh's behaviour were exaggerated. He believed Hugh was picked on by the teachers. Hugh's mother was described as a rather inefficacious person whose physical health was poor. The head teacher of the junior school had referred him to the child guidance clinic for difficult behaviour, and Hugh's school report showed that he was constantly in trouble at school for mischievous and disruptive behaviour. Hugh complained that he was bored at school.

When he was admitted to the special school, the staff and children soon became aware of his difficult behaviour and his capacity for stirring up trouble. He seemed to go out of his way to seek punishment. He would tease smaller children unmercifully and provoke older and bigger children who frequently hit him for what he did or attempted to do to them. The strong probability that some older and bigger boy would knock him about for what he did seemed an irresistible attraction to Hugh to go and do exactly what the bigger boy found intolerable. At the same time his impudence and disobedience of teachers was remarkable.
From the information available and from observation of Hugh in the school an initial treatment plan was worked out. The head teacher and the staff considered that he was probably bored at the junior school and did not find the lessons sufficiently challenging. It was therefore arranged for Hugh to have individual work suitable for his level of intelligence. It was also agreed that he should be shown a great deal of tolerance in the expectation that he would, after a time, react favourably to a school environment which was different from his previous one, where there was little punishment, where there was the opportunity to make good relationships among the staff, and where he would realise that he had no need to show off his naughtiness and defiance. At the same time, the head considered that Hugh was displaying signs of being a punishment-seeker and, as this may be associated with unassuaged guilt feelings, the possibility of psychotherapy at the child guidance clinic was included in the plan.

Unfortunately the plan did not work. Hugh did not work at the lessons carefully prepared for him and he wasted most of his time provoking other children and interfering with their work. He constantly presented teachers with acute management problems and, at the point when it seemed that Hugh was forcing the staff to punish him in the new situation, just as he had done in the previous school situation, a case conference was called where the head teacher presented the problem and reviewed the situation. The social worker passed on the most recent information about Hugh’s family. Since he had been admitted to the school the social worker had discovered that Hugh’s mother’s health was a great deal worse than had first appeared, and she was a permanent semi-invalid. She was unable to provide any companionship for Hugh, who spent a good deal of time getting into mischief in the neighbourhood. She was troubled by what she heard of this behaviour, but she did not punish him, nor did she dare tell Hugh’s father of his misdeeds, because she was alarmed at his anger when he did hear of them and punished Hugh very severely. The psychiatrist commented that in these circumstances Hugh was not receiving appropriate and consistent discipline at home, and this was what he needed. He was not a punishment-seeker, he was a control-seeker and the school should provide this control. The discussion then turned on how Hugh could be controlled without punishment and the difference between management and punishment emerged. The psychotherapist suggested that what Hugh needed was one teacher on the staff who would accept responsi-
bility for him during the school day and prevent him from stirring up trouble. The educational psychologist confirmed that Hugh was in fact bored at school because, as the teachers had grown understandably weary of his behaviour, he was frequently turned out of classes and spent a great deal of his time doing meaningless tasks in the head teacher's room. They could not prepare lessons for him on an individual basis as easily as a teacher in a smaller class could.

A new plan was drawn up which proved successful. A teacher met Hugh at the school gates, and his opportunities for stirring up trouble were sharply reduced. If he did cause trouble in the playground he was brought in immediately and he began work with his class teacher, who accepted responsibility for him. The continual individual attention, although a considerable strain on his teacher, gave Hugh an opportunity to develop a very good relationship with him which reduced the number of disciplinary problems in the classroom. Hugh had to forego some periods of play and he lost the opportunity of going out with other children on a few visits, but the fact that his class teacher remained with him on each occasion affected the nature and the effect of the punishment. The period of sustained individual attention and close management did not last long, and after some six weeks Hugh improved sufficiently for the plan to be modified to give him greater freedom.

Using hindsight (and one of the advantages of discussing children with clinic personnel is that it gives teachers what might be called speeded-up hindsight) the staff could see that the original plan for Hugh was inappropriate and that they had confused managing him with punishing him. They had been slow to appreciate how they could prevent trouble arising and had been too concerned with what they should do after the trouble had arisen. But it was not until all the relevant information had been presented at the conference, and views were expressed by those who were not closely involved with Hugh each day and who were therefore not exasperated and disappointed by his behaviour, that the issue became clear.

Once a plan for a child is decided upon, it should be entered into his file and its effectiveness considered and discussed. For this reason, and because it is important to make a record of significant
events in the child's life at school, it is a good idea for the child's file to include a continuous commentary. This would hardly be a day by day commentary, or even a weekly one, but significant events should be entered, such as the date of a child's hospitalisation or the date of a parent's illness, an account of some incident in the school which throws light on a child's relationship with other children and with the staff, the date of a child's going for treatment at a child guidance clinic, and the dates and discussions of any case conferences. Writing up this commentary serves to remind the head and the staff of how effectively the school is reacting to a child's needs, and it ensures that a continuous record of the child is kept. The commentary is especially useful when a head teacher writes an annual report on a child.

**ANNUAL REPORT**

Name of school: date

Report on: Child's name
Date of birth
Address:

Parents' names
Previous school
Date of admission to special school
Problems on admission
Problems observed since admission

Assessment of intelligence on (date) on (name of test)
Latest attainments Dates and names of attainment tests used
Personality assessment Dates and names of assessment schedule
Classroom performance
Development since last report or since admission
Developments at home
Future plan

**Annual reports on children**

Writing an annual report for each child in a school of fifty children is undoubtedly a time-consuming task, but it is a valuable exercise and well worth the time spent on it. When it is written and sent
off to the appropriate individuals, it provides them with useful information about a child, and its preparation focuses attention on what the child has achieved, or not achieved, during a school year. It is sometimes salutary to recognise that a child appears to be in the same situation when the second report is written as he was when the first report appeared. There may be good reasons why this should be so, but recognition of the fact can do nothing but good.

The annual report, such as the one illustrated, provides information about a child to the various individuals who are concerned with his placement in a special school. These individuals may be the chief education officer, the director of the child guidance clinic, the senior educational psychologist, the school medical officer, social services department (for children in case of local authority), and the probation officer (for children on probation).

**Termly reports to parents**

Head teachers appear to have diverging views about the utility and wisdom of sending reports to children's parents. Some heads take the view that, as the parents have a right to know how the child is progressing, they should receive reports from the special school in the same way that parents receive reports on children in the ordinary school system. They feel that there should be as few points of difference as possible between a child in a special school and his brothers and sisters in an ordinary school. Other head teachers are aware that as the difference is real and important, it is useless to pretend that it doesn't exist, and that termly reports are likely to be occasions for conflict between some children and their parents. For some children the reports would reassure and please their parents, and for other children, for whom opportunities for conflict with their parents would be particularly inappropriate, the reports would only aggravate the difficulties in the relationships at home. For some children the reports would be meaningless or confusing. It would be extremely difficult, for example, for a head teacher to write, with the assurance that the parents would understand what he meant, that a timid and withdrawn child was improving because he was showing signs of aggression, although that may have been the most important single develop-
ment during one term. For other children the reports would be meaningless because meaningful information about the child could not be addressed to the parents. A head teacher could not write on a report that the child made a great deal of progress during the term because he was not exposed to his father’s aggression and hostility, although that may have been the most important aspect of his progress during the term.

If regular meetings are held with children’s parents, they can be given information about a child’s progress. If the parents are invited to these meetings, those who do not attend can scarcely complain of any lack of information about the child if no termly reports are written. On the whole, these meetings are the most appropriate and useful way of keeping parents informed of children’s progress and they avoid the complexities and difficulties of writing reports.
Those who have worked successfully with maladjusted children in this country have conceptualised the therapeutic processes which they have employed to help children achieve emotional and social readjustment, as Bridgeland (1971), Burn (1964), Dockar-Drysdale (1968), Lenhoff (1960), Shaw (1965) and Wills (1945, 1960) indicate. Comparable conceptualisations of the educational processes in schools for maladjusted children have not yet been forthcoming and the emphasis upon therapeutic treatment is clearly reflected in many schools for maladjusted children. It is plain that in those schools the emphasis should be placed upon emotional and social readjustment, but whether this has to be at the expense of educational advance is less clear. The curricular needs of maladjusted children have not been explored and research is urgently needed into this neglected aspect of special education. It may be that the complexities of planning a curriculum for maladjusted children have contributed to the marked scarcity of information which is available at present. Planning the curriculum is a complex matter as the following considerations illustrate.

1. The educational needs of children in a special school for maladjusted children are not their foremost needs. They are admitted to the schools because of their personal and social
needs, and attention to these frequently has to take priority over the attention given to their educational needs. This is also true of other children in other fields of special education, but it is particularly true of maladjusted children. The curriculum which is appropriate for their educational needs must also advance their personal and social needs.

2. Not all the children in the school will be maladjusted in the same way. Lessons and activities which are suitable for bold and independent children such as projects where they have to ask for help from others—perhaps outside the school and from strangers—would not be suitable for timid and shy maladjusted children. Neurotic children can be given tasks and left to get on with them. They are not likely to quarrel or damage equipment or interfere with others if they are working away from teachers. Conduct-disordered children need more careful supervision and control. They need different limitations on their environment in school, as do hyperactive children. Cruickshank (1961) has suggested how the actual classroom environment effects hyperactive children and the importance of reducing the amount of classroom stimulation and providing these children with a highly structured routine.

3. Many of the children will have other handicaps besides maladjustment. The Isle of Wight surveys (Tizard, 1974) showed that two-fifths of the maladjusted children in the school population aged between eleven and twelve years had other handicaps. What these other handicaps might be and what might be done to help the children overcome them is considered later.

4. The school population will include children with a wide range of intelligence and attainment ages, and will also extend over a wide range of ages. Table 10 shows the range of ages in special schools.

5. Children are admitted to schools at various ages and they leave at various ages. This affects the amount of learning provided for them and also affects the school leavers programmes.

6. The curriculum varies depending upon whether the school is in a rural or an urban environment. In many residential
schools there is a crossed population—children from a rural area are educated in an urban school and children from an urban area are educated in a rural school.

7. There are more boys than girls in the schools which admit children of both sexes.

8. Some children in the school have such severe emotional problems that the school's main task is to prepare them for serious and sustained learning elsewhere. This may be in ordinary schools, in colleges of further education or in evening institutes.

Table 10 Ages of children in schools for maladjusted children*

<table>
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<th>No. of day schools</th>
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*From List 42, Department of Education and Science (HMSO, 1974).
Thus the curriculum for maladjusted children has to provide for children of widely differing ages, with distinct differences in the type of maladjustment they display, with a range of other handicaps, and with wide differences in levels of intelligence and educational attainments, who are admitted to schools at different times during the school year and who stay in them for varying periods of time.

**Aims of the Curriculum**

The aims of the curriculum, which are to provide opportunities for children to increase their self-awareness and awareness of themselves in relation to others, to improve their relationships with others and to acquire competence and confidence, cannot be considered without reference to the goal of a school for maladjusted children. This goal is to help children overcome their emotional and social disabilities, or so reduce their effects that they can develop their potential. For many children, and certainly those who most need the school, this represents a crucial experience of change. The change may come about as a result of experiences in school. It may result from experiences in the school together with experiences which children have with a member of a clinic staff such as a psychiatrist, an educational psychologist or a child psychotherapist. It will almost certainly depend upon the success of the social worker in contact with the children’s families. Thus the crucial change is usually a result of a combination of several factors. What the children learn and how they learn it is one of the factors in their school experience, so the curriculum should be planned to contribute as much as possible to the changes which lead to the children’s readjustment.

The assessments already described in Chapter 5 help to increase a child’s understanding about himself. The curriculum should help the child towards a better understanding of himself by making provision for learning experiences which increase his self-awareness and his awareness of himself in relation to others. There are certain activities which so facilitate this awareness that the curriculum should include them, even if this means that other lessons and activities have to be left out or given little attention. These
essential activities and experiences are opportunities for counsel­ling and discussion, for play, for drama, for creative experiences in art, and for social learning.

Increasing self-awareness and awareness of others

I. Counselling and discussion

School experiences provide many opportunities for teachers to observe how a child behaves in relation to others, and many situations arise when it is appropriate and useful for a teacher to point out to a child the effect his behaviour is having on others. For some maladjusted children this is enough. They are sufficiently concerned about the other children’s attitude towards them and sufficiently motivated towards group acceptance to be able to alter their behaviour when someone in whom they have confidence explains what is happening between them and others.

It may be that other children can make a child more self-aware and this can be successfully achieved through group discussion. The role of the adult in these meetings or discussions is crucial to their success. They must be convinced of their value. They must be prepared to be involved in them, and not direct them, yet to be able to exert enough influence in them to make sure that the group process is helping a child, or some children. For some children exposure to group pressures, especially to group censure or even comment, is far too threatening for them to be able to cope with such a situation. The adults must then be sufficiently aware of individual differences in children, and confident about the nature of the enterprise, either to explain why a child is not present at the group meeting, or to make sure that a child under pressure from the group can find support. This support may come from an adult or from some other child or other children, and it is most important that such support is called for when this is appropriate. It is always beneficial for a maladjusted child to meet with expressions of group approval and there are occasions when it is benef­icial for a maladjusted child, more usually an older one, to be confronted with group disapproval. There are times when it would be quite inappropriate for an adult to prevent this by his intervention, so long as the child is aware that the adult will not desert him.
Wills (1945, 1960) gives accounts of group meetings with maladjusted children, and Redl and Wineman (1952) give many examples of how an adult can help a child face up to group enquiry and pressure. Experience has shown that these group meetings, even with children of junior school age, are extraordinarily effective in helping children to exercise their self-awareness and their awareness of others, and gain support and reassurance from participating in group discussions.

The group discussion is only one way of increasing a child's insight, and for some maladjusted children it is not sufficient. Some children need individual counselling by whichever adult has a firm relationship with a child, even if the adult is advised at a distance by some other member of the staff or by a member of a clinic staff. Individual psychotherapy with a properly qualified colleague is another way of increasing insight, particularly when a child needs sustained help in recognising the unconscious motivations for his behaviour. However it is done, and whoever does it, a curriculum for maladjusted children should make provision for children to come to some understanding of their situation and of the reasons for their attitudes and behaviour.

It is here that the staff response to the situation of the maladjusted child is so important and the staff response cannot be better demonstrated for the child than by some member of it making a good relationship with him. This means, in practice, that the child is aware that there is one teacher who will be particularly ready and pleased to help him or to listen to him, or join in activities in which the child is involved; and who will withhold his criticism of the child in public, or if he has to express criticism, he will do it in such a way that the child will not have any reason to believe the teacher is rejecting him. It means that the teacher will find time for the child and become one in whom he can have particular confidence and trust. The relationship will also mean that the teacher will be particularly effective in helping the child should he be involved in disciplinary troubles with other members of staff—not to protect the child from the displeasure or the sanctions imposed by a colleague, but to make any punishment experience more understandable and more profitable. It is on the basis of such a relationship that a child will be able to discuss his problems with a teacher and be helped to gain the insight
which will enable him to understand himself better. Such relationships are sufficiently important to be taken into consideration when the timetable and the school organisation are planned.

2. Play
The value of children's play is succinctly described in the Plowden Report (1966). The paragraphs on play list twenty-eight features which help to promote children's cognitive, educational and social development. Maladjusted children need play experiences to promote their development just as ordinary children do, but they need it more and they especially need to take advantage of the therapeutic possibilities of play. It is because of this therapeutic value that the curriculum for maladjusted children must make adequate provisions for play. Its importance justifies expenditure on it and provision of time for it in the timetable. The therapeutic values which are associated with the child's increasing self-awareness and awareness of relationships with others are:

(i) In play, children explore their own feelings. Any activity which helps maladjusted children to do this is valuable because, unless these children are in touch with their feelings and come to understand them, they cannot hope to control them.

(ii) In play, maladjusted children give expression to a whole range of feelings and especially unsafe feelings—that is, those feelings of which they are aware but which they do not understand, which cause them certain anxieties, such as envy of brothers or sisters, or hostility towards more powerful figures who would punish them if they expressed these feelings directly. At the unconscious level these experiences are valuable and at the conscious level aggression and hostility from Cowboys and Indians is perfectly acceptable. And because there is in play a process not unlike the fantasy world of our dreams, children can be both hostile aggressive figures and suffering figures so that they express harsh or tender feelings almost simultaneously. There are similarities between dreams and play, and both are important aspects of mental and emotional life.
(iii) Many maladjusted children have suffered from extremely frightening and painful experiences. The deep emotional shock of separation and desertion, or of some personal accident such as burning or scalding, or of witnessing traumatic scenes which overwhelmed their capacity for assimilation when they occurred, can be assimilated bit by bit in play (Peller, 1954). Adults relive and relieve traumatic experiences by talking about them. Children, especially young children, relive these experiences in play.

(iv) In play, children can reverse roles. They can be active in fantasy where they were passive in reality. They can be a punishing parent or a harsh school teacher or an unsympathetic brother or sister in their play. They can be the doctor or the fireman or the nurse. They can do things—pleasant and unpleasant—in play instead of having these things done to them.

(v) They can cross and recross the boundaries of fantasy and reality in their play. As Moore (1964) has pointed out, as fantasies become freed and as aggression, for example, is released, the child can prevent any anxiety by returning to reality. At the same time, a child can gain relief from anxiety by making threatening figures into caricatures and ridiculing them. They can disarm them. (It is interesting and rather humbling to see how most children represent school teachers in their play as rather unsympathetic figures who are either shouting at children or punishing them.) Moore also points out that the way children mock babyish behaviour in their play is in marked contrast to their real solicitude and sympathy for real babies, and he concludes, 'it is reasonable to suppose that on making the play characters helpless and silly they are repudiating the babyish self they had, at some cost, put behind them'. Thus play gives children, who have to fight their way towards maturity, opportunities to recapture their experiences, and emphasise their successes. They demonstrate what they have done to reassure themselves of their successes.

(vi) A characteristic of most maladjusted children is their poor relationships with others. In play, children can explore the possibilities of relationships with other children and can
join with other children in social activities. It is in play that children can discover aspects of other children's personalities that are not obvious to them in other situations.

(vii) During play, timid children can explore the physical environment bit by bit and find out about the realities of the physical world. They can climb and swing and dare themselves, increasing their confidence and forwarding their ego development.

(viii) Play experiences are a solace to children. So many maladjusted children are under various kinds of pressures, both external and internal. Play provides opportunities for them to rest from the anxiety-producing situations. Older children can find in play, opportunities to enjoy sand and water and the experiences they have missed in early childhood. When maladjusted children are under pressure, and pressure is often inescapable in a treatment situation, the solace of play, which restores and refreshes them, is particularly important.

(ix) The ability to play is an indication of children's increasing adjustment: 'Put a lot of store in a child's ability to play. If a child is playing, there is room for a symptom or two' (Winnicott, 1957). The fact that some maladjusted children begin to play is an indication to teachers that their therapeutic endeavour is beginning to bear fruit.

(x) Children's play reveals a good deal about their inner world, and it provides teachers with valuable clues about maladjusted children's feelings about themselves and others. This aspect of play has been thoroughly explored by Lowenfeld (1935, 1939). Axline (1966) gives a good account of the significance of a child's play, and other accounts can be found in Trail (1974). It is not only the materials that children use and how they use them that reveals so much of their inner life. While they are arranging the dolls and putting up the fences in the sand trays, or painting their puppets and pictures, they talk, and what they say adds to the importance of the non-verbal communications.
Organised games. These are other kinds of play which have different goals from imaginative play and are helpful to maladjusted children in different ways. There are organised games of various kinds which, although children play them, provide very different experiences from participation in spontaneous and imaginative play. The more organised team games teach children a good deal, but they also make demands and expose weaknesses. Spontaneous and imaginative play is less likely to expose weaknesses and it does not stir up resentment in children as organised team games frequently do.

The ability of maladjusted children to participate in organised team games successfully is an indication of how well they are overcoming their emotional and social difficulties. For some of them, these games make demands upon them which they are unable to meet because successful participation depends upon many qualities they do not possess. They cannot share, they cannot cooperate and they cannot accept the limitations of rules. For the successful and the skilful the rewards of organised games are similar to the rewards of imaginative play, but for the unsuccessful and clumsy they are a misery and an ordeal. For younger maladjusted children, and newcomers to a school without established relationships, organised team games are best approached with caution. The children who are good at them are loudly critical of those who are not, and hostility and resentment do little to promote good relationships among children. For some maladjusted children their perceptual and motor difficulties make many games frustrating and difficult.

There are games which depend upon some organisation, but less than team games require, which maladjusted children find extremely enjoyable, and most will participate in them readily. The most popular are really variations of hide and seek, some of them being elaborate and sophisticated. For teachers to join in with children in playing variations of the Boy Scout ‘wide games’ and games of tracking brings intense pleasure to older maladjusted children. These games give them opportunities to display initiative and daring, to show their physical skills and to succeed.

Many of the basic educational skills can be learned by playing games and teachers may find Hurwitz and Goddard (1969), Humphrey and Sullivan (1970) and Gorlick (1975) helpful. The
publishers' catalogues contain details of these and maladjusted children find them as useful and enjoyable as other children. They do have greater difficulties in accepting the rules and keeping them, and they do find it harder to accept defeat than other children do; some children delight in scorning and ridiculing the children who lose because they are no good, and criticising the winners because they are cheats. The introduction and use of these games do need careful management. If the children find them unpleasant, they will certainly not succeed in the aim of motivating children to learn basic skills.

3. Drama
For maladjusted children the benefits of spontaneous drama are similar to those of spontaneous and imaginative play with the added advantages of an emphasis upon the uses of spoken language and on more organised social interaction. Drama enables children to explore their feelings as play does, and to understand them better but, unlike play, drama cannot be solitary. It thus provides children with opportunities to contribute their feelings to an experience which others can share. For disturbed children this experience can provide a catharsis, or at least an illumination and a release.

The actual release of these feelings in this experience is helpful in itself. Further help to maladjusted children can be given by appropriate explanation to them of the origin and significance of the feelings that are demonstrated in their drama, but such explanations are not the first aim of drama with children. Too much emphasis upon explanation will effectively keep some children away from participating in it. Good use can be made of the evidence children give about themselves in imaginative drama, and using it in discussion with children certainly increases children’s self-awareness, but teachers would perhaps find that the best use of this evidence is to increase their awareness of the children.

If teachers do decide to make appropriate interpretations to children about their behaviour, the most effective way to do this is to suggest to a child an explanation of his behaviour. A teacher might say to a child, for example, that some children do feel that they have not been well treated by grown-ups, as the unhappy boy in the play showed, and was this perhaps true of him?
teacher can suggest that the way a child acted in the drama and the things that she said might be true of how she really felt and would act, if she could, and leave the matter there. The child can then take the discussion further if she wishes to. When teachers help children to understand their behaviour better by explaining it to them, the oblique approach is the best one to adopt. Children find suggestions made in this way easier to accept. For some children the teacher’s statement that it is not unusual for boys to feel jealous of their fathers, or that children who are not quite sure how much people at home care for them often steal things, is enough to reassure them or to give them enough reassurance to help them to talk about their stealing. Teachers frequently question whether the explanation they give to children about their behaviour and feelings can do harm. It cannot do harm in the form of suggestions, if the explanations are made obliquely and not as a categorical statement. The child can accept or ignore suggested explanations. If it is important for him and he is ready for it, he will accept the explanation. It is not uncommon for children to follow up suggestions about the possible reasons for their behaviour a considerable time after the explanations have been offered, and discuss the matter with the teacher.

In using imaginative drama children can make their own feelings more accessible. The plays they make up give them the opportunities to be other people and express feelings which they perceive other people to have. They demonstrate how key figures in their environment appear to them and they also show how they would like these figures to behave towards them. In using the drama experience they can also express feelings which really belong to them but which they can safely express in other individuals. This safety gives them the opportunity for the unimpeded discharge of feeling. The dressing-up, which maladjusted children find enormously enjoyable, adds to the value of the situation. The colour, the movement, the music, the costume, the language and the fantasy make drama an essential in the curriculum. Imaginative and free drama has the greater appeal for most maladjusted children and has the greatest value, but they also benefit from formal drama, which has different goals and from which the children learn different things. The discipline and presentation of a play are not always within the scope of maladjusted children.
but, for those who can manage it, the experience is valuable. The use of socio-drama and role play which can provide children with important learning experiences is now receiving increasing attention, and both are particularly useful for maladjusted children. Many of them are remarkably egocentric, with little understanding of the effect of their demeanour, their speech and their movements upon others. As socio-drama focuses attention upon a child's relationships with others, it increases the child's awareness of the need to develop or improve social skills.

For children who are shy and for those who find participation with a group of other children difficult, puppet plays provide many of the opportunities and advantages of drama. Glove puppets are perhaps more appropriate than marionettes. They are less complicated to make and use and they are extensions of the body in a way that marionettes are not.

4. Art and craft
Except in the more organised games, children can play and find satisfaction in play without being frustrated by lack of skills and this is also true of spontaneous and imaginative drama. A child who can move about can join in. He doesn't have to be able to speak distinctly and correctly. Skills of movement and language certainly increase the quality of the drama as a spectacle, but the lack of these skills does not prevent children from benefiting from it. This is less true of craft, in which children do need a certain level of skill in order to benefit very much. They can increase their skills as they are painting or sewing, and in craft two aims of the curriculum - the provision of opportunities for children to increase their self-awareness and teaching to give skills and competence - very frequently come together.

The wide variety of materials and tools used in the craft lessons meet children's needs and moods. There are soft and malleable materials which offer little resistance to cutting and shaping, and hard materials which only strong blows and bold movements can affect. This at once indicates the therapeutic possibilities of craft. Teachers can offer children, or they can find for themselves, materials which give them opportunities to achieve quick success.
when they are despondent, to relax when they are tense, to pro-
vide resistance when they are aggressive and to repay and reward
them for concentrated or limited efforts. Children can use these
materials to express and alter their feelings.

The materials impose their own restrictions and working with
them children become increasingly aware of their need to acquire
skills. The frustration of a length of wood to a boy with a vision
of a boat is a common experience to all who work with wood.
If the boat is to be made, the boy must be prepared to seek help
from others and accept their direction and advice, and to acquire
some skills and to persist in his efforts. In this way craft lessons
give children opportunities to increase their skills to co-operate
with other people and to realise their own limitations and capa-
bilities. The finished products reflect both their practical skills and
their personal qualities.

Art. Art is so directly linked with children’s recognition and
expression of their feelings that the curriculum should provide
as many opportunities as possible for creative work in painting
and for working with clay, paper, plasticine, wood, wire and
other materials. Painting is important for maladjusted children
because it gives them opportunities to communicate their feelings,
using images rather than words. It gives them opportunities to
symbolise important experiences. These may be past experiences,
experiences of joy which they wish to recapture and preserve, or
traumas which can be approached and reapproached through
painting. They may be present experiences which they are unable
to put into words. For some children the symbolic representation
is enough. For others the experience of painting enables them to
communicate feelings verbally. Children’s paintings are com-
munications to themselves about themselves, and communica-
tions to others about themselves.

In painting, as in play, reality is in a sense suspended, so children
can give expression to dangerous or unacceptable feelings without
this expression bringing them into conflict with others. In the
same way as imaginative play, painting and drawing give children
a respite and provide them with a sanctuary. The child who com-
pensates for his feelings of inadequacy and inferiority by bullying
and bragging, and who dares not show different behaviour, can
produce paintings more representative of his real feelings. The ineffectual and worn-down child can paint scenes of kings and triumphs.

If children are given opportunities to illustrate stories, they can invest their painting or drawing with feeling, so that a process of identification assists them in the realisation of a creative endeavour. One thirteen-year-old boy, for example, who had considerable difficulties in his relationship with his unapproachable and rather critical father, listened with growing interest to the story of Willy Madison in Henry Williamson's *Dandelion Days*. He was particularly interested in the description of Willy's interchanges with his father, and when asked to illustrate the story, he produced a splendid picture of Willy's house. This contrasted so much with his usual performance in art that the teacher commented upon this difference. The boy replied, 'I like Willy. That is the house I would like him to have—it is the house he should have.'

Children's paintings do not need teachers' explanations for their creative work to be therapeutic. If teachers can provide the appropriate materials and the appropriate atmosphere, the children will make use of the opportunities offered to paint pictures as they need to. If a child produces a picture which obviously expresses aggression and hostility, or grief and depression, teachers are on safer ground if they accept the prevailing mood of the picture for any comment they feel they should make on it rather than to attempt to see a particular significance in what the picture reveals about certain figures. Enquiry and explanation about these figures are appropriate, but only if such explanation will really give the child more help than producing the painting has already given him. It is very easy to be mistaken. Kramer (1973) illustrates this by describing how a child almost blotted out the figure of a lion behind thick bars, and said, 'This lion is dangerous and might hurt people.' She suggests that the child may have been expressing anxieties about his own aggressive feelings, or he might have been communicating his feeling about some other dangerous individual who should be locked up.

Bettelheim (1955) demonstrates how painting and drawing contribute to children's emotional adjustment in his accounts of Mary and Paul. Paul a seriously disturbed and suicidal boy,
had an aptitude for painting and drawing which blossomed during his stay at the school. Bettelheim describes how Paul destroyed his paintings when he was first admitted to the school. These were paintings of graveyard scenes which Bettelheim suggests represented his depressed mood or his attempts, symbolically represented, to reach out to his dead father. When Paul was depressed he drew pictures of a world without people and when he was on good terms with his counsellor he painted cheerful pictures. At one time he painted a farm house, a picture of the counsellor’s home, and this led to a discussion about her life and his and his ambition to be a farmer. ‘In this way’, Bettelheim suggested, ‘through drawings and fantasies about his future he made his first true attempt to identify with his counsellor.’ While he was talking Paul would talk freely about himself (despite his speech disability) and Bettelheim describes how the counsellor, in response to Paul’s comments, linked these with his relations to others and his previous experiences. Paul’s relationships with other children improved. In his description and explanation of Paul’s drawing of a man with legs and a head but no body, which he drew on the third anniversary of his arrival at the school, we are reminded of Moore’s comment about children repudiating their past in play. Bettelheim writes, ‘The drawing seemed to recall the person he was three years before; a head full of fantasies, and legs to kick and run—no heart to feel, no body to support his chaotic personality. Now he saw the old Paul simply as a comic character...’

From these descriptions we do not get the impression that the children were having art therapy as usually understood. The descriptions are not of an art therapist’s relationship with children. Both Mary and Paul painted in company of their counsellors, who were trained and skilled people, and the paintings and their discussions of them were part of the ongoing experiences the children had with them. Sensitive teachers who are working closely with maladjusted children, and who are able to respond to them, can help children to gain a good deal from their experiences in painting, although they are not art therapists.

During these experiences, some children paint pictures in which their unacceptable feelings are represented in their work. It is not uncommon for children to destroy or to deface the paintings.
When this happens, and the painting has been produced with great skill, this is a disappointment for their teachers. Teachers feel rewarded by the completed picture and they feel that the child too should share this satisfaction and enjoy their own achievement. This disappointment is lessened when teachers recollect that 'healing potentialities depend on the psychological processes that are activated in creative work' (Kramer, 1973). What is perhaps more important for the child, and more useful than a lament, is for the teacher to recognise the reasons why the child destroyed his own work and demonstrate to the child that the feelings expressed were acceptable to him or her. One way in which this may be accomplished is for the teacher to retrieve the picture and restore it as far as he is able to. The experience of one art teacher was that the amount of destruction, both to children's own work by themselves, and their destruction of other children's work, decreased considerably when children observed him patiently putting together torn-up paintings. This showed the children quite clearly that the teacher could accept the feelings expressed in the paintings and that he respected the work of others.

Whatever they produce in art makes some demand upon children's manipulative skills, but when they wish to become more proficient in their management and control of materials and equipment, the training and practice of perceptual and motor skills are useful additions to children's learning. In the art room children can increase their practical competencies, and they can increase their social learning by co-operating with other children in producing work which can only be done by co-operative effort.

5. Social learning
Although it would not be meaningful to consider social education as if it were something radically different from the general social education which a school of maladjusted children provides continuously for all the children in it, it is possible, nevertheless, to make specific provisions for developing the children's social skills and increasing their social awareness.

One way of doing this is to take the children out of school on visits and journeys, but where such provisions differ from those made in the ordinary school system is that maladjusted children
need many more visits, and they need to have fairly limited objectives on each outing. Many maladjusted children are socially deprived and are quite unaware of ordinary social conventions. They need training. Much of this training can be done in school, but not all of it, because the children need to meet with people who will react to them differently from their teachers, people who may react with less tolerance. The children need training in going into shops, using a public telephone, managing in restaurants and snack bars, in greeting people, in taking their leave of people (which many children find just as difficult as greeting people) and making themselves understood. While the school in rural surroundings may be in a better position for stimulating children’s curiosity about their environment which will lead to learning in natural history and natural sciences, a school in an urban environment has an advantage in offering a variety of opportunities for social learning which are easily accessible. In both rural and urban schools the use of role play is a very appropriate way of teaching social skills.

The school’s relations with its neighbours are of great importance and preserving good relationships with those who live near the school can be a feature of social learning. Children can become aware of the neighbours, and they can usually be prevailed upon to help develop the children’s sociability by speaking to them in the street and co-operating with teachers in the efforts the school is making in this important part of the children’s learning. There are occasions when elderly or infirm neighbours will very much appreciate having the snow cleared from their paths or the leaves swept from their lawn by a child who knows their name, who can address them properly and who behaves acceptably. There are very few maladjusted children who will not co-operate in earning and maintaining the school’s good reputation in its neighbourhood, and most of them are jealous of the school’s good name. These are positive feelings which can assist social learning. They contribute to increasing awareness of other people.

While the opportunities for increasing social skills are to be found in the immediate neighbourhood of the school, the longer school journeys and visits also provide these opportunities. Many of the children lead dull and uninteresting lives and do not have the stimulating experiences that more fortunate children enjoy.
It is therefore very valuable for them to have these experiences and to be in environments where other people expect them to face up to the requirements of social situations. It is necessary, especially with older maladjusted children who may be about to leave the special school, to demonstrate to them what other people expect of them and school journeys provide good opportunities for the children to practise the skills they will need when they are not in the protected environment of a special school.

The Schools Council curriculum projects provide teachers with most useful suggestions and materials for social learning projects. The Council has produced the Humanities Project (1973) and the Moral Education Project (1972) and materials from all these projects are appropriate for use with maladjusted children. In schools where discussions are an accepted feature of the curriculum the discussion topics in these projects should present no problems.

6. Sex education
If maladjusted children are to come to a better understanding of themselves and if the curriculum is designed to make a sound contribution to children's adjustment by its emphasis upon activities and learning experiences which increase their self-awareness, then sex education must be included. Maladjusted children are more likely than other children to need sex education for several reasons.

Many of them are more likely to be anxious about sexual matters than other children because of their home situations. They are more likely than other children to come from homes where patterns of sexual behaviour arouse anxieties. They are more likely to come from homes where there is sexual deviance and they are more likely than other children to have been involved in deviant sexual behaviour. Wardle (1974) describes the difficult behaviour of a boy whose anxieties increased as holidays approached because, as it was subsequently discovered, his mother expected him to go to bed with her. These children are more likely to have been sexually assaulted than other children, they are more likely to come from homes where no sex instruction or advice is given, and they are more likely than other children to have fantasies about sexual affairs. Many older maladjusted girls are sexually experienced. These girls do not need to be told about sexual inter-
course, but the children who are hearing about this from them need a good deal of guidance in their personal relationships. The chapter entitled 'Relations Between the Sexes' in the Schools Council Humanities Project provides good materials for discussion work covering the social and personal aspects of sexual relationships.

The published books and the available films or filmstrips that are used with children in the ordinary school system are perfectly suitable for use with maladjusted children. The difference is not in the material but who presents it to the children and the need for more discussion and counselling for those who have real cause for anxiety about sexual relationships. For illegitimate children, or for those whose mothers or older sisters are promiscuous, and for adopted children, there will be considerable anxiety and unhappiness which someone in good contact with the child must work through with him. Unknown adults are not the best people to talk to any children about sexual matters, but they are completely unsuitable to help maladjusted children. Their sex education needs to begin with a teacher with whom they have an ongoing relationship and who knows the child and his situation well.

The experiences and activities outlined, which aim to increase children's self-awareness and improve their relationships with others, go on simultaneously with the assessment of their needs and lessons and activities they need in order to acquire general competence. The acquisition of competence, a factor which makes an important contribution to children's adjustment, now needs consideration.

**Competence and confidence**

1. *Basic educational attainments*

Studies of maladjusted children's school performance usually refer to their reading ability, and consequently we know far more about the connection between maladjustment and reading retardation than we do about the connection of maladjustment and retardation in mathematics. Poor performance in reading is unlikely to be associated with good performance in spelling, so that we can assume from the evidence of maladjusted children's
reading retardation that their spelling will be retarded also. It is less likely that poor reading is an indication of poor ability in mathematics, but none of the surveys mentioned below (except Roe’s) include information about children’s mathematical ability. We are becoming increasingly aware that emotional and social deprivation affects language development and thus affects reading ability, but as we are not in the position to be able to refer to children’s language age, it is to their reading ages that reference is most commonly made.

The evidence that many maladjusted children are seriously retarded in reading is now quite clear. The record of investigations which showed up their reading retardation goes back a long way, and more recent studies only confirm what earlier studies indicated. In 1946 Burt concludes that in 9 per cent of all cases of reading backwardness he discovered in his large-scale surveys in London and Birmingham, ‘temperament and emotion’ was a contributing cause.

In 1963 Chazan reported on the relationship between children’s adjustment as measured on the Bristol Social Adjustment Guides and their performance in reading. He found that the highest readers in the third year of a primary school had a mean score of 6.9 on the Guides, and the poorest readers had a mean score of 17.2 on the Guides, a difference between the mean scores significant at the 1 per cent level.

In 1964 Douglas and Ross reported a study of the adjustment and educational progress of 4,000 children. They were classified into six groups according to teachers’ opinion, parents’ opinion and a self-rating scale. The scale ranged from ‘well adjusted and non-neurotic’ to ‘least well adjusted and neurotic’. The authors found that at each age these children were rated—at six, eleven and fifteen years—the greater the evidence of their maladjustment the lower was their school performance.

In Roe’s (1965) survey she reported that only 5.6 per cent of the 140 maladjusted children studied in special classes, day and residential schools, could read at a level equal to their chronological age, 27 per cent had reading quotients of less than 70 and over 50 per cent had reading quotients below 80.

The Isle of Wight survey of all children born between 1953 and 1955, a population of 2,200 children between the ages of nine
and eleven years when the survey was made, has produced a mine of information about this age group. Yule (1969) has reported that 118 children discovered to be maladjusted had a lower level of intelligence than children in the control group, and they were severely backward in reading. On average, the group of maladjusted children were nineteen months backward in reading accuracy and seventeen months backward in reading comprehension measured on the Neale Test of Reading Analysis. The differences in reading ability between the maladjusted children and the control group children were not explained by differences in the levels of intelligence, because when allowances were made for those nearly one-quarter of the maladjusted children were at least twenty-eight months retarded in reading compared with 5 per cent of the children in the control group.

Yule also reported on the differences in reading attainment between neurotic children and the children, mostly boys, who showed evidence of conduct disorder. The neurotic group of children did not differ from the control group in reading attainment, but the antisocial boys had reading attainments significantly lower than the neurotic children and the children in the control group. He concluded that poor reading ability is strongly associated with antisocial disorder.

Pringle (1965) reported that among a group of children in care, 81 per cent of the backward readers were either unsettled or maladjusted and that maternal deprivation affected reading and language ability.

Rutter (1972) summarised studies of children raised in institutions and concluded that language skills, perceptual and perceptive-motor skills are all adversely affected by experiences of deprivation and separation in early childhood.

Although there is little evidence about failure in mathematics, many maladjusted children are in fact seriously retarded in mathematics. Plainly, a curriculum for maladjusted children must make ample provision for remedial teaching in the basic school subjects and sustained and systematic teaching of reading, spelling, handwriting and mathematics. Handwriting deserves more attention in the curriculum than it is usually given. It is not surprising that children who cannot read fluently or spell correctly should also have difficulties in producing satisfactory written work. The pre-
sence of perceptual and motor difficulties in many maladjusted children increases the probability that the difficulties of control of fine movements and left to right orientation prevent them from writing easily and legibly. Handwriting lessons no longer feature in many school curricula for older children and where handwriting is taught in primary schools the italic scripts present many problems for children with perceptual and motor weaknesses. Children whose handwriting is illegible because it is badly formed would benefit from careful and systematic teaching based on a study of their incorrect or poor handwriting movements. Their difficulties are such that copying the flowing letters of copperplate writing, or the old Civil Service hand, would be of great benefit to them, because that style of writing means that the child has to keep his pen or pencil on the paper and move it slowly from left to right. This reduces the difficulties of directionality and left to right orientation. It is remarkable that writing practice should have been so neglected, for many maladjusted children like simple repetitive tasks which when they have been completed show plainly what they have achieved.

Looking at Gulliford's (1974) principles of remedial teaching, a school for maladjusted children provides the right environment for their implementation. He suggests the following principles:

Adequate diagnoses which would be provided by the assessment of the child described in Chapter 5.

Planned remedial action which includes teaching organised to take account of pupils' strengths and weaknesses, measures to remedy weak cognitive functioning, regard to pupil motivation, therapeutic measures to alleviate emotional or social difficulties, and liaison with children's homes. This describes the features of a well-organised school for maladjusted children. It does pay attention to individual differences in children; it exists to provide therapeutic measures, and to pay attention to children's motivation in learning; it does make provisions for good home–school co–operation; and it can provide activities to remedy weaknesses in the reception and processing of information.

Providing continued supervision and appropriate teaching after remedial intervention presents no problems. The size of classes in special schools for maladjusted children makes it easier to pro-
vide this ‘aftercare’ of children who have received sustained teaching to improve their reading, spelling or mathematics.

 Provision of remedial teaching facilities is linked with the organisation of the school, because some children will not make progress even in small groups but need to be alone with a teacher without any distractions at all. In the atmosphere of the school for maladjusted children where criticism of children’s performance is infrequent and praise for their success is common, once a child begins to work systematically and improve his performance in basic school subjects improvement is usually rapid. To provide the opportunities for this systematic work it is advisable either to relieve a teacher from group teaching for some part of each day, or to make use of the services of a visiting remedial teacher. The first alternative is plainly the better one but, however it is done, the presence of so many children with severe retardation makes it essential that systematic remedial work is included in the curriculum.

 Children’s morale and performance in other subjects is most affected by failure in reading. Being unable to read is more commonly regarded among children as a sign that another child is stupid or backward than being unable to succeed in mathematics. Whereas it is not uncommon to hear children say that they are quite hopeless at maths, as if this were no reflection on their ability, it is uncommon to hear a child say that he is hopeless at reading except in an audience he knows to be sympathetic. Being unable to read is a heavy blow to a child’s self-esteem. Fortunately most maladjusted children who are backward in reading will respond to the remedial teaching a school provides. What is frequently of particular concern to teachers is the presence in the schools of a small number of children whose difficulty in reading does not seem to be associated with any sensory or cognitive weakness; they are not children who have been away from school for long periods and many of them have received a good deal of remedial help during their school careers. It is extremely difficult to improve these children’s reading performance. Their problems centre around their motivation to improve their reading and, for many of them, their reading difficulties are connected with their difficulties at home. These are not the difficulties usually associated with a lack of parental example or a lack of stimulation to read, but with personal relationships in the home.
There is no very clear evidence to indicate in what ways children's emotional difficulties affect their reading ability, but undoubtedly they do. We know that a high level of anxiety affects levels of performance in any school subject. In commenting upon Sullivan's theory of interpersonal relations, Mullahy (1959) states, 'One of the characteristics of anxiety is that it interferes with the acquisition of information and understanding, and with recall and foresight. It interferes with alertness to the factors in a situation that are relevant to its occurrence. Therefore it interferes with effective action.' There is some evidence (Ephron, 1953), although this is not very convincing, that some maladjusted children who do not learn to read do not look closely at letters and words because their anxieties about sexual affairs prohibit the close scrutiny upon which learning to read depends. Ephron also draws attention to the plight of non-readers who persist in failing to learn to read because, by doing so, they are establishing their independence of parental authority and demonstrating to their parents that they will not comply with their wishes. Where the relationship between children and their parents is distorted, and especially where the child's reading failure is a source of tension between them, the child's success in reading will be more probable when there is an alteration in the relationships between parents and child. When this is so, then the co-operation between school and home must take a priority. This will involve work with the children's parents which is more appropriately undertaken by a social worker than by a teacher.

In a school for maladjusted children, although some will not be ready to take advantage of the opportunities provided, there should be a clear understanding that systematic learning is expected of all the children. The expectation that children will learn and succeed is most important. Many of the children have failed so frequently that they expect to fail again, and their parents have communicated their expectations of failure to them. One way in which expectations of participation and success can be made apparent to these children is to so arrange the timetable that there is one period of time during the day, and during the morning is usually the best time, when there are no alternatives to basic learning provided anywhere in the school. Schools for maladjusted children are small, and the organisational problems are not
very great. What form this basic learning takes, and the individual differences that are provided for, would vary from school to school. But it does help these children to know that there is at least one time during each day when there is no alternative to basic learning, for them or for any other child. If the reasons for such an organisation are discussed with the children, many of whom are only too well aware of their needs in basic educational skills, and if the staff persist with it, it becomes part of the school convention. A well-known and well-worn routine makes resistance to it unlikely, even among children who are remarkable for their lack of conformity. Maladjusted children are conservative in some matters, and the security of the basic learning landmark each morning is helpful to them emotionally as well as educationally.

It is important for teachers to present the basic learning in as many imaginative and interesting ways as possible, and to relate it to children's interests and other areas of the curriculum. Teachers need to be infinitely resourceful and to be able to put their hands on a wide variety of materials and items of equipment. For younger maladjusted children and those who are acquiring basic skills in mathematics, spelling or reading, most of which need a degree of over-learning, games and puzzles and what is really rather elementary material are usually well accepted. It is a good idea to have so many of these that the novelty of each does not wear off, and to be able to produce some interesting and popular piece of equipment or materials as frequently as possible. Publishers' catalogues provide many examples, and even if the materials cannot be purchased, teachers can find stimulating ideas in them. Hewett (1968) is a particularly well-stocked resource.

Motivation. The factors that affect motivation are the situation of the child, the response of the staff, and the quality and variety of the learning opportunities available. The assessment of the child already mentioned in Chapter 5, the teachers' awareness of the stresses upon maladjusted children, their awareness of providing learning tasks appropriate to their abilities, and their good relationships with them certainly increase maladjusted children's motivation. But the problem facing many teachers is the different levels of motivation and ability among the small group of children
in a class. Some of the children will respond to direct supervision and a high degree of control; others will find this a difficult classroom situation because they work better if they are given freedom and choice.

These are some solutions to this difficulty. Neither of them makes the teachers' task particularly easy because they both involve most careful organisation of children and materials, but both of them are likely to make the teachers' task less emotionally wearing because both will increase children's motivation and successful learning.

The first solution, prescriptive teaching, is a refinement and extension of the practice of providing the children with individual work. The basis of prescriptive teaching is the teacher's discovery of the way a particular child learns, and the provision of learning material which best suits his learning mode. Learning mode is defined by Poteet (1974) as '... that pattern of relationships among input, process, and output which serve to effect desired behaviour change'. 'Input' refers to the sensory information—visual, auditory or haptic—that a child receives; 'process' refers to the way in which a child manages or manipulates the sensory data he receives; and 'output' refers to the responses he makes as a result of input and process. Successful prescriptive teaching depends initially on a good assessment of the child's visual, auditory and motor abilities so that his learning tasks are kept predominantly in the area of his functioning where he has least difficulty. A teacher can make many discoveries about a child's best learning mode by careful observation and listening, and the assessment programme already outlined will provide any further evidence required.

One aspect of prescriptive teaching for children who show evidence of considerable difficulties in the processing of visual information from a book or chalkboard would involve the use of a small cassette tape recorder, for example. These are not expensive and a whole series of tapes can be prepared for use and stored. Use of these tape recorders would involve careful organisation of the classroom space, and the possibility of providing children with small learning booths should not be overlooked. If children's perceptual and motor difficulties prevent them from producing satisfactory written work they can record material which they
are unable to write. Children performing a series of tasks that must be done in the correct sequence, such as a simple science experiment, and who are unable to grasp a series of instructions given to them verbally, can be helped by reading these instructions, either from an individual card, an overhead projector or a slide projector. If children's short-term memory is unreliable and they respond well to verbal instruction, they might have cassette recorders which they can play and replay as frequently as they need. Children who depend upon visual stimuli can be provided with individual teaching machines.

The possibilities for this kind of teaching are considerable. It is not uncommon for maladjusted children to be in learning situations where they are immediately at a disadvantage because their weaknesses are accentuated and their strengths are not exploited. How to make the best use of audio-visual materials and to keep informed about such innovations as prescriptive learning emphasises the importance of giving attention to teachers' professional needs, which are considered in Chapter 7.

There is an aspect of the use of teaching machines and individual audio-visual aids which is worth consideration. It is suggested by what Goldsmith et al. (1959) refer to as the 'depersonalisation of the teaching situation'. There are some maladjusted children, and they are usually in a minority in a school, who are unable to cope with a personalised approach to learning. Their inter-personal relationships have been so disastrous, that for them the intrusion of an adult is a hindrance and not a help to learning. Obviously they need help to overcome their difficulties in inter-personal relationships but, as the resolution of their difficulties is not likely to be accomplished quickly or easily, the use of teaching machines and audio-visual aids prevents their difficulties from interfering with their successful classroom performance.

Another solution to the problem of the different levels of motivation likely to be found in a class is given by Hewett (1968). Hewett has outlined with great clarity a hierarchy of learning tasks. The first tasks are at the attention and response levels, where efforts are concentrated upon making contact with the child and orientating him towards learning. Distracting stimuli are removed; the child is given small amounts of work within his compass. He is given concrete rather than abstract tasks. Hewett
emphasises the importance of 'errorless learning' which includes a careful grading of tasks and self-checking devices incorporated in the games and puzzles at the response level. At the order level the child is given tasks designed to help him adapt to routine, follow instructions and to complete assignments given to him. At this level reasonable restrictions are placed on a child’s behaviour and he is helped to understand that 'school is only for students'. More is expected of the child. At the exploratory level tasks are provided to give the child a wide range of multisensory experiences, and learning activities are initiated which prompt the child to explore the material environment by collecting for nature tables or making a simple weather station. The goals of the social level are to increase the child's social interaction with the teacher and other children, to maintain appropriate student behaviour, to tolerate frustration and to control himself. The mastery and achievement levels are concerned with the child’s ability to work independently of teacher’s approval and continual direction, and to perform at as high a level as his ability allows.

Hewett includes descriptions of the appropriate learning activities for each of his task levels. He recommends a group made up of children one-third of whom are at the attention and response levels, one-third at the order and social levels, and one-third at the exploratory and mastery levels. His suggested size of classroom for nine children is 1,200 square feet with single desks and individual study booths. He gives a description of how a classroom, which he describes as 'an engineered classroom', can be arranged to suit the needs of children at the different levels he describes. Hewett is an advocate of behaviour modification, and refers to the relevance of the Premack Principle to the motivation of children’s learning. This principle may be simply stated as observing a child’s preferences, observing what he does not like doing as shown by the few times that he does it, and then making his preferred interest contingent upon the accomplishment of the task he avoids. As has already been indicated, the use of behaviour modification techniques brings dramatic changes in children’s behaviour, and the adoption of these techniques is another solution to the problem of different levels of motivation.
2. Individual interests and competence

Competence in the basic educational skills is not the only competence that children need to acquire and that the curriculum should make provision for. The curriculum should also provide opportunities for children to follow their individual interests and develop those abilities that they have. This means there must be a degree of individualisation in the curriculum. Many maladjusted children are oppressed by feelings of failure. There is usually a radical improvement in children’s performance in all school subjects when they realise that teachers are interested in what they can do well even if this is not something usually included in the school curriculum. By providing as many opportunities as possible for individual learning through the use of teaching machines and such audio-visual aids as cassettes and tape recorders, small filmstrip projectors, television and wireless broadcasts, and by making out individual assignments of work, it is possible to make appropriate provision for children’s interests. This has implications for the school timetable and the actual use of space in the school. It is a difficult but not an impossible undertaking, and the size of the school for maladjusted children does make flexibility easier. The organisational problems are not large. It is possible to alter the child’s school environment so that he has opportunities to develop his skills, and this is of tremendous importance. It is a practical demonstration of concern for him, and for many maladjusted children it is the only way they will learn.

It is plain that with so much that the curriculum must include—activities to increase self-awareness and awareness of others, teaching of basic educational skills and allowing for individual interest to develop competence—there are lessons and activities which cannot be included. This is inevitable. A school for maladjusted children cannot compete with the curricular provisions of primary and secondary schools and it should not be expected to. The school exists to make a different kind of educational provision. The children’s personal social and educational readjustment is not going to be achieved by teaching the same subjects as the ordinary school rather differently with rather different teachers. It is true, as Gulliford (1975) has pointed out, that handicapped children need special kinds of teaching and as ‘full and normal educational
experiences as we can provide. But for many maladjusted children the time they spend in the special school is an interlude in their school careers. For some of these children their serious learning is going to take place after they have left the special school, but it could not take place unless they had been admitted to it. The school, as Rabinow (1955) points out, is not one school but many, and for some maladjusted children it is the school where they get ready for school. For other children who may be there for a considerable length of time, it is the school where they get ready for work. The curriculum has to be responsive to this diversity of need as well as to the range of disorders among the children.

However much time is given up to the lessons, activities and experiences already mentioned, it is inconceivable that a school should be without music and physical education.

Music
Whether or not music is seen as being music therapy, in the sense that Alvin (1966) describes it, listening to music helps maladjusted children to a change of mood and making their own music gives them enormous pleasure. Having a music teacher on the staff means that children can be taught to sing and to play musical instruments, but the music in the school need not depend upon this. If the staff do what they can and provide appropriate opportunities and equipment, maladjusted children are surprisingly good at organising their own music-making. They are ingenious at arranging impromptu concerts, and usually very generous in their praise of any child who can play an instrument or sing. Listening to the record player can hardly be called music-making, but listening to music gives these children great pleasure. It is important that maladjusted children have opportunities to forget their problems and to have experiences which transcend their anxieties or hostilities. Music, like play, gives such an experience. Sometimes it is appropriate to provide time for listening to music without there being any other distractions. At other times, when children are engaged in tasks which require a good deal of repetition and little concentration, there are opportunities for playing old favourites and introducing the children to less familiar music. If a concert is put together on a tape, short pieces of poetry or prose
can be slipped in between the music. A good deal can be accomplished by stealth. Younger maladjusted children will join in music and movement lessons, which meet aesthetic, therapeutic and physical needs. There are times when a teacher has to alter the mood of a group of maladjusted children and only some experience which overwhelms them, if only temporarily, will release them from ill-feeling or irritability. Music, or music and movement, provide these experiences.

Physical education

Physical education is usually popular with most maladjusted children and, because of its many benefits, ample provision should be made for it in the school curriculum. It provides opportunities for the sublimation of aggression, and opportunities for children to increase their social learning by co-operating in activities and team games. It allows children to test their skills and achievements and to experience the realities of the physical world. It is a combination of play and training and it includes many activities which children enjoy. This is especially true of swimming.

For children who need to improve their body awareness the physical education lessons provide them with these opportunities and this increased awareness contributes to their self-knowledge. The numerous exercises and activities of any physical education lesson include practice in maintaining posture and balance, in locomotion, in catching, aiming and throwing, and these all help children to improve their co-ordination and their perceptual and motor skills. Success in these activities contributes to their self-awareness, increases their confidence and improves their performances in other areas of the curriculum.

In any group of maladjusted children of any age, there are likely to be some who are extremely timid, nervous of heights or afraid of water. Their fears are very real and can only be overcome gradually and with much patience and a good deal of reassurance from teachers. For some children the idea of parting with their clothes is unbearable and their anxieties certainly need to be treated with sensitivity. Other children are daring and irresponsible and they take risks most other children usually avoid. For some of these children their daring is a form of defiance and an illustration of their marked individuality. In one residential
school, one ten-year-old girl, discovering that the other children could balance on a branch of a tree only some five or six feet from the ground, rapidly climbed to the top of the tree and swung upside down with her legs over a branch which was twenty feet from the ground. Knowing that no-one could reach her she continually shouted to the teacher who wanted her to come down, 'You come and get me.' Sometimes these children's daring and recklessness suggest that their dangerous activities illustrate their self-injuring tendencies, but there is no evidence to confirm this.

Physical education, especially for older children, includes camping, rock climbing, fell walking, water sports and all the outdoor pursuits enjoyed by other children. These are valuable experiences for maladjusted children and, indeed, are more necessary for them than for more fortunate children. Many of them lead restricted lives with few opportunities to enjoy the freedom of the countryside or to practise outdoor skills. The novelty and interest of camping, for example, develops unsuspected skills in some children, and outdoor activities in which they can participate open a new world for them and give them new estimates of themselves.

*The school leaving programmes and school transfer programmes*

School leaving programmes are usually made part of the school curriculum and they provide children about to go into employment with activities and experiences which will concentrate attention on this. A school leavers' programme is usually arranged for children from one age group, a well-defined group made up of most of the oldest children in the school. Schools for maladjusted children include children from a wide age range and the children leave the school at various ages. The curriculum must therefore provide for children leaving the school to go into employment and children who transfer to other schools. Before considering the school leavers' programme it is therefore necessary to consider the school transfers' programme. But first we must consider what criteria teachers can adopt to help them decide whether a child is ready to transfer to an ordinary school.
Readiness to transfer to ordinary schools

An assessment of whether a child is ready to leave a special school for maladjusted children must depend upon an assessment of the child’s home situation as well as an assessment of his situation in the school. Teachers are concerned with both, but it is the evidence of the child’s performance in school which provides them with criteria of the child’s readiness to leave the school and go on to primary or secondary school.

In his study of children who left a special residential school for maladjusted children Williams (1962) gives a description of the ‘typical recovering maladjusted child’. He identified the following as being typical of such a child:

He is better able to tolerate the rules of the institution where he is living.
He is better able to tolerate frustration without breakdown, and the situations in his life which can produce abnormal reaction have become fewer.
He has learned to make valid inferences from his own and others’ experience.
He has probably become fond of some adult on the school staff.
His educational retardation is diminishing.

These facts about a maladjusted child indicate the directions of change which must precede his transfer from a special school to an ordinary school. From them it is possible to arrive at some criteria of readiness to leave a special school for maladjusted children, day or residential. Teachers would need evidence that the child:

Is able to appreciate the necessity for limitations on his conduct and to accept the school discipline.
Is able, if previously withdrawn or unduly submissive, to test out the school discipline but not to challenge it seriously or persistently.
Is better able to tolerate frustrations.
Is showing an increased immunity to previously unsettling events.
Is not displaying exaggerated behaviour.
Is capable of relating to others and of maintaining satisfactory relationships.
Is more aware of himself and others, and more aware of his interaction with others.
Is able to accept advice and suggestions from others.
Is able to accept criticism without resentment, hostility or undue feelings of guilt.
Has overcome his educational difficulties, and even if he is still retarded, he is not so far behind children of his age group that he cannot catch up with them.
He has been able to reduce the effects of any physical disability or manage within the limitations it imposes.

If a child is in a residential school, the evidence about his home which teachers would request before making the decision about a child’s transfer would include:

Assurance that the child is genuinely wanted in the home.
Assurance that the child genuinely wanted to return home.
That the difficulties in the relationships in the home which made it necessary for the child to leave it are either resolved or so much reduced that the family can function adequately when the child is restored to it.
That the parents are capable of looking after the child satisfactorily and can provide good physical care.
That the parents will support the child in the ordinary school, especially when he is first admitted to it.

If a child is leaving a day school, then the assessment of the home situation would be different. The parents’ readiness to support the child when demands are made upon him in the ordinary school would be a key factor. The fact that the child’s improvement at school is connected with improvements in his home situation makes it easier to plan for a child’s transfer.

Programmes for children who transfer to other schools

A programme to prepare a child for transfer to an ordinary school is usually much easier in a day school for maladjusted children.
than in a residential school. The child has only to be prepared for a change of school, not for a change of school and a return to his home, and the day school is nearer to the new school. Thus it is possible to arrange for the child to attend the new school on a part-time basis while he is still at the special school. Even if this can only be arranged for one morning or afternoon a week, it makes an excellent preparation for the child's transfer. If it is impossible for the school to arrange this part-time attendance, then part-time attendance at a neighbouring school is most helpful. It gives the child some idea of what is to be expected of him, and it will demonstrate to the staff of the special school whether they are correct in estimating that the child is ready to leave them.

Such part-time attendance is a good basis for discussion with the child about his readiness to leave the school and it will provide guidance for counselling him. When the child appears ready to leave the special school, he usually expresses his wish to do so, but for some who are ready the prospect of the change is so daunting that they need a little stimulation. A successful experience in an ordinary school on a part-time basis usually provides this. For a child who is ready to leave but who expresses a wish to remain, it is worthwhile to point out to him that he no longer needs the school and that his new school will give him opportunities which the special school cannot give him. The child who has made enough progress in the special school to be able to leave it and manage in an ordinary school has some prestige among other children, who will be interested to hear about his experiences during his part-time attendance. Discussing this with them gives an opportunity for children to talk over their feelings about leaving.

When the part-time arrangement is not possible, the child should go and visit the school to which he is to transfer before he actually does so and discuss these visits. The approach to the new school should be on as gentle a gradient as possible. It is here that the parents will need advice about their part in sustaining the child in making a considerable step forward. This is especially true of children leaving a school of fifty children to go to a comprehensive school with a thousand children. The anxieties of the child and his parents will be real until the child settles down into his new school.

For a child transferring from a residential school for malad-
justed children to an ordinary school, although the change is bigger than for children in a day school, there are fewer opportunities for preparing the child for the change. The distance between the residential school and the ordinary school which the child will attend makes the possibility of part-time placement of children much less likely. The children can at least visit their new school when home for holidays or weekends. Anything to make the school familiar to the child is helpful. He could make his new school the centre of a little project, for example, and discover as much information about it and its neighbourhood while still at the residential school.

The child must be prepared for his return home as well as for his admission to a new school. There is quite likely to be a degree of ambivalence in his feelings. His time at the residential school has been successful and the child has had many enjoyable times and experiences which were important for him. He will have made attachments and friendships. His memories of his past experiences at home may well be less attractive than his experiences at school. He will want to be sure that things really are different, so it should not only be the facts of the change that he is about to make but also his feelings about it which are important and which he must have opportunities to explore. At the same time somebody, either from the school or the social services department, must be discussing the parents’ feelings with them about the child’s return.

The same sort of preparation, by discussions, by visits and by any other means that will make the new school familiar to them, should prepare children who go on to some other special school from the school for maladjusted children. The schools may be those which make provision for other kinds of handicap—with maladjusted children the transfer is most likely to be to schools for delicate or educationally subnormal children. In day schools the change may be to residential schools for maladjusted children, and such a transfer will make a great deal of discussion and careful planning essential, both with the child and his parents.

The school transfer programmes are individual programmes prepared and worked through with each child who transfers from the special school. They include giving the child as much information about the new school, making it as familiar to him as possible
Programmes for school leavers

Tansley and Gulliford (1960) list the qualities that leavers from schools for educationally subnormal children should have acquired while at school so that their transition from school to employment is as easy as possible. Leavers from schools for maladjusted children also need the qualities described. Some of these are aspects of children's personal and social readjustment. Self-criticism, friendliness, ability to get on well with other people, sensitivity to the feelings of others, are goals that the school hopes to achieve for all the children. Their attainment is a measure of the child's success.

There are other qualities in Tansley and Gulliford's list which indicate the activities which may go into a school leavers' programme and indicate what some maladjusted children need to learn during their final school year. It is true that all their school life is, in a sense, a preparation for leaving school, but there are certain things about employment and the increased independence of the young school leaver which can be taught. These form the basis of a school leaver's programme, which can be organised to cover three aspects of the school leaving and entry into employment situation. These are the employers' expectations; the facts about employment; and the school leaver at home.

The employers' expectations

One very effective way for school leavers to appreciate what employers will expect of them when they are at work is for an employer to discuss his expectations with them before they leave school. In one school for maladjusted children this plan was adopted and it provided a most useful basis for a school leavers' programme. The employer considered that the views he expressed represented the views of other employers with whom he had discussed the matter. He said that as an employer he expected young people:

(a) To be realistic in their aspirations, not to expect to be able to do jobs beyond their capabilities, and not to expect to
be paid above a reasonable level. He emphasised that some jobs looked simple because they were done by workers whose long experience had enabled them to perform complicated tasks quickly and easily, and their experience and skill prevented the difficulties of the tasks from being noticed by an observer.

The school leaver’s assessment of his abilities, and the necessity of realising his limitations, are matters which are discussed with the careers officer before employment begins. Leavers receive guidance about appropriate skills and qualifications from the careers officer and advice about wage and salary levels. The points the employer raised were both useful in discussing the leaver’s employment prospects. Many of the boys admitted to the possibility of impatience at being kept at tasks which were quite elementary if they saw other workers earning more money doing jobs which seemed as straightforward as their own.

(b) To understand the job he has to do and to ask for help when necessary. The employer emphasised that he preferred to make repeated explanations about what he wanted an employee to do rather than risk damage to equipment and materials because of a lack of understanding of what a job entailed. He preferred a young employee to say that he did not understand what he had to do rather than make out that he had grasped instructions when he had not. In discussion of this point, the fact was explored that some youngsters are so unsure of themselves in their first work situation that their anxiety interferes with their attention and understanding.

When placing leavers from schools for maladjusted children, the amount of understanding they are likely to receive from employers is an important matter. Most careers officers know firms which are particularly good at making life easy for a leaver from a special school and can place school leavers appropriately. Experience shows that most employers do a great deal for youngsters whom they realise have had many difficulties to overcome and they usually take considerable care to place them with sympathetic workmates.
School leavers can be helped to understand instructions by giving them practice in doing this, and simulation exercises are one way in which this can be done. A boy, for example, can be told briskly, ‘I want you to paint the small cupboard in the craft room. You will need to ask the caretaker for a sheet of medium glasspaper, a two-inch brush, knotting, putty, turpentine substitute, a tin of white undercoat and a tin of white gloss paint.’ The importance of the exercise is how carefully the boy carries out the instructions. He may only understand that he is to paint a cupboard in the craft room and he rushes off to do it. Before he begins to put gloss paint on to the cupboard with a brush he found in the craft room, the whole exercise must be reviewed, and the objective restated.

School leavers can also be helped by socio-drama to improve their ability in unfamiliar and rather daunting work situations. One boy can take the part of a forbidding and taciturn foreman and another boy the part of a nervous and diffident employee. Other boys can comment upon the interaction between these two.

(c) To be responsible, especially when expensive materials and dangerous machinery are involved. Many employers complain that young employees cause damage to plant and equipment by carelessness and irresponsibility. They do not regard notices put up to warn employees about dangerous machinery and they do not read operating instructions on machines.

School leavers can be helped in this matter by making them as familiar as possible with printed notices and instructions which can be used for short comprehension exercises. They can become acquainted with shop-floor practices by visits to factories and by showing films made available by such agencies as the Royal Society for the Prevention of Accidents.

The preparation of school leavers to take their jobs seriously and responsibly is perhaps one of the hardest tasks for those concerned with a school leavers programme. Much depends upon their motivation and on the example of their workmates. Many maladjusted children are inconsequen-
tial, compulsive and mature slowly. Their school experiences aim to increase their sense of responsibility, but for some maladjusted children the school leaving age interrupts their social and emotional progress. Tuckey et al. (1973) in a study of leavers from sixty-eight schools for maladjusted children reports that the heads of these schools considered 14 per cent of their leavers to be severely maladjusted and 34 per cent to be markedly maladjusted on leaving their schools. Some of these children stay on for an extra year at school but, for others who would profit from extra schooling, the pressures to leave and go to work are irresistible.

(d) To co-operate with others. The ability to co-operate with others is a measure of a maladjusted child's success. This need for co-operation when at work can be discussed with school leavers and socio-drama can also be helpful. This technique can be used for a school leaver to practise making his introduction to a group of individuals, to practise making appropriate responses to their greetings and expressions of interest in him, and to cope with banter and criticism. It can be used to demonstrate how individuals can learn to adopt strategies for managing relationships with others and how to respond to others' moods.

School leavers can also be helped by simulation exercises at school. A group can be set a task which can be accomplished by their co-operation and the whole process can be observed and discussed. If it is possible to film or video-tape such an exercise, this can be used many times for teaching purposes.

The limits of co-operation should also be discussed with school leavers. They need advice about the best way to withdraw from situations which conflict with their own standards, and where their nonconformity is important. They should also be made aware of the simpler aspects of crowd psychology and warned of the effects of group behaviour upon individuals. Their own experiences in school situations provide a starting point for discussion of this aspect of behaviour and such discussions can be followed by socio-drama and the showing of a film illustrating crowd behaviour.
(e) To increase their competence. This is linked with the school leavers' motivation in work and the need for them to be industrious and persistent and to be able to accept advice from others. In discussing this with school leavers, reference can be made to their own school experiences when they were glad of help and advice from others and appreciated the difference this help made to their performance. A discussion about their learning on the job also involves consideration of long-term goals and consideration of the reasons for giving up one job and beginning another.

(f) To be good time keepers. School leavers can be helped to appreciate the importance of punctuality by discussions and by some form of simulation exercise which will emphasise the need to plan the use of their time and prompt them to keep to a timetable. Youngsters can be given a series of tasks to do—such as discovering some information from a Reference Library, making a bus journey, buying a cup of tea in a café, phoning the school (which involves giving themselves a margin of time should the phone box be occupied) and returning to school by an appointed time. They can learn about the necessity of 'getting ready' and not leaving arrangements for collecting together their tools, lunch packet and thermos flask until the last minute. They could be set tasks to do within a time limit. They need instruction on how to understand printed timetables. They need to understand the value of routine in saving time, especially in unfamiliar circumstances or in times of anxiety.

(g) To be decently dressed. One of the activities of the curriculum which is usually popular with boys and girls is Home Economics. If older children have had plenty of experience of laundering, mending, sewing and the care of clothes during their school careers then the importance of their appearance will be in their minds before they are ready to leave the school. School leavers certainly need to be made aware of the effect their personal appearance has on others. Role play is one way of increasing this awareness. Filming and photographing children about the school is another—it is sometimes salutary to show children a coloured photograph of themselves. One boy in a school for maladjusted child-
ren, whose hands were usually very grubby indeed, altered his attitudes when he was given a coloured photograph of his hands before and after a long and relentless session with a teacher in the washroom. He was surprised and proud to realise what nice hands he had; he took better care of them and began to take better care of his general appearance. He was then rather surprised to notice how much more popular he was becoming. The importance of personal appearance is a part of learning about social relationships, and it needs more emphasis for those who are going from a tolerant and familiar environment to a less tolerant and unfamiliar one.

**Facts about employment**

The basic facts about employment which a school leaver needs before leaving school will be given to him by the careers officer. The school leaver will be advised on the sort of job he should seek and this advice will be based on a realistic appraisal of his ability, interests and attainments. He will be advised about vacancies and the arrangements for his interview with his employers will be made for him. The younger's parents will be kept informed about the whole process as it develops. Information about wage rates, salary scales, national insurance contributions and other financial matters connected with his employment will be provided by the careers officer.

One way in which the factual information given to school leavers can be made more meaningful is for someone in employment to talk to them about such matters as conditions of employment and wages and salaries. The school leaver needs information about how his pay is calculated and the reason for the stoppages. Although such information is given by the careers officer it is not until a youngster sees what these stoppages represent in cash that he realises what the figures really mean. He needs to be advised about national health insurance, pension funds, union dues, bonuses and overtime rates. This prevents misunderstanding and disappointments.

Someone actually in employment in the sort of work most school leavers go into, which is not usually school teaching or social work, can take up the points made by the employer mentioned above. When school leavers make visits to factories,
shops, commercial undertakings, warehouses and other places, they will ask questions during the visits. This is useful, but it is necessarily a rather hurried and superficial experience. It needs to be supplemented by opportunities of asking questions and discussing employment with someone who has the time to give. Some of the school leavers will have opportunities to question parents or older brothers and sisters, but not all will, and it is still worthwhile to give as many opportunities as possible for boys and girls in school to find out what it is like at work.

School leavers at home
For those leaving a residential school for maladjusted children, their return home and their future employment need most careful preparation, some of which will have been in process before a formal school leaving programme comes into operation. There are fewer problems to be resolved for those in the day schools who live at home. The counselling of older children about their relationships with their families is an ongoing task for the school social worker or the member of staff who has a firm relationship with a boy. It is sometimes necessary to help a child towards an understanding that he cannot return home and the alternative to this has to be discussed and necessary arrangements made. Where the home is not really satisfactory children need advice about those features of their home situation which can lead to continued difficulties unless some strategies are adopted so that difficulties can be avoided or managed reasonably satisfactorily. For some children in a residential school there is a degree of denial about the realities of the home situation. This has to be carefully and sensitively worked through. School leavers’ anxieties about their future relationships with their families and their anxieties about leaving the school have to be explained and discussed. They need to be reassured that their leaving school is not a complete and final separation from those who have supported and helped them, that the social worker will continue to call and that the school doors are not closed against them. Despite reassurances about this the leavers may still feel they have been rejected and deserted and staff are sometimes rather taken unawares by the hostility, or at least the ambivalence, which comes to the surface during the last few weeks of a school leaver’s school career. The fact that they have
real anxieties about leaving is illustrated by their objection to making factory visits and other activities included in the school leaving programme. They do not wish to be reminded of their departure, and the management of these children who still have difficult home situations can present the staff with considerable problems. For those who are returning to homes where they realise they can fit into a family which will adapt to their return, these difficulties are considerably less.

Because the school leavers will not continue to be in continuous contact with those who can advise and support them they need to be informed of what help is available to them once they leave school. If the social worker is based on the school area, knowing the address of the local social services department is important for school leavers because it provides them with one link at least if a crisis erupts suddenly at home. When they leave the special school, the children are going to leave people with whom they would always discuss their difficulties and the difficulties of other members of their family. While they are in school many maladjusted children request help for their parents and siblings. For some parents who are unable to ask for help themselves, their child's school attendance, especially at a day school, is for them a dependable channel of communication. They, too, are going to be more on their own when the child leaves school and a young school leaver is sometimes called upon to give them extra support when he needs all the support he can get for himself.

Other information school leavers require concerns leisure-time activities. If youngsters know in advance what youth clubs, youth organisations and uniformed organisations they can find in their area, and which evenings of the week they meet, they are more likely to seek them out. Some of the leavers will know all this, but it is usually wise to assume a lack of information rather than a sufficiency of it. Telling youngsters what they know already does at least demonstrate concern. Discovering the addresses of these organisations, and making a map of a child's home area showing the centres where leisure pursuits are available, make a worthwhile project. It contributes to the school leaver's acceptance of the idea of his return home. The discussion of how young people spend their leisure hours makes a good focus for discussion
about social relationships, and relationships with members of the opposite sex.

The leavers' programme should include advice and instruction about the management of money. For children in residential schools, the economic facts of life tend to disappear. They come to the surface from time to time and children have to manage their pocket money and finances for any clubs organised at the school, but they are not involved in family budgets in the way day-school children are. This gives these children rather a false idea of the costs of living, and they need to be made aware of the realities of their financial position when they leave school. If they are to live at home some guidance should be given about the amount they should pay to their parents for their keep. If they are going into lodgings, it is even more important for them to have some idea of what would be an appropriate amount for them to pay for their keep and how they will manage on what they earn. They need to understand how savings increase, and to be warned about the deceptive simplicity of hire purchase agreements, credit cards, and other features of modern living with its emphasis on spending and borrowing. It is usually easy to find someone from a bank, a national savings movement or a building society to talk to school leavers about savings and insurance.

When children have left the school they usually welcome opportunities to visit it. Many of them visit when they feel inclined to do so, or when they are in difficulties or in any kind of trouble. Some schools arrange more formal old pupils' evenings and have their own ways of following up children who have left. However it is done it is important for the leavers to know that their links with the school continue after they have left it so that they can, if necessary, find support and guidance from the staff who knew them while they were there.

We know very little indeed about the children who leave schools for the maladjusted, transfer to other schools or go on to employment or further education. There is an urgent need for research into the effectiveness of the treatment the schools provide and into the careers of the children who leave them. What information is available is summarised in Chapter 10, 'Evidence of Achievements'.
Teachers of maladjusted children contribute their skills to an organisation which has the task of bringing about the child's personal, social and educational readjustment. This organisation includes the special school or class, the child guidance service, the school psychological service, the school health service and the social service departments. The fact that personal and social as well as educational readjustment is included implies that more is being asked of teachers than ensuring the child's educational advance. His readjustment can only be achieved by an organisation in which the teacher contributes a part. How great and effective a part he or she can contribute depends upon the degree of maladjustment in the child and the provisions that are made for him. In the education of maladjusted children both the teacher and the child need this organisation. The child for whom systematic psychotherapy is appropriate and necessary so that he can modify his attitudes to teachers and is able to respond to them in the classroom illustrates this dependence. There is a degree of interdependency in the situation. When a child goes into treatment with a psychotherapist, teachers depend upon the psychotherapist to enable them to make their contribution to the child's recovery (the eventual successful teaching of the child) and both the psychotherapist and the teacher depend upon the social worker
whose contribution to the task is to explain the situation to the parents and to give them support, if necessary, while the child is in treatment. The psychotherapist and the social worker depend upon the teacher, who may be the key figure in supporting the child in school while he is in treatment.

How much the successful education of maladjusted children depends upon this organisation is well illustrated by Shields (1962), who also illustrates the strains put upon parts of the organisation unless there is a high degree of mutual understanding about the goals of treatment and clear communications between different individuals who need each other’s help while they are helping the child. This complicated organisation is not needed in a programme of behaviour therapy. One of the chief benefits of this form of therapy is the possibility of successful intervention by the teachers themselves and, although the amount of help required from other individuals besides the teacher for the observation and recording of children’s behaviour is considerable, the possibility of inter-disciplinary misunderstanding is certainly avoided in using behaviour modification techniques.

Teachers contribute to the organisation’s task in the education of maladjusted children, but it is important for them to be well aware that, however much the success of what they do depends upon others’ efforts, there are certain very important tasks which only they can discharge. For some children they have the paramount task. For those children in special schools and classes a teacher is in daily contact with them for longer periods than anyone else during the school day. In the practical management of the children and in their learning in day or residential settings, the teacher is the key figure in experiences which are of critical importance. He or she arranges, regulates and observes children’s learning and their social interactions. It is the teacher, even in the most liberal of school regimes, who is the authoritative figure. How teachers exercise this authority, so that they do not add to the children’s problems and increase their own, is part of the skill in working with disturbed children. But if teachers do not exercise it, much of the potential benefit to those children who need to come to a better understanding of authority figures and manage their relations with them appropriately is lost.
The teacher’s attitudes

The teacher’s task is to help in giving the child a truer sense of self. The early experiences of many maladjusted children have left them with a distorted view of themselves and of other people, because their self-attitudes have been determined by those who first took care of them. For many of these children their idea of themselves as essentially unwanted and unworthy has been reinforced by years of failure in the ego-building experiences of childhood. Teachers in the classroom have the opportunity of helping the child to repair his relationships with adults by demonstrating the possibility of relating to them. They have the opportunity of helping the child to relate to other children by their management of the class. They also have the opportunity of assisting the child to acquire basic educational skills where he previously had none and to extend his knowledge and mastery of his environment. They can provide the child with good models. These are the experiences, personal, social and educational, which give most maladjusted children a truer sense of self: ‘When one achieves power or ability in interpersonal relations, one respects oneself, and therefore others... If there is a valid and real attitude towards the self, that attitude will manifest as valid and real towards others’ (Mullahy, 1959). This giving of a truer sense of self is accepting the child, helping him to achieve his potential, giving him a sense of security and helping him to relate to others, all of which teachers usually give as the goals of schools for maladjusted children. To discharge this task effectively the teacher needs to have positive attitudes towards maladjusted children, towards others in the organisation and towards himself or herself.

The teacher's attitude towards maladjusted children

To give maladjusted children a truer sense of themselves, a teacher’s attitude towards them has to be an appropriate combination of compassion and objectivity. Without compassion a teacher of maladjusted children is not likely to be effective. Whichever explanation of the cause of maladjustment a teacher accepts, the maladjusted child is one who has not had the advantages of more fortunate children and whose difficulties are such that he needs
more warmth in his relations with his teachers than other children do. The condition of some maladjusted children, the way they have been neglected or abused, their experiences of separation and of desertion, their anxieties and their fears, the situations that they dread and the experiences they have missed, make a compassionate response to them entirely appropriate.

But objectivity is as important to the teacher as compassion. Although a teacher does modify reality for maladjusted children, they are not helped if they never meet with the frustrations and limitations on personal behaviour that are common to all children: maladjusted children do not prosper unless appropriate limits are set for their behaviour. Indeed, the anxieties that arise if they believe that the adults either cannot or will not control them aggravate their difficulties. It is part of the teacher’s task to keep sight of reality in the school and class situation and to point out to maladjusted children what this reality is. A teacher has the task of setting appropriate standards and maintaining them, not only for the sake of the children who need to learn what these standards are, but also for the sake of the children whose difficulties are of a different kind from those of conduct disordered children. The quiet, conformist children also have needs and they have as legitimate a claim upon the class and school environments as the badly behaved children. An adult, especially an adult in authority, does express indignation and, indeed, anger at intolerable behaviour, and there are very few maladjusted children who do not respond positively to expressions of genuine angry feelings so long as they can recognise that the adults are in control of themselves. What is a particularly negative experience for these children is the sight and sound of adults who cannot control their anger, or whose anger makes no difference to a situation. This is a bad experience for any children, but for many maladjusted children it reminds them of the angry scenes of their past experience when they have had reason to fear adults’ anger, and the futility of adults with whom they may have been familiar.

Maladjusted children share with other children the ability to detect what is false in adult behaviour. Indeed they appear to be rather more adept at discovering any uncertainty or cover-up behaviour in adults. For those who are uninhibited in their approach to individuals, they will persist with questions and provocations,
beyond the point where other children, who are more aware of social conventions, will leave an adult alone. It is for this reason that the teacher's congruence, the correspondence between self-image and actual behaviour (Schcuer, 1971), is so important in relationships with these children. A congruent teacher is a secure figure who can afford to be himself or herself and it is only real people who make much headway with children who have had ample reasons to distrust artificial and specious individuals.

As it is part of the teacher's task to help these children understand the realities of the school situation, it is also part of his or her task to appreciate what constitutes an inner reality for many of them. Because of their experiences in the past, many young maladjusted children really do believe that hostile, rejecting or punitive figures are as cruel and as sinister as the witches, giants and ogres which feature in pictures and stories; and they do believe in the absolute goodness of some benevolent figure who has provided them with a good experience. A teacher has only to look at their pictures, read their stories or observe their play to catch a glimpse of the inner world of many of these children, and some of them are dreadful places. Many of these children do perceive themselves as being bad; they really are convinced of their guilt and made anxious by their guilty feelings. One very difficult girl of nine repeatedly said to her teacher, 'Never mind what you say. I am the devil, and I come from the devil's house.' Whenever she took part in drama she chose to be a witch or some sinister and bad figure, and on one occasion she saw the phrase 'Yours ever' and read it as 'You're evil'. Accounts of psychotherapy with children such as those published in Axline (1966), Slavson (1952), Biggar (1966) and the accounts of work with maladjusted children published by Bettelheim (1964) and by Redl and Wineman (1951, 1952) make this inner reality very plain.

It is also important for a teacher to appreciate other realities for these children. Many of them are unloved and unwanted, they do have severe anxiety attacks which throw them into panics, they do have severe difficulties in sleeping which makes their bedtime an ordeal and the resulting fatigue impairs their performance and spoils their enjoyment. They dislike their loneliness, but their capacities for making relationships with other children make loneliness even more probable. The relationships in their homes
give them little comfort and support. The world is not a very good place for many maladjusted children and for many of them their chances of finding it a good place after they have left their schools are not very high.

As they become aware of the inner reality of many maladjusted children, teachers realise the unconscious motivation of much of the children's behaviour, a realisation which influences their attitudes towards them. They have to be able to discern that these children's surface behaviour can mislead them into making inappropriate responses. It is the surface behaviour to which most other individuals in the child's environment have reacted in the past. If teachers are aware that there are unconscious determinants of children's behaviour, they are much more likely to be able to control their reactions to their surface behaviour. It is sometimes easier for a teacher to be aware of the need not to react negatively to negative behaviour than to be aware of the need for circumspection in their reaction to children's positive behaviour towards him or her. This may be as real as children's aggression and hostility, and it is often more difficult to manage. The real child, the child within, may be the principal concern of other people in the organisation, but the teacher must be aware that this child exists and must not be deceived by outward appearances.

The teacher's attitude towards others

As teachers in special schools or classes are concerned with the personal and social readjustment as well as the educational progress of maladjusted children, their relationships with other teachers on the staff and with others such as the educational psychologist, psychiatrist, social worker and psychotherapist are important. The teacher's attitude to other personnel working in the organisation directly affects their work. Disunity among the individuals concerned with the education of maladjusted children disrupts the therapeutic endeavour and weakens its effectiveness. As one of the main causes of this disruption is a poor communications system, teachers should be quite clear what their part is in this communications system. They should also be quite clear about other people's part in it, and aware of the responsibilities of others which may prevent them from passing on confidential
information until they are quite clear of its eventual destination or prevent them from communicating some information altogether. The degree of trust established between members of an organisation concerned with educating maladjusted children is crucial.

Recognition of their own contribution to the organisation's task influences the teacher's attitude to colleagues. The effectiveness of interdisciplinary co-operation depends upon a realistic appraisal by each individual of his or her own contribution to the task and a realistic appraisal of what other individuals are able to contribute. If teachers feel that professional status prevents them from accepting the advice of those from other disciplines or if they feel that their status prevents them from asking advice, then this will put a good deal of strain upon the interdisciplinary task. It is important for teachers not to perceive advice or criticism from other members of the organisation as a threat to their own position, as indeed it is important for other members of this organisation not to perceive teachers' criticism of them as a threat to their positions. A multidisciplinary approach to educating maladjusted children may be threatened by feelings of omnipotence by any members of the team, and the dangers of these children, or their parents, seizing upon any disunity among those who are helping them is sufficiently real to make any additional hazards particularly undesirable.

Teachers are more vulnerable to stress than the educational psychologist or psychiatrist because they are with groups of children for longer than they are, and their interaction with these groups of children makes them more frequently a target for hostility or affection. Some children regard their teachers as they do their parents, with hostility and affection, and show a marked ambivalence of feeling. They are also less detached. In his or her relationships with a group of maladjusted children and even more so with a particular child, it is important for a teacher to be able to accept the advice of someone who has been able to observe what is actually happening between him or her and the children with detachment and objectivity. This advice may come from the head teacher of the school but, as members of a child guidance or school psychological service are more used to understanding the inner life of children, advice and explanation of children's behaviour,
especially as this is affected by their relationships within a school or class, is one of their main contributions to the school work with maladjusted children. As teachers' attitudes to representatives of other disciplines has a bearing on the effectiveness of their work, so do their attitudes to professional colleagues and to those on the staff who are not teachers. It may be that a child's relationship with the school secretary or handyman is the beginning of a process of recovery. A teacher has to accept that these non-professional relationships may be of the greatest importance (Balbennie, 1966). Latent jealousies and possessiveness, which teachers share with all others who are closely involved in work with children, can erupt into destructive behaviour. This is sometimes at an unconscious level, which makes it all the more necessary for a teacher, or a member of the non-teaching staff whose jealousy or possessive feelings can also be aroused in this situation, to be able to accept explanations of this behaviour from a clinician. Dissensions among staff members cannot be disguised and they remind some children of the parental quarrels that have caused them so much anxiety.

It is particularly important for teachers of maladjusted children to remain firm on their professional base. The temptation to leave it is stronger for them than their colleagues in other schools because they are not only concerned with the children's educational progress, they are in touch with other professional people who approach the task from a different base. If teachers leave their professional base to practise amateur skills as well as their professional ones, their effectiveness as teachers may be reduced, and they may impair the effectiveness of other professional contributions.

It is true that experienced teachers of maladjusted children acquire other skills besides those directly connected with teaching. They acquire insights. They understand the significance of children's behaviour and they can help children to understand themselves. They appreciate parents' anxieties and difficulties so that where no social worker is available they can give parents a good deal of help. But when they counsel children, or offer advice to parents, it is advisable for teachers to recognise the level at which it is appropriate for them to work. For example, if a teacher becomes so concerned with explaining to children what appears
to be the meaning of their behaviour, he may arouse anxieties he is unable to dispel and set off a train of events which he cannot control. An awareness of the experience and training that other members of the organisation have had, and upon which the success of their work depends, makes it less probable that a teacher will cross role boundaries.

*The teacher’s attitude towards self*

In a study of the reactions of a group of American teachers to a course of training they had received before beginning work with disturbed children, a number of the teachers were critical of the course because it did not prepare them for their own reactions to these children’s behaviour (Gersh and Nagle, 1969).

There is no doubt that maladjusted children do produce strong reactions in many adults, and if teachers are unprepared for their reactions to these children’s behaviour, their effectiveness is very much reduced. These children expose their teachers to the uninhibited expression of strong feelings, and teachers are constantly in situations where extreme forms of behaviour are frequent. Teaching ordinary children makes demands upon a teacher’s emotional resources. Teaching maladjusted children makes exceptional demands upon them.

Usually the children who make the most demands are the conduct disordered who are hostile, aggressive and provocative. Their lack of inhibition in what they say and what they do, and their destructiveness and rebelliousness, may not only make a teacher indignant or angry. The behaviour may involve a teacher’s feelings so deeply that his reaction to it, even when the behaviour has stopped, interferes with his effective relationships with the children. The children then become the targets of counter-hostility from a teacher and the situation becomes so negative that any possibility of a therapeutic interchange between teacher and children is remote. What frequently happens, when a teacher’s feelings are so involved that in reaction to children’s behaviour he goes beyond indignation or disapproval, is that the child’s behaviour has intruded upon some jealously guarded part of his personality and he has had to recognise feelings of his own that he has denied. It is not uncommon, for example, to find the
most persistent and exaggerated criticism of aggression from those who have the most difficulty with their own. For those who have to build up defences against their own aggression, the sight and sound of it in others is not very reassuring. Strong condemnation not only checks this in others, or such is the intention, but it serves to check it in the person himself. The difficulty is that this concern with individual defences prevents the teacher being much help to those who need help with their aggression, and it also reveals a weakness that maladjusted children are quick to exploit. It is undoubtedly true that many of these children behave in ways that threaten and challenge values that individuals cherish.

Counter-hostility is not the only reaction to maladjusted children’s behaviour for which teachers need to be prepared. There is the danger that the compassion a teacher feels for a child will destroy the objectivity that should regulate relationships between child and teacher and will prevent the relationship from being beneficial. It is obvious to teachers if a child forms a negative relationship with them and during their relationship he displaces on to them the hostile feelings that belong to a parental figure. The difficulties of this situation are so plain, and the process is so unpleasant, that teachers are much more likely to seek support and advice than when a child relates positively to them and the relationship is delightful and easy to sustain. The management of the relationship, however, is often as difficult as the management of a negative relationship, but at the onset it looks very simple.

This raises the matter of teachers’ emotional needs, and the delicate balance they have to strike between affection for a child, that will provide the foundation for his recovery, and objectivity, without which the relationship will become so distorted that it will fail in its potential. Because teachers do not have the defences of a psychiatrist or a psychotherapist nor the training, experience and techniques which enable them to manage intense feelings that may develop, they are particularly vulnerable, and the more so if they are people who need to find emotional responses among children. It is teachers’ understanding of themselves that is crucial. If they are aware that they enjoy children’s company and have the ability to help maladjusted children, and if they are able to give and receive affection from these children without depending upon it, due to emotional satisfaction in their own lives, then it
is unlikely that they will find the balance between objectivity and affection very hard to keep. Barbara Dockar-Drysdale has summed it up by saying that staff who are most effective in working with maladjusted children are those that have something to give, something to take and something to keep. Wills (1960) puts a rather extreme view: ‘In order to live with maladjusted children you have to be the kind of person who can live without them, and indeed, without anyone. You have to be a whole complete person, entirely sufficient unto yourself, because if you cannot do without them, you are dependent on them. If you are dependent upon them, you and they have reversed roles...’

The difficulties and dangers arise when teachers are not aware of their need for emotional support from children. The process of helping them become aware of this, and if they are valuable people to have on the staff, of preserving them to continue in the work, is not an easy one and it does call for a good deal of experience and sensitivity in whoever takes on the necessary task of making them aware. Whether it is the head of the school or whether it is a consultant psychologist or psychiatrist, depends upon the conventions of the school, but it is a task that cannot be shirked. Such relationships stir up tensions among children and staff and reduce teachers’ effectiveness.

Other difficulties and dangers arise when a member of staff makes use of children to act out aggressive or delinquent impulses (Hewett, 1966; Rabinow, 1960). These impulses may be unknown to the teacher and thus communication to the children is at an unconscious level, but its effects are manifest and the teacher concerned becomes a storm centre. Experience suggests that the possibility, and indeed the advisability, of preserving such a teacher in the work, is neither very strong nor desirable. In residential schools for maladjusted children consideration of these matters does not only affect the selection of staff, but also the quality of the life that the staff lead in the school. If nothing is done to make it the sort of life that adults can enjoy when there are no children about, and if adult needs are not recognised and made explicit to the children in the school, then the chances of unprofitable relationships developing between children and adults are increased.

Teachers without experience of working with maladjusted
children must be made aware that they will find their emotions involved. They must be made aware that if they avoid all emotional encounters they will not be very effective, and if they become too emotionally involved with children they are unlikely to succeed. The critical issue in any teacher’s relationship with a child is what the teacher is contributing to it for the child’s benefit and not what he or she is receiving from it. The fact that teachers may find such a degree of emotional gratification in their relationships with children that this destroys their objectivity, and the fact that they may resent and dislike some of these children because they threaten their personal values, should be frankly spelled out to those who wish to teach maladjusted children. This is the first step which is not always taken. Teaching these children is so often described as being a challenge, as being rewarding, or intensely interesting. It is indeed. But it also makes very heavy demands on teachers’ maturity and emotional security, often under conditions of stress.

Teachers should look at what motivates them to work with maladjusted children, and ask themselves why it is that they have chosen to work with children who need so much help, and who make considerable demands upon them. There are plenty of absolutely legitimate and sound answers to this question, but it is useful and salutary for teachers to ask it of themselves from time to time, and to face themselves as honestly as possible with their own motivation. A readiness to accept that this introspection is appropriate and necessary, especially if it is done with the assistance of others, does a great deal to prevent teachers from losing their objectivity and professional balance.

Some teachers defend themselves very successfully against emotional encounters of any depth with the children, and they make good contributions to a staff team. But they cannot make the contributions that do most for these children’s recovery. For those who can and do make major contributions, their need for counsel and support is very real, and this is one of the most important tasks of a head teacher. The support can come from the head or it may come from the staff discussions that the head teacher makes provision for in the school. Where a head teacher realises that the appropriate counsel for a member of staff should come from someone who has not the same professional relation-
ship as he or she has with the staff member and from someone better equipped to explain, for example, the unconscious motivations of behaviour, the assistance of a member of a clinic team attached to the school is invaluable.

As effective and sustained work with maladjusted children does make emotional demands upon the staff, a rapid turnover of staff is most probable where the supports available to them are inadequate. The rapid staff changes make the success of the school’s work less probable, because it is difficult to sustain the momentum of a therapeutic endeavour if there is not sufficient permanence among the adults for children’s relationships with staff to be meaningful or for there to be a consistency of treatment. One way to preserve this consistency is the continued presence in a staff team of a number of individuals who see themselves as committed to the school for a considerable length of time. If this central core will hold firm, other members of the staff can come and go with less interruption to the school’s work. The central core is usually senior members of staff with graded posts, although the attraction of extra money is not enough to sustain them in their task, nor should it be considered to be. It is these teachers (or house care staff in a residential school) who will make the biggest contributions to the work of the school, who will be those with the greatest reliability under stress, and who most need opportunities to increase their own insights. For these members of staff, admission to a therapeutic group, or to any other form of therapy, is a positive contribution to their effectiveness. The likelihood that staff under continual stress will begin to act irrationally, in face of the amount of emotional behaviour that is common in schools for maladjusted children, is very real.

Teachers also have professional needs. The school cannot meet these completely, but it can go some way towards meeting them. For teachers who work in residential schools, which are usually rather isolated, the need to make some provision for teachers’ professional needs is greater than for teachers working in day schools. Life can become rather drab for teachers in residential schools who spend a large part of their lives with the same group of adults and the same group of children, doing demanding and difficult work. There should be some concern for the quality of the life the staff lead. A drabness can settle on any school, day or reside-
tial, unless some stimulation is provided. This can come from reading, from discussions, and from contact with people and places outside the school. If the staff room is an interesting place where ideas and opinions are discussed and welcomed, then the quality of the work in the school is bound to be improved.

Reading is a major stimulation for staff. Many teachers, especially those in residential schools, report that they do not have the time to read about developments in the education of maladjusted children. It is true that many demands are made upon their time and energies, but if someone on the staff, probably the head teacher, gives a lead and sets an example in the matter of reading, time will be found for it. If frequent references are made to publications, both to books and journals, then the chances are that these books and journals will be consulted. If time can be found to arrange a seminar to discuss a chapter in a book or an article in a journal which is particularly interesting and relevant, then this is one way of stimulating interest and increasing awareness of developments in the field. Invitations given to the staff of the schools supporting services increase the participation of those who have contributions to make to staff discussions. As work with maladjusted children involves so many professional disciplines, the amount of relevant and interesting information available is enormous. Busy teachers are unlikely to be able to keep up with the literature on the subject, but they can at least find encouragement to encounter and enjoy some of it. That teachers working with maladjusted children are aware of the importance of reading is borne out by the fact that those who apply for advanced courses of training stress that one of the principal reasons for applying is because they want to extend the professional and academic base of their work.

Reading and discussion within the school is one way of providing stimulation and interest for staff. Encouraging membership of professional organisations concerned with special education is another way. The Association for Special Education, the Association for Therapeutic Education, the Association of Workers for Maladjusted Children and the National Association for Remedial Education, for example, all arrange meetings and conferences, and issue journals to their members. The inter-professional membership of these associations provides good opportunities for teachers
to meet representatives from other disciplines. The meetings and conferences are supportive as well as instructive. It is easy for teachers in a special school for maladjusted children to feel isolated, even when a school is in an urban area. Teachers tend to feel that they are alone in coping with some formidable difficulties and their morale suffers accordingly. This is even more true of teachers working in special classes and units, for they do not have the support of colleagues. All opportunities are valuable which give teachers the chance to discuss their work with others, to extend their horizons and to realise that they do not have a monopoly of difficulties.

The Teacher’s Skills

If the attitudes outlined above are necessary in teachers of maladjusted children, the question arises whether there are specific skills which these teachers need which are different from the skills that all teachers need. The answer must be that teachers of maladjusted children require the professional skills they learned during their initial training and developed during their teaching experience. There are, however, some skills, and especially those which are needed when they are managing maladjusted children, which assume greater importance for teachers in special schools than for teachers in ordinary schools. They assume greater importance because it is in their relationships with others that maladjusted children make unusual demands.

Before attention is given to these particular skills, it is worthwhile to consider the teacher’s professionalism that makes some impact upon all children. The teacher’s orderly appearance, control of voice and gestures, preparation and presentation of lessons appropriate for the class, production of attractive visual aids, management of audio-visual equipment and organisation of the materials needed for a lesson, are all important matters in any classroom. They are, however, more important in teaching maladjusted children because they demonstrate the teacher’s competence and this contributes to the children’s feelings of security. The behaviour which arises from anxiety connected with feelings of insecurity is therefore less likely to occur. Although children
may not be aware of why they feel it, the spectacle of a teacher who cannot control himself or herself and the environment indicates that he or she has little chance of controlling them. Whether or not incompetence shows a lack of concern, competence demonstrates this concern and it is in marked contrast to the poorly organised environment and careless response to needs which have been a feature of the home life of many maladjusted children.

It is very important to provide these children with a good model. For many of them the adults in their home environment do not provide good models, either in their personal appearance, their self-control or the way in which they do their own jobs. It is a common experience for teachers of maladjusted children to listen to children's descriptions of how their parents lost their tempers, how they were dismissed from their jobs, or how they mismanaged the household affairs.

Competent teachers with positive attitudes towards maladjusted children need to be proficient at observing and assessing children's behaviour, so that interventions designed to prevent unacceptable behaviour or limit its effects, or to promote acceptable behaviour, are appropriate and effective. This proficiency and skill contribute to the successful management of maladjusted children in many school situations, and to the effectiveness of their treatment.

Observing children's behaviour

One of the indisputable benefits that behaviour therapy and the use of behaviour modification techniques has conferred upon those working with maladjusted children is the emphasis it places upon systematic observation of children's behaviour. Whether teachers are attracted to the idea of behaviour modification or not, the observation of what the child actually does, and what there is in the classroom situation which makes the continuance of the behaviour more or less probable, is an important contribution to the successful management of maladjusted children.

In behaviour therapy the observation and recording of children's behaviour are an essential preliminary to the application of a modification programme. It is needed to establish base-line data
and the management of reinforcement contingent upon children's behaviour. The observation described below is rather different and is not directly associated with reinforcing children's behaviour but with increasing a teacher's awareness of children. Careful observation of children's behaviour increases awareness and makes experience more meaningful. It is a preliminary to assessing the importance of children's behaviour and to making an appropriate intervention or timely withdrawal. In behaviour modification, observation of a child's behaviour would lead to some alteration of his environment because of the assumption that a child's behaviour is controlled by antecedent or consequent events occurring in that environment (O'Leary and O'Leary, 1972). The observation of children's behaviour considered here would lead to alteration in the child's environment but would also include a discussion with the child about his behaviour and an enquiry into its probable cause. The enquiry would be limited to the actual classroom occurrence and any explanation limited to the reality situation as Redl (1959) describes.

Many crises in the classroom appear to erupt suddenly, but they usually have a gestation period. Sometimes this is short, sometimes it is of considerable duration. The imminence of a crisis is often revealed by a child's marked withdrawal or passivity, or by extreme distractibility, fidgetiness or quarrelsomeness. Some children's physical appearance actually changes during the gestation period and they go increasingly pale or florid until the crisis erupts. Careful observation will give a teacher an opportunity to do something to prevent the crisis by, for example, distracting the child with a new interest. Alternatively the teacher can bring on the crisis deliberately by asking the child what is the matter. Such action usually reduces the tension building up in the child, enables the situation to be dealt with and makes any subsequent outburst less violent.

Observation of children's behaviour gives a teacher the opportunity to interrupt a chain of events, which, if they are left to unfold, will inevitably lead to a situation which is difficult to manage. For example, a child may produce a new expensive and interesting possession in the classroom. He displays it, arousing another child's jealousy who asks to borrow it. The request is refused, but a similar request from another child is granted. This
is too much for the jealous child, who attacks the favoured one, other children intervene, the new possession is damaged or broken and a great deal of anger and hostility is aroused.

Some aggressive and hostile children are usually obvious enough, but some children are hostile and aggressive in covert ways. Other children are perpetually victims and provoke other children to attack them although they usually do not understand what they are doing. Some children are quite unable to settle for long with any companion or in any group but seem to buzz around interfering with other children and disturbing their activities. Observation of these children’s behaviour gives the teacher the opportunity to explain to them what they are doing and how their behaviour affects others. If a child pilfers, observation of what he has taken, from whom, and what he does with what he has pilfered will often provide a teacher with a good deal of useful and important information about the child and the reasons for his pilfering.

A group of children are quite likely to have a scapegoat whom they will blame for their own unacceptable impulses and ostracize. Although some of these scapegoat children give the group some reason for their criticisms and rejection, frequently their situation becomes more and more connected with group feelings and group needs than with their own real shortcomings. They find it difficult to break free from the scapegoat role and need a teacher’s help to do this. The teacher’s observation of children’s behaviour will show who is the scapegoat child, how far group criticism of him is justified, and how the child can be helped to improve his relationships with the group. In the same way, a teacher’s observation of children’s behaviour as a group will enable him or her to rescue a child from an inappropriate role. A child may, for example, have managed his relationship with the group of children initially on the basis of his daring in defying teachers, or on the basis of his clowning. The group may hold the child to this role when he wishes to give it up. In these circumstances he will need the help of the teacher who can explain to the other children why their reactions to the child are preventing him from progressing.

Observation is not spying. All children resent and dislike being spied on, and maladjusted children are no different in this regard.
Certainly they must not get the impression that they are under constant scrutiny. This would interfere with their good relationships with a teacher, who should not attempt to keep the children under scrutiny but who should make use of his or her observations of a child’s behaviour to help in the management of the children and use it as a basis for successful intervention when this is necessary.

It is not only observation of an individual child’s behaviour which is helpful in the management of maladjusted children. Observation of a group of children at the beginning of a lesson gives the teacher some clue to their probable response to the lesson awaiting them. If they are plainly fractious or quarrelsome, and show that they are in an unstable mood so that any frustration is likely to produce some outburst, the teacher’s reaction to this, and even the choice and presentation of lesson material, may be crucial. How the teacher overcomes this situation and whether or not he or she persists in presenting the lesson as planned, only the teacher can decide, but observation of the children and assessment of their mood should suggest that the maximum resourcefulness and flexibility are required. For example, a teacher in a school for maladjusted children gave a group of children what she called ‘a mental arithmetic lesson’ when their own class teacher was away. The children had come in from play after a long and protracted quarrel between two or three of them. Their behaviour indicated the amount of tension in the group, but the teacher persisted. After a good deal of negative behaviour and hostility one child flung out of the room shouting, ‘Mental arithmetic. Does she think we’re bloody mental then?’ At other times the lesson would have been well received, and the association between mental arithmetic and mental abnormality would either have gone unnoticed or would not have aroused hostility. Incidents like this illustrate the importance of teachers’ resourcefulness and the necessity for them to have a variety of lesson materials ready to hand so that they can make a rapid adaptation to children’s moods without surrendering their objectives.

Careful observation of children’s behaviour prevents the teacher from being overtaken by events. As one perspicacious observer of maladjusted children’s behaviour remarked, ‘A good billiards player does not need to play a difficult shot.’ Some diffic-
cult shots are inescapable, but they are rarely successful in stressful situations.

Assessing children's behaviour

In assessing children's behaviour, reference can be made again to behaviour therapy and behaviour modification techniques. In the classroom situation teachers have to decide whether a child's behaviour can be ignored or whether ignoring it will lead to its continuance. Teachers have to assess what satisfaction the behaviour is giving to the child and to the group, and whether the group is maintaining the behaviour by reinforcing it. Any intervention will be more effective if it is preceded by careful observation and assessment.

Teachers need to assess behaviour and consider it relative to the classroom situation. It may be the result of presenting children with unsuitable tasks. A child may be bored because not enough is asked of him or anxious because too much is expected. The lesson material may be uninteresting and unstimulating. The teacher's own reaction to a disruptive child's behaviour may reinforce it. He may be a child who delights in provoking a teacher and enjoys seeing him or her gradually becoming more indignant and flustered. A disruptive child may be sitting next to another child who is egging him on. A very quiet child may be nervous of the child next to him. A change in the seating arrangements may make considerable differences to children's behaviour. Some children gain great satisfaction from group reinforcement of their behaviour, and having gained group approval they may be unable to break away from their accepted role in the group.

The management of the class is usually affected by the behaviour of disruptive children, but observation and assessment of quiet and withdrawn behaviour are equally important. Observing the quiet and withdrawn child, teachers should assess the importance of this less obvious behaviour. They may ask themselves how frequently the child is withdrawn and whether there are any school lessons or activities in which the child is more forthcoming.

Teacher assessment of a child's behaviour is important to them because of what it reveals about the child. It is important for others who do not have the teacher's opportunity to observe and assess
how the child interacts with others in the classroom, how he relates to the teacher and how he performs the tasks asked of him. Teachers may assess the child's behaviour on the basis of their observation of the child, but there may be elements in his behaviour which indicate to an educational psychologist or a psychiatrist some significance of which a teacher is not aware. Their intervention also depends upon the teacher's observation and his or her assessment of what behaviour is sufficiently important to discuss with others.

Observing and assessing children's behaviour will indicate to teachers the interventions they should make in order to promote acceptable behaviour and prevent or limit unacceptable behaviour. The effectiveness of their intervention will depend upon correct timing and choosing the appropriate intervention, verbal or physical.

**Timing verbal interventions**

Assessment of a child's behaviour, the mood and the attitudes of the group of children helps a teacher to time an intervention correctly. It is sometimes better for a teacher to delay an intervention when a child's misbehaviour is distracting other children so that the co-operative children in the group can exert their influence upon the disruptive child. This strengthens the co-operative element in the group, it prevents the child from seeing the teacher as the only person on the side of good behaviour, and it is usually effective. At other times, a teacher is aware that by allowing a child to continue disruptive behaviour, or to continue to delay in starting his work, he will influence others in the group to do the same. In these circumstances the time for the teacher's intervention—telling the child to stop misbehaving and to begin his work—should be immediate. Immediate intervention is also necessary if a child begins to whip up group feelings of hostility and no-one in the group shows any resistance to his efforts or is unable to resist them.

The fact that some children signal the imminence of their disruptive behaviour has already been mentioned. The most effec-
tive intervention in these cases is when the teacher picks up the signals so that the crisis situation does not develop. Observing the signals gives the teacher the opportunity to speak to the child and to suggest to him that, as it is obvious he is about to get into difficulties, it would be better if they considered what they could do to prevent it. This may take the form of giving the child a fresh interest, as has already been mentioned. At other times it is better for a teacher to intervene so that a crisis develops when he or she is able to control events. It may be obvious, for example, that a child is waiting for the end of a lesson or activity so that he can slip out of school or attack another child when no adult or other children are about to restrain him. The teacher should speak to the child so that the situation can be discussed openly. This may mean that a child's angry feelings, if he is waiting for an opportunity to attack another child, will erupt in the classroom. They can then be dealt with.

A teacher may be aware that an unhappy child will break down when he is not in contact with a friendly group and unlikely to find the sympathy and support of his friends. In these circumstances, an early intervention—asking him what is the matter—will usually precipitate the child's crisis and allow opportunities for comforting him and giving him reassurance. This intervention has other benefits besides directly helping the child concerned. It gives the other children opportunities to demonstrate sympathy and affection and it is most important for maladjusted children to have these opportunities. Unless the child is exceptionally unpopular they usually respond positively to genuine distress.

Other verbal interventions, which are most successful when they are correctly timed, will support a child and prevent him from giving way to anxiety and frustration. This is particularly true in classroom situations when a child shows that he is about to give up a task that is set for him. If the teacher can encourage him sufficiently this will prevent him from giving up the task. If he does give up he will feel defeated and unhappy despite what he may say to the contrary. He will lessen his disappointment by blaming the teacher for setting him work which he cannot do, and act out his feelings of frustration in difficult behaviour. This will inevitably affect other children, and intervention at that point will be far less effective than intervention earlier. Sometimes
verbal encouragement is not sufficient to support the child and
the teacher needs to sit with him for a while and give him practical
assistance.

Humour, if it is real and not a hostile comment disguised as
humour, is usually a very effective verbal intervention in a tense
situation. A well-timed humorous intervention defuses the situa­
tion, it demonstrates the teacher's security and confidence if he
or she is the object of hostile comment, and it provides an oppor­
tunity for the teacher and the children to relax. Sometimes a
humorous interjection will misfire completely. A child will see
it as mockery and find other children's laughter unbearable.
Although good timing does not always prevent this from happen­
ing, it is less likely to happen if the intervention is well timed.

All children dislike sarcasm and react badly to it, so any ironic
quality in a humorous intervention should be minimal. Children
dislike being abused and shouted at and publicly reprimanded,
and such interventions usually stir up hostility and make bad beha­
vior worse. Sometimes a loud verbal intervention is unavoidable,
but it is generally better for a teacher to wait for the oppor­
tunity of making a quiet and effective comment. A study of the
effect of loud and soft reprimands upon children's behaviour by
O'Leary et al. (1970) showed that use of soft reprimands, i.e. those
audible only to the child, reduced the frequency of disruptive be­
haviour and a few soft reprimands were more effective than many
loud ones.

Timing physical interventions

The teacher's proximity to a child will often prevent him from
beginning or continuing disruptive behaviour, and he will find
his or her presence reassuring when he attempts new or difficult
work. If a teacher moves towards a child it is usually better to
do this quietly and unobtrusively, and this is reassuring by itself.
Once in position beside a child, a teacher can reprimand him if
necessary, quietly and privately. Standing by the child may be
a sufficient intervention, but a teacher can make some physical
contact with the child if his or her presence is not a sufficient
deterrent or support. This has to be most carefully managed so
that it can in no way be regarded as an attack and careful timing
will prevent any hasty action which the child may see as hostile. A child can be restrained gently but quite firmly. The worst kind of physical intervention is to push children around sharply, and this is usually counter-productive. Young children and small but older children can be taken on to a teacher’s knee and many deprived maladjusted children enjoy this at an age when other children would find it embarrassing. Taking a child on to a knee has many obvious advantages and is an unmistakably benevolent intervention.

If two children are quite obviously going to start to attack each other, the fight can often be avoided if the teacher goes and stands between them or very close to them. If a teacher moves into a position where his or her physical presence will prevent a fight, it is advisable to move quickly and quietly before the violence breaks out. This may be ineffective and the only alternatives left to the teacher are to restrain the child or remove him from the room. This can be difficult to manage especially with older and bigger children and the guiding principle must be that if teachers know they cannot manage it easily and successfully they should not attempt it. If a child is plainly out of control and nothing but physical restraint will prevent him from hurting other children or damaging property and equipment, and if the teacher cannot manage a physical intervention, then the best thing to do is to seek assistance. This assistance may come from other children, and a child’s particular friend is a good person to ask for help, so long as the aggressive child does not see his friend’s intervention as a betrayal and his friend understands that he is actually helping the child by restraining him. If the circumstances make it impossible for other children to intervene, then the teacher should accept the need for physical help and ask a child to go and fetch another adult. This is not a pleasant situation for a teacher to be in, but the worst situation is for him or her to be involved and worsted in a physical encounter. It is demeaning and demoralising for the teacher and extremely upsetting for the children. Fortunately it is usually the younger children, who can be restrained more easily, who lose control of themselves and need physical restraint, but the need for physical intervention with older and bigger children does occur.

It is important for teachers working with these older children
to have some strategies prepared in case of an emergency, should physical intervention be necessary. This increases their confidence. No-one can help children if they are frightened of them. Teachers’ anxieties about how they would manage if physical intervention becomes necessary are more likely to make it necessary because their anxiety is transmitted to the children, increasing the probability of aggressive behaviour. In one school for maladjusted children a frail, very feminine but very perceptive teacher of burly and rather aggressive boys told them she hoped they would not begin fighting because they were all too big and strong for her to separate, and she was upset by violence. The result of this honest declaration, which demonstrated a good deal of confidence, was that the biggest boys said if anyone began fighting they would protect her and settle the fighters afterwards. The important factor in that situation was the relationship that developed between the teacher and all the boys which gradually made them feel protective towards her.

Where a teacher has to intervene and manage a physical intervention it should be done in such a way that it does not communicate a physical challenge, which inevitably prompts counter-challenge. This is not always easy to do, and the teacher should always be aware that the line which marks off a pacific and preventive physical intervention from an aggressive intervention is very easily crossed.

Ignoring behaviour

A teacher can often avoid a good deal of trouble by not intervening at all when a child misbehaves, and by ignoring behaviour which, although not very appropriate, is harmless. Behaviour therapists have demonstrated very clearly that paying attention to undesirable behaviour makes its continuance more probable, and Redl and Wineman (1952) include ‘planned ignoring’ in their list of techniques for managing children’s behaviour.

In deciding which behaviour to ignore, the teacher has to keep in mind the goals of any lesson or activity and to decide whether it is worthwhile to pay attention to the many idiosyncrasies likely to be present among a group of maladjusted children. The children may enter a classroom in an untidy cluster and they may sit
awkwardly, but it is usually inadvisable to let these variations in behaviour delay the lesson or become occasions for dispute. While it is true that a teacher must always be concerned with setting and maintaining good standards, it is also true that in a group of maladjusted children the fact that some of them are actually in the classroom and ready to learn is a considerable achievement for them. It is important for a teacher to avoid making critical comments upon some relatively unimportant behaviour which may set off a series of interchanges. As these develop, hostility and resentment increase and the possibility of an unnecessary confrontation, a situation out of all proportion to the original event, also increases. There are times and opportunities for insisting on good standards, and observation and assessment of children's moods indicate when this can be done most effectively. The avoidance of unnecessary friction, encouraging co-operation and directing it towards acceptable goals, is a large part of the teacher's skill in working with maladjusted children.

Ignoring what maladjusted children do not do is usually easier than ignoring some of the things that they do, but provocative behaviour is best ignored wherever possible. Much of this provocative behaviour is given up when no attention is paid to it, and the teacher's positive comment upon any positive behaviour that replaces it makes its recurrence less probable. The fact that the teacher's attention is directed towards the lesson activity and not towards the provocative behaviour increases the probability that the child will also give attention to the lesson. Every time a teacher attends to distracting behaviour attention is going in the wrong direction, away from the goal and towards the diversion. It is advisable for a teacher to ignore the provocation of being called some unpleasant name. An inappropriate reaction, and not an uncommon one, to this sort of provocation, is for the teacher to ask the child what he said. This gives the child a variety of openings to prolong the interchange and make matters a good deal worse. He may, for example, repeat what he said in a loud and clear voice, thereby considerably reducing the probability of avoiding a confrontation. The teacher may think it worthwhile to refer to the matter after the provocation has passed and the child has not been successful in shocking the teacher or making
him or her angry. Usually such a delayed action will find the child in a better mood and often ready to apologise.

Withdrawal

Teachers of maladjusted children need to be skilled in withdrawing from situations which may end in a prolonged and sterile interchange with a child or escalate into a confrontation which damages a relationship or reduces the possibility of establishing one.

In a verbal interchange which becomes more and more a heated argument with a child, the teacher should take the first opportunity to withdraw from it. The argument itself, raised voices and angry gestures, increases an angry child's irrationality so that he will inevitably deny the truth of what the teacher says or distort the meaning of it. The teacher may make a humorous comment and leave the child alone; or he or she may simply state that the child is usually reasonable and, after suggesting that they discuss the matter later on, walk away; or if the circumstances do not allow this he or she can turn attention to some other matter and avoid any response if the child attempts to reopen the argument. If circumstances do allow the teacher to go away from the child, it is advisable to do so. If he or she is no longer present, there can be no chance of the argument reopening and it may be that it is the teacher's presence at the time of the argument which is the irritant in the situation. There may be no basis in fact for this, but a very angry child is oblivious to the facts of the situation.

In a situation where a child is likely to do something which will injure others and damage property, the teacher may withdraw completely and take the other children with him. This gives the angry child the opportunity to recover. His audience has vanished, he no longer has to impress them or carry out any threats he has made, and there is no point in his continuing his defiance or whatever it was that led to the outburst. This vacuum is usually effective, and any damage the child does is usually only of token value. The teacher can take up the matter of the dispute when the child is in control of himself. If the teacher believes that the child will do considerable damage after he has withdrawn completely and taken any other children away, then help can be
summoned and another adult can return with him to the scene. It may then be necessary to restrain the child physically and, if this is so, then two adults may be necessary anyway.

It is often the teacher's withdrawal that makes it possible for the child to recover his control. In the face of a verbal attack, the teacher's withdrawal may appear ineffectual and inappropriate, but it is neither of these. It does not make the situation worse, and it provides the opportunity for the child to withdraw, which he cannot do while his antagonist keeps the field. If the teacher can withdraw with as much dignity as possible, demonstrating that he or she has reserves of self-control and self-restraint which the child has not, then other children who may witness the scene will be aware of this strength and will respect it.

If teachers are aware that they have acted hastily in a tense situation and committed themselves to some action which they persist in carrying out—some withdrawal of a privilege or any other form of punishment—then this will only increase resentment and hostility; it is always better to admit to the mistake before it is too late and a train of events are set up which may have consequences which will seriously affect their relationships with children. If the mistake is genuinely admitted and the children are also aware of it, they will respect the teacher more for acknowledging it and ease the teacher's withdrawal from the situation. They will not respect a teacher who makes this sort of mistake and does not acknowledge it, but who realises that the punishment is inappropriate and subsequently and inexplicably reduces it.

Successful management of maladjusted children is not achieved by magic. Those who have critical or intolerant attitudes towards children are not likely to be successful in working with maladjusted children. But for those who have the positive attitudes already outlined, who are sensitive and patient, practice in observing and assessing children's behaviour will lead to increasing skill in timing appropriate interventions and withdrawals. Some individuals are more intuitive than others but, as Wills described intuition, it is buried experience which appreciation of situations brings into consciousness (Wills, 1945). Careful observation of children's behaviour, assessing it and discussing it intensify this experience.
The School’s Relations with Children’s Parents

It is important for the staff of a school for maladjusted children to maintain the best possible relationship with the children’s parents. If good relations between school and parents break down or if parents are critical of the school to their child, then he is faced with a conflict of loyalties which impedes the school’s work. As many of the children are admitted to the school because of their poor relationships with their parents, one of the aims of the school is to help them to repair these relationships. This is very difficult to do if the child is in a conflict of loyalties about the school and if the relationship between his parents and the school is poor. A complete breakdown in the relationship between the school and a child’s parents leads quickly to a situation where the parents actively undermine the work the school is doing for the child.

The parents of maladjusted children vary considerably in their attitudes to the school. It is easy for the school to maintain good relations with some parents and difficult to maintain these with others. Some parents have very positive attitudes towards the school, and these are usually parents who are relieved that the child’s problems have been diagnosed and their anxieties about
the child have been allayed, and who can see the value of his admission to the school. The admission has marked the end of a long period of anxiety characterised by deteriorating relationships at home which may have been aggravated by criticisms from the child's school. The parents' optimism increases if the child begins to make good progress at the special school and the whole family situation changes for the better. In these circumstances the parents maintain their positive attitudes to the school and active co-operation is assured.

This straightforward success story, although it is not uncommon, is not the story of all parent-school relationships. For reasons which are considered later on, some parents are ambivalent about the admission of their child to the school and their ambivalence or hostility increases if, as so often happens, the child's behaviour and school performance deteriorate soon after admission to the school. It is during this period that parental anxieties are aroused.

In their account of a special unit in a comprehensive school, Jones and Davies (1975) describe changes in children's behaviour after they have been admitted to special classes for maladjusted children, changes which also occur after admission to special schools. After admission to the special class there is usually a honeymoon period when the children are content to use the class 'as an emotional resting place'. During this period children make few demands, and there is a period of tranquillity. This tranquillity, however, may be deceptive. If the child is very disturbed, teachers may be inclined to believe that he has been incorrectly assessed or that his relief at being admitted to the special class and the amount of sympathy and individual attention that he is receiving are making a significant impact upon the child. Sometimes this is true, but more frequently the child within begins to emerge. He feels secure enough to display his maladjustment, to give up any pretences, to test the environment and to make demands upon it. It is during this stage that the child's behaviour deteriorates and his classroom performance declines.

Another factor in the difficult and testing-out stage of the children's behaviour is their increasing awareness of their true situation. This is especially true of classes and schools where children's problems are discussed with them and they begin to face up to the
reality about themselves and, for some children, the unpleasant realities of their home situation. This is a painful process so the second stage is characterised by their anxiety-reducing behaviour, such as aggression and running away. How long this second stage lasts depends upon the degree of the child’s maladjustment and the appropriateness of the treatment provided. If the treatment is based on behaviour therapy, then this stage may not occur, but as this treatment for maladjusted children is practically unknown in Britain, this second stage is commonly encountered. It is during this stage that parental anxieties rise and some parents begin to demonstrate their ambivalence or open hostility to the school.

There are several reasons why some parents of maladjusted children should feel hostile towards the special school. If teachers understand the reasons for this hostility and can avoid reacting to it with counter-hostility, the good school–parent relations are likely to be preserved. In most schools the social worker will absorb a good deal of the parents’ hostility and to this extent the school will be protected from it. The school staff will also benefit from the social worker’s work with the parents and her relationship with them.

### Parents’ anxieties

Some families develop strategies for managing with a maladjusted child and, despite all the stresses and the inconveniences that this strategy involves, they prefer their own strategies and the defences they have built up against anxiety to the anxieties and conflict associated with change. When the child is placed in a special school, especially in a residential school, some change has already taken place within the family and the imminence of the possible changes cannot be denied. The child begins to face up to realities and to begin his process of change. When this is not a peaceful and smooth process and his deteriorating behaviour affects the family, they begin to realise that the child’s admission to a special school is the beginning of a process of change and not the end of one. If they are in contact with a social worker, the necessity of changing their attitudes is increasingly emphasised. The parents are thus faced with the necessity of change, of recognising a problem which they have denied and of facing up to the implications
of the school's admission of their child. In these circumstances, hostility is directed towards the school.

In families where there is stress and hostility among its members, it is not uncommon for a child to become a scapegoat or to act out the latent hostility or deviance for other family members. When the child is admitted to a special school, the family is deprived of this solution to their difficulties. If the child goes to a residential school he is no longer available as a scapegoat or an acter-out and at the same time the family itself comes under a certain amount of scrutiny. If the child is admitted to a day school, he is still available in his former role, but, as with his admission to a residential school, the family structure comes under scrutiny and the child becomes less and less likely to continue in his role. The process of investigation into the family dynamics that have resulted in the child becoming a scapegoat means that the family problems come more and more into the open and some parents become increasingly anxious about the amount of family history that is going to be divulged. In these circumstances, it is the school social worker who copes with the anxieties in the children's parents and who accepts a good deal of the hostility that is directed towards the school.

Another cause of parents' anxieties about a child going to a special school and which may interfere with good parent–school relations is the continuing prevalence of folk myths about psychologists and psychiatrists. When the child was in difficulties in the ordinary school most parents were only involved with anxious or critical school teachers. When a child has been referred to a child guidance clinic and admitted to a special school, other figures are involved. The psychiatrist, psychologist and psychotherapist appear. For some parents, and especially those whose mental health is not robust, their paranoid tendencies become strengthened as they feel they are receiving attention from threatening figures. Their control over their child seems to be diminishing and they are beset with anxieties that their child is about to disappear into a world where 'doctors who can see inside your head' are going to make unwelcome demands upon them and their child. Unless the relationship between the school and the children's parents is sound (a relationship which must involve the school social worker) the anxiety and panic which
Whether they are alarmed about the intrusion of clinic staff or not, many parents feel that a stigma is attached to a child going to a special school. They feel anxious and guilty about the increasing involvement of other people in the management of their child. This is especially true of parents of children admitted to a residential school. Many parents are ashamed of what they conceive to be their failure in bringing up their children. Neither the child guidance clinic nor the school apportions blame. Nevertheless, the parents of maladjusted children believe that admission to a special school indicates a failure where the majority of children succeed. They also see admission to a special school as a communication to them of their own failure as parents and it is a common experience of teachers when they are discussing a maladjusted child with his parents to hear the question ‘where have we gone wrong—where have we failed?’ It is true that having asked the question in terms that no-one in the school would use, some parents resist the necessity of facing up to the realities of the situation. It is also true that some parents emphasise a child’s difficulties to prevent any enquiry into their own, but their feeling of failure is evident.

As parents’ attitudes to a clinic staff are influenced by their fantasies about them, their attitudes to the school are influenced by their own memories of their schooldays and their teachers. For some of them their school experiences were unpleasant and unsatisfactory, and their relationships with their teachers were poor. Feelings of resentment at unpleasant experiences of failure and humiliation are strong and continue for a long time. If parents have negative attitudes towards the school because of their own school experiences, they are likely to communicate these to their children. These feelings are also an obstacle to their co-operation with the school.

There are other feelings which contribute towards parents’ negative feelings towards the school, mainly feelings of jealousy and resentment. Some parents are jealous of their children because of the help and attention they receive, and they are resentful because they themselves receive so little. Some parents are immature and dependent. They feel that they are the ones who
should be looked after and for whom allowances should be made in the way the staff of the school make allowances for the children. Many of them had been deprived of good care when they were infants and had never enjoyed the responsibilities and independence of adult life. The school, perhaps especially a residential school, represents so much of what they wish for themselves. They compare their own situation, where they are without help in facing many difficulties, with the situation of their child who is surrounded with help and support. Many parents find this is a particularly galling situation if they believe they need help whereas their child deserves punishment.

Teachers in residential schools for maladjusted children are frequently critical of parents who do not write to their children or meet them when the opportunity allows it. In some parents this is a measure of their rejection of the child and it is callous and cruel. But for some the situation is rather less straightforward. There is a degree of rejection and indifference to the child, but the parents also feel the threat that residential placement represents to them. They are guilty about their treatment of the child, they are resentful of other people bringing him up and they are jealous and suspicious so that they cannot face up to meeting the child and the school staff. It is lamentable and unfortunate, but it is understandable.

The teachers' understanding of the situation of many parents contributes to good relations between them, as does the school's understanding the reasons for their ambivalence or hostility, but the understanding has to go a little further. There are parents of maladjusted children who are inadequate and unfortunate and who suffer from the same psychiatric illness as their children.

In a study of one hundred parents of primary school children referred to the psychiatric department of the Royal Hospital for Sick Children in Edinburgh, Wolff and Acton (1968) reported that just over half of the mothers whose children attended the clinic had recognisable personality disorders. They suffered more illness, physical and psychiatric, than mothers of the children in the control group and they recalled more unhappiness and had more pre-school separations from their parents. The fathers of the clinic attenders were more likely to be sociopathic than the fathers of children in the control group.
Britton (1969) made a study of the mothers of a hundred children with neurotic and behaviour disorders who were referred to a services clinic and found that 37 per cent of them had been treated by a doctor for psychological symptoms and 30 per cent had had psychiatric consultations. Pemberton and Benady (1973), in a study of children whose parents had rejected them, found that parents of these children were unstable themselves and had been so for many years.

School refusers and juvenile delinquents are found in most schools and classes for maladjusted children. Hersov (1960) in a study of fifty school refusers found that twenty-four mothers had experienced a disturbed childhood, eight mothers had required treatment for neurotic illness, seventeen had neurotic symptoms of anxiety or depression, four fathers had received hospital treatment for severe depression and four had suffered from neurotic anxiety. Bowlby (1946) found that one in four delinquents had one psychotic parent and one in ten had a neurotic or psychopathic parent. In a group of juvenile delinquents attending the Portman Clinic in London, Litauer (1957) found that 26.5 per cent of the sample had parents suffering from some form of psychiatric illness, the most common being neurosis in the mother.

This is evidence about parents who actually sought and received help. The staff in child guidance clinics, school psychological service personnel and many teachers of maladjusted children are aware of parents whose mental health is poor but who cannot admit it and who do not seek advice.

The parents of some maladjusted children are bewildered and demoralised by their child. They are unable to help the child or themselves and they are unaware of what they have contributed to the child’s condition. Some of them, such as parents who are constantly ill, mothers who are deserted and left with children, and step-parents who are faced with unremitting resentment and hostility from their step-children, may have contributed very little. Whatever it is about their own lives which makes it more probable that their children will be maladjusted, some parents undoubtedly have a very difficult time indeed with their own children. A seriously maladjusted child whose relationship with his parents and siblings is bad, who is aggressive and hostile, and is
at the centre of constant friction and hostility within a family, undoubtedly causes tension and stress or adds dramatically to the level of tension already present in the family. However their problems are caused, there can be no doubting that some maladjusted children are extremely difficult to live with.

Understanding of the parents' anxieties and difficulties is the appropriate base for the school's relations with them. In most schools it is the social worker attached to the school or child guidance clinic which referred the child to the school who has most to do with children's parents. But the social worker cannot alone maintain good relationships between parents and school. The school staff have their contribution to make. Their contribution begins when the school's first contact with children's parents is made—at the initial interview with them—and it continues while the child remains at the school.

The initial interview with parents

When parents come to the school before their child is admitted, the head teacher should be able to give them reassurance and provide them with as much information as possible. Parents' feelings of anxiety and ambivalence at the prospect of their child's admission to the school may be so strong that some may appear critical and hostile at the initial interview. Others are so relieved at the prospect of help for their child that they appear at their best. It is usually wise for a head teacher to regard parents' apparent high spirits with some caution, however, and not to assume that the situation is as straightforward as it may appear. Experience suggests that those parents who appear remarkably co-operative at their first introduction to the school, and who hasten to agree with all that is said, frequently turn out to be rather difficult people.

It is not only what a head teacher says to parents that gives them reassurance about admitting their child to the school, it is also what they see in the school. It is worthwhile for a head teacher to make some preparation for the parents' visit. For some of them their attendance at the school for the interview is a remarkable achievement. It may be one of the few occasions that they have made any serious effort to help their child. If they have travelled
some distance and are tired and thirsty as well as nervous and apprehensive, parents will not react positively to being kept waiting somewhere. As their first contact with the school is so important, it is worthwhile to organise it as well as possible. A cup of tea always helps, and for parents who may be expecting criticism and who are uneasy about the whole situation, anything that helps to put them at ease and helps them to feel that the school is a caring place contributes to a successful interview.

For those who are over-ready to be critical, the actual appearance of the school is important. Parents know nothing about the school’s work. For those who understand maladjustment and appreciate what the school is doing, a certain amount of untidiness does not matter, but visiting parents are not in a position to disregard appearances. However good the school is, for those parents who are tense and anxious and who may also be looking for an excuse to refuse to let their child go to the school, mess, disorder and damage do not give them any reassurance. It would be inappropriate for the staff and caretaker to put on a false show for parents attending the school for the first time, but as their visit is not unexpected it is unfortunate if the school looks at its worst. It is worthwhile for someone on the staff to check that whatever arrangements are made to receive parents will work satisfactorily when the visit occurs.

What they see of the children’s work and activities will also give parents reassurance. Many of them will consider what they see in children’s books, in their desks and in the craft rooms as criteria by which to judge the school’s success. If what they see reassures them they are more likely to discuss other important aspects of the school’s work positively. As it is essential for the head teacher and the parents to discuss the important issues about the child’s admission, any obstacles to this discussion are best avoided. There are some parents who will endeavour to make use of relatively unimportant matters to avoid discussion of important matters which are unwelcome to them.

Some parents may criticise some aspects of the school. Others may criticise the child guidance clinic or the school psychological service or the staff of the child’s previous school, and attempt to involve the head teacher in these criticisms. These criticisms may be nothing but diversions, and all the time spent on discussing
other people's faults is a sure way of diverting attention from the child and the family's problems. The head teacher will be able to bear more easily with hostile and critical comments by recollecting that many people who are critical and hostile towards others are critical of themselves and hostile to parts of themselves.

A successful initial interview with parents is one during which a head gains a clear idea of the child and the family situation, and the parents feel that the head understands the child's problems, that the school will be able to help him, that their problems are understood and that they can co-operate with the school. To achieve these aims, the interview has to be managed with sensitivity and skill.

There is, for example, the matter of the children's case papers and how the head makes use of these. Most people feel slightly uneasy if an interviewer constantly refers to a file containing information about them. If a head teacher does this throughout the interview the anxiety surrounding the situation is likely to increase parents' suspicions that there is a dossier prepared about them and their child. For this reason it is worthwhile for a head teacher to be sure of the important facts about the child so that the case papers do not appear during the interview. The head teacher's glance at a sheet of paper to refresh his or her memory about the child has an altogether different effect from his turning over papers in a file. The effect of a head teacher's ignorance of important facts, or any confusion about them, weakens parents' confidence and spoils the rapport which needs to be established during the interview.

There is also the matter of the meaning of the word 'maladjusted'. It is advisable for a head to make sure that the parents understand that the school is a special school for maladjusted children and to discuss their feelings about this with them. Many parents have very vague ideas about the meaning of maladjusted and some are too anxious to enquire about it. It is advisable to be as frank as possible about the reasons for the child's admission, so that the parents do not go away feeling that they have been misled or misinformed. Some will feel this despite the care the head takes, but if the situation is explained frankly and tactfully, there is more chance of avoiding difficulties later on. So many parents are bewildered by the number of people they see and the
letters and forms they receive when a child is referred to a child guidance clinic and recommended for admission to a special school, that an opportunity provided at the interview to explain matters is usually appreciated. The sharing of knowledge about their child is an important aspect of good relations with parents, and this sharing should begin at the first opportunity.

The decisions that are made about the child’s admission and any information about the school that the parents need should be communicated to them in writing as soon as possible. There is always the possibility that some parents will forget what they do not wish to remember and misinterpret facts that they have reason to dislike, so that repetition of the decisions decreases the possibility of misunderstandings. The parents will welcome a personal letter from the head teacher, especially if it is expressed in warm terms, and this may be a very pleasant contrast to the stereotyped and insensitive letters that do sometimes reach parents from some local authority officers.

A satisfactory first interview is the first step in the partnership between the school and the child’s parents, and the beginning of the good relationship between them and the school. It may be that the school will have to contribute more than its fair share to this partnership, but its importance makes this worthwhile. The school gives a great deal to the child. It can give a great deal to the parents as well, providing help and support from its own resources and mobilising help for the parents who need it from other resources. In doing this the school is making a direct contribution to the child’s readjustment.

Continuing support for parents

The continuing support a day school can provide for parents is different from the continuing support a residential school is able to provide. The proportion of help given by the school staff and social worker is different. The geographical distance between most residential schools and the children’s homes affects the support a school can provide. A day school is probably more able to provide more formal support for parents than a residential school, but both types can provide informal support.
Informal support

This would include positive action to help parents in times of crisis. These crises may involve the child at school or the child and parents at home. For example, a child may have to appear before a juvenile court because of some delinquency committed while at school or during the school holidays. In these circumstances, the school can provide support to the parents by the head teacher’s attendance at the court and by its willingness to assure the magistrates that the child will be retained at the school unless his offence makes this impossible. Even if this is so, the parents will appreciate the school’s readiness to help them in a time of crisis and not to act precipitately when the situation is extremely difficult for them.

The school can also provide informal support to the parents in the event of sudden illness or disaster in the home. Temporary arrangements for a child’s holiday may be arranged by a social worker, but in schools where a social worker is not available, it becomes the school’s responsibility to initiate these arrangements with social services departments. Many parents of maladjusted children seem particularly prone to various domestic disasters and they like to feel able to count on the school’s understanding and flexibility.

Another aspect of the school’s support for parents is the staff’s continuing support for the social worker. Their appreciation of the social worker’s role and their willingness to give her as much support as possible is extending the school’s support for parents and contributing to good school–parent relations. If the social worker finds the staff disinterested and uncooperative in the work she is doing or, what is infinitely worse, she finds her work hampered by members of staff, this restricts the amount of help she can provide for the parents.

Informal support for parents is also provided by the head teacher who is willing to give up time to children’s parents. There are some aspects of the child’s school career which parents prefer to discuss with the head teacher and not with the social worker. This is certainly true of the children’s progress at school, his readiness to leave the school and his future employment or further education. During any period when a child is not making progress or appears to be deteriorating in the ways already described, the
head teacher can add support to the social worker and explain the situation to the parents.

Some schools do not have the services of a social worker or, if they do, the amount of time the social worker can spend with children's parents is not adequate. Although a head teacher has not the training or experience the social worker has, he or she can provide a surprising amount of support to a child's parents, and one form of this support is listening sympathetically to them. For this listening to be most helpful there must be a considerable degree of concentration on what the parents or the parent is saying. It is not a matter of overhearing what the parent is saying while attention is elsewhere. It is a form of listening which has a considerable effect upon the parent and, indeed, upon the head teacher, because a rapport is established which enables the parent to speak freely. It also enables the head teacher to make an appropriate identification with the speaker, to offer advice and to give explanations of a kind which would not have seemed possible at the beginning of the conversation. These sessions are time-consuming and tiring. It is usually advisable to make the parent aware at the outset that the session cannot extend beyond an hour, and the element of control is helpful. If the parent becomes merely garrulous, the head teacher can again establish control of the situation. The fact that the session is tiring illustrates the important fact that the head teacher's listening is not passive. It is an active and demanding listening. The parent must be assured that whatever they say will not be divulged to anybody without their permission, and many parents are extremely glad of an opportunity to have someone listen to them without trying to get information from them or criticise or correct them.

Formal support
One of the persistent difficulties of arranging parents' meetings after school hours is that the parents whom the teachers most want to see do not come to them. This is as true in special schools as in ordinary schools and it is undoubtedly disappointing, but if opportunities are provided for parents to meet after school, enough parents will attend to make the meetings worthwhile and once the meetings are established other parents will begin to join them.
Parents' meetings are easier to arrange for the parents of children in a day school than for parents whose children attend a residential school, and they are surprisingly successful. One way to make sure that parents will attend these meetings is for the head to mention them at the initial interview and to talk about them as being part of the parents' co-operation with the school that is expected of them.

If the meetings are carefully arranged and managed, they contribute a great deal to the good relations between the school and the children's parents and they may become the principal means of giving formal support to parents. Their aim is to demonstrate to parents that the school is interested in them and concerned about problems they have with their children by giving them useful information and advice, and in doing this the school provides opportunities for parents to discuss their relationships with their children.

The information and advice can be provided by members of the school staff and from the child guidance clinic, school psychological service and social services department. Film evenings are usually popular and they stimulate discussion. Films such as the Robertson films about children who are separated from their parents certainly do this. Some of them such as 'Gale is Dead' and the Robertson film 'John' are moving and distressing and, as they arouse many anxieties in parents, adequate discussion of them is essential.

Many parents will be hesitant about discussing their relationships with their children in front of others. The parents do not know each other very well and they will be shy and reticent. But if the meetings are held regularly a good deal of their shyness wears off and parents will begin to talk about their difficulties with their children, and they will enjoy hearing others talk. It is an enormous relief to parents to hear that most of the problems they have with their children are problems common to other parents. They are reassured to hear how others have managed situations similar to their own. Their feelings of shame or guilt about their children who pilfer from them or refuse to go to school, or who are enuretic, or who defy them, become infinitely less intense when they hear other parents discuss such behaviour. Parents feel supported when they understand that they are not
alone in their difficulties. The combination of the feelings of relief at talking about their problems, finding sympathy from others and receiving advice makes these discussions well worthwhile.

Most parents enjoy the opportunities of showing their willingness to become involved in the school, and when they are aware that the school welcomes them and appreciates what they can offer to it they become active in various forms of fund-raising activities common in all schools. When their children were in difficulties in the ordinary schools many parents felt inhibited and reticent about participating in school–parent activities and contributing to the school in the way that parents of successful children did. But their reaction to the special school is different and the amount of support they give to the school is often surprising. Such involvement and co-operation break down any feelings some parents might have that the school is a place where things are done for their children. It emphasises that the school is a place where staff, children and parents co-operate to increase understanding and overcome difficulties.

If regular meetings with the children's parents are arranged, there is one aspect of these meetings which has to be understood by children and parents—that they are not occasions for teachers to report children's behaviour in school to their parents or to pass on to parents what their children have said about them in discussions. The possibility that this may occur raises anxieties among children. They need to be assured that this will not happen, and the parents who attend the parents' meetings also have to understand that teachers cannot tell tales out of school. The situation is not an easy one, because teachers have some responsibility to the children's parents. What teachers tell parents raises the question of censorship already mentioned in Chapter 4. Parents have a right to know how their children are getting on at school, but children have a right to be protected from parents' interference in the therapeutic processes of the school. Some censorship is therefore unavoidable. The considerations that guide teachers in their censorship are their knowledge of the parents and their motivation in asking for information. The solution to any difficulties in the situation must be based on the quality of the relationship between the children and the teachers and the teachers' relationship with the parents.
Open evenings

One of the difficulties about the school open evenings for parents is that those children who most need to show their parents that they are succeeding at school may have little work to show them, and what they do show will be subjected to careful scrutiny and sharply criticised. And yet open evenings are important for parents and children. Anything about the school that suggests secrecy is plainly inappropriate. Many of the children have produced work which will please their parents and give them and their child reassurance. Ordinary schools have open evenings for parents and any emphasis upon the difference between a special school and an ordinary school is unfortunate.

In arranging an open evening, the situation of the least successful children who have parents who expect the best performance must be kept in mind. It is very difficult for parents and children if the open evening is a great success for some and a disappointment and ordeal for others, and an occasion for recrimination and bitterness. The difficulty can be avoided if the open evening is discussed with the children some time before it occurs, and its purposes are talked over with the children. This then provides children with opportunities to prepare work which they would like their parents to see. It gives the least successful children time to produce something which they can display with confidence. The tension can be further reduced if children take on as much responsibility as possible for the evening, so that they are 'at school' to their parents in much the same way as people used to be 'at home' to their friends and colleagues. This is a rather different approach to the evening from the more customary practice of the staff asking children's parents to come to the school to see the children's work.

It is always worthwhile for staff to have cameras and cassette tape recordings readily available during the school year to record and preserve the least successful children's achievements. Some children have rather fleeting successes and they do not repeat their good performances very often. They usually undervalue their achievements. But if colour photographs are taken of their successful participation in some school activity, even if this occurred only once or twice during the school year, or if a recording is
made of one of their rare successes in reading and if these are produced during the open evening, the effect on their spirits and on their parents' morale is considerable. With a little imagination and a good deal of time to prepare for it, the open evening can be a positive occasion for all children and parents and its success contributes to the good relations between the school and the children's parents.

Meeting parents formally and informally gives teachers in a school for maladjusted children almost unrivalled opportunities to help parents and help to repair damaged relationships between them and their children. They are in direct contact with parents and children for long periods of time, although the teachers in day schools have greater contact with parents than teachers of residential schools. They can observe children's reactions to surrogate parents, and they are aware of children's fantasies about their real ones. Children tell them about their relationships with their parents and parents tell them about their relationships with their children. They are thus able to give advice to both children and parents, and to provide the social worker with much valuable information. Good relationships with parents enables the school to make the best possible use of these opportunities.

The School's Relations with its Neighbours

It is not unusual for teachers in schools for maladjusted children to discover that the school is not popular with its neighbours. As one neighbour put it, shouting from her window to the headmaster at the beginning of term, 'I see your bloody kids are back, swearing and carrying on.' Unless the school can establish good relations with those who live in the neighbourhood, endless difficulties and complications arise. As it is probable that some tension in the school's relations with its neighbours cannot be avoided, it is advisable to avoid as many difficulties as possible. This will increase tolerance of the unavoidable difficulties.

There are many reasons why the school's neighbours may be suspicious of the school and hostile to it. Some of this unfriendliness is due to ignorance, some of it is due to anxieties
about possible damage to property and the lowering of the value of residential properties near the school, and some of it is irrational.

Those who work with maladjusted children tend to assume that most people understand what maladjustment is and what schools for maladjusted children are for, but this is not true. People who understand mental or physical handicaps, and are sympathetic towards mentally handicapped, physically handicapped, blind or deaf children, are not clear about the meaning of maladjustment and not so easily sympathetic towards maladjusted children. Those with vague ideas about maladjustment associate it with delinquency, moral defect or mental illness. The most frequent responses to obvious physical or mental handicap are sympathetic ones. The most frequent responses to emotional or social handicap are critical or punitive. Maladjustment is seen as being culpable and emotional and social deviance as threatening, and it raises anxieties.

The uneasiness among the school's neighbours which is due to ignorance about maladjusted children can be overcome by providing them with information and explaining the school's work to them. It is a simple but important aspect of the school's public relations which makes a considerable contribution to fostering good relations with its neighbours.

There are several ways in which this information can be provided. At one day school the head teacher called on the school's immediate neighbours within a few weeks of the school's opening. The school was in an area where there had been a good deal of opposition to the school and much hostility had been expressed at a public meeting called to prevent the school opening. Each of the neighbours that the head teacher called on expressed appreciation of his visit and they discussed their opposition to the school with him. When they understood what the school was for, what sort of children were to be admitted to it and why their admission was necessary, most of the neighbours changed their attitudes at once. The neighbour who had led the opposition to the school concluded that he had been rather hasty in his opposition and he would explain to friends and associates that they should be a little more tolerant. This he did, and although he was not the easiest kind of man to have across the road from a school
for maladjusted children, the school’s relationship with him continued with reasonable cordiality.

The factors that influenced these neighbours in the school’s favour were the opportunity to meet and talk to a responsible individual, which is always infinitely more satisfactory than communicating with a committee; the presentation of the facts about maladjusted children and the school’s tasks; reassurance that the head teacher would deal with any complaints they had to make; and reassurance that the school was not going to be a wild and undisciplined place. They felt less anxious that their property was not going to depreciate because of their proximity to the school.

Another way in which the neighbours can be informed about the school is for the head to arrange neighbourhood meetings from time to time. It is advisable to call the first of these meetings either before a new school opens or within a few weeks of the opening. Many of the school’s neighbours, once they know what is going on around them and their anxieties are allayed, are willing to become involved in school activities, and they become active allies and friends. It is always worthwhile for a head teacher to invite the neighbours to school functions and to provide some especially for them. For example, a film evening once a term when films such as mentioned earlier in this chapter could be seen and discussed is a very appropriate way of maintaining good relations with the school neighbours.

When forty or fifty maladjusted children are gathered together it is not improbable that some damage will be done to neighbours’ property. In these circumstances, swift action is always advisable. Apologies and offers to pay for the damage are always appreciated, and if a member of the staff or the school handyman can repair the damage and take the offending child or children with him to help (and it would be a pity to let such an opportunity for retribution and reparation slip), this goes a long way to ease a difficult situation. It is also advisable for a head teacher to keep a careful account of what damage the children have done in the neighbourhood, and what steps were taken to repair it. This prevents any exaggerated and unjustifiable complaints by those who might be tempted to exploit their grievances.

Some hostility to the school is irrational. It persists despite all the efforts made to reduce neighbours’ anxieties about damage
to their property and to explain the school's purpose. The hostility is a reaction to the whole idea of emotional and social deviance or mental ill health. If the school is liberal and permissive (permissive in the sense that the staff allow some things to happen, so that important aspects of the children's behaviour become clear, and unnecessary limitations are not placed upon the children's behaviour) and it is generally known that the children are not punished a great deal, this hostility is usually considerably stronger. It is unbearable for some people to have deviance on their doorstep, and it is especially unbearable if the deviants are seen to go unpunished. This unremitting hostility is illustrated by the action of the neighbour of one school who gave the children what appeared to be chocolates, but which turned out to be a box of stones in a chocolate box. At another school one of the neighbours followed the school secretary and one of the children along the road. When the girl ran ahead of the secretary and did not come back to her when requested, the neighbour quickened her pace, caught up with her and told her she was a wicked little girl, and if she was her daughter she would be severely thrashed. The girl was stung by this hostility and gave an answer which, alas, did little to improve the neighbour's attitude to the school.

Little can be done in the face of irrational hostility except to bear with it as patiently and courteously as possible, and to maintain a good relationship with those neighbours who are not irrational. This isolates the irrationally hostile and makes it improbable that they will be able to whip up hostility among others. It is advisable for teachers to be well aware of the presence of the hostile figures in the neighbourhood and to take special care to prevent difficulties arising between them and the children.

The school's relations with the neighbours are important, and good relations with them repay all the efforts that go towards fostering them. A school can exist without them, but bad relations in the neighbourhood make unnecessary difficulties for the staff and children. Good relationships can be used to increase children's social learning and a school can gain a great deal from helpful and sympathetic neighbours.
The School’s Relations with Visitors

Schools for maladjusted children seldom lack visitors. Teachers like to welcome them and to treat them courteously so that their visits to the school are worthwhile. There are, however, some aspects of visiting in a school for maladjusted children which have to be borne in mind by staff and visitors alike.

The most important considerations arise because of what actually goes on in a school for maladjusted children and what it is about the school that makes it what it is. The relationships that exist between staff and children are fundamental to the whole process of special educational treatment. If the school is an impersonal place where any adult can come and go without making any difference to these relationships, then it is not doing the job for which it is intended. Any teacher in the school is aware of a network of relationships between children and adults which forms the basis of the school’s most important and most delicate work. The adults are aware of this network and most of the children are too, but the unperceptive visitors are not. Unless they are aware of the jealousy with which the children guard these relationships and how they can misconceive the visitors’ intentions, the network becomes a series of trip wires.

This is not only true of an individual relationship between an adult and a child. It is true of a class’s or a group’s relations with a teacher. The staff of the school are aware, for example, that what appears to a visitor to be a straightforward enough activity—ten children making up a nature table with a teacher—is not quite as simple an affair as it appears. The group of children has most probably been selected because of their ability to get on reasonably well together and because they all get on well with the teacher. Included in the group are some children who wish to make the maximum contact with the teacher during the lesson. Included in it also are probably some children whose participation in the lesson is marginal and for whom any distraction is an irresistible temptation to give up their work and distract others. If there is maximum interest and participation in the lessons, any interruption will be resented. If this kind of participation has not been achieved, any interruption may destroy what cohesion there is in the group and tip the balance towards its disintegration. The
staff of the school are aware of the autonomy of the class groups and, in residential schools, of bedroom or dormitory groups, and of how jealously this autonomy is guarded.

These jealousies are more apparent among young maladjusted children than among older ones, and generally more apparent among conduct disordered children than among the quiet and the withdrawn. Deprived and emotionally starved children, whose behaviour towards adults whom they know is possessive and demanding, actively resent any interlopers in their relationships with a teacher. Even if this relationship is not very positive, it is jealously and fiercely guarded against an intruder.

Children in day schools seem to be particularly impatient at any interruptions in their relationships with teachers because the school day is so short. It seems that the children cram the maximum gratification into the few hours at their disposal. For many of these children each part of the day is important and they are unable to tolerate situations which are commonplace to other children, but which are frustrating to them and which arouse their anxiety and resentment.

In one day school a visitor, a local councillor and member of the education committee, visited each classroom in turn and felt constrained to interrupt each lesson. The longer she stayed in each room, the more the children resented her well-intentioned interruptions. When she asked one boy which school he attended before arriving at the special school she was astounded and embarrassed to be told it was the ‘shit school’. And so for this hyperactive and unhappy boy it was. He had been excluded from it. He was, however, remarkable for the attachment he had made to the special school. He had expressed what the children were feeling about her intrusion.

Many maladjusted children are extremely sensitive about their personal affairs and will not discuss their past life with strangers. Visitors who ask them where they live, whether they have any brothers or sisters, which school they previously attended and who are their friends, may be reopening wounds which have only been closed after a good deal of hard work by someone on the school staff or by a member of the psychiatric staff attached to the school.

The temptation for some children to show off in front of
visitors is irresistible. This behaviour is common in any school. In a school for maladjusted children, some children will show off with less inhibition than children in any ordinary school. They will also compete with each other to take possession of a visitor. Frequently the children who do take possession are those who are unable to make any satisfactory and meaningful relationships with an adult. They certainly exhibit what might be called pathological friendliness, and the way in which they swamp the visitor with attention and demand it from them is an illustration of their need for emotional gratification, and their inability to sustain a relationship. For these children, too many visitors arriving at the school increases their difficulties.

Successful visiting

To make visits successful and useful—successful for the school and useful to visitors who may need some help and guidance—it is advisable for staff to have some policy about visiting and to work out some strategy so that this important part of the school's work is as positive an experience as possible. There are generally few problems for those visitors who come on official business, who do not need to interact with the children and who do not do so. It is good school administration which prevents their visits from causing complications. There are visitors who have a duty to visit the school and, as these are usually people in authority, it is difficult for staff to point out to them what they might do or might not do when they are in the school. Fortunately, because they are senior and responsible people, they are usually sensitive to the situation and aware of the delicacy of it.

It is for the most numerous type of visitors, those who come to the school to observe and to learn, that a visitors' policy is necessary. Because special schools tend to be over-visited, the head has first to decide which visitors should have priority, and then to decide when and how these visits should be fitted in. Many head teachers set aside certain days in a month or a term for visitors and plan their time for that day so that the visitors can fit in with the minimum disturbance. What sort of suggestions the head teacher makes to the visitors about their time in the school depends upon their experience and sophistication, and how long
they are going to be in the school. If inexperienced visitors come, there are certain things they should understand, especially if they stay at the school for a long period of time. They should know what behaviour the staff allow and what they forbid; they should be warned about lending children money or buying them things; they should be alerted to the fact that some children will ask permission from them to do things they know the staff would not allow; in residential schools they should realise the delicacy of children’s bedtimes; in day schools they should realise the importance of the children’s arrival and departure from school; they should understand that difficulties may arise if they ask questions which seem innocent but which may arouse anxiety in children; they should be aware that some children will fasten on to them and exhaust them; they should be warned about their use of confidential files; and they should be aware of the jealousy that their attention to some children arouses among others.

Visitors can contribute to the life of the school. Many of them have had experiences which they can share with the staff and children which make their visits valuable. They bring fresh ideas to the school. If they are experienced they co-operate with staff and give hard-pressed teachers opportunities to pay more attention to individual children or to provide activities and experiences which they could not provide without help. While they contribute to the school, the school gives them a great deal. Visitors become aware, some of them for the first time, of the emotional and social needs of children. They encounter new concepts, new and stimulating ideas, new educational techniques and they extend their understanding of children.

Consideration of a special school’s relations with the parents of the children in it, and with neighbours and those who come to visit it, is consideration of its value. The most successful schools do not only succeed with the pupils. They provide help for parents, they increase understanding of the school’s purposes and they influence other people’s attitudes towards the school and the children.
The figures showing the prevalence of maladjustment among school children, to which reference was made in Chapter 3, indicate quite plainly that special school provision cannot be made for all those who need help to overcome their emotional and social problems, even if such provision was thought to be desirable. More provision for maladjusted children has to be made for these children within the ordinary school system.

It is not only the awareness that special school provision can never match the number of maladjusted children in the school population that has given impetus to the movement to retain maladjusted children within the ordinary school system. There is increasing uncertainty about the wisdom of segregating maladjusted children into special schools because such segregation emphasises distinctions between normal and abnormal which are difficult to justify; it involves the maintenance of special schools which are extremely expensive so that considerable sums of money, which might be spent on providing more teachers and more facilities in the ordinary schools and more social workers and more help for families, are spent on small schools which can only accommodate very few children; it emphasises the differences between maladjusted children and children in the ordinary school system; it tends to stigmatise the maladjusted; it raises
anxieties among their parents, especially if children are admitted to residential schools; it gives maladjusted children a low estimate of their worth; and it involves removing them from a school environment where they are stimulated by their contacts with other children and where the emphasis is placed on ordinary behaviour and conformity to accepted school conventions.

There are certain facts which have to be set against these arguments. Many maladjusted children gain an impression of their worth in the ordinary school system and from attitudes of their parents; schools for the maladjusted build up children's self-confidence and emphasise their successes; maladjusted children fail dismally in the ordinary school system which puts emphasis upon ordinary behaviour and conformity; they succeed in special schools; they do not benefit from contact with other children because their relations with them are unsatisfactory; they have exceptional needs; meeting the costs of keeping some children at a special school is a sound economical investment; and some maladjusted children will not overcome their difficulties unless they have living experiences away from their families, and some families will not function satisfactorily unless a child is removed from them, at least for a period. There are alternatives to special school placement for maladjusted children, but not for all maladjusted children.

This is borne out by the results of the survey described in Chapter 3 and the discussion of the criteria used by child guidance clinics to recommend either day or residential schools for maladjusted children. The wide differences in the criteria used are obvious, but there is agreement that residential schooling is essential for some children irrespective of whether or not day school provision is available. These are children whose home conditions are so unsatisfactory that they cannot make any progress while they remain at home, and children whose relationships with their families are so badly distorted that these will not improve unless there is some period of separation. But the survey also showed that there are children for whom placement in residential schools and day schools is recommended because of their difficulties in the ordinary school. Some of these children cannot manage in the school; for others the school cannot cope with their difficult behaviour or cannot provide the help the staff know that they
need. When considering the question of whether maladjusted children should be retained in the ordinary school system and what provision can be made for them, we should therefore consider those children whose difficulties at school make special school placement necessary.

It is probable that these children come from homes where there are some problems but, even so, there are relevant questions to be asked about their school situation. If the children's problems had been discovered early enough, how could they have been helped to overcome them? If the school had the resources to help them overcome their difficulties, would this have reduced the problems at home? If the children's difficulties at school were obviously caused by problems at home, could these problems in the home have been prevented or reduced by any action which the school took, either through its own resources or other resources which the school could have mobilised? It is the answers to these questions that really determine whether maladjusted children can be helped in the ordinary school system.

*Early discovery of children's difficulties*

Teachers are very well placed to observe children's behaviour in a variety of situations and to assess their performance of many differing tasks. They may be the first adults to pay careful attention to a child and compare him with other children of his own age group. It is not uncommon for some parents to be unaware of the significance of their child's difficulties because they have become so accustomed to the odd way he speaks or walks, or the child's moodiness or the frequency with which he loses his temper. Other parents are well aware of the significance of strange behaviour or unusual performance but because they are so anxious about this behaviour they get the problem out of proportion and believe that the child is more handicapped than he really is. Teachers look at children objectively, with a knowledge of child development and with normal standards in mind, so their observations are part of an important screening of the children in their class. If teachers are aware of what to look for in a child's behaviour which may indicate that he has real problems and is not being just awkward or stupid or inattentive, then they can
Maladjusted Children in the Ordinary School System 221

contribute enormously to the prevention of maladjustment in children. Once teachers are aware of the significance of children’s exceptional behaviour they may find they can give the child the help which is necessary to him to overcome his difficulties, and if they cannot do this themselves they can make sure that help is provided by somebody else.

Attention-seeking behaviour, which is a characteristic of many maladjusted children, provides a good example. The child who is constantly seeking a teacher’s attention may be regarded as a nuisance and criticised for this behaviour. As children who receive enough attention at home do not constantly clamour for other people’s attention, the child’s behaviour indicates his emotional needs and provides information about his relationships at home. Knowing that this is so, a teacher who finds time to give the child the extra attention he seeks is making an appropriate response to the child’s needs. During the time the teacher and the child are together, opportunities arise for the teacher to discover more about the child’s home situation and assure the child of his or her sympathetic response. Although teachers feel no inhibition about maintaining positive relationships with groups of children, or a child in a group of children, they tend to feel rather inhibited and uneasy at demonstrating their interest in a particular child. They become anxious about the unprofessional aspects of such a situation, of being involved with a child or appearing to have a favourite. Certainly a teacher’s relations with children must be professional, but there are some children who would not trespass on such a relationship and who, with a little more warmth and assurance than is customary, would be able to manage their school life in spite of poor relationships at home. Many of these children find the teachers’ sympathetic responses sufficient, and the attention-seeking behaviour disappears. If it does not, then this is evidence that something is more seriously amiss in the child’s home than was first apparent and the teacher should alert other people to the child’s situation. For class teachers, the process of alerting such agencies as the child guidance clinic, the school psychological service, the health visitors and other individuals in the social service departments, is through their report to the head teacher.

Pilfering, which is another characteristic of many maladjusted children, provides another example of how a teacher might first
try to help a child and, if these efforts are unsuccessful, discuss the child's behaviour with others, so that the child's situation can be explored. It is usually worthwhile to discover whether there is any pattern in a child's pilfering, because continual pilfering of sweets, for example, is more usually associated with emotional deprivation than the pilfering of other things. It is also worthwhile to discover what a child does with whatever it is that he pilfers, because some lonely and unpopular children try to buy other children's friendship by giving them things, and if they have nothing of their own to give they take other children's possessions and give those away. Other children pilfer because they want to attract attention to themselves, usually because they are in some sort of difficulty or distress. One boy, for example, took an expensive watch from another boy, and when his teacher asked him the time, he drew up his cuff and consulted the stolen watch. He was not a stupid boy and the incident led to the discovery of a very unpleasant difficulty he was having in his relationships with his parents. The person from whom a child pilfers is also worth some consideration, because this may throw some light on his relationships with a family figure whom this person represents. There may be no unconscious motivation for a child's pilfering, but consideration and investigation are always worthwhile. Most children pilfer at some time during their childhood, as most children seek attention in times of crisis or anxiety which may be transient. It is important for teachers to be aware of the frequency, persistence and intensity of unusual behaviour because that indicates its seriousness.

The importance of teachers' observation of children's behaviour is emphasised by Chazan (1963) who lists twelve 'danger signals' which indicate that a child is in difficulties. These danger signals are:

1. A sudden deterioration in a child's standard of work
2. Restlessness and inability to concentrate
3. Unprovoked aggression
4. Irritability and sulkiness
5. Delinquent acts, especially persistent stealing despite punishment
6. Clamouring for teachers' attention
7. The emergence of a speech defect
8. Excessive day dreaming
9. Marked variety of moods, fluctuating quickly from elation to depression and anxiety
10. Clumsiness and lack of co-ordination
11. Failure to make and keep friends
12. Hypersensitivity to criticism.

When a teacher becomes aware of one of these danger signals, or several together, it is always worthwhile first of all to record this observation, and then to discover what is happening to the child at the time the difficulty was noticed. Some of the behaviour that Chazan lists may be due to temporary anxieties connected with affairs at home or at school. In these cases, the teacher’s expression of concern and any efforts he can make to alter matters for the child’s benefit are sufficient to overcome the difficulties. Other behaviour, such as continual pilfering, the marked lability of mood, inability to make and sustain relationships with other children, or the emergence of a speech defect, usually indicate deeper-seated difficulties, and while they should be recorded and investigated, the teacher should do what he or she can to arrange help for the child.

Webb (1967) has much good advice to offer to teachers who manage difficult children before the age when special help is usually provided. She describes the teacher’s part in dealing with very young children’s difficulties and how they might seek help when they have not the resources to overcome these difficulties themselves. She suggests that teachers can help by being professionally competent, not only in their actual teaching but also in regard to good record keeping and their ability to make use of the published tests which assess children’s abilities and reveal their weaknesses. She emphasises the need for teachers to cultivate and maintain good relations with other agencies concerned with a child, such as health visitors, child guidance and school psychological service staffs, the children’s department of the social services department, education welfare officers, the NSPCC and local clergy, and with the child’s parents. She describes how she gained one child’s parents’ co-operation and trust so that she was able to discuss with them his anxieties about his parents’
relationship with him and with each other, and she was able to help both the child and his parents by the efforts she made.

The fact that teachers can discover a great deal about children by their observation of them in the classroom is also borne out by Webb. Most of the children in her school were discovered by the teachers (although some were reported to the teachers by health visitors) and not by a psychological or psychiatric examination. Teachers can make their observation of children more systematic by making use of the Bristol Social Adjustment Guides and Rutter’s Teachers’ Questionnaire, already referred to in Chapter 5. Of course neither of these assessments is perfect. Neither of them gives the teacher any idea of how the child behaves at home, and the way a child behaves with the teacher who is filling in the assessment form may be different from the way he behaves with another teacher. Nevertheless, filling in these assessments helps teachers to realise that a child has problems which they may be able to help him overcome, and the completed assessment provides teachers with good evidence which they can discuss with child guidance or school psychological service staff.

If maladjusted children are to be retained in the ordinary school system, the first steps towards accomplishing this are therefore observation of children and awareness of the significance of unusual behaviour. Then follows teacher attention to the child’s problem, and for some children this process of observation and increased attention with a little counselling and support and enquiry into the child’s home situation or into circumstances in the school which may be causing anxiety or stress is often sufficient to help children overcome their difficulties. When the difficulties persist, then the school has to consider other and more radical solutions if the child is to be retained in the school and admission to a special school is to be avoided.

The special unit within the school

One response to the problems of maladjusted children is for a school to set up a special unit of one or two classes within the school. These units are now becoming more widespread and the description that Jones gives of the special adjustment unit in a comprehensive school in Bristol indicates clearly the purpose and
effectiveness of such units (Jones, 1971). The social adjustment unit in Brislington Comprehensive School opened in 1967 in a classroom which could accommodate eight to ten children and two teachers. Jones has described the goals of the unit (Jones, 1973) and these goals are worth considering because they illustrate the advantages of retaining children with emotional and social problems in the ordinary school and demonstrate the possibilities of providing alternatives to special school education. The goals are:

1. To provide immediate help for disturbed children and to do this with the optimum of flexibility.

The children spend on average three terms in the unit, all of them coming from the parent comprehensive school. When first admitted the children spend the greater part of the school day in the unit and their attendance gradually decreases during their period of adjustment so that towards the end of their stay they spend more and more time in the ordinary school. This crossing and recrossing the boundary between unit and school illustrates the desired flexibility. The programme within the unit is varied, the children doing formal work and going on educational visits, caring for pets and having opportunities for craft and cooking. Besides these educational activities the children have opportunities to discuss their problems with the staff, and Jones describes how the children make use of these opportunities to gain some insights into their own problems. The staff preserve positive relationships with the children, these relationships being governed by realistic appreciation of the teachers' roles. As Jones and Davies point out, the teachers could not be parents who love them, but they could 'provide for the child similar experiences that he should have had because parents love him' (Jones and Davies, 1975). Reasonable limits are set on the children's behaviour and tolerance guided by the realisation of the necessity to provide treatment within an ordinary school environment.

2. To explore ways of using help from the child guidance service.

This reflects the increasing realisation among child guidance clinic staff that their particular skills are more effective
when they are deployed in schools where children and staff are interacting than in the consulting rooms where only the children are seen and usually seen individually. This participation and involvement of clinic staff is an indispensable element in making provision for maladjusted children in the ordinary school system. In the Brislington unit the senior educational psychologist spends a morning a week at the school and arranges case conferences with the head of the school and unit staff. A consultant psychiatrist is also involved and a social worker visits the children's homes.

3. To discover the kinds of problems which can be dealt with in the ordinary school situation when special provision, such as the adjustment unit, is available.

This is an important point. For successful treatment of maladjusted children in adjustment units and special classes which do not restrict the children to the unit, where the children attend for varying periods of time while they continue in the ordinary school, the selection of children is a key factor. Such units cannot operate successfully for children who cannot manage in a situation where they have to adapt to two different environments—the unit and the school. In his article on selection of children Jones (1974) indicates which children appear to benefit from placement in the unit. He first distinguishes between aggressive children who do not succeed in the unit and aggressive children who do. The acting-out, aggressive and destructive children whose aggression was a response to stress and frustration copied from parental behaviour, and a response to inconsistent discipline and lack of good parental care, needed firm control and reacted negatively to the freedom and sympathy extended to children in the unit. Those whose aggression was a means of drawing attention to their need for help responded positively to the demonstrations of care and individual interest. The relaxed atmosphere in the unit was appropriate for them because they no longer needed to draw attention to their needs by acting-out, aggressive and demanding behaviour. Jones also reported that grossly emotionally deprived children did not succeed in the unit because they were unable to use the close relationships that existed between
children and staff 'to explore their own areas of personal inadequacy'. Thus, one of the major elements of the treatment the unit set out to provide was of no use to them.

The degree of maladjustment is an uncertain guide to the selection of children for admission to special units. The aggressive acting-out children Jones describes as being inappropriately placed at Brislington may not have been more maladjusted than the children for whom the placement was appropriate. The relevant consideration is not the severity of maladjustment but the kind of maladjustment that children display. This is illustrated by evidence from another source. Whereas it was supposed that when day schools opened the children in them would be less maladjusted than children admitted to residential schools, this did not turn out to be the case, as Roe has pointed out in her survey of maladjusted children (Roe, 1965).

4. To develop treatment programmes linked with education rather than with health.

This raises an issue in the education of maladjusted children to which reference has already been made in Chapter 1. Jones is suggesting that teachers concerned with these children in the ordinary school are looking for a treatment approach which construes the problem of maladjustment in educational rather than in medical terms. It is a recognition that learning theory and behaviour therapy demonstrate how maladjusted children can be helped by concentrating attention on the problem as it is presented to the teacher in the classroom and the alteration of the behaviour by direct methods, rather than by seeking to alter this behaviour by helping children to resolve some internal conflict.

5. To make provision for children in crisis situations or children who are in need of assessment.

6. To provide a half-way house for children returning from residential schools who need support and tolerance while they adapt themselves to changes in their school environment and develop their relationships at home.

7. To focus the therapeutic efforts within the community of home and school.

This adds another criterion for admitting children to an
adjustment unit, because for some maladjusted children it is their home environment which makes it necessary for them to be removed from it for varying periods of time. But for those who do not need this separation from home, admission to the unit does not emphasise the distinction between those who need special help to overcome their problems of emotional and social adjustment, which are usually transitory, and those who do not need this extra help. Admission to the unit so closely linked to the ordinary community emphasises and demonstrates to children that their difficulties are transitory and it reduces the difficulties associated with re-entry into the ordinary school system when children no longer need special help.

8. To provide help where maximum contact is possible between those carrying out the therapeutic processes in the adjustment unit and the staff of the ordinary school.

The presence of the unit within the school and the involvement of clinic staff in it provides ample opportunities for contact between all members of the school staff and those who are principally concerned with children's emotional problems. The school staff can increase their understanding of children's emotional needs and their understanding of children with problems of maladjustment, and they can contribute towards successful work with such children who are in the ordinary school. A special unit cannot achieve its full purpose if it is regarded as a blister attached to a school which contains noxious elements drained off from the school population. If the unit is so conceived, the staff of the school are inclined to regard problem children as being the special concern of the teachers in the unit. It is much more useful and positive for the values and the attitudes of the unit teachers to permeate through the school staff. A high degree of cooperation and understanding among the staff of the school where the unit is operating is vital for such a venture to succeed, otherwise the maladjusted children are segregated and set apart in their own school. The children in the Brislington unit cross and recross the boundary between unit and school. If it is possible for their teachers to do this as well, and become involved periodically in the activities of the ordi-
nary school, this would have many advantages. It would give teachers the opportunities to develop expertise and teaching skills which are not called for in the unit; it would keep them in touch with developments in the school and increase their sense of belonging to the school community; and it would give them a respite from the demands made upon them by children placed in the unit. Work with maladjusted children is arduous and exacting. There are periods when gains are small and disappointments are numerous. Teachers, like children, need success, so that opportunities to succeed in the ordinary school give unit teachers welcome boosts to their morale.

Units such as the one at Brislington are opening in many other areas, and each will develop in the way most appropriate to the school’s circumstances. They undoubtedly provide the solution to many maladjusted children’s difficulties and illustrate the many advantages of retaining these children within the ordinary school system. The children are not removed from the environment they know and where they have friends and relationships in the school and neighbourhood. They are not categorised as being different from other children so the possibility of any stigma does not arise. The staff of the school can meet and discuss children’s problems with clinic staff and teachers who have particular skills in working with children with emotional and social problems. The stimulus and expectations of the ordinary school environment are always in evidence so that the unit children and their teachers are constantly in touch with the mainstream of education. Neither the children in the unit nor the teachers are isolated and unsupported. The children’s parents are kept in touch with the children’s progress and their anxieties about the removal of their children into special schools are avoided.

Help for children not in special units

One of the considerable advantages of a special school for maladjusted children is the child’s awareness that it is a different place from the school where he did not succeed. This is also true, although to a lesser extent, of special units within an ordinary
school. In special schools, the children begin with a fresh slate, and the idea of this fresh start makes its impression on children admitted to them. The awareness of new beginnings is conveyed to them and the children also become aware that the school will provide meaningful experiences for them. For any form of special education to succeed with maladjusted children, especially with older ones who have had considerable experiences of failure, it has to appeal to children as something which is worth their while. Thus, when plans are made to retain maladjusted children in the ordinary school system, whatever these arrangements are they must be convincing. To children the most convincing aspects of this special education are the attitudes of the staff towards them. As they gain experience of the staff, the techniques that teachers employ add to the children's conviction that the activities and lessons provided are meaningful and helpful, but at first it is positive attitudes towards them that are all-important. These attitudes are manifested in the staff relationships with the children.

When teachers work with maladjusted children in special adjustment units, as described earlier in the chapter, they can preserve good relationships with a group of children which are appropriate for all of them. When no special unit is available in the school and staff provide help for maladjusted children in ordinary classroom situations, then teachers have a rather more difficult task. They have to convince children that they can succeed in the same environment where they formerly failed, and they have to form a new and meaningful relationship with these children at the same time as they maintain a different relationship with other children in the school and, indeed, with other children in the same class.

The attitudes that teachers need towards maladjusted children which contribute to successful work with them have already been referred to in Chapter 7, and reference has also been made in that chapter to the skills that teachers need in managing these children. These attitudes and skills are appropriate for maladjusted children in whatever school situations they may be. Teachers working with maladjusted children in the ordinary classroom situation may also find the points raised in Chapter 4 helpful for, whatever provision is made, these children need a stable pattern to their school life, predictable and reliable adults, fixed limits to their be-
haviour and sensitive management during times of the day which may be stressful for them. The assessment of children's difficulties and the need to provide experiences which will contribute to their adjustment, and the educational needs of maladjusted children, are referred to in Chapters 5 and 6. The parents of maladjusted children in the ordinary school may not have quite the same anxieties as parents of children in special schools, but they will have some anxiety and they need the understanding which has been referred to in Chapter 8.

Making provisions for individual learning is particularly relevant for maladjusted children retained in the ordinary school system for whom special class or social adjustment units have not been provided. It is when maladjusted children are in classes with the other children in the school that teachers are frequently faced with some difficult problems. There is the problem of maintaining discipline in a class of children which is constantly disrupted by one child or a very small group of children, and there is the problem of involving a very anxious or withdrawn child in the lessons and activities of the class.

One way of approaching this problem, which is particularly relevant to large secondary schools, is through organisation. One of the disadvantages of a large school is that children are rather overwhelmed by its size and the complexity of its organisation. The children have to adapt to different teachers with different attitudes and routines, and this is something which many maladjusted children find particularly difficult. Therefore, one way in which they may be helped to overcome their difficulties is for them to spend as much time with the same teacher as possible. This could be extended so that one teacher, his class teacher or year tutor depending upon how the school is organised, accepts responsibility for the child during the school day in much the same way as one teacher accepted responsibility for Hugh, the child mentioned in Chapter 5. Small special schools are very different from large secondary schools, and changes in organisation are more difficult to make, but if maladjusted children are to be retained in the ordinary school system, extraordinary arrangements must be made.

It is easy to see what might develop out of such an arrangement. The teacher accepting responsibility for a child can make the sort
of relationship with him that enables him or her to give the child counsel and support. The increasing provision for counsellors and the extension of pastoral care in schools make the possibility of retaining maladjusted children in the ordinary school system much greater, but what is suggested here is an ongoing caring relationship between a child and a teacher. This is the basis of the treatment of maladjusted children in special schools. These children need a personalised approach because they cannot manage adequately, as other children can who are certain of their personal relationships at home, in a depersonalised situation. (The minority of maladjusted children who cannot manage in a personalised situation, to whom reference is made in Chapter 7, are unlikely to be found in the ordinary school.)

Another way of helping a maladjusted child in the school is to provide him with an individual timetable or with a timetable rather different from his class mates, so that he avoids lessons where he is particularly disruptive or particularly anxious and unable to participate. In allowing children to withdraw from a lesson or activity because they dislike it and cannot succeed in it or because they disrupt it, the question inevitably arises whether children should be allowed to be excused in this way. The answer is that it would not be right for all children to be given such an opportunity, but when considering maladjusted children other questions arise. How much geography, for example, is a disruptive maladjusted child going to learn if he cannot get on with the geography teacher, and how much of the teacher’s time and other children’s time would be wasted? How much geography would a withdrawn and depressed child learn merely by sitting in the lesson? The answer to these questions cannot be that the child must be made to behave or made to pull himself together. The Underwood Report states that maladjusted children do not respond to ordinary forms of discipline, and this has never been seriously challenged. It has not been challenged by the advocates of behaviour modification, which has developed from behaviour therapy because children who can respond to ordinary school discipline do not need therapy. When considering whether it is appropriate for maladjusted children to avoid lessons from which they are least likely to benefit, the idea is not to provide them with an easy option but to provide them with as many positive
learning experiences as possible, and as many experiences, such as those referred to in Chapter 6, which increase their self-awareness and awareness of other people, so that they can take advantage of all the subjects of the curriculum as soon as possible. This should be made clear to the children because for maladjusted children to have the idea that they can manipulate adults only adds to their difficulties. For this reason careful observation of their progress at school under a programme worked out and implemented with an individual timetable is as important for maladjusted children in the ordinary school as for children in a special school for whom treatment plans are prepared as described in Chapter 5.

There is an altogether different approach which behaviour therapists would advocate. They would point out that providing a child with an alternative to lessons which he disrupts or which make him so anxious that he cannot participate in them is to reinforce inappropriate behaviour. The use of behaviour modification techniques is therefore another way of helping maladjusted children in the ordinary school system. These techniques are not difficult to apply, and teachers can learn about their use by reading Poteet (1974) and Klein, Hapiewicz and Roden (1973).

In a classroom where one or two children are treated differently from the other children, it is inevitable that they will attract attention to themselves and to the fact that they are being treated differently. It is usually advisable to discuss this frankly with the other children without, of course, making public any information about a child which, although it may be the cause of his difficulties, is no concern of the other children. The other children are well aware that the maladjusted child for whom special arrangements are made does not conform to school discipline or succeed in school as they do, or enjoy his play and make friends. When other children realise that special arrangements are made in order to help the child in difficulties, they usually react positively and give the child their sympathy and encouragement. If the child is disruptive and hostile they are usually very pleased something is being done to make their lives easier. Children vary in the amount of tolerance they show to others, but they usually respond to a positive lead from adults. If teachers are convinced of the value of what they are doing for the minority of children
in the school, the majority of children take their cue from them.

When individual differences are acknowledged and the causes of children’s maladjustment are understood, the way is open for teachers in the ordinary school system, who have to help children for whom no special classes are provided, to make various different arrangements. It may be a behaviour modification programme, or some form of prescriptive teaching; it may be a modified form of Hewett’s educational engineering; or it may be counselling and individual work with individual timetables and a modified curriculum. Whatever it is, it must be convincing and recognisable to the child as a positive response to his needs. The techniques that may be used are not difficult to put into operation. What has to precede the use of these techniques is the existence of positive attitudes towards maladjusted children within the school so that they recognise that they have a chance to succeed and that they are in a caring situation.

*Teachers’ needs*

If these children are to be retained in the ordinary school system, the teachers who are going to help them need to be sure that they will also receive help. They need to know that they will be given advice and guidance from clinic or school psychological service personnel. In some areas, educational psychologists or peripatetic teachers work with the maladjusted children in a school for a period of time each week and advise staff on how they can help these children when they are not there themselves. The question of providing extra ancillary staff to schools where teachers are involved with maladjusted children should also be considered very sympathetically by those who can decide on the employment of part-time or full-time helpers. Some maladjusted children tend to be wasteful of school material and destructive of equipment so the adequacy of capitation and equipment allowances needs to be considered, and the need for such items as audio-visual aids and teaching machines has also to be taken into account. Above all, teachers working with these children need to be assured of support from their colleagues and given every opportunity to attend part-time in-service training courses so that they can in-
crease their understanding of children’s personality and learning difficulties and increase their knowledge of the techniques that are successful with maladjusted children. Attendance at such courses is the best way for teachers to increase their knowledge and professional skills, but they can also learn a good deal from staff of special schools, and visits to these are always worthwhile.

Disruptive and unruly pupils in schools

During the last six or seven years, teachers have become increasingly aware of the presence in schools of disruptive, unruly and poorly motivated children whose behaviour is causing considerable difficulties. The violence and serious ill-discipline in schools is now frequently discussed on television and on radio broadcasts, and reports of attacks on teachers, damage to school property and equipment, persistent truancy, smoking on school premises, intoxication among older children and defiance of school rules frequently appear in the national newspapers and the educational press. Teachers are also aware of the presence in schools of many indifferent and disinterested children who do not co-operate and seem to regard school as a burden and an irrelevance. Older experienced teachers report that, although they are used to dealing with a few uncooperative and rebellious children, their authority and discipline are now challenged in ways that leave them frustrated and powerless, and many young and inexperienced teachers are defeated and demoralised by the disciplinary problems with which they are daily confronted.

It is difficult to know how serious and extensive this problem is, because the stories of violence in schools or defiance of teachers have a news value and the media present them in a very dramatic form. The number of schools where the disciplinary problems are no greater now than they were ten or fifteen years ago do not appear in the headlines. Until research studies are available, consideration of the problem has to depend on the evidence which is available (and much of this is anecdotal), but it certainly suggests that teachers and education officers in many areas are seriously concerned about what appears to be a marked increase in violent and disruptive behaviour in schools. Some of this increase can be explained by the raising of the school leaving age, which had the
effect of trapping children in school who expected when they began their secondary school careers to leave at the age of fifteen (and in some areas where insufficient preparation was made for this extra year, teachers were also trapped). However, this is not a sufficient explanation because, although attention has been focused on the older children, reports of ill-discipline, defiance and violence among younger children are also common.

The evidence which is available suggests that teachers are now confronted with aspects of changes in contemporary society which are affecting their status and authority. They are not alone in this, but they are in an exposed position because they are concerned with the transmission of society’s values. When these values are challenged, or attacked, teachers inevitably feel the effects of challenge in the classrooms, particularly from adolescents who are more emancipated than they were in the past. Teachers are aware, for example, of challenges on what might be called the middle ground of schooling which was laboriously fought for after compulsory education was introduced. (Some indication of how laborious this process was can be gained from the records of the predecessors of today’s education welfare officers—the ‘truant officers’ as the attendance officers were called.) Many children and their parents did not welcome compulsory education, but children and parents eventually subscribed, even if they did this unwillingly at first, to the idea of teachers’ authority and the relevance of the education that was provided in local authority schools. In that sense, teachers and parents and children met on middle ground which for many years appeared to be broad and firm. This may no longer be true, and the middle ground now begins to look narrower and less firm and occupied by fewer children and fewer parents.

Thus, if the presence of unruly, disruptive and poorly motivated children in school is a manifestation of changes in our social structure, then the resolution of the problems these children present will depend upon teachers finding help from those who are in a better position than they are to understand the implications of changes in society.

The recent past provides good examples of such alliances. When teachers became aware of the presence of slow learning or dull and backward children in schools it was educational psy-
chologists and the advent of the child guidance system and the school psychological service that provided teachers with help and guidance. More recently psychiatrists, psychotherapists, educational psychologists and social workers have provided teachers with guidance in meeting the needs of maladjusted children. Each of these professional liaisons has proved beneficial to teachers and children, and other disciplines have learned a great deal from teachers. In the present situation it is not unreasonable to suppose that in the same way that Cohen (1955), for example, explored juvenile delinquency from a sociological aspect and made such an impression on all those who are concerned with juvenile delinquency, those concerned with disruptive and unruly pupils may find the most meaningful explanations of their behaviour will come from an exploration of the sociological aspects of disruptive behaviour.

It is hoped that teachers who are concerned with seriously disruptive pupils will find help in what has already been presented in this book because many of these children behave like maladjusted children. It may be that some or many of these disruptive children are maladjusted and although evidence is lacking on this point York et al. (1972) have shown that some excluded children are certainly maladjusted. In their study of forty-one children excluded from schools in Edinburgh they reported that the excluded children 'are seriously disturbed psychiatrically and have serious educational handicaps'. The children displayed the common signs of maladjustment. Some were extremely aggressive, or had temper tantrums, or were delinquent; they truanted, they were attention-seeking or sulky and had very poor relationships with other children. They came from families characterised by emotional disorders among parents and at the time of their exclusion only five children were living at home with both parents in accord. The authors conclude that, 'As a group these aggressive and educationally backward children excluded from school were characterised by many features of psychiatrically disturbed children known to be of poor prognostic significance.' As this is only one study it would be unwise to draw general inferences from it, but it is certainly disturbing and it draws attention to the fact that there are teachers in the ordinary school system who are having to manage maladjusted children without the
resources of teachers who are working in special schools and classes. In comparison with many of their colleagues working in the ordinary school system, especially in secondary schools in areas of special difficulty, the situation of the teachers working in special schools and classes for maladjusted children is considerably easier. There is a marked discrepancy between the help provided for maladjusted children and their teachers and the help provided for teachers working with disruptive pupils in the ordinary schools.

One of the difficulties about providing help for these children and their teachers is the present uncertainty about the actual size and nature of the problem they represent, for as Dr Pell remarked many years ago, ‘that in the Solution of Questions the Maine Matter was the well stating of them; which requires mother witt and Logick . . . for let the question be but well stated, it will worke almost of itselfe’.

For disruptive pupils, in comparison with maladjusted children for whom special educational treatment is provided, the question has not yet been well stated. However dissatisfied we are with the identification and categorisation of maladjusted children, surveys and research studies have indicated the probable prevalence of maladjusted children in the school population and we know a great deal about the causes of maladjustment and its appropriate treatment. Our lack of knowledge about seriously disruptive pupils may be illustrated by reference to the very common tendency to blame the parents for these pupils’ behaviour and to look for causes outside the school, and also by reference to the goals of the special units that are established for these pupils.

Undoubtedly these children’s parents do have some responsibility for their children’s attitudes and behaviour (although they may be like many parents of maladjusted children and be in need of help themselves), but the faults are not all in the home or in what is so often loosely called ‘in society’. The way schools are organised and the way they function also contribute to disruptive behaviour in some children. It may be an unwitting contribution, but the situations of many parents are such that their contribution is also unwitting.

Hargreaves (1967), in his study of a secondary modern school, discovered that two subcultures emerged in the third and fourth
year classes. One of these subcultures was opposed to the values of the school and the other conformed to the school's values and goals. These two subcultures were associated with features of the streaming system and the nature of the curriculum and the type of interaction between children and teachers in the different streams. Tizard (1973), commenting upon what schools can do to prevent deviant behaviour, suggests that there is a need 'to look carefully at the schools as social institutions possibly influencing the incidence and duration of maladjusted behaviour, at the regimes of particular schools which may provide a more or less benign environment for the pupils'. If there is a large number of seriously disruptive pupils in a school, the question may be asked: is it providing a more or less benign environment? We can then ask whether the staff attitudes—towards difficult or slow learning children; towards punishment; towards the emotional needs of children; towards each other; towards individual differences in children; and towards the children’s parents—which have been described as appropriate for maladjusted children, exist in the school with a high number of disruptive pupils.

Secondly, in areas where authorities establish separate units for disruptive children, there seems to be some uncertainty about the goals of these units and a lack of clarity about their purpose. In some of these units it is difficult for the staff and children to escape from the feeling that they are the discarded ones. In others the emphasis is quite firmly placed on returning the children to the school which they rejected or which rejected them. If children in these units are excluded from schools, they may be as maladjusted as children in special schools, as York et al. have shown. To return these children to the ordinary school would be a considerable undertaking for which resources similar to those provided for special schools would be needed. For others the goal would be quite inappropriate because they need a protected environment. If the criterion for admission to these units is unacceptable at school, then it seems likely that the use of this negative criterion will result in the units being filled with children with many differing needs. One goal, i.e. returning children to the ordinary school as soon as possible, would be inappropriate, for the unit needs a goal for each child. The realisation of these goals illustrates the complexity of the problem.
It may be that although the material already presented for teachers of maladjusted children will be helpful for teachers who are bearing a very heavy burden imposed on them by disruptive and unruly pupils, these pupils need a radical alternative to schools as they are now established. If these disruptive and disaffected pupils are focusing attention on inadequacies in the present school system then, uncomfortable and difficult as this is for those who have to bear with their unpleasant behaviour, these pupils may be doing educators a service. They may be emphasising the fact that for a considerable number of children there is a need to provide alternatives to schooling as it is conceived at present, but consideration of this question raises issues which are outside the scope of this book.
Between 1950 and 1973, approximately 64,834* maladjusted children had been admitted to special day and residential schools, but there is very little information available about these children's subsequent development. The pioneer figures who have written accounts of these schools—all of them residential schools and all of them in the voluntary sector—included some information about the children's progress and subsequent careers, but the amount of information about leavers from these and other types of schools is extremely limited. There are no follow-up studies yet available of children leaving day special schools and indeed, with the exception of the study produced by Roe (1965), the day schools seem to have come into being and developed over twenty years without any evaluation of their work. This seems surprising in view of the fact that between 1955 and 1974 the number of day schools increased from three to sixty-seven.

At the time of writing the only books published in Britain about the education of maladjusted children in special schools, with the exception of Shields (1962), have been written by those who have worked in independent or non-maintained residential schools. It is also remarkable that none of the authors are teachers.

So far no head of a local authority school has published an account of his or her work in a school for maladjusted children. It is difficult to know why this should be so, considering the length of time these schools have been open and the amount of successful work which has gone on in them.

There are reasons for the lack of information about leavers from the special schools for maladjusted children. Both Balbernie (1966) and Shaw (1965) point to the difficulties of assessing the real condition of school leavers. Shaw, who perhaps puts an extreme view, writes that the question of success or failure cannot be determined until the stability of the young man's marriage and his children's development is known. Balbernie, when making his study of eighteen-year-old boys who had attended residential schools for maladjusted children, discovered that one youth, who had been reported as doing well, had not left his attic bedroom for two years. Another, whose work record suggested that he could not settle in regular employment, had had an arm amputated, while a third, who had been regarded as a failure, had been discharged from a Borstal institution and was settling down satisfactorily. Balbernie warns that short follow-up periods do not take into account the test that marriage, for example, makes on any individual's ability to make satisfactory relationships. The marriage of an immature and dependent young man looking for a mother figure may survive, but the birth of children establishes new dynamics for a married couple which can upset the precarious balance that is the most some young people can achieve. Balbernie's study makes it plain that the most reliable follow-up of school leavers is done by personal investigation, which clearly presents many problems.

Apart from the actual difficulties of collecting accurate information, there are the even more difficult matters of deciding what is normal or abnormal adjustment in society and how one can estimate the value and the influence of good experiences. Whether or not children fail when they leave schools for maladjusted children which have provided them with crucial experiences of acceptance and assistance, the fact remains that they have had these experiences and no-one knows when or how they will be important to them. It is very difficult indeed to decide what represents success or failure for many of these children whose early years have been
disasters. For some young children the act of leaving a junior school for maladjusted children and going on to attend a similar secondary school is success for them because they are attending school and not refusing to go to it. They are not turning to delinquency and they are not breaking down. For older children even intermittent and transitory employment is success for those who have experienced long periods of failure and instability.

Looking for accounts of the careers of school leavers in the published works of heads of residential schools, we find that Shaw provides the most complete figures. Shaw has collected information about all the boys who have left his school since 1934, all of them being boys of good average and superior intelligence. He reports that 67 per cent of these leavers were radically cured, 21 per cent had improved, 2 per cent could not qualify for the description improved, and with 10 per cent Shaw considered he had failed. Unfortunately Shaw does not describe the criteria he has used in his classification of leavers.

Burn (1964) in his account of Lyward’s work with older maladjusted boys, also of good average or superior intelligence, has provided some evidence, although it is not very precise, of the future career of the boys who left Guildables and Finchden Manor. Burn reports that 290 boys had been to Guildables and Finchden Manor since 1930, and of these:

15 who had attended for brief treatment in the early nineteen thirties had returned to the ordinary school system. There is no indication whether these boys succeeded or not in the schools to which they returned.
20 boys were mentally ill and had to go away for hospital treatment.
7 boys were too difficult and were sent away.
9 boys ran away.
35 boys were withdrawn by parents or guardians.
12 boys left against advice and Burn reports that nearly all of these needed help and several of them got into serious troubles. Of the remaining 192 boys, Burn reports that ‘nearly all of them had settled down, some in distinguished careers, many in jobs which would have appeared fantastic when they came’.
Lenhoff (1960) makes no reference to the subsequent careers of the boys who left Shotton Hall beyond commenting that most of those who had left were successful and happy and that they returned to the school from time to time. Wills (1945) gave some information about the boys who left Barns School, which was not really a school for maladjusted children but a home and school for very difficult evacuated children. He reports that: 30 boys left against his advice, and of these 30, four were subsequently admitted to an approved school. One was admitted to a mental hospital, and two were prosecuted for committing petty offences. The remaining 20 did not get into trouble as far as was known. Thirteen boys left when they reached the statutory school leaving age and all went on to make satisfactory progress. In his account of Bodenham Manor School, Wills (1960) does not give any information about the subsequent careers of the school leavers.

Jones (1960) in his account of Chaigeley School does not provide any information about the boys who left the school but he does provide interesting information about the effectiveness of treatment approaches in schools for maladjusted children. In his study of four schools, two of them with liberal-democratic regimes and two with more ordered regimes, he found that in the more liberal schools the children were more likely to develop positive attitudes towards adults and more likely to assimilate the adults' values than the children in the more formal schools. He also found that the children's security was increased in the more liberal schools as the regimes in them were more effective in involving adults' support for children.

Balberniece reported on a study of 32 eighteen-year-old boys whose intelligence quotients ranged from 85 to 125 and who had all left residential schools for maladjusted children at the age of sixteen. He found that of these 32 boys:

- 6 were in Borstal institutions.
- 1 was in a detention centre.
- 2 were in mental hospitals.
- 3–4 were deteriorating.
- 4 were what he describes as doubtful cases. Only 2 of them were living at home and none of them were able to remain in regular employment.
2 were seeking discharge from the Services and both had appeared in court.
13 showed no marked and serious deterioration after leaving school. Of these 13 only 3 boys were living at home.
11 of the boys in the sample were in the care of local authorities. For 5 of them fostering had been tried and for none of them had any foster placement lasted for more than a few months.

In his review of the data, Balbernie concluded that:

(a) All the boys who had improved during their stay at the school and whose improvement had been sustained after leaving school had made a satisfactory relationship with an adult on the school staff.
(b) Improvement after leaving school was associated with the continuance of this relationship.
(c) The amount of support for the boys after leaving school was more closely related to outcome than the degree of disturbance in the boys when they were admitted or when they left schools.
(d) The boys who Balbernie described as psychotic or affectionless were as likely to improve and to continue to improve as the less disturbed boys provided that they were given adequate support after they left school.
(e) That for residential placement to succeed it was crucial for those concerned to anticipate the child's relationship with his home when he left school.

Balbernie added that the evidence about the outcome of residential treatment for maladjusted children in special schools was very scanty. That is the position today but, although we know very little about the leavers from residential schools, we know even less about the leavers from day schools or special units.

The accounts so far reviewed were of leavers from non-maintained and independent residential schools for maladjusted children. Considering studies of children in schools maintained by local authorities, Shields (1962) and Roe (1965) have given accounts of children's progress in local authority day or residential schools, or after they have left them.
Shields has reported on a study of boys in a residential school, who had received systematic analytic treatment, using the criteria:

(i) children’s improved relationships with parents and authority figures
(ii) children’s improved capacity to learn
(iii) children’s expanded interests
(iv) children’s improved social relationships
(v) less inhibited but better control of aggression
(vi) loss or diminution of symptoms present on admission.

He found that the results for the boys who had had systematic analytical treatment were significantly better than for those boys who did not, and that the behaviour of these boys showed more improvement than the subsequent behaviour of the others.

His follow-up studies of boys who had left the school showed:

(a) That in the eleven years in which 216 boys had left, 181 boys (83 per cent) had made a reasonably normal adjustment to their homes and to employment.
(b) 27 boys (13 per cent) had been admitted to approved schools or Borstal institutions.
(c) 8 boys (4 per cent) were not in trouble but ‘were managing with some difficulty’.
(d) 4 of the 78 boys who had received sustained analytic treatment had been admitted to approved schools.

Roe made a survey of 140 children in ILEA residential and day special schools and in the tutorial classes. The children’s age range in the samples was from five to fourteen years, and their intelligence quotients ranged from 70 to 120. The children were assessed at the beginning and at the conclusion of the twelve-month observation period.

Roe reported:

(a) That children from all three samples made considerable or average gains (i.e., twelve months) in reading accuracy and comprehension:
17 per cent of all cases gained sixteen months or more in reading accuracy.
40 per cent of all cases gained sixteen months or more in reading comprehension.
25 per cent of all cases gained less than five months in reading accuracy.

(b) Children in the residential school sample made satisfactory gains in arithmetic, but the children in the day school and tutorial class sample did not.

(c) Children in three samples made average gains in vocabulary.

(d) As assessed on the Bristol Social Adjustment Guides, the children in the residential school sample showed a decrease in the number of behaviours indicating maladjustment. The day school sample showed an increase in the number of behaviours indicating maladjustment, although the increase was not significant.

(e) In the day and residential school samples there was a significant two-way trend. Children who had originally scored highly on the Bristol Guides tended to score lower on reassessment and those who had originally scored low tended to score higher on reassessment.

(f) As assessed on the Bristol Guides the tutorial class sample showed a significant reduction in the number of behaviours indicating maladjustment.

(g) A majority of the children in all these samples showed improvement in attitudes and feelings as measured by sentence completion tests.

(h) 16 per cent of day school pupils had transferred to the ordinary school system over a period of two years or had gone into some form of higher education.

(i) Of the 38 day school children who had not transferred to the ordinary school system: 1 had gone to a school for delicate children; 20 had been admitted to residential schools for maladjusted children; 9 had been admitted to approved schools; 4 had transferred to schools for ESN children; 4 had been taken into care.

(j) 46 per cent of the children who had transferred from the residential and the day schools to the ordinary school system
were rated by their new schools as having adjusted very well. 36 per cent were rated as 'passably adjusted'; 18 per cent were showing signs of poor adjustment.

(k) Of the 31 children about to leave their schools or tutorial classes many had undeniably improved, a few had made some progress but might break down under stress, and two or three appeared inadequate or too dependent to make a satisfactory adjustment to work.

The period of time since admission to these new schools for those who transferred to them was only about six months, and the length of time since the children who left the schools to go to work was no longer than a year. 81 per cent of these leavers were known to be in regular employment.

The period of follow-up for children admitted to ordinary schools or going into employment was too short for anything but tentative conclusions to be drawn from this study. Despite these limitations, which Roe acknowledges, the survey provides a great deal of information and no-one has yet produced a better one.

One of the earliest investigations into maladjusted children's progress was made by Petrie (1967), who made a study of 16 boys and 7 girls between the ages of seven and twelve years who were at the residential school where he was a teacher. In identifying the factors which were likely to influence the children's progress he assessed the children's attainments, their scores on the Bristol Social Adjustment Guides and their behaviour as recorded by their teachers over an eighteen-month period. His findings were:

(a) That there was a definite tendency for children whose behaviour was characterised by a predominance of U (Unforthcomingness) and W (Withdrawal) behaviours on the Adjustment Guides to make more progress than children whose behaviour was characterised by other responses.

(b) That children's improvement in social adjustment was not significantly related to their level of intelligence.

(c) That children's adjustment was not significantly related to their age or sex, although there was a tendency for boys to make more improvement than girls.
(d) That the children's improvement at school was significantly related to an improvement in their home situation.
(e) That the children made significant improvement in their reading and arithmetic during the eighteen-month period.

Petrie concluded that during the course of the eighteen months a majority of the children had modified their behaviour and that positive changes in their attitudes and underlying feelings had taken place. He suggested that children needed a period of at least two years for residential placement to be effective, and that the child's age of entry makes a considerable difference to the chance of success. Both these findings accord with teachers' opinions about the timing and the duration of residential placement.

Cooling (1974) made a study of the educational progress of maladjusted children in sixty-eight residential special schools. He found that:

(a) 37 per cent of the local authority residential schools made provision for the children to take public examinations, 55 per cent of the non-maintained schools and 47 per cent of independent schools made similar provisions (the pupils' results on these public examinations are not given).

(b) Of the school leavers:
- 9 per cent went on to some form of further education
- 3 per cent were admitted to approved schools
- 2 per cent were admitted to psychiatric units
- 3 per cent were admitted to hostels for maladjusted children
- 21 per cent were admitted to schools in the ordinary school system
- 13 per cent were transferred to other special schools
- 49 per cent went on to employment

These figures are encouraging. They show that the largest group of school leavers were admitted to ordinary schools or went into employment. But as they do not show how long these children remained in the ordinary schools and how successful they were in employment they must be regarded with caution, and we may note the difference between Cooling's figures and those from a study of school leavers by Tuckey, Parfit and Tuckey (1973), who have also provided information of school leavers going on to
further education or into employment. Their study shows that 97 per cent of school leavers from sixty-eight schools for maladjusted children found employment some time after leaving school. 30 per cent of these had their first jobs for a year or more, 15 per cent were unemployed for six months or more, and the average number of jobs for each school leaver was 4.2. This is the highest average number of jobs for any group of leavers from special schools of any kind.

When considering the children’s prospects of further education, the authors report that 81 per cent of the children who were due to leave in 1979 were considered by their head teachers to be suitable for some form of further education and training. 29 per cent of these school leavers actually received further education, 24 per cent received training only. Most of those who received further education were enrolled in colleges of further education, and others went on to industrial rehabilitation units or training centres.

The lack of outcome research into children attending day schools has already been mentioned above, but Critchley (1969) made a study of the progress of 32 boys in a day school. They were boys of low average intelligence, aged from six to twelve years. Assessed over a two-year period Critchley found that:

(a) 20 boys had shown improvement in their overt behaviour as shown by the Bristol Social Adjustment Guides.
(b) The 10 boys who failed to show any improvement had a high score of HA (hostility to adults) responses on the Bristol Guides. (This is in line with Petrie’s findings.)
(c) The head teacher’s opinion that 27 of the 32 boys had improved over the two years was not confirmed by the results of the Bristol Guides.
(d) The boys had made significant progress in reading but no significant progress in arithmetic.

The increase in the number of day schools for maladjusted children during the past twenty years has been dramatic. At the time of writing, no evaluation of these schools has been published and there are no follow-up studies of children who have left them. In 1970, Lansdown with a group of head teachers produced a
Evidence of Achievements

report on the work of day schools in the London area, but their remarks about the schools’ achievements were confined to references to Roe’s study. They referred to the increase in the number of day schools and suggested that, if these schools were not successful, local authorities would not continue to open them. This may be a justifiable conclusion, but the fact that the increase took place when it did may have reflected the reaction of local education authorities to the Ministry of Education circular 348 of March 1959, which emphasises the need for more day provision.

The evidence on which to base an assessment of the achievements of special schools is extremely limited. The research studies all impose serious limitations upon any attempt to draw general conclusions from the evidence they present. The samples are small, except for Cooling’s study of sixty-eight schools, and where children’s progress has been assessed in their schools or after leaving them, the periods of assessment are short. There are wide variations in the criteria used for recommending children for admission to the schools and classes, and widely different treatment approaches are adopted. Even when a study of progress is made in the schools or classes in one local authority, we cannot assume any uniformity of treatment approach. In the ILEA, for example, where two tutorial classes were operating in one building, the regime in one class was liberal and permissive while the other had a very ordered regime where behaviour modification programmes were used. The inescapable fact is that we do not know nearly enough about the careers of maladjusted children to be at all certain about what the schools and classes have achieved—although we know even less about the classes for, apart from a study of two nurture groups in London (Boxall, 1973), at the time of writing there are no published accounts and no unpublished theses on the outcome of special educational treatment in special classes or units.

That the schools have achieved something is certain. Many of the children admitted with very serious difficulties left them very much improved and successful beyond any reasonable expectation. However, why they improved is not clearly known, and it may be impossible to account precisely for their improvement. Those who have provided accounts of treatment for maladjusted
children have emphasised certain factors they consider crucial for successful treatments. These factors are: good relationships in the staff and support after leaving school (Balbernie); freedom within a structured environment and improvement in the home situation (Pctrie); a liberal and democratic regime (Jones); small groups and individual attention (Roe); psychoanalytic treatment (Shields); individual psychoanalysis (Shaw); shared responsibility and love for the unloved (Wills); provision of primary experiences (Dockar-Drysdale); and paternalism, 'stern love', freedom, and inspired teaching (Lyward). It may be that a system which allows for so much individuality in those concerned with the education of maladjusted children precludes the possibility of a more uniform pattern in the results of the treatment provided. It may be that the difficulties of deciding upon the criteria to be used for what constitutes success and what constitutes failure are so great as to make the exercise useless. But for whatever reason there is a great deal of obscurity about the outcome of special educational treatment for maladjusted children. A systematic and reliable assessment may be beyond the resources of staffs who are busy working in the schools, but it is rather surprising that the increase in the provisions for maladjusted children continues with so little assessment of the existing provisions. It is surprising in view of the fact that a great deal of concern is constantly expressed about the increase in the number of maladjusted children and the fact that educational provision for them is certainly expensive.

There is now a growing tendency to regard the segregation of maladjusted children as inappropriate but, unless more is known about what provision is appropriate for the problems which these children have, there is a strong possibility that as much uncertainty (and possible error) will arise from a policy of non-segregation as may have arisen from a policy of segregation. In this regard, the child guidance clinics and the schools must accept some responsibility for the lack of clarity that surrounds the identification of maladjusted children, their admission to special schools, and the effectiveness of the treatment provided. Some child guidance clinic staffs do not make it as clear as they might why they have recommended a child for admission to a school for maladjusted children, what they expect the school to do for the child, and what their contribution to the child's re-
education might be. The schools would make an important contribution to the better understanding of the effectiveness of the education of maladjusted children if staffs were more certain and more explicit about the treatment approaches they adopt, and the types of maladjusted children they are best able to help. Although some schools and classes have to accept whatever children are referred to them, many do not and there is very great need for heads of schools to be more explicit about their criteria for admitting children, their treatment approaches and their effectiveness as this is reflected in the subsequent career of the children who attended the schools.

While the effectiveness of the education of maladjusted children would be increased if it were systematically assessed, recording the subsequent success or failures of children after they left the special schools cannot represent anything more than part of the evidence of these schools’ achievements. We must also consider the differences in the treatment of difficult and delinquent children during the last thirty years where the influences of new ideas should be most evident. Here the evidence is clear, for the pioneer figures of special educational treatment of maladjusted children made significant breaks with traditional methods and new concepts of treatment have evolved.

One major development has been the emergence of the therapeutic milieu, which at its most effective is planned environmental therapy described by Righton (1975) as ‘a deliberate use of everyday living experiences, shared by a team of professional workers and of a variety of client groups, in order to achieve, jointly, a complete or partial solution of the problem confronted by members of the client group’. One constituent of planned environmental therapy, but not an indispensable constituent, is shared responsibility. This is sharing the responsibility for the management of the community, and for the treatment of individuals in the community, between staff and clients. When Wills (1941) pioneered this technique at Hawkspur Camp the clients were unemployed and delinquent young men, but at Barns and Bodeham Manor they were maladjusted children.

This development therefore derives from the treatment of delinquents, as its similarities with Aichorn’s and Homer Lane’s work makes clear. The pioneers who were working with delin-
quents broke with tradition by treating children and not by seeking to train them in custodial and punitive institutions. The treatment was based on Freudian psychodynamic theory, but in work with maladjusted children, whereas Shaw includes individual psychoanalysis as a major part of his treatment Wills did not. For Shaw, a high intelligence and an ability to profit from psychoanalytical treatment are criteria for the admission of pupils to his school. Wills made no such stipulations, although the success of his methods does depend on children’s ability to verbalise their feelings, and to profit from community meetings and gatherings with unmistakable similarities to a therapeutic group. Wills’s treatment was in line with the psychodynamic theories which he had learned during his training as a psychiatric social worker and developed in practice.

The influence of these ideas on the education of maladjusted children has been considerable. There are now many schools for maladjusted children, both day and residential, where daily or weekly meetings are a feature of the therapeutic approach. They are used to help children gain some insights into the effects of their behaviour on others, to explain why others behave to them in the ways that they do, to enlist the help of children by a frank discussion of common problems, and, when appropriate, to confront children with the examples of their own behaviour which is causing others concern. The uses that can be made of the community meetings have been described in Wills’s books, and Weaver (1968) found that of all the books written about the treatment of maladjusted children, the majority of the head teachers he consulted regarded Wills’s work as the most helpful.

Another major development in the education of maladjusted children comes from the work of Barbara Dockar-Drysdale at the Mulberry Bush School. Barbara Dockar-Drysdale is now consultant psychotherapist to the school, but she and her husband founded it and were for many years the joint principals. At this school, work with maladjusted children has been based on Winnicott’s theories and the staff, teachers and child care workers alike, have developed a treatment approach that provides children with primary experiences of which they were originally deprived in their relationships with their mothers (Dockar-Drysdale, 1968, 1973). She has understood and has been able to communicate to
others the support and guidance that teachers need when they work closely and continuously with maladjusted children. Her work has added considerably to our knowledge of the needs of maladjusted children, especially our knowledge of the characteristics of what she calls 'the frozen child', the concept of integration and non-integration, the importance of sensitive management of maladjusted children during stages of regression, and the importance of understanding what a deprived and maladjusted child is communicating to individuals in his environment.

The work of the pioneer figures like Wills, Shaw, Lenhoff, Lyward, and Barbara Dockar-Drysdale has made it possible to understand the importance of a therapeutic school community in a way that was not possible thirty years ago. Their ideas which were put into practice amidst some hostility and a good deal of scepticism are now widely accepted, and indeed, accepted without realisation of their origins. The climate of opinion around maladjusted children has changed. This change depended upon the breaking away from punitive attitudes towards troublesome children, and demonstrations of the success of treatment approaches which are based on a more realistic appreciation of children’s needs. This is a major achievement of the schools for maladjusted children.

It is interesting to recall that the word therapeutic has two meanings—to heal and to give service. What has distinguished successful teachers with maladjusted children has been their recognition that these children need their service. The idea of giving service to children with special needs has always pervaded the whole field of special education. For the needs of the manifestly handicapped—the blind, the deaf or the physically handicapped—the idea of service is more easily acknowledged. The idea of giving service to delinquent, aggressive and difficult children is not so readily acknowledged. One of the achievements of those who have been most influential in the education of maladjusted children is that the idea of service and professional commitment to these children is central to their approach. The sympathetic response to children’s needs, and a certain degree of selflessness, have been characteristics of teachers who have been of most help to maladjusted children, and their attitudes have influenced their colleagues in the ordinary school system.
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References 259

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References 261


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Index

Admission criteria 57–73
Anxiety, in children 9, 13, 17, 18, 19, 34, 35, 82, 85, 88, 95, 144
in parents 196–9, 201–2
in teachers 6, 34, 86, 95
Art 133–6
Assessing behaviour 185–6
Assessment 101–3
of attainments 107
of intelligence 106–7
of language 105–6
of motor and perceptive skills 104–5
of personal adjustment 107
of social development 108–9
Attachment behaviour 3, 15, 16, 17
Axline, V. 170

Balbernie, R. W. 59, 173, 242, 244, 245, 252
Bandura, A. and Walters, R. H. 19, 20, 21, 22, 23, 85
Barker, P. 73
Behaviour disorders 48
Behaviour modification 25–6, 32, 181, 183, 185, 232, 233, 234
Behaviour therapy 24–6, 167, 181, 232
Bettelheim, B. 134, 135, 170
Bowlby, J. 2, 4, 11, 15–18, 26, 200
Boxall, M. 251

Brain-injured children 3
Bridgeland, M. 120
Brislington unit 225–9
Bristol Social Adjustment Guides 47, 54, 65, 69, 107–8, 140, 224, 247, 248, 250
Burn, M. 35, 120, 243
Burt, C. 2, 55, 140

Case conference 113–16
Case notes 99, 110–11
Chazan, M. 140, 222
Child Guidance Clinic 29, 57–8, 59, 63, 64, 68, 70, 252
Children’s arrival at school 87–9
Children’s departure from school 94
Communication 99–100
Conduct disorder 6, 7, 33–5, 38–9
Cooling, M. 249
Counselling 124–6
Craft 132–3
Cruickshank, W. M. 31, 121
Curriculum 120–65

Davie, R. 54, 55
Day schools 53, 64–7
Development disorders 33, 40–1, 48
Discipline, see Assessing behaviour,
Fixed limits to behaviour, Ignoring
Index

Discipline—cont.
- behaviour, Observing behaviour,
- Punishment, School organisation,
- School rules, Teachers’ attitudes,
- Teachers’ management of maladjusted children, Teachers’ qualities, Teachers’ relationships with children, Teachers’ skills

Disruptive pupils 235-40
Dockar-Drysdale, B. E. 9, 86, 91, 120, 176, 252, 254
Douglas, J. W. B. 140

Drama 130-2

Early identification of children’s problems 220-4
Educational psychologist 28-9, 32, 101, 116, 171
Educational retardation, see also Reading retardation 33, 45-6, 49

End of school term 96-7
Erikson, E. 11-13

Fixed limits to behaviour 80-3
Follow-up studies 241, 242-9
Freud, A. 18, 19

Graham, P. and Rutter, M. 29, 55-56
Group discussion 124-6
Gulliford, R. 2, 112, 142, 149
Gunzburg, H. C. 108

Handwriting 141-2
Hargreaves, D. H. 238
Head teacher 95, 96, 98, 99, 110, 115, 176, 177, 179, 201, 203, 205-6, 212
Hersov, L. A. 60, 72, 200
Hewett, F. M. 145, 147, 148, 176, 234
Holidays 97
Horney, K. 4, 13-15, 22
Hospital schools 53, 71-4
Hyperkinetic children 41-2

Ignoring behaviour 190-2
Integration (of personality) 7-9
Intelligence tests 106, 112
Isle of Wight surveys 56, 57, 105, 109, 121, 140

Jones, H. 60, 61, 244, 252
Jones, N. 195, 225, 226

Kephart, N. C. 104
Klein, M. 4, 7, 9-10, 18
Kramer, E. 134, 136

Language development 105-6
Lenhoff, F. E. 2, 35, 120, 244
London tutorial classes 69-70
Lowenfeld, M. 128
Lyward, G. 243, 252

Manchester Scale 108
Maslow, A. H. 3, 12

Maternal deprivation 15-18, 141
Mathematics 140, 141, 145
Meal times 91-3
Moore, T. E. 127, 135
Morning assembly 88-9
Motivation 145-9
Motor skills 104-5, 141
Mullahy, P. 144-68
Music 150-1

Neale, analysis of reading ability 141

Neighbours 137, 210-13
Nervous disorders 48
Neurotic children 7
Neurotic disorder 33, 35-6, 37-8

Observational learning 20, 22
Observing behaviour 181-5
Obsessional behaviour 35
O’Leary, K. D. 35, 182, 188
Open evenings 209-10
Organic disorder 48
Organised games 129

Parents of maladjusted children 68, 194-210
Parents’ meetings 206-8
Perceptive skills 104-5, 141
Petrice, I. 248, 249
Physical education 151-2
Pilfering 183, 221-2
Planned environmental therapy 253
Play 93, 126-8
Play time (‘break’) 89-91
Plowden Report 126
Poteet, J. A. 146, 233
Premack principle 148
Prescriptive teaching 146-7, 234
Prevalence of maladjustment 54-7
Pringle, M. L. K. 55, 141
Psychiatric disorder 29, 56
Psychiatrist 28, 29, 115, 171, 172, 175
Psychodynamic theory 4-19, 23
Psychotic children 33, 36-7, 42-4, 73
Psychotic disorder 48
Psychotherapist 115, 166, 167, 171, 172, 175
Psychotherapy 115, 125
Public relations see Neighbours and visitors
Punishment 34, 83-7, 92
Puppets 132

Ratcliffe, T. A. 59
Readiness to leave school 133-4
Reading 145
Reading retardation 103, 113, 140-4
Record keeping 109-12
Redl, F. 6
Redl, F. and Wineman, D. 35, 125, 170, 190
Reinforcement of behaviour 21-2, 24, 185
Remedial teaching 142-3
Reports 110-12, 117-19
Residential schools 53, 59-63, 64, 65, 66, 72, 74
Restitution 85-6, 212
Roe, M. 61, 65, 68, 140, 227, 241, 245, 246, 248, 252
Role play 132, 137, 161
Rutter, M. 5, 33, 35, 36, 55, 56, 108, 141, 224

'Scapegoat' children 183, 197
Scheuer, A. L. 170
School administration 97-8, 216
School leavers' programmes 152, 157-65
School organisation 75-96
School rules 79-80
School transfer programmes 153-7
Sensory deficiencies 3
Sex education 138-9
Shaw, O. 120, 242, 243, 252, 254
Shields, R. W. 39, 167, 241, 245, 246, 252

Social competence 108
Social learning 136-7
Social learning theory 19-24
Social workers 68, 100, 115, 163, 164, 166, 167, 171, 196, 197, 201, 205-6
Sociodrama 132, 159, 160
Special classes and units 53, 68, 69, 70, 225-8
Spelling 141, 145
Staff absences 95-6
Stott, D. H. 2, 27, 45, 46-7, 107

Tansley, A. E. 104, 157
Teachers' attitudes 168-78
Teachers' attitudes to children 168-71
Teachers' attitudes to colleagues 171-4, 205
Teachers' attitudes to parents 68, 199, 201
Teachers in interdisciplinary work 166-7
Teachers' self attitudes 174-8
Teachers' management of maladjusted children 87-97
Teachers' professional needs 178-80
Teachers' qualities 77-9
Teachers' skills 180-93
Tizard, J. 104, 121, 239
Treatment plan 113-16
Tuckey, L. 249

Ullman K. 25, 35
Underwood Report 2, 9, 36, 47-9, 55, 64

Visitors 214-17

Wardle, C. J. L. 33, 34, 35, 61, 73, 138
Webb, L. 223, 224
Williams, N. 153
Wills, W. D. 35, 81, 120, 125, 176, 244, 252, 253, 254
Winnicott, D. W. 4-9, 11, 18, 26, 78, 128, 254

York, R. 237, 239
Yule, W. 141