

4 The children, their schools, families, and therapists

Summary

There are many influences on child development and for this reason, we describe not only the children themselves but also their environments, particularly their schools and families.

Background information was amassed regarding the schools selected for the study. As we point out, the evidence suggested that these schools were reasonably representative of those in Newcastle upon Tyne and Gateshead.

The characteristics of the families of the pupils involved in this study (family composition, child and family health, social hazards, social conditions, family relationships, attitudes towards each other, and attitudes towards other members of the community) are outlined in this chapter.

Also, we discuss the overall picture of the children's handicaps at the outset of the research project. This was obtained by means of parental reports (on behaviour and temperament) and school measures (on behaviour, peer relationships, self-assessment, ability and attainment, and attitude to school).

In addition, we point out that the therapists involved were fully trained professionals, but differed in their therapeutic characteristics.

In order to assist in our descriptions, we will refer in this chapter to the normal control groups who acted as a comparison to screen-positive study children. (The former were randomly selected from the screen negatives as outlined in Kolvin *et al.* (1977) and Macmillan *et al.* (1980).)

The children's schools

Six junior and six senior schools were selected as being roughly representative of those in the two adjacent cities of Newcastle upon Tyne and Gateshead. In addition, one senior and one junior school were used for pilot purposes. In this section we provide an account of two types of information about these fourteen schools. First, we list simple factual information about them and, second, detail more fundamental characteristics of teacher management, qualities of interest and care, etc.

FACTUAL DATA - SENIOR SCHOOLS

The pupils

A high percentage of the children in the seven schools studied received free school meals. Without going into detail, free school meals are made available to children coming from poor or underprivileged homes and therefore the percentage of such children in a school tends to reflect the type of neighbourhood in which the school is located. In only one school was the number receiving free school meals under 10 per cent, and in three schools it was over 30 per cent, with the other schools falling between these extremes.

Turning to school attendance of pupils we obtained information relating to the previous school year. The average rate of attendance was 87 per cent and the differences between schools ranged from 79 to 95 per cent.

We also enquired about whether the schools suffered from vandalism in the previous year and asked the Headteachers to rate this as marked, moderate, or little. Two of the schools were considered to have suffered extensive vandalism, two moderate vandalism, and the other three little vandalism. We tried to obtain some estimate of the amount of vandalism by calculating the cost per pupil to the school, though details were difficult to obtain as some of the schools did not keep a record of this type of information. From what we could ascertain, the range was from as little as 64 pence per pupil (averaged) to as much as £9 per pupil per annum.

We obtained some additional information about the school in general, such as the number of pupils excluded in the previous academic year. In three of the schools no pupils were excluded, in another two schools two or three pupils were, and in the remaining two there were slightly higher rates - one had excluded six pupils and the other eight in the previous academic year.

We produced a child movement index based on children moving schools. Their reasons for doing so were varied, ranging from, for

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example, moves due to family change of home address, their having been excluded by school due to behaviour problems, or their current placement having been inappropriate. We then obtained a total score of movement and from there a child movement index in relation to the number of children in the school. This averaged about 3 per cent with 6.6 per cent at the highest level in the previous school year.

The teachers

Our next set of data covers the senior school teachers. It was interesting to note that the percentages of married teachers ranged from 63 to 83 per cent with an average percentage of 76. We calculated the number of young teachers compared to older ones, defining young teachers as being under forty and older ones as being over that age. We found that the number of young teachers ranged from 48 per cent at one extreme through to 83 per cent at the other. On average, about two-thirds of the teachers in the secondary schools were under forty.

We also looked at the percentage of teachers who had recently joined the schools and noted that this was quite high in some schools with as many as 42 per cent of teachers having joined over the two academic years previous to the start of our project. In other schools there was much more stability in the sense that over the same period only 17 per cent of the teachers were newcomers. The average percentage of staff joining the schools over the previous two academic years was about 28 per cent. This period proved to be a time of considerable staff movement in all the senior schools and was subsequently followed by considerable staff stability. We tried to obtain information about teacher absenteeism but this was only available for five of the seven schools studied. We converted the information to an index in relation to the number of part-time and full-time teachers, but because this was a conversion formula rather than a provision of raw data, it is not worthwhile reporting it here. Perhaps, though, it is useful to comment that it corresponded quite closely with the underprivilege index reported below.

Neighbourhood support

Information was gathered about the neighbourhood support for the school, as perceived by the Headteachers who rated it in terms of much support, moderate support, and relatively little support. Additional information was requested if the support was described as particularly good or particularly poor. In no school was there marked neighbourhood support, in four there was some or moderate support, and in three relatively little.

Finally, we developed an index of underprivilege based on the

number of children having free school meals, the amount of neighbourhood support for the school, and the extent of vandalism experienced. Using this index we found that it was immediately clear which schools had high and which had low rates of underprivilege.

FACTUAL DATA - JUNIOR SCHOOLS

Again we have information on seven schools, one of which was a pilot school, the other six being included in the main research project.

The pupils

There were no schools with under 10 per cent of children having free school meals; one school had over 10 per cent, two had over 20 per cent, and four over 30 per cent.

The school attendance rate was higher than in the senior schools; the average percentage of pupil attendance for the previous academic year ranged between 88 and 95 per cent. As was the case with the seniors, very few of the schools had immigrant children - the numbers being between 1 and 2 per cent.

The extent of vandalism in the junior schools was very low, with only one school having what the Headteacher regarded as a moderate problem; all the others reported little in the way of vandalism.

The percentage of children moving from our schools to others averaged about 6 per cent with 10.9 per cent at the highest level in the previous school year.

The teachers

The percentage of married teachers was as low as 45 per cent in one school and as high as 78 per cent at the other end of the range, with the average of those married being 60 per cent. The presence of young teachers ranged from 42 to 80 per cent, with an average of 67 per cent.

Staff who joined the school over the two years previous to the start of our project ranged from 7 per cent at one extreme to 50 per cent at the other. In relation to staff joining, the average was 26 per cent. The teacher absenteeism or illness rate was calculated as an index as was teacher training and teacher experience. As these were indices there is no great merit in describing them here, except to say that there were considerable differences between the schools.

Neighbourhood support

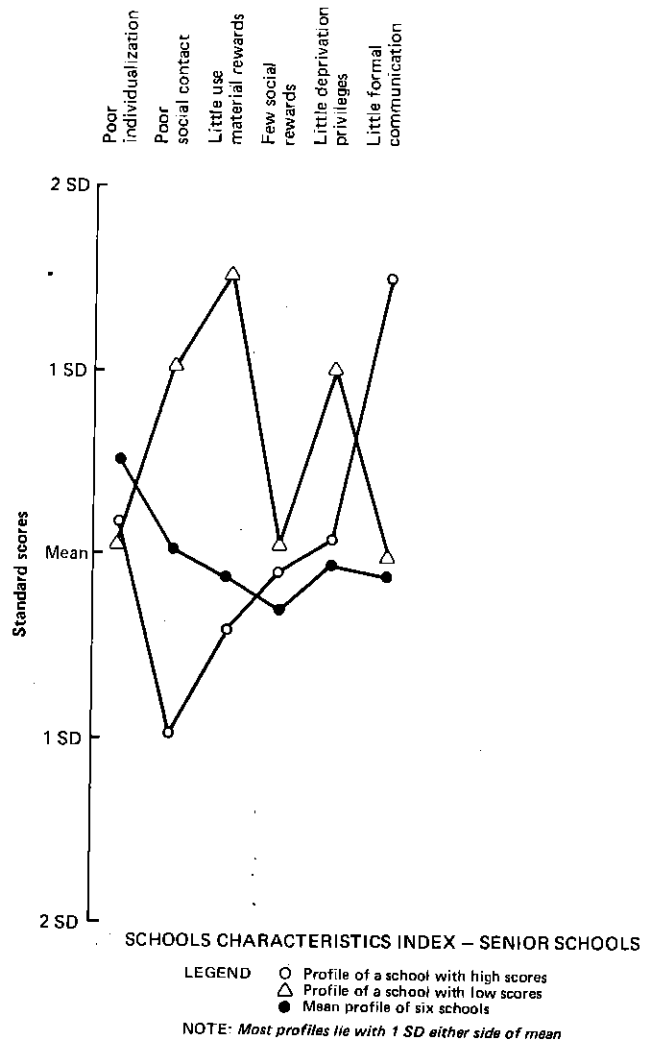
In comparison with the senior schools there was much more neighbourhood support for the junior institutions, two of them being described as having considerable neighbourhood support, two others

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as attracting it to a moderate extent, and the other three reporting little support.

Finally, moving to the underprivilege score we found that there was a wide range of underprivilege, but that it was not so great as in the senior schools.

Figure 4(1) Comparison of senior schools (the mean on the vertical axis represents the local mean based on fifteen schools)

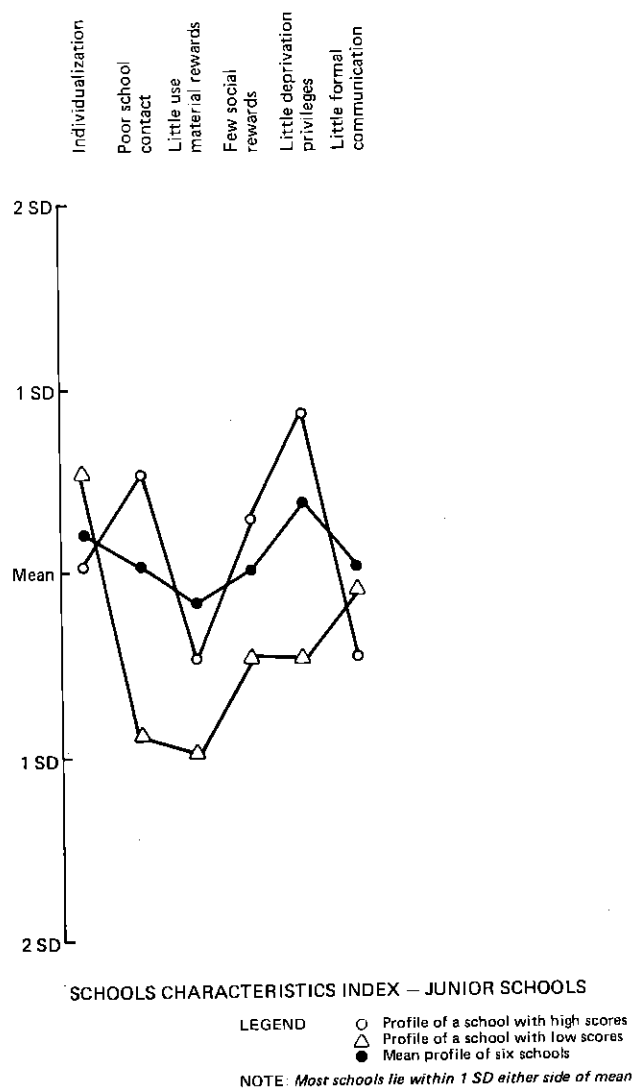


CHARACTERISTICS OF THE SCHOOL ENVIRONMENT

We used an interview technique to provide measures of characteristics of schools – the Schools Characteristic Index, which is described elsewhere (Mullin 1979).

The graphs that we present (Figs 4(1) and 4(2)) are profiles of some of the schools in comparison with the 'norms', the latter being based on

Figure 4(2) Comparison of junior schools (the mean on the vertical axis represents the local mean based on fourteen schools)



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fifteen senior and fourteen junior schools. In each graph we present the mean for either the six junior or six senior schools in the study and for two schools that appeared to have rather different profiles from the others. Of the latter, at the senior school level, one school had little in the way of social contact between the staff and pupils, and the teachers made very little use of either material rewards or deprivation of privileges in their management of the children. The scores for this school were seen to digress about one standard deviation from the mean on these particular scales. In the second school the picture was rather different: there was good social contact between staff and pupils and the school did not use an extensive amount of formal communication. The average profile of the six senior schools showed how little the schools, as a group, deviated from the mean profile of all the schools studied.

At the junior school level, there is little in the way of variations, though there were some differences worth reporting – for instance, the graph shows how in the two slightly unusual schools there was poor social contact. Furthermore, a study of the use of deprivation of privileges, showed this approach was more readily applied in one school and less in the other, but the difference was not great. It was further noted that an average profile of the six schools did not deviate very much from the mean profile of all the schools studied.

These profiles tended to suggest that each of the six sets of senior and junior schools selected for our research were reasonably representative of the total population of schools studied. Nevertheless, the differences demonstrated very strongly supported the decision to use a method that allowed for disparities between schools to be taken into consideration throughout.

The children and their families

The characteristics of the families of the pupils involved in the study are outlined in this section. Further details about the population from which the study children were selected, including background characteristics, are provided elsewhere (Kolvin *et al.* 1977; Nicol *et al.* 1981), where they are compared with those of the normal controls.

In the junior age range (seven to eight years) there were 265 first-year pupils (60.4 per cent were boys and 39.6 per cent were girls). The older pupils (eleven to twelve years) were in their first year of senior school and, again, boys outnumbered girls (55.5 per cent to 44.5 per cent respectively). There were 309 senior pupils assigned to the various regimes at the start of the study.

Although the inclusion criteria for the two age ranges were different

(and harsher in the case of senior pupils) there was a surprising similarity between the family characteristics of both groups. Hence, for the purposes of presentation, the family details of the two sets of pupils are considered together, though occasions where differences arose are discussed.

FAMILY COMPOSITION

In some of the following descriptions we compare the rates of various features found in the screen-positive study children with those of the groups of normal controls, thereby illustrating the abnormal characteristics of the screen-positives.

Intact families

The type of family situation that study children were experiencing is shown in Table 4(1). Proportionately fewer of the senior pupils than the junior ones lived with both their natural parents, 17 per cent of the former coming from single-parent families. Further, for both age groups the rate of single-parent families in this study easily exceeded the 10 per cent rate reported for children of all ages (Finer Report 1974) and the 6 per cent rate found amongst seven- and eleven-year-olds in the National Child Development Study (NCDS) (Wedge and Prosser 1973). Irrespective of age, four of the study children had been adopted, three were fostered on a long-term basis, and the remainder were living with their parents or relatives.

The living arrangements of the children largely reflected the civil state of the parents. The proportion of children who had experienced the break-up or dissolution of their parents' marriage was very similar (18.3 per cent of seniors and 15.7 per cent of juniors).

Table 4(1) *Family situation*

<i>child living with</i>	<i>seniors</i>		<i>juniors</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
both natural parents	224	73.7	201	77.3
natural mother alone	44	14.5	30	11.5
natural father alone	7	2.3	2	0.8
natural parent and step-parent	23	7.6	17	6.6
living away from both natural parents	6	1.9	10	3.8
total (available data)	304	100	260	100
missing data	5		5	

National origins

The national origins of fathers were more varied than those of mothers. 93.5 per cent of the fathers of junior pupils were born in Britain and of

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the remainder the largest sub-group were of Asian origin (3 per cent); even fewer of the fathers of senior children came from abroad. There were only eight mothers from the two age groups who were not British-born, and of these all but three were of Asian origin. Thus, the demographic characteristics of these families were similar to those reported in previous studies undertaken in the north-east of England (Kolvin *et al.* 1981).

Parental age

The average age of mothers of junior pupils was thirty-five years and five months, and thirty-eight years and ten months for fathers. Not surprisingly, the parents of the senior pupils were slightly older (thirty-nine years and five months in the case of mothers, and forty-two years and four months for fathers).

Family sizes and ordinal positions

Table 4(2) gives the distribution of children per family. The average size of families was slightly higher in the case of senior pupils than of junior ones (4.25 and 4.1 children respectively). Large families, i.e. those with five or more children, were marginally more common in the senior pupil group (41 per cent). The proportion of large families amongst the junior children was still double that reported in the NCDS for a similar age cohort (Wedge and Prosser 1973). The mean number of children was higher in the screen-positive than in the normal control groups ($p < .05$) (see Kolvin *et al.* 1977; Nicol *et al.* 1981).

Table 4(2) *Number of children in family*

<i>number of children</i>	<i>seniors</i>		<i>juniors</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
single children	19	6.2	14	5.4
two	46	14.9	47	18.1
three	62	20.1	57	21.9
four	55	17.9	48	18.4
five	62	20.1	34	13.1
six or more	64	20.8	60	23.1
total (available data)	308	100	260	100
missing data	1		5	

FAMILY HEALTH

Child health

Circumstances at birth. Each family was questioned as to the presence of the following health problems during the perinatal period: haemorrhaging or high blood pressure during the pregnancy; prolonged

labour (more than thirty-six hours), a breech or emergency Caesarian operation; a premature birth (before the thirty-sixth week); a birth-weight of less than five-and-a-half pounds; breathing difficulties, fits or severe jaundice in the infant.

Any of these difficulties could occur singly or in combination with one another. Approximately one-third of the study children had experienced one or more of the perinatal problems and a tenth of them had experienced at least two of them. The high rates of such problems were probably a reflection of the high loadings of adverse social experiences of these families.

Developmental history of the child. There are a number of problems associated with retrospective accounts of child behaviour and development: first, there is the difficulty of recall (Yarrow 1963); second, the wide range of normal variations for achieving milestones. Nevertheless, three simple questions are frequently relied upon to provide information about a child's development: when did the child take three steps unaided?; at what age did the child use two- or three-word phrases?; when was night-time bladder control achieved? Such questions are likely to provide valid information concerning only gross delays in development.

By the age of eighteen months only a minority of the study children (2.3 per cent of juniors and 4.3 per cent of seniors) had failed to take three steps unaided and only seventeen had not used three-word sentences by the time they had reached their third birthday. These figures were within the range of expectation of such delays in a Newcastle upon Tyne population of school children (Neligan, Prudham, and Steiner 1974; Fundudis, Kolvin, and Garside 1979).

Delays in achieving consistent bladder control at night were quite common amongst the study children and 17 per cent of junior pupils had not achieved control – i.e. bed-wetting occurred more than once a month – by the age of four-and-a-half years. The figure for senior pupils was 15 per cent. In addition, 11 per cent of the juniors were still wetting the bed at the age of seven, and 7 per cent of the seniors were still doing so at the age of eleven. Again, on the basis of earlier population studies in Newcastle upon Tyne, these rates were quite within our expectation (Kolvin, MacKeith, and Meadow 1973; Miller 1973), though the rate at seven years was double that described in a national study (Blomfield and Douglas 1956). However, significantly more of the senior screen-positive children had bowel/bladder problems than did the normal controls.

Child illness: physical. Again, there was a similarity in the rate of mild handicap at both age levels amongst the study children. The major exception was, however, in the number of visual problems (including

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squint). Especially notable were the numbers of children who required spectacles. Senior pupils were twice as likely to wear glasses as the younger children (17 per cent as opposed to 7 per cent). This may, however, not be a true difference, but merely a reflection of the age at which pupils are screened for such problems.

Only seven of the study children had been diagnosed as suffering from some form of deafness, but 9 per cent had some form of ear trouble, the most common complaint being repeated or chronic ear infection. A surprisingly high percentage of them (9 per cent) had received a head injury that had involved either loss of consciousness, hospital contact, or fracture.

The sequelae of these accidents and health difficulties were reflected in the number of reported hospital admissions for these children. Admissions were marginally more common among senior pupils of whom one-quarter (24.4 per cent) had undergone an operation requiring a general anaesthetic and of whom a further 23 per cent had been admitted to hospital but not required an operation. For junior pupils, the rates were 21 and 20 per cent respectively.

Mothers were asked if their child had any chronic disability or physical disorder that had necessitated more than a term's absence from school, involved either regular attendance at a clinic or the use of special facilities at home. Overall, 7 per cent of the study children had been affected in some such way. We should point out that while all illnesses occurred more frequently in the screen-positive children than the normal controls, this difference did not prove to be significant.

Child illness: emotional. It was reported that 7 per cent of both senior and junior study children were seeing a GP for an emotional disorder. An additional 7 per cent of senior and 4 per cent of junior pupils had been in touch with their family doctor for emotional problems at some time prior to the preceding six months. More of the older pupils than the junior ones had a history of psychiatric help. Amongst the former, 6 per cent fell into this category whilst only 3 per cent of the juniors did so, but this was likely to be a function of age. Again, such medical contact was significantly higher in the screen-positive children than in the normal control groups.

Family health

Physical health. A number of studies have shown that certain types of child psychiatric problem are associated with parental physical and/or emotional ill-health (Rutter 1966; Wolff and Acton 1968).

In our study children's families both physical and emotional problems were much in evidence. One-third of the families had at least one

member affected by a chronic or recurrent physical illness that had lasted continuously or intermittently for more than a year, and that had substantially impaired a parent's work capacity. In 6 per cent of families illness affected more than one member, but most often illness was confined to one of the parents.

Emotional health. Many studies have shown that complaints of 'nervousness' in children correlate with psychiatric disorder in their parents (e.g. Hare and Shaw 1965). Wolff and Acton (1968) correlated the response to a simple question about 'nerves' with other indices of maternal psychiatric disorder. They found that the response correlated significantly with psychiatric illness, treatment for psychological conditions, hostility scores on the Foulds Hostility Scale (Foulds 1965), and ratings of personality disorder made after an extensive parental interview.

Parents were asked the simple and useful question 'Do you suffer with your nerves?' (Nicol *et al.* 1981). Mothers of senior pupils answered positively in 46 per cent of cases and fathers in 12 per cent. The figures for parents of junior pupils were 42 and 10 per cent respectively. A second measure of maternal health that we used was the Goldberg Health Questionnaire (Goldberg 1972). The scores of mothers of our study children were compared with those of the mothers of the normal control groups and the comparisons are described in other publications (Kolvin *et al.* 1977; Nicol *et al.* 1981), but to summarize, the mothers of senior pupils who were screen-positive had significantly higher scores than the mothers of the normal controls; the mothers of screen-positive junior pupils also obtained higher scores than their counterparts in the normal control groups, but here the difference was not statistically significant.

A harsher but more reliable estimate of the presence of parental emotional problems was obtained by recording those with a psychiatric history. Evidence of previous or current outpatient and inpatient psychiatric help was found in 14 per cent of the parents of senior pupils and in a similar percentage of parents of the juniors.

With so many parents experiencing psychiatric difficulties, other children in the families, apart from the study children themselves, may be at risk. In fact, 8 per cent of both senior and junior pupils had brothers or sisters who had been referred to a psychiatrist. A further 6 to 7 per cent had siblings who had received advice from GPs for emotional difficulties.

SOCIAL HAZARDS

Child experiences

Parent-child separations are accepted as a potential cause of short-

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term distress but, in themselves, play only a minor part in the causation of persistent psychiatric disorders (Rutter 1971; Rutter and Madge 1976). It is when separations involve unpleasant experiences, or when they reflect longstanding family disturbance, that longer-term problems are more likely to occur.

Two features of *Table 4(3)* are immediately evident. First, the study children were more likely to have experienced paternal rather than maternal separations in their first five years, with two-thirds of these paternal-child separations lasting for more than six months. Second, the number of separations, both paternal and maternal, were highest among the senior pupils. In previous publications we have shown these separations among the study seniors to be significantly higher than in the case of seniors in the normal controls (Kolvin *et al.* 1977; Nicol *et al.* 1981).

Of the study children at both age levels separated from one or both parents for more than a month in their first five years, thirty-five (i.e. 6 per cent) stayed at home, twenty-four (4 per cent) were with relatives, nineteen (3 per cent) were in hospital, and twenty (3 per cent) were 'in care'. One further child had been fostered privately. Some of these separations were temporary in that family members were reunited at a later date; however, just as many were examples of the permanent disruption of a family, the result of divorce or marital break-up.

Table 4(3) *Parent-child separations of over one month in the five years of life*

length of separation	from mother		from father	
	seniors n = 308	juniors n = 259	seniors n = 307	juniors n = 259
	%	%	%	%
no separations over				
1 month	84	89	71	76
1-2 months	8	2	6	4
3-6 months	3	5	4	3
over 6 months	5	4	19	17
total (available data)	100	100	100	100

The events surrounding the death of a parent are also known to be associated with the presence of psychiatric problems in children (Rutter 1966). The mothers of five and the fathers of seventeen study children had died. No child had experienced the death of both parents.

Involvement with the police was reported by the parents of twelve (4.6 per cent) junior study children; in these cases no action had been taken. The rate was three times higher for the eleven-year-old group however, with thirty-nine (13 per cent) study children having had some contact with the police; sixteen of these had been referred to the local authority for advice, action, or court proceedings.

Again, disproportionately more of the senior pupils (6.5 per cent compared with 1.5 per cent of juniors) had been involved in compulsory contact with social welfare agencies. The level of voluntary contact, at 7 per cent, was almost identical for both age groups.

Family experiences

Detailing of hazardous events affecting family members other than the study child was restricted to problems with alcohol and contact with social welfare agencies.

Problems of excessive drinking amongst parents or siblings that resulted in social disruption (violence, absenteeism, loss of job, marital difficulties, separations) or damage to health (hospital admissions) were reported in the case of 11 per cent of the study children, with identical rates for the families of both junior and senior groups.

Contact with social welfare agencies was again dichotomized according to the compulsory or voluntary nature of the involvement. Over a quarter of all the families had some contact (13 per cent voluntary and 15 per cent compulsory contact in the case of the families of senior pupils and 15 and 7 per cent respectively for the families of juniors). Again, members of the families of both of the study groups had experienced greater contact than had those of the normal controls.

SOCIAL CONDITIONS

Social class

The occupational group of the breadwinner was classified according to the Registrar-General's *Classification of Occupations* (1951). It is apparent from *Table 4(4)* that there was a marked downward social class gradient amongst the study families and an under-representation of white collar workers. A second feature of the table is the high level of unemployment reported in this sample, affecting nearly one-quarter of the families. The unemployed category was only used for breadwinners who were long-term unemployed (i.e. those who had not worked for at least a year). With few exceptions, the majority of the long-term unemployed were from the unskilled and semi-skilled

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Table 4(4) *Social class distribution of the study families*

<i>occupational group of breadwinner</i>	<i>seniors</i>		<i>juniors</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
I & II	13	4.2	18	6.9
III	144	46.8	110	42.3
IV & V	83	26.9	70	27.0
unemployed	68	22.1	62	23.8
total (available data)	308	100	260	100
missing data	1		5	

members of the community. Again, the percentage of families in the middle and upper social strata was lower in the study groups than in their respective normal controls but the differences only proved statistically significant in the case of the seniors.

Work records of the breadwinners

An unsatisfactory work record was one where the breadwinner had been out of work continuously for the last year or had not held a job for a continuous year in the preceding three (Table 4(5)). This definition was designed to take into account the employment prospects in the area at the time of the study. From the details available, it would appear that almost a third of the study children came from families for whom unemployment was a recent or continuing experience.

Table 4(5) *Category of work record of breadwinner*

<i>work record</i>	<i>seniors</i>		<i>juniors</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
satisfactory	215	69.8	177	68.1
unsatisfactory	35	11.4	55	21.2
no effective breadwinner	58	18.8	28	10.7
total (available data)	308	100	260	100
missing data	1		5	

Mothers working outside the home

There are many factors that influence the effects a mother has on her children when she is employed outside the home, yet few investigations have attempted to control for these. Thus, this issue continues to provoke controversy in professional and lay circles alike. Two recent reviews have tended to suggest that maternal employment outside the home generally appears to have no harmful effects on the

school-age child's adjustment (Wallston 1973; Etaugh 1974). Just under half the study children's mothers were working at the time of the original assessment. Of the mothers of senior and junior pupils, 29 per cent were working part-time and 15 per cent full-time.

Housing conditions

There can be little doubt that the quantity and quality of accommodation available to the residents of Newcastle upon Tyne has improved since the Second World War (Miller *et al.* 1974). Nevertheless, our investigation found conditions of overcrowding (i.e. more than 1.5 persons per room) were experienced by the study families of 19 per cent of junior school pupils and 12 per cent of senior pupils. In addition, almost 5 per cent of the study families did not have an indoor toilet. Overall, the housing conditions were significantly poorer in the case of our study children than in the normal controls (Kolvin *et al.* 1977; Nicol *et al.* 1981).

The condition of the home was assessed at the initial interview and, whilst the majority of homes were well-cared for, 12 per cent of study families' homes showed signs of a definite neglect of basic standards by the householders.

FAMILY RELATIONSHIPS AND ATTITUDES

Parent-child relationships

In previous publications we have compared patterns of discipline for our study children with those for normal controls (Kolvin *et al.* 1977; Nicol *et al.* 1981). We report here the significant comparisons, which are based on parent interview data.

Some 15 per cent of the parents of junior study pupils and 13 per cent of the senior ones reported using high rates of physical punishment, i.e. spansks more than once a week or slaps most days. The corollary of this was that well over half of the parents (57 per cent of juniors' and 63 per cent of seniors') said they rarely spanked their children and that an occasional slap (not exceeding once a month) was their limit. A comparison with the respective normal controls revealed a significantly greater exposure to physical punishment among the senior study pupils ($p < .01$), but not among the juniors.

The technique of depriving a child of privileges was used by only a minority of the parents of the study children (7 per cent), irrespective of the age of the child. Isolation procedures, i.e. sending a child from the room or to his or her bedroom, were used more frequently by the parents of senior pupils (14 per cent) than by those of junior pupils (9

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per cent). In neither case was it significantly different from the normal controls.

On the positive side, the parents of 56 per cent of study children of both ages said they used reasoning methods in disciplining their children, i.e. they frequently explained their requests or demands. A further 23 per cent, though, said they rarely used this mode of approach. According to this measure study children at both age levels were less likely to have parents who reasoned with them than were the normal controls ($p < .05$ for juniors and $p < .01$ for seniors).

The marriages

Seventeen to 20 per cent of the study children had parents who had divorced or separated. In almost half of these cases a parent had remarried or was involved in a stable cohabitation. Where there was a marriage or cohabitation, mothers were asked about it, and in particular whether there had been any separations, serious rows, or fights.

In the case of the junior pupils thirty mothers and two fathers lived alone and were therefore excluded from the analysis. So, too, were the fifty-one single parents of senior pupils. There were, then, 228 intact 'marriages' among the families of junior pupils and 254 among those of senior pupils. The percentages in the following account refer to these two totals.

For the younger age group thirty-eight mothers (17 per cent) said they had considered separating from their partners, although this had never occurred, whereas forty mothers (18 per cent) had followed this intention through, but had later returned to continue the marriage. In the case of parents of the older children, forty-five (18 per cent) had considered separating and forty-two (17 per cent) had separated for a short period.

Mothers were also asked about disagreements that became heated arguments or rows. Frequent rows, i.e. more than once per week, were reported in 10 per cent of the families of both age groups. In 10 to 13 per cent of households these arguments became violent, that is to say blows were struck or property was destroyed.

For each family an index of marital difficulties was created by combining the rate of separations, rows, and fights into a single rating. The parents of senior study pupils had significantly more problems with their marriages than did the parents of the respective normal controls ($p < .05$). This was not the case with the parents of the junior study children.

Attitudes towards and contact with the community

School relations: parental involvement. At the beginning of the study parents were asked how often they had visited their child's school in the previous year. In general, parents of the junior study children had visited their child's school more often than had those of senior study children, although 19 per cent had not been in touch with the school for over a year. A further 23 per cent had made just one visit. Almost half of the parents of senior pupils had not visited the school over the previous year, whilst 19 per cent had made one visit. This was very different from the parents of the normal controls ($p < .01$). It was rare for parents and teachers of the study children to see one another more than once in a year, even though there were opportunities at open days or parent evenings. Our data also suggested that educational difficulties were common in other family members, though the rates did not exceed those found in the corresponding normal controls. These difficulties may have contributed to a generally poor view held by the families of the educational system.

School relations: children's problems and their attitudes toward school. Parents reported that 8 per cent of junior children and 12 per cent of senior children disliked school very much. A further 14 to 15 per cent of pupils expressed moderate dislike of school. We have shown that dislike of school was reported very much more frequently by the study children than by the normal controls ($p < .01$).

Mothers of 27 to 30 per cent of pupils thought it possible that their children had some difficulties at school. A further 19 to 24 per cent of mothers described 'definite' problems with schooling. Again, when compared with same-age normal controls, reported problems were significantly higher in the study children ($p < .01$).

Community involvement. Using a simple measure of the number and type of social contacts a family enjoyed (Wallin 1954) the families of junior pupils were found to be more isolated than normal control families ($p < .05$) (Kolvin *et al.* 1977).

The children's initial social and emotional adjustment, intelligence, and educational achievements

THE PARENTAL REPORTS

Two types of parental interview were used: these were the behaviour interview (Kolvin *et al.*, 1975b), which tapped aspects of children's behaviour, and the temperament interview (Garside *et al.* 1975), which aimed to tap the style of children's behaviour. The development of these interviews was reported in Nicol *et al.* (1981).

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The behaviour interview

The results from the behaviour questionnaire showed that the most commonly occurring neurotic symptom was sensitivity, which was present to a handicapping degree in 22.7 per cent of the junior school and 27 per cent of the senior school sample. Anxiety was also common, occurring in 9.2 per cent of the junior sample and 13 per cent of the senior sample. School resistance, to at least the extent where persuasion was needed to get the child to school at minimum once a week, occurred in 6.8 per cent of the junior sample and 9.4 per cent of the senior sample.

Of the antisocial symptoms tantrums were the most common. These were reported as occurring at least once a day in 13.5 per cent of the junior sample and 18.5 per cent of the senior sample. Pilfering of a chronic type, where the family had to be careful not to leave things lying about, occurred in 0.8 per cent of the junior and 4.2 per cent of the senior sample. Truancy was reported as a major problem in 1.2 per cent of the junior and 4.6 per cent of the senior sample.

Somatic symptoms of major proportions were also common. Abdominal pain occurring several times a week was a feature of 3.9 per cent of the junior and 3.2 per cent of the senior sample; headache of similar frequency occurred in 2.7 per cent of the juniors and 4.2 per cent of the seniors. There were also sleep problems in 15.8 per cent of the juniors and 12.1 per cent of the seniors.

Overall, the senior children seemed to show higher rates of behavioural disturbance except in those areas that may represent developmental delays, such as enuresis.

The temperament interview

The temperament interview was designed to reveal temperamental characteristics in a variety of life areas, including mealtimes, playtime, sleep, and dressing. Despite the fact that this was a disturbed population, marked overactivity occurred in only 12.4 per cent of the sample, even in play. Irritability of mood was particularly a feature of dressing in the morning, where it occurred in 11.4 per cent of the seniors, but only 4.2 per cent of the juniors. Shyness and withdrawal were more common in the study children when they were confronted with adults than when facing other children or new situations. Extremes of dependency were only slightly more common in the junior children (8.1 per cent) than in the seniors (7.5 per cent). This may be a further reflection of the fact that the seniors were a more disturbed group. The latter showed poorer concentration than the juniors: parents reported that 10.8 per cent of the seniors, but only 5.4 per cent of the juniors, had very poor attention spans.

Trends in the data

In order to get an insight into any important trends in the data derived from the behaviour interview the children from separate diagnostic groups were compared on three dimensions – neurotic, conduct, and somatic-developmental. The same was done with the temperament data but in this case there were four dimensions – withdrawal, activity, irregularity, and mood.

The junior children showed no differences in symptomatology between the boys and girls *within* the groups diagnosed either as conduct disorder or neurotic disorder. On the other hand, there were differences *between* the diagnostic groups. As one would expect, the conduct-disordered children showed the highest scores on the conduct dimension and the neurotic-disordered children had the highest scores on the neurotic one. For the boys only the conduct-disordered group also showed significantly higher scores on activity and irregularity than did the neurotic-disordered group.

In relation to the senior children the picture was somewhat different. First, there were some quite marked differences with regard to the behavioural and temperamental dimensions between the boys and girls within the diagnostic groups. The boys showed higher average scores than did the girls on the conduct dimension, both in the conduct-disordered and the neurotic-disordered groups. The neurotic boys also showed a higher score than the neurotic girls on the somatic-developmental dimension. Sex differences were also apparent on the temperamental dimension, with the conduct-disordered boys showing higher scores than the girls on the mood and withdrawal dimensions (i.e. the boys tended to be more moody and withdrawn than the girls). The differences between the diagnostic groups were not as clear-cut as with the junior children. Thus, among the boys in both groups, none of the differences between behavioural and temperamental dimensions achieved significance. Among the girls, though, the neurotic group showed higher scores on both the neurotic and the somatic-developmental dimensions, and also on the temperamental dimensions of activity and mood.

THE SCHOOL MEASURES

The Rutter B2 behaviour scale reflected the high rate of disturbance in school among both the junior and senior pupils. In the juniors slightly under one-third and in the seniors over one-third of the children exceeded the cut-off score on the Rutter total scale. In the juniors nearly 10 per cent of the sample showed a marked degree of absenteeism from school.

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The scores derived from the Devereux Classroom Behaviour Scale were, in general, high compared with published norms. Thus, in both the junior and senior schoolchildren more than 25 per cent scored more than one standard deviation above the mean in the areas of classroom disturbance, impatience, disrespect, external blame, achievement anxiety, external reliance, inattention/withdrawal, irrelevant responsiveness, inability to change, quitting, and slow work. In contrast, low scores were noted in the areas of comprehension, creative initiative, and the need for closeness.

The sociometric measures revealed the extent to which the children experienced difficulties in peer relationships. Among the juniors 31 per cent of the children were not chosen as a friend by more than one child in the class (many by none), whereas 22 per cent were rejected by fifteen or more children in the class. With the seniors the situation was slightly worse: 34 per cent of the children were isolated and 29 per cent were rejected. In addition, the senior children completed the self-report Junior Eysenck Personality Inventory. Eleven per cent of them scored more than one and a half standard deviations above the mean on neuroticism.

Regarding ability and attainment there was a downward skew in the juniors in comparison with national norms. On the Moray House Picture Test 62 per cent of the children sampled scored an IQ of below 100 on the non-verbal test and 79 per cent on the verbal test. Eighty-two per cent of the children scored below 100 on the reading quotient derived from the Holborn Test, and 85 per cent on that derived from the Young Group Reading Test. In the case of the senior children we used an ability for which there are no published norms, but this was not important as they were used solely as change measures.

Only the senior children were given the Barker Lunn School Attitude Scale. Again, there were very definite trends in the results when compared with available norms. More than 25 per cent scored more than one standard deviation below the mean on attitude to school, interest in school work, relationship with teacher, anxiety in class, and social adjustment, whereas the normal control groups, as a whole, scored high on attitude to class and academic self-image.

THE CLINICAL PICTURE

In the case of both junior and senior pupils clinical measures of overall severity and assessment of severity on the conduct and neurotic dimensions of behaviour usually revealed similar patterns (see *Figs 4(3)–4(8)*, pp. 76–9). There were, however, some clear-cut differences and these constituted good reasons for the use of statistical

techniques of evaluation that made allowance for such initial differences in the case of both outcome and improvement.

The therapists

A most important group of people, who should not be overlooked, were the therapists who participated in the various aspects of the study. This group comprised six social workers, who took part in the parent counselling-teacher consultation, and in group therapy, and playgroup programmes, and the seven teacher-aides who took part in the nurture work programme. The teacher-aides are described in Chapter 6.

The social workers were all university graduates who had additional general social work training. Their previous experience varied: two had just completed courses; two had experience in probationary work; one had already carried out some research on school social work; one had general social work experience.

As the level and type of experience was diverse and only relevant to the study in a general way, a specific programme of training was set up for the social workers. Part of this programme consisted of looking at the school as an organization, and also at various ways of approaching the problems of maladjustment. For these sections of the training programme, clinical cases were taken on for assessment and treatment under the supervision of clinical psychiatrists, psychologists, and social workers. There was also a programme of seminars on various aspects of the literature, and the social workers attended a course of sensitivity groups conducted by Dr W. Brough and colleagues. There were also other specific areas of training and these are dealt with in more detail in the appropriate chapters.

During the course of the project a series of measures were made of the therapeutic qualities of the social workers. (a) During the senior group counselling programme external observers sat in on one of the sessions of each of the seventeen groups. They made ratings of the therapist qualities of accurate empathy, non-possessive warmth, and genuineness. The scales were modifications of those used by Truax and Carkhuff (1967). They also rated the group characteristics of cohesiveness and openness of discussion. (b) Supervisors made ratings of seventeen characteristics thought to be pertinent to the social workers' therapeutic effectiveness. It was found that these characteristics could be reliably assessed by different raters (Nicol *et al.* 1977). The characteristics were confidence, persuasiveness, warmth, empathy, relationships with colleagues, relationship to authority, clinical judgement, social judgement, openness, charm, friendliness, neuroti-

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cism, genuineness, extroversion, non-partisan approach, positive attitude to psychotherapy, and assertiveness.

We have already reported (Nicol *et al.* 1977) that the direct ratings of therapist qualities correlated highly with the supervisor ratings and that there were persistent differences between the therapists on the ratings. The correlations between the therapist ratings and those of the counselling groups (i.e. cohesiveness and openness of discussion) were, on the other hand, rather low. This supported the contention that we were measuring qualities attributable to the therapists themselves, rather than to the interaction or to the children.

Further measures were made of the therapists' reactions to the children in their groups. It was found that those who scored low on measures of empathy and warmth viewed their young clients in a more negative and pessimistic way than those who had high scores.

We can conclude that, although all were fully competent professionally, there were stable differences between the therapists. Such a conclusion makes it possible to identify those qualities of therapists that are related to outcome. This topic has been dealt with in Chapter 2 and Appendix 4.

Figure 4(3) Current state as clinically assessed: juniors: parent counselling-teacher consultation

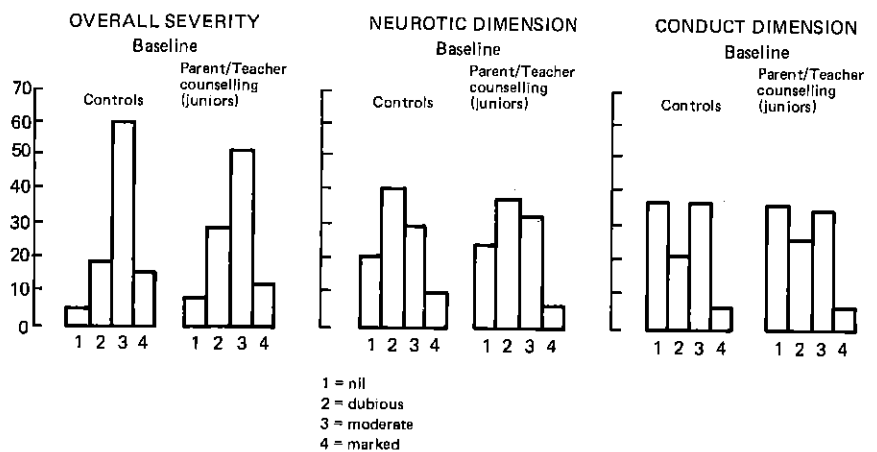


Figure 4(4) Current state as clinically assessed: juniors: nurture work

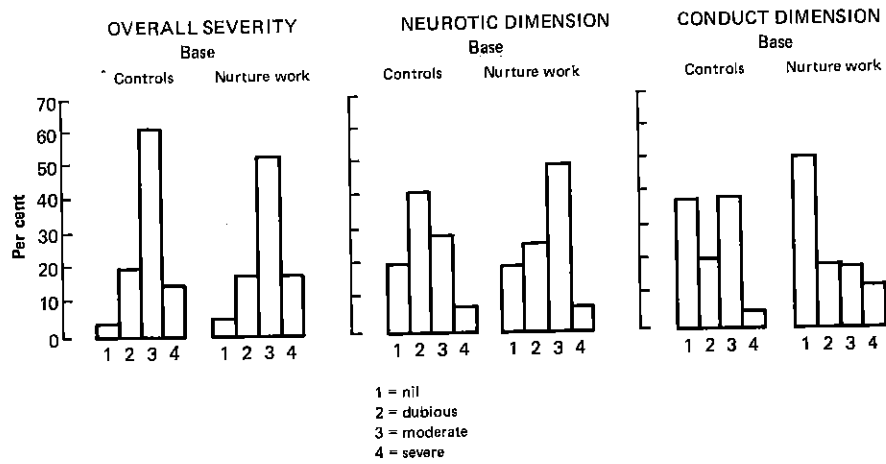
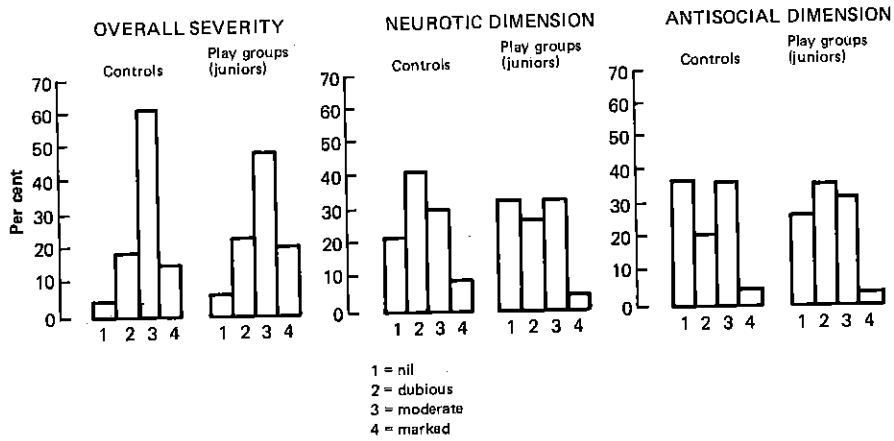


Figure 4(5) Current state as clinically assessed: juniors: playgroups



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Figure 4(6) Current state as clinically assessed: seniors: parent counselling-teacher consultation

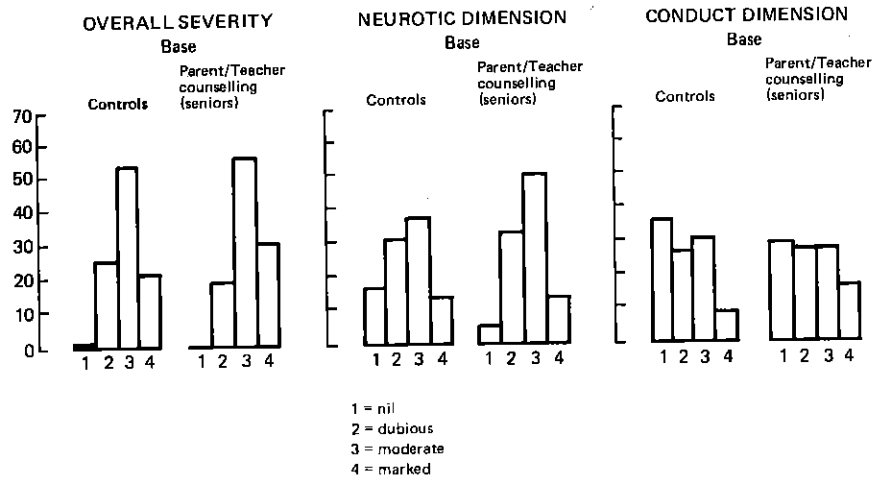


Figure 4(7) Current state as clinically assessed: seniors: behaviour modification

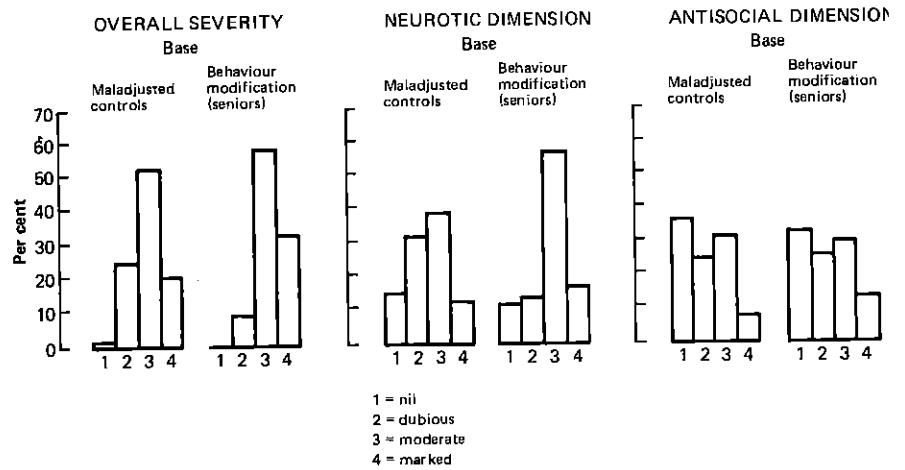


Figure 4(8) Current state as clinically assessed: seniors: group therapy

