

"RESIDENTIAL TREATMENT OF
EMOTIONALLY DISTURBED AND
SOCIALY MALADJUSTED CHILDREN
IN NEW ZEALAND AND ADEQUACY
OF THEIR SUBSEQUENT ADJUSTMENT:
A FOLLOW-UP STUDY OF PUPILS
OF THE MCKENZIE RESIDENTIAL
SCHOOL 1971 = 1976."

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PREFACE

A follow-up study of eighty-one pupils who have been discharged from the McKenzie Residential School for Emotionally Disturbed and Socially Maladjusted Children, in Christchurch, New Zealand.

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I. INTRODUCTION

The New Zealand Education System has endeavoured to make considerable advances in the field of Special Education, and in particular in its approaches towards catering for the Emotionally Disturbed and Socially Maladjusted children found in our schools today. Despite the forward approach there has been a noticeable lack of any evaluation or follow-up study carried out to determine just how successful the programmes being offered in the schools are.

Johnson et al (1976) (1) states that the rationale for evaluation is at least two-fold. They claim that "taxpayers have a right to know whether the dollars they invest in the services are producing positive results and secondly, professionals in the field have an obligation to assess effectiveness of services."

To date there have been no follow-up studies of maladjusted children carried out in New Zealand despite the fact that the report 'Psychological, Guidance, and Support Services and Children with Special Needs' prepared for the Educational Development Conference in 1974 recommended that "research be carried out into the work of the residential institutions and adjustment classes at present provided by the Department of Education." (2)

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The Education Department states that there is only one study that they are aware of. This is "an evaluation of the success of the Mt. Wellington Residential School Leavers 1970 - 1975."⁽³⁾ This particular study, which was carried out by a Senior Psychologist from the Department of Education's Psychological Services, was an attempt to determine the success rate of the school. The evaluation was based on the Principal's reports to the Professional Committee and comments from existing staff. The study evaluated seventy-one children who were discharged during the years mentioned. The survey revealed that 39% of the children were classified as being much improved; 43% were shown to have made slight improvements; 8% showed no change and 10% were classified as being failures.⁽⁴⁾

Matsushima (1965) has said that " 'success' in residential treatment is one of the most elusive concepts to define and translate into researchable terms."⁽⁵⁾ He maintains that "the environment's ability to support a child and the quality of family ties seems as significant as the child's treatment outcome."⁽⁶⁾ One cannot dispute the fact that these factors are indeed important ones to consider when a follow-up study of children who have been discharged from a residential treatment is undertaken.

Maluccio (1974) in his paper on Residential Treatment of Disturbed Children, discussed at some length the problems encountered upon discharge of

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the child from the institution. He claims that "most residential institutions recognized that upon discharge, the child and his family continued to need help, and made various recommendations for follow-up services. These frequently included counselling for the child and the parents, specialized educational opportunities, or vocational training." (7) However, he maintained that data concerning the post-discharge functioning of the children were fragmentary. Most of the institutions he had studied had no organised procedures for gathering data on the child's situation following discharge. Referral agencies, on the other hand, did not maintain regular contact with the child or the family once residential treatment was arranged, and they rarely resumed active contact at the point of discharge. Maluccio concluded by stating that, "although clear and thoughtful recommendations for aftercare services were made by the treatment institutions, there was little follow-up in the community." (8)

Could the same situation exist here in New Zealand? The McKenzie Residential School was opened in 1971, and to date there had been no attempt made to undertake any form of follow-up study of pupils discharged from the school to determine how they had coped once they returned to the environment that they originally came from.

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II. REVIEW OF EXISTING RESIDENTIAL SERVICES FOR
EMOTIONALLY DISTURBED CHILDREN IN NEW ZEALAND.

Children who are so disturbed emotionally as not to be able to profit from attending ordinary schools while remaining at home, or whose continued placement in their own homes is not in their best interest, have available to them two residential schools, one in Auckland, the other in Christchurch. Both of these Department of Education schools are intended to cater for intakes of up to twenty-five (25) children from eight to thirteen years old, who are not intellectually subnormal and who have been unable to benefit from treatment alternatives in their home districts.

2.1 HISTORICAL DEVELOPMENT OF RESIDENTIAL SCHOOLS

In the late 1950's, a combination of factors led to the setting up of a national residential school for maladjusted children. Another ten years passed before a further set of pressures and opportunities coalesced in the establishment of a second school.

By late 1960, the arguments had been marshalled, the reports had been written, Cabinet had been convinced, and New Zealand's first residential school for emotionally maladjusted children was set up in Auckland for a trial period of three years. Havill and Mitchell⁽¹⁾ claim that at least four factors seem to have influenced the decision-makers to take this step. First, a national survey in 1969 revealed that there were fifty children who suffered such severe

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nervous, habit or behaviour disorders as to need residential care. This data was, of course, but a modest proof of what New Zealand caseworkers had known for many years and what one would have anticipated from overseas research. Secondly, the report of the English Consultative Committee on Maladjusted Children had had time to make an impact and had provided overseas authentication of the principle of establishing boarding schools as part of the necessary provisions for this group of children. Thirdly, Havill and Mitchell claim that, by 1960 there were sufficient numbers of specialist personnel, such as psychologists, to provide the ancillary services necessary for such a venture, and fourthly, there was the somewhat fortuitous availability of accommodation when the school for deaf at Mt. Wellington was relocated in new buildings.

From the outset, Mt. Wellington Residential School was described as being a home, a school and a clinic - in that order. Its purpose was stated as being "to permit close observation of a child's behaviour in a controlled setting and to achieve a re-education of attitude and behaviour," so that he may "take his place in a normal family setting". (2) To oversee the achievement of these ends, a multi-disciplinary advisory committee was set up.

Despite early difficulties attendant upon substandard physical accommodation, problems in working out optimal staffing schedule in the absence of New Zealand precedents, and the pioneering aura

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of programme experimentation, Mt. Wellington quickly became accepted as a continuing need, a view confirmed by the Cabinet in 1963 when it approved the necessary expenditures. From the inception of the Mt Wellington School, however, psychologists complained that lengthy waiting lists and, in some cases, excessive distances prevented them from using the school to the full. It was not until 1971 that a second school, the McKenzie Residential School, was opened in Christchurch to serve maladjusted children living in the lower half of the North Island, and in the South Island.

2.2 McKENZIE RESIDENTIAL SCHOOL

The McKenzie Residential School is a special school for maladjusted children who have serious emotional difficulties and whose rehabilitation requires an integrated educational, counselling and residential programme which can be provided only in a residential school.

Situated on a back section of five and a half acres of mature trees, garden and farmland six miles from Cathedral Square in Christchurch, the property was given to the Department of Education by the McKenzie Education Foundation. It was formerly part of "Roydon Lodge", and was the former home of the late Sir John McKenzie.

The aims of the school can be stated as:

1. To provide each child with a temporary substitution for his own home in which he can feel personally secure,

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establish positive and rewarding relationships with adults and other children, and master the social skills necessary for his successful rehabilitation in his own home and community.

2. To develop for each child a teaching programme which is suited to his needs, and which will assist him to make the best possible progress in his school work.

3. In association with the Department of Education Psychological Service and the other specialist services, to provide each child, and his parents, with the guidance which will help them to resolve the difficulties which have led to his admission. (3)

The twenty-five residential pupils are selected from the lower half of the North Island and the South Island. Although the age range for admission is 7 - 14 years, most children are within the 10 - 13 year range.

A Professional Committee comprising:-

1. The District Senior Inspector of Primary Schools, or his nominee (as Chairman).
2. The District Child Welfare Officer.
3. The Department of Education Psychologist associated with the school.
4. A psychiatrist nominated by the Regional Superintendent after consultation with the Officer for Special Education and the District Senior Inspector.
5. A medical officer of health nominated by the District Medical Officer of Health.
6. The Principal.

have responsibility for selecting and discharging the pupils. The Professional Committee consider for admission the children recommended by Department of Education

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Psychologists. In selecting children for admission, the Committee is required to consider the following factors:-

1. The child's need for the re-education programme provided by the school. A child should not be admitted unless it is agreed that alternative placements or methods of treatment are not adequate for his needs.
2. A child's suitability for the programme offered by the school and his assessed ability to profit from it. The school is not intended to cater for children who are:-
 - (i) mentally retarded
 - (ii) considered unlikely to adapt to residence in an open institution in which they will live as a member of a group and will be expected to develop personal control over their own behaviour, or
 - (iii) considered unlikely to be ready for placement from the school within two years of their admission.
3. The current composition of the school population and, in particular, of the group in which a child will be placed if admitted.
4. The likelihood of effective parental co-operation when it is expected that a child will live with his parents when he leaves the school.

Children of average or above average general intelligence only are considered for admission as other facilities are unavailable for those below average intelligence. It is hoped that after training at McKenzie Residential School, pupils will be able to

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return home and to their ordinary schools after a maximum period of two years. To maintain contact with their homes as many pupils as will benefit, spend weekends at home if distances are not too great. This requirement has been clearly stated by the Department, "Whenever it is possible, and considered appropriate, children will return home for weekends." (4) The Department requires that as much contact with the child's home be maintained as is possible during the child's stay at the McKenzie Residential School, and states that, "Children will return home for holidays and, whenever possible, for all long weekends. In exceptional cases, arrangements will be made for a child to stay with relatives, or in a foster home, when the school is closed over a holiday period." (5)

Only pupils who show serious symptoms of emotional disturbance in their homes and schools are considered for admission to the McKenzie Residential School and they must be recommended for admission by a Psychologist of the Department of Education's Psychological Services. For such pupils, the best efforts of Principals and their staffs in ordinary schools will have been in vain, and the children will have commonly fallen far behind in their school work, with marked increases in associated behaviour problems. It is hoped that the help possible in a residential school where much individual attention, both social and educational, can be given, will restore the child's confidence in himself and be the beginning of his ultimate return to an ordinary classroom.

Some pupils whose home circumstances have not been conducive to the development of sound mental health, and

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who are showing serious emotional disturbance because of the long-term effects of these home pressures, can also benefit from a change of environment and from the constructive learning and living experiences available in a residential school.

The parents of children admitted are given opportunity to visit the school for discussions and weekend conferences so that they are able to understand more fully what the school is aiming at, and how they can best help in the full rehabilitation of their child when he returns home.

The Department has made facilities available for giving a child the opportunity to evaluate the success of his return back to a normal classroom environment before he is finally discharged. To this end they state, "When the Principal considers that a pupil would benefit from an opportunity to be included in the classroom programme away from the residential school, he will consult with the District Senior Inspector of Primary Schools." (6) The Canterbury Education Board, the Controlling Authority for primary and intermediate schools in the Christchurch region has already promised full support for the school, and for this part of the proposed programme. The help of local Principals and their staff is extremely important in this stage of the child's treatment. Similarly, the child's return to his home school requires preparation and the helpful understanding of school staffs, counsellors, and especially the parents and the immediate family group. The Visiting Teacher Service plays an important role at this crucial time of the overall programme.

Although consultant psychological and psychiatric

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services are available and are used when necessary, the main emphasis of the school is an educational one.

Happiness at school and success in classroom subjects remain the basis for emotional health and social integration for disturbed children of this particular age group. All concerned with the running of the school are working together to achieve the rehabilitation of children who otherwise may not have the chance to become useful and productive citizens.

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III. THE FOLLOW-UP STUDY

The records of the McKenzie Residential School established that eighty-nine children had been discharged since the school was first opened in 1971 up until December 1976. It was decided that these eighty-nine children would be surveyed to establish how they had settled down and were coping. The distribution of the children in geographic areas of New Zealand served by the school is contained in Table 1 and Table 2.

Table 1

Summary of Discharges from McKenzie Residential School, showing geographic areas that children returned to at time of discharge.

<u>LOCATION</u>	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
Christchurch	33	6	39
Ashburton	3	-	3
Timaru Area Includes Twizel and Geraldine	5	1	6
Dunedin	4	1	5
Invercargill & Queenstown	2	-	2
Nelson	1	1	2
Wellington & Hutt Valley	14	6	20
Wairarapa	2	-	2
Palmerston North and Levin	6	-	6
Taranaki	2	-	2
Auckland and South Auckland	2	-	2
TOTALS:	74	15	89

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Table 2Summary of Distribution Areas

	<u>Males</u>	<u>Females</u>	<u>Total</u>
South Island:	48 (64.8%)	9 (60%)	57 (64.1%)
North Island:	26 (35.2%)	6 (40%)	32 (35.9%)

From records available, addresses of the children were obtained. It was ascertained that two children who had been discharged were since deceased (1 male and 1 female), and addresses were obtained for the parents or guardians of eighty-one of the children. I was unable to locate a Parent/Guardian address for six of the discharged children. Questionnaires were mailed to eighty-one of the parents whose addresses were known. A letter explaining what the questionnaire was about and a stamped addressed envelope for the return mail was included in the initial posting.

Of the eighty-one questionnaires that were mailed out, seventy-two were returned, which represented an 88.8% return of the total number of questionnaires originally sent out, and was equivalent to an 82.75% return of the total researchable population.

As was the case with Davids and Salvatore⁽¹⁾, I found that the rate of return was much better for those cases who had been discharged more recently, and fell off as the years lengthened between discharge date and the time of the follow-up study. Parents of children who had been discharged more recently tended to complete the questionnaires to a fuller extent and were more willing

to make relevant comments in the appropriate places.

The Parent/Guardian questionnaire contained a total of forty two questions. The questionnaire was designed so that the informant was only required in most cases to tick the appropriate response. In some questions, people were asked to make a brief comment alongside their response as a justification for the response selected.

It was also decided that as well as asking the Parents/Guardians to complete a questionnaire, a second questionnaire would be sent out if the child was still enrolled at school, for the school to evaluate how the child was coping in the school environment. To facilitate this questionnaire being sent out, it was necessary for the parents to give the name of the school that the child was currently attending. Of the fifty-three children who were still attending school, forty-two parents completed their questionnaires with sufficient information to enable questionnaires to be forwarded to the appropriate schools for completion. A copy of the Parent/Guardian Questionnaire is contained in Appendix A, and the School Questionnaire is contained in Appendix B.

The School Questionnaire was posted in a similar manner to the Parent/Guardian Questionnaire, a letter of explanation and a stamped addressed envelope being included in the posting. Of the forty-two questionnaires that were sent out to schools, a total of thirty-eight were returned which represents a 90.47% return. In the main, it was Primary Schools that failed to return the questionnaires.

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3.1 PARENT/GUARDIAN QUESTIONNAIRE:
HOME BACKGROUNDS.

Analysis of the questionnaires indicated that mothers had completed 44.4% and fathers 12.5%. Only 27.8% of the returns were completed by both parents in consultation with one another. 15.3% of the returns were completed by adults other than the immediate parents, such as Grandparents, Foster Parents or Social Welfare Officers.

83.3% of the returns were for males whose ages ranged from 9 years to 18 years. The mean age for boys was 13years 6months, and the mode 14 years.

16.7% of the returns were for females whose ages ranged from 11 years to 17 years. The mean age for girls was 13years 4months, and the mode 14 years.

Family sizes ranged from solo children to a family of nine. Approximately 25% of the children came from homes that had three children and 25% came from homes that had four children. 7.5% of the children came from homes where they were the only child in the family. 34% of the children were the eldest child in the family and 23% of the children were the youngest in the family. Returns also indicated that 18.84% of the children were adopted.

Table 3 shows the distribution of family size.

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Table 3Distribution of Family Size

<u>Number of children in family</u>	<u>%</u>
1	7.5
2	18.41
3	24.31
4	22.12
5	13.84
6	6.15
7	6.15
8	-
9	1.52

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Analysis of the Breadwinners occupation showed that 5% of the family breadwinners, (mostly fathers), were in the top socio-economic level according to the socio-economic index based on occupations devised by Elley and Irving (1972). The majority of the fathers were placed in the fourth socio-economic level. Table 4 shows the percentage of Breadwinners (Male) in each socio-economic level. Table 5 shows the percentage of male labour force in each socio-economic level for New Zealand as a whole as was determined by Elley and Irving. (2)

<u>Socio-economic level</u>	%
1	5.5
2	7.4
3	22.22
4	29.63
5	27.78
6	7.41
	—————
	100.0%
	—————

<u>Socio-economic level</u>	%
1	5.8
2	19.3
3	13.3
4	28.2
5	21.3
6	12.1

	100.0%

Just over half of the mothers reported that they worked - 58.46% of the mothers worked whilst 41.54% did not have any form of employment. 76.32% of the working mothers worked part time and 23.68% reported that they were employed full time i.e. working forty or more hours per week.

75.36% of the children in the study were still at school - 36.23% were attending Primary or Intermediate Schools and 39.13% were attending Secondary Schools. The majority of the children were at a state school (93.48%) and most were at a co-ed type school - 82.98% compared with 17.02% who were at a single sex school. There were no children receiving any form of Tertiary Education. Just over 24% of the children had left school and were either employed or in some other situation.

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Of the children who had finished their schooling, it was found that 70.59% of them were working, 17.65% were unemployed and 11.76% were said to be in other situations. These included being with the Rehabilitation League for assessment, two were in Borstal, and one girl was on a Domestic Purposes Benefit.

One of the interesting features about these children who were now employed, was the number of different jobs that they had attempted since leaving school. The range for the number of jobs was from one job for those who had just left school, up to eleven jobs for children who had been away from the schooling process for three years. This is a disturbing feature of the survey, and indicates that many of the children are unable to hold down a job and appear to be very unsettled in the type of employment that they undertake. It would be interesting to find out how many of the people concerned received any counselling or advice from the Vocational Guidance Service when they embarked on their task of finding employment. One parent proudly wrote in the questionnaire, that of the ten different jobs that the boy had had since he left school, he had "managed to hold down three positions for over six months each." The Report of the Committee on Maladjusted Children (1955) made specific reference to helping the maladjusted children when they left school and were in employment. The report states that there is a need to "provide young people with individual guidance on the choice of a suitable occupation, and with help in finding and keeping satisfactory employment."⁽³⁾ It is evident from the questionnaire returns that some people have been

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directed to the New Zealand Rehabilitation League for assistance in finding suitable employment, but the majority of the people who have left school have received little or no assistance.

Just under ten per cent of the children were reported to be on some form of medication. 42.86% of those children who were on medication were classified as receiving it for Epilepsy, while 57.14% were receiving medication for hyperactivity or behavioural problems.

All of the children in the latter group had been placed on medication after the child was discharged from the McKenzie School.

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IV. ON LEAVING THE MCKENZIE RESIDENTIAL SCHOOL:4.1 DESTINATION

Following discharge from the McKenzie Residential School, 63.38% of the children returned home and continued to live at home all the time. 36.62% of the children did not continue to live at home all the time, and these children went to such places as Boarding School - 21.21%; Foster Homes - 6.06%; Family Homes - 24.24%; to live with family relatives - 6.06% and 3.03% resided with friends. An interesting feature was that 39.40% of the children who did not continue to live at home, went to other institutions such as Psychiatric Hospitals and Boys and Girls Remand Homes.

Of the children who were away from their homes, it was established that most did not have a great deal of contact with the home situation. The responses to the question of how frequently did the child return home, showed that 16.66% returned home at weekends - 58.34% of the children returned home only at school vacations and public holidays, while 25% of the children never returned home at all.

Informants indicated that many children appeared to miss McKenzie School after discharge. In reply to the question "When your child was discharged from McKenzie School did he/she appear to miss McKenzie?" 26.47% replied "not at all"; 23.53% claimed that the child missed the school for a short while; 22.06%

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said that the child missed the school occasionally at first, and 27.94% said that the children missed the school a lot. Comments that parents made along with their replies ranged from: "He wanted to forget the place as quickly as possible" to "He was very pleased to have left McKenzie, but frightened of the future. He hated McKenzie School and was apprehensive of anything else that might be similar. To this day he still refers from time to time of how he hated his time there." Other comments ranged from: "At first wouldn't comment, but later spoke of McKenzie in favourable terms" to "... he remembers place quite well and often wants to return. McKenzie was somewhere that was stable for him - possibly the longest time he had stayed in one place" and "... he really liked it and wants to go back."

4.2 PROBLEMS ENCOUNTERED IN THE HOME SITUATION.

Responses indicated that most parents experienced some difficulties with their child when the child returned to the home situation after the discharge from McKenzie Residential School. It is to be expected that there would need to be a certain amount of adjusting to be done by both the parent and the child. Hirschberg (1970) states that "if the parents have differentiated themselves from the child, (during the residential treatment time) and experienced growth in doing so, it is less likely that they will return to over-identification with the child." (1) He also states that "no matter how successful the residential treatment has been, the child feels on leaving residential treatment that he has been abandoned by the resident staff. Regressive behaviour or return to earlier symptoms are consequently frequent on the child's part. The parents must be aware of

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these inevitable feelings of abandonment, and they can help the child by identifying these feelings as part of the anxiety about leaving residential treatment." (2)

15.52% of the parents experienced difficulties with their child's eating habits, and a similar percentage (15.52%) experienced difficulty with the children in getting them to go to bed, or problems with sleeping routines. Comments such as "will not go to bed when told" and "Bedding down is a problem, refuses to go to bed at night" were frequently made.

44.83% of the returns claimed that they experienced problems with the child fitting back into the home routines, doing dishes, making beds etc. Parents commented that in many cases the child would not co-operate in the home environment.

Enuresis was considered to be a problem by 24.13% of the parents. Of the children who were enuretics, 28.57% suffered from enuresis nightly; 14.29% reported that the problem occurred about twice a week; 7.14% claimed that the problem occurred regularly about once or twice a fortnight, while 28.57% considered the problem was occurring occasionally and 7.14% said it occurred very rarely and 14.29% were unsure how frequently the problem occurred. Many parents reported that the child since managed to regulate himself and that enuresis was no longer a problem for them.

Enuresis was by far a greater problem for boys than girls, with boys making up 92.85% of the population that reported enuresis as a major problem.

Many parents are still experiencing problems with

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their children which manifested when the child was discharged from McKenzie School and returned to the home environment. 63.64% of the parents claimed that the problems they had listed are still a problem at the present time.

4.3 PARENTAL SATISFACTION WITH THE MCKENZIE SCHOOL AND THE PSYCHOLOGICAL SERVICE.

Parents were asked to comment on how satisfied they were with the help and assistance they received from the McKenzie School while their child was at the school, and with the help and assistance they received from the Psychological Service.

54.17% of parents indicated that they were very satisfied with McKenzie School, and comments that were made to justify their response included such comments as:-

".....very good. It helped her to look at the world differently. Allowed us all time to think and change."

Some parents made specific reference to areas that they saw a noticeable improvement in. For example:-

" We feel he made good academic progress and feel that the controls were security for him."

Others made more general comments to justify their responses. It was noted that while many parents were satisfied with the school, many also expressed the view that the child could have, in their opinion, benefited from a longer period of time at the school.

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19.44% replied that they were satisfied in some ways with the help and assistance that they received from the McKenzie School, while 9.72% responded that they were barely satisfied. In general, people in these two areas outlined specific problems that they encountered during the time they had contact with the school. Problems such as lack of communication from the school to the homes; distance from home to school which prevented the parents from visiting the school frequently to meet with the staff; even recreational programmes that were considered to be too oversized, were common among the responses given.

The 16.67% who responded that they were totally unsatisfied with the help and assistance they received from the school, indicated that their dissatisfaction was more with the total approach to the problem, rather than specific complaints. Among the comments received the following two are typical of the comments made by parents who indicated that they were totally unsatisfied with the help and assistance they received from the school:-

"They didn't once take me into their confidence regarding what was being done with him. They did not counsel me or offer us any advice as to how to handle him."

Another parent commented:-

"Totally dissatisfied with the McKenzie School - they lacked a consistent approach to the child's behaviour problems. He was discharged from the school without careful consideration for his needs to Education and Special Education."

In reply to the question related to the help and

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assistance received from the Psychological service, 26.47% indicated that they were very satisfied and 32.35% replied that they were satisfied in some ways.

Comments ranged from:-

"I think that the service helped both her and myself to understand each other."

to

" I received much strength and help from the Psychologist when I felt that I was unable to cope."

One parent expressed her satisfaction with the following statement:-

" I wouldn't have been able to cope without their assistance. Without this I would have put her on drugs, which may have in the long run been bad for her. They (Psych Service) are always there."

19.12% of parents indicated that they were barely satisfied with the Psychological service, and 22.06% of parents were totally dissatisfied. Many parents commented about the lack of any follow-up by the Psychological Service when the child was discharged from the school. Comments such as:-

"I feel that follow-up is lacking. I don't want to bother the service unless something desperate is necessary."

and

"Very disappointed that there was no follow-up work done by the Psychologists."
were commonly found among the comments that parents made. The problem of lack of follow-up services was highlighted in the section that required parents to comment about any points not covered in the questionnaire. Many parents

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took the opportunity to express their dissatisfaction with the total lack of any follow-up facilities or programmes being offered. Among the comments that were received, the following are worthy of note:-

"I am sure that if there was a back up service to visit us in our homes after discharge and during the child's stay at McKenzie, it would help a tremendous number of us who strike little problems and try to cope on our own but get nowhere."

Another parent commented:-

"... what a waste when we were really not told or shown how to continue to handle the child correctly. I hope we have instinctively done the right things at the right time."

while another parent sums up the situation with this comment:-

"The lack of follow-up services really upset me. He was more or less sent home and expected to cope in the same environment that got him into McKenzie School in the first place, and within a few months was almost back to square one..."

It is apparent that while the role of the Psychological Service is to "advise teachers, parents and others responsible for the care of children on ways of helping them"⁽³⁾ and that the Department of Education makes specific reference to the requirement that parents receive counselling from the service⁽⁴⁾, this area is one that is failing to have the desired effects. One has not been able to obtain the reasons why counselling of parents has been neglected, but can only suggest that the problem is related to the fact that the service is short staffed and

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that the demands that are placed upon it from the schools cause it to have to channel it's resources into these requirements, to the detriment of the parents and families who need continuous counselling.

4.4 PRESENT FAMILY SITUATION

7.69% of the parents reported that they were managing to cope with the child extremely well, while 46.15% said that they have their ups and downs but manage reasonably well on the whole. 32.31% said that they were only just managing, and 7.69% said that they were not coping with the child at all in the home situation. A further 6.16% said that they could no longer cope with the child and for this reason the child was not now living at home.

In response to the questions of how happy the parents considered the child to be at home and at school or work depending on the individual situation, I found that a considerable proportion of parents (47.62%) felt that the child "has his/her ups and downs, but makes the most of the good times." 25.40% considered the child was reasonably happy at home, and 4.76% said that the child was very happy in the home situation. At the other end of the scale, 9.52% of parents reported that the children are frequently unhappy at home; 6.35% said that the child was always unhappy, and a further 6.35% indicated that the child wanted to leave home.

Parents indicated that, on the whole, the children were happy at school. 8.51% considered that the child was very happy at school, and 55.32% considered that the child

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was reasonably happy. A further 34.04% said that the child had some bad times but generally put up with things, while only 2.13% reported that the child was totally unhappy and wanted to leave school.

For the children who were now working, it was found that the results were fairly evenly spread, with just under 60% indicating that they were happy or reasonably happy. A further group of slightly under 30% said that they had some bad times but generally put up with things, while just on 12% indicated that they were totally unhappy in their present employment and wanted to move on.

REFERENCES

1. Hirschberg, J. Cotter "Termination of Residential Treatment of Children" in Child Welfare Vol.49 No 8, October 1970 p.446.
2. Ibid. p446
3. Havill S.R. and Mitchell D.R. (ed). "Issues in New Zealand Special Education." Auckland. Hodder and Stoughton, 1972 p.200.
4. Circular Memorandum B71/27 from Education Department to Education Boards, Inspectorate, Psychologists, Child Welfare Division, Principals Mt Wellington and McKenzie Residential Schools 10.8.71.

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V. CONTACT WITH OTHER AGENCIES.

The most important aspect that this survey revealed was the amount of contact that parents had with other agencies since their child was discharged from the school. The survey showed that 72.2% of children had to be referred to another agency for help after the residential treatment. 55.5% of the children referred to agencies could be classified as serious problems, while 16.7% were referred for minor reasons, or the contact was in the form of a follow-up contact. Only 27.8% of the children did not require any contact to be made with other agencies.

Table 6 shows the percentage distribution of agencies contacted.

TABLE 6Showing Agencies Contacted By Parents

Doctor	9.61%
Child Health Clinic	3.85%
Psychological Service	28.85%
Visiting Teacher Service	6.73%
Youth Aid	9.61%
Child Welfare (Social Welfare Dept)	24.04%
Probation Service	5.77%
Others	11.54%

Parents listed the following agencies as being included in the group classed as "others". Police, Religious Social Welfare Services, Adolescent Clinics at Psychiatric Hospitals, Rehabilitation League N.Z. (Inc), and Psychiatric Hospitals.

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Among the reasons for the child being referred to the agencies, the majority of parents considered problems in the home to be the main reason, while problems encountered with the child at school was felt to be the other main reason for the referrals being made. It could possibly be claimed that much of this contact would not have been necessary if the Psychological Service, or the school, had offered some form of follow-up service for the parents to supplement the initial school residential treatment.

Possibly the most disturbing feature of the amount of contact that was necessary with other agencies, is the length of time after discharge that the initial contact was made. It was found that 59.19% of parents thought it necessary to make contact with another agency within six months of discharge. In one case, the parent had contacted another agency only two weeks after the child was discharged from the school. A further 20.41% of parents said that they made contact within one year, and 10.20% made contact within eighteen months of discharge.

Hirschberg (1970) states that "the parents' own assessment of the termination of the treatment will depend upon their dealing adequately with several of the inevitable consequences of the reality of ending."⁽¹⁾ He maintains that there are four consequences that must be considered at the termination of residential treatment. They are:-

1. The parent's ability to recognise and support the child's readiness to leave the residential treatment. One derivative of the child's illness in the past has

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been his difficulty in bringing things to a successful end. The parents need to know and deal with the realization that the child's anxiety about ending is both inevitable and necessary. He will feel anxious about his ability to make good use of the resources in his coming environment, and he will be anxious because of his awareness that this will require expanding interactional experience.

2. No matter how successful the residential treatment has been, the child feels on leaving residential treatment that he has been abandoned by the resident staff. Regressive behaviour or return to earlier symptoms are consequently frequent on the child's part. The parents must be aware of these inevitable feelings of abandonment, and they can help the child by identifying these feelings as part of the anxiety about leaving residential treatment. The difficulty for the parents (as well as for the child) is to recognise that a part of the regression or the symptom-return, is the child's unconscious or preconscious repetition of the dilemma he faced at the beginning of residential treatment which made the residential treatment necessary. He can now be experientially aware that the anxiety aroused by re-experiencing these effects is of a different quality and a different impact, and does not carry the potential for disorganization that the earlier anxiety did.

3. The reality of ending will require of the parents that they accept consciously their awareness of the child's change. Such awareness and the recognition of change in their child or adolescent are viewed with ambivalence, are painful, and the parents retreat from them. This retreat on the parents' part is very commonly expressed by them in their "doubts about the wisdom of the child

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having been discharged." The parents will doubt whether the child is truly ready, whether his strengths are hollow rather than genuine, whether his re-experienced symptoms represent new failure, and they will wish consciously or unconsciously to extract from the staff a promise of a problem-free future.

4. Hirschberg claims that another important aspect is that no matter how well the termination has been handled, and no matter how successful the child's treatment has been, the parents will, if the process with them has been a meaningful one, also have feelings of abandonment and rejection.

In reply to the question "Who recommended that help be sought for the child", just on 45% of the parents said that they decided themselves, while schools accounted for just over 24% of the referrals. The following table (Table 7) shows a summary of those who recommended that help should be obtained.

Table 7

Table showing distribution of those who recommended that help should be obtained

Teacher	10.34%
Principal/Headmaster	12.07%
Guidance Counsellor	1.72%
Doctor	5.17%
Department of Social Welfare Officers	13.80%
Neighbours/Friends	5.17%
As Parent(s) decided myself/ourselves	44.83%
Others	6.90%

5.1 PARENTAL SATISFACTION WITH AGENCIES

Parents who had found it necessary to make contact with other agencies after the child was discharged from McKenzie School were asked to indicate how satisfied they were with the help and assistance they received from the agencies they consulted. 25% of the parents reported that they were very satisfied, while 14.58% said that they were fairly satisfied. 18.75% said that they were in some ways satisfied, but 25% considered that they were barely satisfied, and a further 16.67% said that they were totally dissatisfied. Those who expressed their dissatisfaction with the services they received appeared to be mostly unsatisfied with the Child Health Clinic and the Psychological Service. Several parents reported that the child health clinic was in their opinion "a waste of time".

Among the comments that were received from parents who expressed their dissatisfaction, the following are worthy of note:-

From a parent who was unsatisfied with the Psychological Service:

"Unable to contact psychologist. Had to wait a week. I only ring the Psych. Service when I am desperate for help - I want help there and then and not a week later. The service would not refer me to another psychologist because the psychologist dealing with my child was out of town, hence the wait."

Another parent was critical of the fact that she was not informed of the problems that had been occurring at school until some time after the situation had been developing. She wrote:-

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"They didn't tell me that they were having all this trouble until it had been happening for a number of months - then they called for help. I thought he was doing quite well at school .. it came as a hell of a shock when I found out."

The school is clearly at fault here for not keeping the home informed from the beginning. On checking the school questionnaire, I found that this particular parent had been requested by the school to attend a meeting to discuss the child's behaviour. The school also indicated that they did not experience any difficulty in getting the parent to attend any meetings. If this particular problem had been communicated to the parents earlier, there is a possibility that between the home and the school some satisfactory arrangement could have evolved that may have minimized the necessity to seek help from an outside agency.

Many of the parents commented that there was a noticeable lack of any follow-up involved; however parents who had cause to contact the Department of Social Welfare were on the whole better pleased than most. The Department of Social Welfare, in some areas, appears to give a better service than other agencies. One pleased parent reported that the Department

"has been out every fortnight and has followed up the home visits with visits to the school," but unfortunately favourable comments like this were very few and far between.

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REFERENCE

1. Hirschberg, J. Cotter, "Termination of Residential Treatment of Children in Child Welfare Vol.49 No 8. October 1970 p445.

VI. SCHOOL QUESTIONNAIRE

6.1 INTRODUCTION

Forty-two school questionnaires were mailed out, along with an explanatory letter and stamped addressed envelope. Thirty-eight returns were received, which represents a 90.47% return on the questionnaires, and also represents 73% of the total number of children who were still attending school.

85% of the returns were for males and 15% females. 60% of the returns were completed by class teachers or Form Tutors, 14% by Guidance Counsellors and 26% of the returns were completed by Principals.

The survey showed that 28% of the children were at Primary School; 19% were at Intermediate and 53% at Secondary school. Only one return was from a Private school while 16% of the children attended single-sex schools and the remaining 84% were in attendance at a co-educational school.

The following table (Table 8) indicates the types of classes the children were enrolled in.

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Table 8

Primary Class	7
Primary Adjustment Class	1
Intermediate Adjustment Class	2
Secondary Adjustment Class	2
Intermediate Unstreamed Class	5
Special Class for Backward Children (Primary)	1
Secondary School: Streamed Class	3
Secondary School: Unstreamed Class	7
Homeroom (Secondary)	2
Work Experience (Secondary)	1
Hospital Class	2
Institution	5

The children surveyed ranged from Standard Three in the Primary School up to Form VI in the Secondary School. Table 9 shows the distribution of the children who were surveyed.

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Table 9SHOWING CLASS DISTRIBUTION

(School Classification)

<u>Class</u>	<u>Number of Children</u>
Std 3	1
Std 4	5
Form I	5
Form II	7
Form III	7
Form IV	10
Form V	1
Form VI	2
<hr/>	
TOTAL	38
<hr/>	

The majority of the schools reported that the attendance of the children was good. 94% of the children had an attendance record of 95% or better, 3% of the children were reported to have had frequent absences from school and a further 3% were reported to have truanted once or twice.

The majority of the Secondary schools that were asked to complete the questionnaire indicated that they are in the fortunate position of having a Guidance Counsellor on the staff of the school. Only 26% of the Secondary schools indicated that a Guidance Counsellor was not on the staff.

6.2 INFORMATION FROM MCKENZIE SCHOOL AND PSYCHOLOGICAL SERVICE.

Schools were asked to comment on how satisfied they were with the information that they received from the McKenzie School and from the Psychological Service regarding the child, at the time of enrolment to the school. It would appear from the figures that many schools are very unsatisfied with the information that is passed on to them from these two sources. 55.17% of the schools said that the information received from McKenzie was totally insufficient. Many schools expressed their displeasure at the delays they encountered in receiving the child's progress card (E19/22). Understandably, if this information is not passed on, then schools would find it difficult to place the child in suitable grouping within the school. It would appear from the comments received from the schools that this is one aspect of the McKenzie School system that must be rectified immediately.

13.8% of the schools reported that the information they received was barely sufficient. Again, many expressed the problem of the child's progress card. 6.9% said that the information received was in some ways sufficient, while 13.79% claimed that the information was adequate on the whole and only 10.34% of the schools considered that the information received from McKenzie was very comprehensive.

Schools appeared to be slightly more satisfied with information that the Psychological Service passed on to

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them, compared to that received by them from McKenzie School. 20.69% considered that the information they received was very comprehensive and 31.03% considered that the information was adequate on the whole. 10.43% maintained that the information they received was in some ways sufficient; 3.45% felt that the information was barely sufficient while 34.48% maintained that what they received was totally insufficient.

In general, schools expressed the desire that information received from either the school or the Psychological Service, that gave "more guidance about how to handle the educational and social problems" would be helpful. Many schools commented that the information they received "lacked any guidance as to suitable programmes and approaches."

If the children who are discharged from the McKenzie School are going to make a satisfactory transition back into the normal classroom situation, then both the McKenzie School and the Psychological Service have a duty to improve the standard and quality of information that they pass on to the schools concerned. The Commission of Inquiry into Education in New Zealand (1962), in noting the importance of on-going school records stated that, "for best results, it is clearly necessary for schools to maintain a full system of communication from class to class, so that teachers receive a full and accurate record of the previous performance of each child in each of the basic subjects." (1) School authorities should not have to wait for months on end before they receive the child's records.

6.3 BEHAVIOURAL PROBLEMS ENCOUNTERED BY THE SCHOOLS

30% of the schools reported that strong disciplinary measures have been contemplated for the child. 55% of the schools who found it necessary to take some strong disciplinary action resorted to parental conferences. 9% used suspension as the measure of discipline and 36% used other measures such as corporal punishment or withdrawal from the classroom situation.

59.37% of the schools reported that they had requested the parent's co-operation to discuss the child's behaviour at some stage and most found that the parents were co-operative and met with the school's request. However, approximately 16% of the schools reported that they experienced difficulties in getting the parents to attend any requested meeting to discuss the child's behaviour.

In reply to the question concerning how the schools considered that they were managing to cope with the child at present, it was established from the returns that 43% of the schools felt that they were coping extremely well. 40% said that they have their ups and downs but manage reasonably well on the whole, and 17% reported that they are only just managing to cope with the child at present.

6.4 REFERRAL TO OUTSIDE AGENCIES

Just under fifty percent of the children were reported by schools to have had some contact with another agency since the child was enrolled at the school.

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Analysid of the figures showed that schools were responsible for initiating 68.42% of these referrals.

The greatest percentage of referrals, 50%, were made to the Psychological Service. 16.66% of referrals were made to the Visiting Teacher Service; 20.84% to the Department of Social Welfare, and 4.20% to the Youth Aid Section of the Police. 8.30% of referrals were made to other agencies such as the Department of Health, Religious Welfare Agencies etc.

Among the reasons given for the child to be referred by the school to another agency for assistance, were such problems as unacceptable school behaviour, behavioural problems at school, behavioural problems related to the home situation and educational assessment.

In general, it appeared that schools were reasonably satisfied with the help and assistance that they received from the agency they had consulted. 34% of schools replied that they were satisfied with the help and assistance they received; 45% considered that they were reasonably satisfied and 21% indicated that they were barely satisfied. Several schools noted that they received no information regarding changes in the child's medication requirements. This is an interesting point and indicates a degree of tardiness on the part of the parents concerned. On the other hand, schools should make parents aware that it is in the best interests of the child for the school to be kept fully informed about any medication that the child is on, or any changes that occur in the medication pattern.

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6.5 OVERALL REHABILITATION INTO THE NORMAL CLASSROOM

Slightly over fifty per cent of the schools considered that the child's rehabilitation into the normal classroom situation was satisfactory or successful. 37% considered that the rehabilitation was only fair, and just on 10% considered that it was poor. The following table (Table 10) gives a summary of the percentages for each category.

Table 10

TABLE SHOWING DISTRIBUTION OF PERCENTAGES FOR CHILDRENS REHABILITATION INTO THE NORMAL CLASSROOM ENVIRONMENT

<u>CLASSIFICATION</u>	<u>%</u>
Successful	31.25
Satisfactory	21.875
Fair	37.5
Poor	9.375

Schools were asked to evaluate the child's school performance based on the child's last school report. The children were asked to be rated from "Excellent" to "Very Poor". Table 11 shows the rating distribution.

Table 11

DISTRIBUTION OF CHILD RATINGS
BASED ON LAST SCHOOL REPORT.

<u>RATING</u>	<u>%</u>
Excellent	3.12
Very Good	12.50
Good	18.75
Fair	34.38
Poor	28.13
Very Poor	3.12

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It is apparent from these figures that many of the children are not performing as well in school as they are capable of doing. While approximately 35% of the children are reported to be working at a standard of good or better, an almost similar percentage are only considered to be making fair progress while a further 30% are making what schools consider to be a poor or very poor performance in school.

6.6. GENERAL SUMMARY SCHOOL QUESTIONNAIRES

In general it could be stated that schools appear to be coping reasonably well with the children when they return to the normal classroom environment. The majority of schools considered that the child's rehabilitation into the normal classroom environment was successful or satisfactory and those secondary schools which have a Guidance Counsellor appear to be making adequate use of these personnel to work with the disturbed children.

The Educational Development Conference report on Psychological, Guidance and Support Services and Children with Special Needs (1974) states that "help and guidance should be readily available to those in need of additional support, to enable them to fulfill their potentialities."⁽²⁾ The report also goes on to state that it considers important the "provision of community-based services readily accessible to parents and teachers, and to all others who teach, care for or guide children."⁽³⁾ Schools who have had cause to use another agency in an attempt to seek help and guidance for a child have mainly reported their satisfaction with the help and assistance they have received.

It is apparent that the main change that must be brought about is the change in policy regarding the child's records from the McKenzie School and the Psychological Service, to the school that the child is enrolled in at the time of discharge from McKenzie. While the Psychological Service is providing a better service of the two at the moment, there is room for a great deal of improvement from both quarters. No school should have to wait months for records to be passed on, and if information is requested it should be passed on willingly, especially if much of this information is needed by the school to enable teachers to plan programmes of work that enables children to "achieve to the best of their abilities." (4)

REFERENCES

1. Currie, G.A. et. al., Report of the Commission on Education in New Zealand. Wellington: Government Printer 1962 p.262
2. "Psychological, Guidance and Support Services and Children with Special Needs". A Report prepared for:- The Educational Development Conference Wellington: Government Printer 1974 p.9
3. Ibid. p9
4. Ibid. p17

VII. SUMMARY AND CONCLUSIONS OF THE STUDY

The survey revealed that 72.2% of children discharged from the school were referred to other agencies. 55.5% of these children were referred for seemingly major behavioural problems. If there was an adequate follow-up programme offered, then it is possible that many of these referrals would not have been necessary. This survey has confirmed the sentiments expressed by Maluccio (1974) when he stated that "there was little follow-up in the community."⁽¹⁾ Many parents expressed their concern and disappointment at the lack of counselling that they received, and the inadequacy of any follow-up programme being offered. The following comments by parents are worthy of note because they highlight the sentiments expressed by so many parents in the questionnaire.

"The lack of follow-up services really upset me. He was more or less sent home and expected to cope in the same environment that got him into McKenzie School in the first place, and within a few months was almost back to square one..."

and,

"With no follow-up services it was a waste of a year and all that money that was spent on him. He was put in that wonderful environment and then came home to the same environment that he left. We do our best, but there must be counselling and follow-up."

This view was expressed by another parent:-

"I am sure that if there was a back-up service to visit us in our homes after discharge and during the child's stay at McKenzie it would help a tremendous

number of us who strike little problems and try to cope on our own but get nowhere."

It is extremely important that the parents and the children receive the services of an adequate follow-up programme. The Department of Education invests many thousands of dollars into the residential programme, and therefore it has a duty as a Government Department to ensure that the best value for money is received. Part of this value would, in my opinion, be a comprehensive and adequate follow-up service to supplement the residential treatment. The "Psychological Guidance and Support Services and Children with Special Needs" Report, prepared for the Educational Development Conference states that there is a need for the "expansion of support services that will help the emotionally maladjusted." (2) The report also states that "additional facilities based on community and school are needed," and that "such facilities should be designed to support parents and teachers and should aim, wherever possible, to keep children and adolescents within their own communities." (3) Davids and Salvatore (19) maintain that "there seems to be no substitute for long-range follow-up study." (4)

Many parents expressed their concern at the lack of liaison with the McKenzie School, and this was substantiated by the schools many of whom complained that there was insufficient information regarding the child passed on to them. This is an important matter, and one which the McKenzie School must attempt to rectify as soon as possible. It should be realised that it is in the interests of the child and his future education to ensure that adequate information be passed on to the schools

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that will enable them to implement a suitable programme to cater for the child and his needs. Parents also have the right to be kept fully informed of what is going on while their child is enrolled at the school. Parental involvement in the programme should be an important component of the school's programme of treatment.

Matsushima (1965) states that "Although some centers differ about maintaining continuous contact between the children and their families, our experience has been that treatment is furthered and better consolidated through this practice." (5)

Many parents commented about the need for more facilities of the kind that McKenzie offered, especially to cater for the children of secondary school age who can no longer attend the McKenzie Residential School. At the moment there are no facilities in New Zealand for emotionally disturbed adolescents, apart from Psychiatric Hospitals.

In conclusion, it must be stated that while the study shows that after discharge from the school many of the children and their parents still require a considerable degree of assistance and help, we should not jump to the hasty conclusion that the McKenzie Residential School is not fulfilling its intended aim. I believe that some benefits are being achieved by the school, and these are substantiated by parents - one of whom wrote the following comment:-

"I wouldn't have been able to cope without their assistance. Without this I would have put her on drugs, which may have been bad for her."

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However, if these gains are going to continue, then it is obvious that an adequate follow-up programme is an essential element of the overall programme, and should be implemented without any further delay.

REFERENCES

1. Maluccio, Anthony N. "Residential Treatment of Disturbed Children; A Study of Service Delivery" in Child Welfare Vol. 54, No 4, April 1974 p.233.
2. "Psychological, Guidance and Support Services and Children with Special Needs" A report prepared for: The Educational Development Conference. Wellington. 1974 p
3. Ibid. p
4. Davids, Anthony, and Salvatore Peter D. "Residential Treatment of Disturbed Children and Adequacy of their Subsequent Adjustment" in American Journal of Orthopsychiatry Vol. 46, No 1. January 1976 p.70.
5. Matsushima, John, "Some Aspects of Defining 'Success' in Residential Treatment" in Child Welfare Vol. 54, No. 5, May 1965 p.274.

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APPENDIX A

PARENT/GUARDIAN QUESTIONNAIRE

PSYCHOLOGICAL SERVICE
DEPARTMENT OF EDUCATION

CHRISTCHURCH TEACHERS COLLEGE
DEPARTMENT OF SPECIAL EDUCATION

SCHOOL QUESTIONNAIRE

SURVEY OF CHILDREN WHO HAVE BEEN DISCHARGED FROM
McKENZIE RESIDENTIAL SCHOOL (CHRISTCHURCH)

Introduction:

The aim of this questionnaire is to determine how children who have been discharged from the McKenzie Residential School in Christchurch, have settled down and are now coping at school.

The questionnaire is being conducted under the general guidance of the Psychological Service of the Department of Education, and the Department of Special Education of Christchurch Teachers College.

This questionnaire intends to examine:

- the child's rehabilitation back into the school setting.
- his/her present adjustment to the schooling process.

A separate questionnaire, related to the home situation, has been sent to the Parents/Guardians of the child.

It is hoped that the results of this survey will assist in the future improvements of services offered by Residential Schools to children with special needs.

It is stressed that all information offered by you in this questionnaire is strictly confidential and will not be divulged to any other person.

Thankyou for your co-operation and assistance.

Murray D. Roberts.

DATE _____

1. Child's Name _____

2. Informant (Tick appropriate box)

Mother Father Both
Parents Other (Please state) _____

3. Child's Date of Birth and Sex

Male Female Date of Birth Age

4. Child's relationship to Parents

Natural Birth Adopted Foster Other Please state _____
_____5. (a) Including child from McKenzie, how many children
in the family?

(b) State age and sex for all children in family.

e.g. Male 8 years, Female 6 years

_____6. Breadwinner's Occupation (be as specific as possible)

_____7. Mother working? Yes No Full time Part time If part time number of hours worked weekly Please state type of work _____

8. Is your child living at home?

Yes No Other Please explain _____

9. When discharged from McKenzie Residential School, did your child return home and continue to live at home?

Yes No

If the answer is "Yes" to No 9 go to Question 13.

10. If "No" where did he/she go?

Boarding School

Foster Home

Family Home

Relatives

Friends

Others (Please state) _____

11. If Boarding School, please name _____

12. How frequently did he/she come home?

Weekends

More than once a month

Once or twice a term

Only at school vacations and public holidays

Never

13. When your child was discharged from McKenzie Residential School did he/she appear to miss McKenzie Residential School?

Not at all

For a short while

Occasionally at first

A lot

Please comment _____

4.

14. On returning home from McKenzie Residential School
did you experience any difficulties with your child's

Eating habits

Going to bed/sleeping routines

Fitting back into home routines
e.g. making beds, doing dishes etc.

Enuresis (bed wetting)

Please state briefly _____

15. If response to Question 14 was "Enuresis" (bed wetting),
how frequently did this occur?

Nightly

About twice a week

At lease once or twice a fortnight

Occasionally

Very rarely

Unsure

16. Are any of the categories named in Question 14 still
a problem?

Yes

No

Please explain _____

17. What level of education is your child presently receiving?

Primary/Intermediate

Secondary

Tertiary

None of these

18. If your child is still at school, please indicate whether:

State School Private School

Single sex Co-ed (boys & girls)

Name School _____

19. If Secondary School, does the school have a guidance counsellor?

Yes No Do not know

20. How many schools has your child attended since leaving McKenzie Residential School?

21. If your child has left school and is working, please state occupation (be specific).

22. If not working and not at school is he/she

Unemployed

On Sickness benefit

At Technical Institute/Teachers College

Others (please state) _____

23. How many different jobs has your child had since he/she left school?

24. Since being discharged from McKenzie Residential School, have you had to refer your child to any agency?

Doctor

Child Health Clinic

Psychological Service

Visiting Teacher Service

Youth Aid

Child Welfare (Social Welfare Department)

Probation Service

Others (please state)

25. (a) Why was it necessary to refer your child to the above?

Four horizontal lines for writing an answer to question 25(a).

b) Were you satisfied with the help received from the agencies ticked in Question 24? Please comment.

Very satisfied

Two horizontal lines for writing a comment for 'Very satisfied'.

Fairly satisfied

Two horizontal lines for writing a comment for 'Fairly satisfied'.

In some ways satisfied

Two horizontal lines for writing a comment for 'In some ways satisfied'.

Barely Satisfied

Two horizontal lines for writing a comment for 'Barely Satisfied'.

Totally Unsatisfied

Two horizontal lines for writing a comment for 'Totally Unsatisfied'.

26. Can you remember how long after discharge from McKenzie Residential School you needed to make this referral?

Within six months

Within a year

Within eighteen months

Within two years

More than 2 years

Unsure

27. If less than 6 months please state approximate time.

28. Who recommended that you seek this help?

Teacher

Principal/Headmaster

Guidance Counsellor

Doctor

Grandparents

Department of Social Welfare Officers

Neighbours/Friends

As parent(s) decided myself/ourselves

Others (please state)

29. Is your child presently on any form of medication?

Yes

No

If response is "No" to Question 29 go to Question 33.

30. If response to Question 29 is "Yes" - please state reason for medication.

Epilepsy

Hyperactivity

Enuresis (i.e. Bed wetting)

Others (please state)

31. If response to Question 29 is "Yes" - please state type (name) of medication and dosage.

32. How long has your child been on medication since leaving McKenzie Residential School?

Discharged on medication

Put on medication within the first six months

Put on medication within the first twelve months

Unsure

33. Are you coping with the child at present?

Extremely well

Have our ups and downs but we manage reasonably well on the whole

Only just

Not at all

Others (please explain)

34. While your child was at McKenzie Residential School were you satisfied with the help and assistance you received from the school? (Please comment)

Very satisfied

(comment): _____

Satisfied in some ways

(comment): _____

Barely satisfied

(comment): _____

34. (cont'd)

Totally unsatisfied (comment): _____

35. Were you satisfied with the help and assistance you received from the Psychological Service?(Please comment).

Very satisfied (comment): _____

Satisfied in some ways (comment): _____

Barely satisfied (comment): _____

Totally unsatisfied (comment): _____

36. While your child was enrolled at McKenzie Residential School, were you required to forfeit the child's Family Benefit?

Yes

No

10.

37. Were you required to pay a board charge for your child while he/she was in residence at McKenzie Residential School?

Yes

No

38. If response to Question 37 was "Yes" - please state how much per week you were required to pay:

39. If your child is at school would you say that he/she is happy at school?

Very happy

Reasonably happy

Has had some bad times but generally puts up with things

Totally unhappy and can't wait to leave

40. If your child is at work would you please indicate if he/she is happy at work.

Very happy

Reasonably happy

Has some bad times but generally puts up with things

Totally unhappy and wants to move on

41. Would you say that your child is happy at home? (More than one may apply - if so, please comment).

Very happy

Reasonably happy

Has his/her ups and downs but makes the most of the good times

Frequently unhappy

Always unhappy

Wants to leave home

Please comment _____

42. Are there any points not covered in this questionnaire which you would like to comment on?

THANK YOU FOR YOUR CO-OPERATION AND ASSISTANCE

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