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Audit of a Special School for Children with Emotional and Behavioural Difficulties

An audit by Alma Lydon and Helen Leader of a special school for children with emotional and/ or behavioural difficulties highlights a number of issues pertaining to referral and admission. Past trends regarding children with intellectual disability and admission were not reflected in the findings. There was a reduction in the number of children who presented on the autistic spectrum.

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INTRODUCTION

This retrospective audit focuses on a special school which provides a specialized service for up to 18 children of primary school age in the Dublin area (average 6-12 years) with severe emotional and/or behavioural problems. Their presentation can include social difficulties, anger management problems or academic underachievement. The children who attend are of average intellectual ability. The hope is that by providing a safe environment, personal development can be nurtured and self-esteem promoted in a supportive and caring atmosphere which will enable the children to ultimately return to mainstream school. In circumstances where a specific diagnosis is established, during the period of attendance at the school, a more appropriate school setting to meet the child's needs is generally recommended as an alternative to mainstream education.

This special school was established by the Department of Education in 1975 under the patronage of the Eastern Health Board. The school is now under the patronage of the Health Service Executive (HSE). All children who are accepted into the school maintain a connection with the referring child psychiatric service, community care team or both. Regular meetings to review or modify pre-agreed goals take place with school staff, parents/guardians and the key-worker from the referring agency. An Individual Education Plan which incorporates the individual behaviour plan is devised for each child to monitor his/her progress. Consultation is provided by the local Child and Adolescent Mental Health Service.

AIM

The authors set out to conduct a retrospective audit of the past 6 years – the period from 1999-2005. The aim was to observe any particular trends in relation to the profile of children attending the school across a broad number of variables, described in detail below.

METHOD

The audit was conducted by reviewing all clinical and educational information available on the children who attended the school since 1999. This information was available within the school setting. The roll book was reviewed to identify the children attending in any particular year and to establish the duration of their attendance at the school. A clinical file was available on each child and this provided clinical information in the form of multi-disciplinary reports from the support Child and Adolescent Mental Health Service (CAMHS). A number of meetings were scheduled with the school principal and long-standing teaching staff to assist in the sourcing of any outstanding information.

RESULTS

The data was examined in relation to a large number of variables as outlined below. The average number of children attending the school in any one academic year is 17. A total of 54 children have been enrolled into the school over the past 6 years.

(i) Demographic information

Of the 54 children enrolled in the school over the 6 year period examined, a total of 5 (9%) were in care during their period of attendance at the special school. 11 children (20%) had a parent with a history of intravenous drug misuse. A total of 7 children (13%) have also had a sibling attend the school at some point.

(ii) Gender

The male:female ratio of children attending the school over the 6 years shows a consistently significant predominance of boys attending over this time period. In fact those children attending the school in 2003 were exclusively male.
(Figure 1 to be placed here)

(iii) Pathways to referral

Children are referred to the special school by their local Child and Adolescent Mental Health Service (CAMHS) which remains involved and liaises with the school during the course of the child's attendance at the school. Figure 2 shows the number of children referred by the various CAMHSs over the period studied. The presence of a significant number of children from the Castleknock CAMHS is partially due to the fact that these figures include those children who now reside within the Blanchardstown CAMHS catchment population which was not in existence in the early part of the study period.
(Figure 2 to be placed here)

(iv) Cognitive Level of Ability

A pre-requisite for school entry is a cognitive level of intellectual functioning within the average range. However it has frequently emerged during the course of a child's attendance at the school that a child is in fact functioning at a level lower than this. During the past 6 years 61% of children were found to function within the average range of ability, 6% in the high average range, 11% within the low average range, 13% within the extremely low average range and 9% within the borderline range of ability.

(Figure 3 to be placed here)

Of interest is the finding that the number of children who function significantly lower than the average range has greatly reduced in recent years. This is illustrated in Figure 4 and may reflect a greater insistence by school staff on a cognitive ability within the average range as an entry criterion.
(Figure 4 to be placed here)

(v) Duration of stay at the special school

While a number of children included in this audit continue to attend the special school, the average duration of attendance of those children who no longer attend was 2 years and 5 months.

(vi) Education source at point of entry and exit from the school

The data was examined to ascertain what educational facility the children had attended prior to coming to this special school. It was found that in the majority of cases, children came from a mainstream setting, a finding that remains consistent across the time period examined (Figure 5).
(Figure 5 to be placed here)

Children who leave the school are re-integrated into a mainstream setting in the majority of cases and this is usually the school from where they originally came. While information is not available to date on those children who continue to attend the school, an average of 15% children attending in any one academic year move on to a special class facility within a mainstream setting (Figure 6).
(Figure 6 to be placed here)

Interestingly, in the period 1999-2001 a large number of children (28%) were referred onto an educational facility for learning disability due to their cognitive level of functioning. This trend is not evident in recent years, in keeping with the decline in percentage of pupils of extremely low cognitive ability as outlined above (See Figure 4).

(vii) Clinical Diagnosis

Children who attend the school are largely referred for significant behavioural difficulties and a diagnosis of Conduct Disorder or of Mixed Disorder of Conduct and Emotion is present in many cases. In addition, contextual family factors frequently play a contributory role. However, a number of children have a co-morbid diagnosis, established either prior to or during the course of school attendance. Of the 54 children enrolled during the six-year period examined, a total of 45% (n=24) had an established diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) as illustrated in Figure 7. Eleven per cent of children (n=6) had traits of an Autistic Spectrum Disorder (ASD) or met the full diagnostic criteria (predominantly Asperger's Syndrome). A number of other diagnoses were also present, including Foetal Alcohol Syndrome (6%, n=3) and co-morbid medical illness (4%, n=2). In one case a diagnosis of probable Gender Identity Disorder was made and one child presented with features of Obsessive Compulsive Disorder (OCD).

(Figure 7 to be placed here)

(vii) **Speech and Language Difficulties**

Interestingly, a total of 22 children (41%) were identified as having a history of Speech and Language difficulties. Of these 22 children, 5 (23%) were still awaiting a Speech and Language assessment. 15 children (68%) were reported to have received or were in the process of receiving Speech and Language therapy. These figures are based on retrospective information and are likely to be an underestimation of the actual number of children with speech and language difficulties as a previous estimate conducted by a Speech and Language therapist of the level of children who required intervention was in the order of 80%. Speech and language services are unavailable through the school and the services which a child receives depend on the resources available through their local CAMHS which may be extremely variable.

(viii) **Sensori-motor Difficulties**

A total of 6 children (11%) were reported as having some form of sensori-motor difficulties which would warrant an assessment by an Occupational Therapist (OT). Only one of these children was identified as not having received any form of OT intervention to date – the remaining 5 children had all received or were in the process of receiving OT.

DISCUSSION

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The focus of the audit is on trends in relation to the profiles of children attending the special school across a broad number of variables (as stated in the aims of the audit). The school context has been identified as one of the most effective environments in which to promote and improve on a child's mental health problems and indeed to build on a child's level of confidence and self esteem (El Din, 2004). The most common reason for referral to a special school such as this is the presence of significant unmanageable behavioural difficulties and a diagnosis of Conduct Disorder is frequently present. An increasing number of such children who are defiant and aggressive in school are being excluded from mainstream education (Scott, 1998). Conduct Disorder is an extremely common psychiatric disorder occurring in 4% of a rural population and 9% of an urban population (Rutter, Cox, Tupling, Berger and Yule, 1975). Conduct Disorder is characterised in childhood by temper tantrums, hitting and kicking others, lying and stealing and disobeying rules. In adolescence features include bullying, intimidation, serious stealing, mugging, arson and cruelty to people or animals (WHO, 1992). Such children usually present as quite sad and fail in school. In the playground these children lack the skills to participate and turn-take with others without becoming aggressive. Consequently, they are frequently rejected by their peers and end up gravitating towards an antisocial peer group (Kupersmidt, Coie, and Dodge, 1990).

There is a clear need for effective early intervention particularly as the continuity of conduct behaviour into adulthood has been well recognised. Over 90% of recidivist juvenile delinquents had a history of conduct disorder in childhood (Scott, 1998). Such early intervention must be multi-faceted and include school-based involvement including the possibility of Special Education. The benefits of Special Education for

children at risk are manifold including the access to teachers highly skilled in the management of aggressive behaviour and the opportunity to encourage a child to interact with peers in a non-aggressive manner. A study by Stotsky, Browne and Philbrick (1974) of 573 children who attended special schooling demonstrated an improvement in the majority of children in aspects such as in their educational and behavioural performance during the course of their attendance. Nevertheless, the presence of special schools does not remove the need for the provision of interventions and facilities in mainstream school settings. Such interventions might in fact reduce the need for children to be removed from their primary school which in some instances can be seen as an additional failure by a child who already feels excluded by his peers and family.

Special educational provision began in the middle of the 19th century with the initial provision for children with visual or hearing difficulties. Services for children with mental or physical difficulties were slower to develop and did not make a significant contribution until the 1960s. The provision extended with the increasing recognition and understanding of the needs of children with emotional or behavioural difficulties. In relation to special schools within an Irish context, this special school is one of 13 schools which cater for the needs of approximately 370 children with various emotional and behavioural difficulties. Such schools were established in line with the Child Psychiatry services (comprising the Health Boards, Mater Child and Family Service and St. John of God Services) and were supported by the Department of Health and Children.

The results of this audit demonstrate a number of interesting findings in relation to the profile of children attending the school. The male gender bias, although dramatic, is to be expected when one considers that the primary reason for referral is frequently conduct-related problems and boys consistently outnumber girls in this regard (Rutter et al., 1975). One interesting trend in the earlier years of the audit (1999-2001) is the number of onward referrals to an Intellectual Disability educational facility. This trend has not been present in recent years, a pattern which may reflect a greater insistence on cognitive ability within the average range as an entry criterion.

A further interesting trend is the recent reduction in children presenting on the autistic spectrum. One could postulate that the greater availability of Special Needs Assistants in mainstream schools and the option of referring children to the designated autism service accounts for this trend. In the greater Dublin area, children are now generally referred on to the Beechpark Autism Service once a diagnosis of autism has been established. This study also highlighted the significant level of co-morbidity in children attending, including Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD) amongst others. The reported incidence of ADHD in 45% of children is significantly lower than that reported in a similar study by Place, Wilson, Martin and Hulsmeier (2000) where 70% of children had a diagnosis of ADHD. It is also possible that a number of co-morbidities may have been missed in children attending the school as there appeared to be an absence of depressive and anxiety diagnoses. Such co-morbidity if present may in fact have been understood in the context of the behavioural issues present.

The number of children who presented with speech and language difficulties was estimated to be in the order of 41%, a figure which the authors would consider a significant underestimate of the actual level of speech and language difficulties. Nevertheless, even if this figure is an underestimation, the fact that over a fifth of these children were still awaiting a speech and language assessment is unacceptable and highlights the clear need for clinical support services such as Speech and Language Therapists to be allocated to a special school such as this. The availability of Occupational Therapy for these children was far more satisfactory which is interesting and would not seem representative of the situation in CAMHSs in general where access to OT can be difficult to obtain. One hypothesis is that the majority of children who received an OT assessment and intervention may have all been attending the same CAMHS where there is a greater availability of OT resources.

A limitation of this audit is that there was some variability in the level of clinical information available on each child. Thus, while it might be the impression of staff that a child presented with a certain clinical disorder such as an attachment-related disorder or perhaps an affective disorder as discussed above, this could not be included in the audit data unless a documented and established diagnosis made by the clinical support team was also available. It would also have been interesting to ascertain the number of children who presented with specific learning difficulties, e.g. specific reading difficulty (dyslexia) which has been estimated to be present in approximately one third of children with conduct disorder. An additional area of study which is hoped will be conducted in the future is a qualitative analysis of parent and children's views of their experience of attending the special school.

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