

ONE MILLION CHILDREN.

The Commission on Emotional and Learning Disorders in Children, 165 Bloor St. East, Toronto 5, Ont. 1970, 521 pp. \$8.00 + 50c postage.

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This artistically produced, very readable, and highly significant publication is the result of more than a three-year study of the Commission set up by the Canadian Mental Health Association, The Canadian Welfare Council, The Canadian Education Association, The Canadian Conference on Children and Youth, The Canadian Association for the Mentally Retarded, and The Canadian Council for the Rehabilitation of the Disabled.

The report is a comprehensive blueprint for meeting the needs of one million Canadian children (12 percent of children up to 19 years of age) who require attention, treatment and care because of emotional and learning disorders. These children are those who: 1) are neurotic or psychotic and who exhibit behaviour disorders; 2) have an overall learning deficit (retarded); 3) have specific learning difficulties and deficits; 4) have a sensory or physical handicap likely to lead to a secondary emotional or learning problem; 5) are judged to be delinquent; 6) have family or community experience which leads to cultural and emotional deprivation.

The report deals with: the developing child; the child as student, as patient, as ward, as offender; the child in residential treatment; new proposals and programs; the role of the various helping professions; and the citizens' role.

There are 144 specific recommendations. One basic one is that, in each local community of 25,000 to 50,000, a comprehensive personal care service, directed by a community services board, be established to coordinate existing services and to encourage new services in the fields of education, health, welfare and corrections. These services will include comprehensive family counselling, family service, child welfare and protection programs including homemaker services to support and sustain children in their own homes, group homes to provide an alternative to institutional care, day care, hospital and residential care and day treatment services, prenatal and maternity services.

The report places great emphasis on the school in the prevention and handling of emotional and learning disorders. It recommends nursery school and kindergarten programs for all children, early identification of children with problems, small classes (20) in the early grades, the use of paid and volunteer teacher-aides, provision for continuous progress through the grades, and flexible curricula geared to the children's needs. In the education of children with emotional and learning disorders, the report comes down heavily against isolation and segregation in special classes or schools, although it recognizes that keeping a child in a regular class requires the provision both of more adequate training for the classroom teacher and also of adequate supportive remedial and consultant help for teacher and child.

In sections on the child as ward and the child as offender, there is strong criticism of the present inadequate and fragmented services as well as specific recommendations as to how to correct the situation in a co-ordinated fashion. The report is particularly insistent on the integration of

services provided by education, health, and welfare and on viewing and treating the child as a whole person.

Probably the most important aspect of the report (and the hardest of its recommendations to implement) has to do with *attitudes*. The report stresses the *partnership* and *respect* that must exist between the various helping professions. The doctor-patient relationship, the teacher-pupil relationship, the social worker-client relationship which, often condescending in themselves, too often carry over to the interdisciplinary relationships among the professionals and others who deal with children. Medical men cannot afford to treat teachers, social workers, or hospital personnel as inferiors. Neither can teachers look down their noses at other professional workers, clinical personnel, volunteer workers or parents. The last named are, unfortunately only too often "the bottom-man on the totem pole" and yet, as the report points out they are vital partners in the education, care and treatment of these children. The report rightly distinguishes three ways of working with other people and those needing help, namely what one does *to* the other, what one does *for* the other, and what one does *with* the other. The attitude of superiority-inferiority does not make for the kind of partnership which the report strongly recommends.

The report strongly condemns labels as overworked and as not emphasizing the child's strengths. Labels are not adequate as a diagnosis; rather, from a practical point of view, the child's disorders should be viewed in terms of the treatment or management needs of the child, not as stereotypes.

With regard to diagnosis, many teachers will question the suggestion that the school should confine itself to *assessment* while *diagnosis* and suggestions for treatment and management come from the clinical personnel outside the school. All teachers make hundreds of diagnoses ("seeing through") in the course of a day. When necessary they should seek help from specialists from within and without the school.

This report contains a mine of information together with clear-cut recommendations for action. The path to its implementation will be a thorny one. First it needs to be studied intensively not only by professional groups and governments but by citizens generally. These, together with the sponsoring organizations of the commission, will need to create a public understanding and acceptance of its recommendations as well as pressing persistently for social action. Social provisions for the education, care and treatment of children with emotional and learning disorders are unlikely to be *much* better than the public opinion upon which they rest. Traditionally, governments have been influenced by a strong public opinion which demands adequate services for children.