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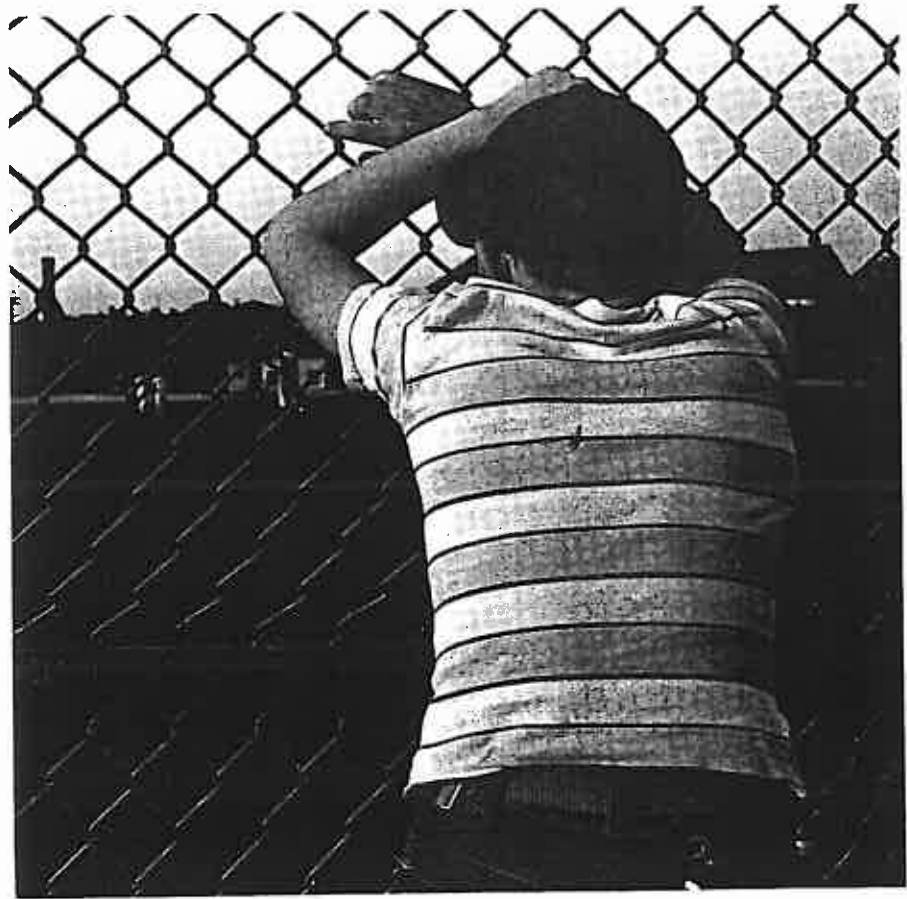
THE WAY WE GO TO SCHOOL

The Exclusion of Children in Boston



A Report by the Task Force on Children Out of School





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Beacon Press Boston 02108

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poses only. They are meant to imply no direct rela-
tionship between any particular child and the text.

Foreword

This report marks the end of the first phase of a journey which began in December, 1968, when a conference was held to explore the problem of children excluded from the Boston Public Schools. Social service workers, mental health personnel, and community leaders, representing thirty-five agencies from across the city of Boston, agreed that the problem of exclusion from, and within, the school system constitutes an emergency situation. They resolved to act with dispatch and vigor to correct a shameful condition.

A follow up conference in January, 1969, joined by representatives of the Boston School Department, the State Department of Education, and the State Department of Mental Health, concluded with an agreement to set up a Task Force on Children Out of School. The Task Force was to focus on the full dimensions of the exclusion problem: its numerical magnitude, geographic scope, and relationship to the social service and mental health systems. The findings were to serve as a basis for immediate and long-range actions.

After a period of initial planning by agency and school representatives, and the acquiring of a staff, the Task Force began its investigation by holding its first meeting on October 1, 1969. It was launched as a collaborative action-effort of community agency representatives, educators, social service and mental health professionals, parents, lawyers, and persons from the political community. The Task Force focused on the phenomenon of exclusion as a community problem, although it was clearly understood that the Boston School Department and the State Department of Education hold major responsibility for its existence and eventual elimination. It was recognized also that the problem of exclusion is endemic to most urban school systems in the nation. Therefore, we were not exploring an isolated phenomenon characteristic only of the Boston Public Schools.

The Task Force staff sought out and interviewed a cross-section of people including Boston School Depart-

ment administrators and personnel, social service and mental health professionals, parents, and community leaders. In the process of investigation the Task Force gained impressions, facts, attitudinal statements, and perceptions from these various groups. In addition, we collected data from researchers who have done, or are currently doing, similar studies in Boston and other parts of the country. The most valuable information, however, was obtained through testimony presented by school and mental health officials and community leaders at Task Force meetings.

We do not claim that our study is exhaustive. Indeed, it indicates where future research needs to be done. We do believe, however, that we have collected and analyzed a sufficient amount of data to understand clearly the various aspects of the exclusion phenomenon in the Boston Public Schools. The situation is too serious to permit delay for further study now. We have the basis upon which to chart a course of action.

While our findings are an indictment of the system of public education, above all else they are an indictment of the total community whose indifference and inaction promotes this shameful condition. The chief intention of the Task Force is to move beyond the comfort of indictment to the achievement of corrective action. History has shown that task force reports, after releasing ringing indictments, usually are consigned to the bookshelves for a quiet death, while the problem called into question lives on.

Our quest will not have ended until the tragic and indefensible situation we have found is corrected — whether it takes one year, five years, or more. To this end we are developing a program to carry forward sustained action in pursuit of our goals. We seek the public's support for our continued efforts. I believe that there is no more urgent task before the Boston community. So we continue a journey which must not end with failure, but must meet with success in the interest of the precious youth of our community.

Hubert E. Jones, Chairman

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I. Introduction

This report probably will make you very angry. It describes the almost unbelievable experiences that happen every day to thousands of school-age children in Boston. If you are the parent of a child in the Boston schools, the facts we have uncovered about children excluded from the regular educational process may cause you great despair. If your child is among those treated in the manner we describe, then make no mistake in understanding that your child's life is being scarred. If you are an interested citizen, then you too must realize that this situation affects you as well as the children and their parents.

Children in our city are being denied the only opportunity permitted in a lifetime to prepare for the greater challenges of life. They are failing to receive the educational opportunity that we believe is the right of every child in our country. And their beauty — the inner beauty of children — is being scarred, perhaps unalterably.

At a time when the public schools must take giant strides to prepare children for today's world, some children are being excluded from school, others discouraged from attending, and still others placed in special classes designed for the "inferior." The following chapters describe the way these practices take place, and how they affect the lives of the children.

It must be recognized first, however, that this grave situation exists throughout the city. It is not the problem of one particular neighborhood, or race, or social group. Rather, it transcends cultural, social, and economic boundaries. Parents and citizens in the North End, South Boston, Roxbury, and all other parts of Boston, share the same grim problem.

The information contained in this report is the result

of many months of work. It represents an intensive investigation into the needs of school children in Boston. To the best of our knowledge, we have collected all the studies and data compiled by others who are concerned about the same problems. We have supplemented this information with our own research and studies. In addition, we heard testimony from school officials, teachers, parents, community workers, nuns, psychiatrists, lawyers, doctors, social workers, and other professionals.

The mere compilation of a massive amount of information was not our intention however. Our major concern is what is happening to our children in Boston and why. At best, we can make an educated estimate as to the magnitude of the problem. We know of several thousand children that are affected directly. However, we believe this number to be the tip of an iceberg: there are many more children that no one knows about. But our chief concern does not rest with engaging in a numbers game.

Rather, we are reporting to our fellow citizens — and fellow parents — the situation that we have found, inviting you to join with us in taking action to alter that which is so intolerable. For though we were shocked, as you will be shocked, perhaps the most surprising aspect of this problem is that it need not exist. It is within our power to alter it. While new legislation and additional funds are urgently needed for certain changes, we can alter now the policies and practices of the school system and other city institutions which treat children in this manner. We cannot over-stress our most basic conclusion that the situation we have uncovered presents us with an extreme emergency.



II. Exclusion: What It Means To The Children

(Note: While the information about each of these children is true, their names, the location of their schools, and all other identifying information have been changed to protect their confidentiality and that of school officials).

We have found that children with many different types of needs are being excluded from the schools. In the course of our investigation, we made an intensive effort to locate many of these children. With the assistance of community organizations, social agencies, parents, nurses, psychiatrists, and others, we located hundreds of individual children from every part of Boston. We went into their homes to talk with them and their parents. We listened to them describe what it means for a child to go without an education while other children go to school. And we spoke with professional people from agencies about their efforts in behalf of these children.

After a while, the stories began to merge into a characterization of a pervasive problem. We began to get an overall picture of children out of school or children labelled and shoved aside within the system. Yet we were reminded that while we sought to understand the general problem, we must not lose sight of what happens to individual children. For to understand their needs, their hopes, and their fears, is, in a sense, the key to understanding what we all must do to change a situation that is so shocking.

THE STORY OF RICHARD (As told by a child psychologist)¹

I recall another situation: the case of a "quiet child" who holds his fear and anger and any other strong feeling deep inside himself, in hopes that the world will not recognize him for the vulnerable target that he is. I first met him when a counselor asked me to try to expedite placement in a special class of a "retarded boy" who had been tested two years before. Although recommended for placement at that time, he simply had been "held over" in the fifth grade for two years.

It was explained to me that since there were several children in the school awaiting special class placement, as well as a handful of aggressive children who misbehaved in classes, the principal decided to take pressure off the teachers by rounding up all these kids and putting them in one "class," to be presided over by a

substitute teacher. I recall warning this principal previously of the dangers involved in combining assaultive kids with retarded and withdrawn ones, without the usual mass of relatively normal children as a buffer between them.

I went to the classroom where I met the teacher, who confided that there was "something wrong with that boy, he's backward". I took Richard to my office and decided to switch to a nonverbal medium — a series of abstract designs which I asked him to copy. These generally prove to be very difficult for retarded children. Richard produced the most perfect set of reproductions I have seen in hundreds of tests. Furthermore, he could recall eight of nine objects, a feat generally accomplished by highly intelligent children. When I showed him a simple book, he read words commensurate with his grade level, though he denied understanding their meaning.

Following the testing, I talked to several of his former teachers. They all considered him totally illiterate. He was considered a "good boy" but "very retarded". The fact that his elaborate drawings revealed great concentration and creative imagination didn't impress them. Their sole criterion of mental normality was verbal fluency. Back at the central office I checked Richard's file. Two years ago he had been tested and marked "severely retarded; he is to be placed in a special class for his own good as he will never learn to read or write".

Hence, our Richard, who reads and writes and draws fanciful pictures, is considered too limited even to be placed with educable retardates. I completed the testing, which revealed Richard was psychotic; his superior intellectual capacity allows him to function well in some areas, but his estrangement from reality and sense of fear prevent him from responding to much of the world around him.

His father came to see me, and explained that Richard, while always quiet and withdrawn, was quick to pick up complicated mechanical skills such as fixing radios and clocks; could it be that no school personnel had spoken to this man in six years?

We are attempting to place Richard in a private school for emotionally disturbed children if we can find

a vacancy. Placement is required for those children who cannot be accommodated in the public schools. That is, if anyone notices them.

ORLANDO and MARIA MARTINEZ
ages 15 and 9

The Martinez family moved to Boston from Puerto Rico several years ago. They lived with some relatives in North Dorchester until Mr. Martinez was able to get a job. Now they live in Brighton, closer to his work. The parents speak Spanish, and though the children know some English words and phrases, they speak Spanish in their home.

When Orlando first went to school, he could understand no English at all. He sat in class for several weeks, but could not participate. A friend of his parents who could speak English talked to the teacher about this. Soon Orlando was told to go to the Day School for Immigrants. Most of the students at the school were older persons, and there was still no instruction in Spanish. He did learn to say a few English phrases though.

Orlando attended the school for almost two years and received a diploma. But he still can't speak English, nor can he read or write. He is out of school now. He talks about getting a job, but a friend told him he probably can't get one because he has no education.

Maria, his younger sister, has never been to school though she is nine years old. Mr. Martinez says he would like for her to go to school, but that Orlando never learned anything in school and he is afraid Maria would be treated the same way.



During the past summer, however, a summer school program was held in a school in the South End. It was for Spanish-speaking children, and Mrs. Martinez took Maria to the school every day. Bilingual teachers taught the children, and Maria enjoyed this immensely. She even learned to speak a little English. But when summer was over, the program ended and Maria had to stop going to school.

She begs her mother to take her to school, but Mr. Martinez knows that there are no programs for a girl like Maria. She tells her that maybe she can go to school again next summer. By then, Maria will be ten years old.

MARY JANE and JOHN TURNER,
IMMIGRANTS,
ages 17 and 15
(As reported by a counselor
in a community agency)

My first contact with John and Mary Jane was last winter. They had just come to Boston from the South. As in the case of many poor, black families migrating North, one parent and the older children came first to establish themselves; then the other parent brought the younger children.

When I first met the Turners, they were all sick with the flu and colds. Mr. Turner had a job, but had not been paid recently because he was out sick. At age sixteen he earned only \$62 a week. The children had no winter clothing but Mr. Turner borrowed a jacket that he said John could wear to school when he started. Both the parents wanted the children to go to school very much. This was one reason that they had decided to migrate North, where they heard the schools were better.

A school counselor reported to me that Mary Jane, age seventeen, had the equivalent of a second grade education. There are no classes in the school system for children over sixteen who are so far behind — even when such a youngster wants to go to school. Another problem was that Mary Jane was so hard to understand because of her heavy dialect that I had to get a friend to interpret for me what she said.

John, at fifteen, also had the equivalent of a second grade education. He had been sent by the school counselor to the School for Immigrants, which he had attended for three weeks when I first met him. I remember

that fact so well because I was startled to see his school work. He wrote at the top of all his papers: "John Turner, Immigrant." I couldn't help but question how good it was for him to go to a school where most of the students are adults who don't speak English, when he needs so much help with his own speech.

At mid-year, I told John to register at the school in his neighborhood, instead of the School for Immigrants. But when he went there they found out that he was almost sixteen with so little education, and they sent him home. After several phone calls to School Department officials, I got John's name put on a waiting list for the Barrett School, the only school in the city for children who have gone through school and still can't read or write. The school admits only 100 pupils, who have had good attendance and conduct records. To this day, I have heard nothing from the School.

I really don't know what to do next for John and Mary Jane. I've got to try something, but I know another school year will probably roll around and they still won't be in school. I haven't mentioned yet the other children: Lee Ann, 14, and James, 11. Lee Ann is in the fifth grade, but is so embarrassed to be in class with ten and eleven year olds. James seems bright, but I'm not sure what will happen to him.

It's really heartbreaking, you know. These good, illiterate parents are trying to give their children something they never had themselves. But I doubt if they'll make it. I really doubt it.

KATHY FITZGERALD age 9

Kathy, her parents, and her thirteen year old brother live in Charlestown in the same house in which she was born. When she was almost four, her mother noticed one day that Kathy's body began to twitch or shake as she lay on the floor watching television. Though this lasted only a few seconds, Mrs. Fitzgerald became concerned and, on her husband's advice, called their doctor.

By the time she took Kathy to the doctor, the child had had two more shaking spells. After an examination and a series of tests, the doctor told the Fitzgeralds that Kathy had petit mal seizures — a type of epilepsy. He reassured them, however, that while they would naturally be concerned about this condition, most people who

have it live normal, healthy lives. By taking regular medication, the tendency can be kept well under control.

After several months of taking the medication, Kathy no longer had seizures. The doctor said that on her present level of medication, she could expect to participate in normal activities and look forward to a healthy life. The Fitzgeralds were quite relieved to hear this good news, for they had been very concerned about Kathy's future. The family began to function normally again, and Kathy showed the normal signs of vitality and good health.

When she turned six years old Kathy, like most children, was excited about starting to school. Her parents were very excited too because their lingering fears were put to rest when the doctor told them there was absolutely no reason Kathy shouldn't go to school. He gave her a clean bill of health.

When Mrs. Fitzgerald took Kathy to school for registration, she took along the medical certificate from the doctor. The principal, upon finding that Kathy had had seizures two years ago, told Mrs. Fitzgerald that her daughter could not come to school. He explained that the class would be overcrowded, and that he could not take the responsibility for her. Neither, he said, could the teacher watch her. He suggested to Mrs. Fitzgerald that she keep Kathy home for that year and arrange for a home tutor to come to the house.

Not knowing what to do, Mrs. Fitzgerald took Kathy home where she remained several months. After contacting the principal again by telephone, Mrs. Fitzgerald finally was able to get a tutor to come to the home an hour a day three days a week. But Kathy seemed quite withdrawn and upset, something very unusual for her.

Concerned about this, and because she felt Kathy was not receiving a good education, Mrs. Fitzgerald contacted a counselor at a family service agency. After talking with Kathy and both her parents, the counselor told Mrs. Fitzgerald that Kathy's mood seemed to develop because she was not allowed to go to school, something that had been a big disappointment for her. She suggested that together they try to get Kathy into public school.

The counselor called the school to talk with the principal about Kathy. He said, however, that because it was almost mid-year, Kathy should wait until next year. He could not be responsible for her now. Finally, the counselor was able to get Kathy into a private school for crippled children. Though she wasn't crippled, they

accepted her on a temporary basis until she went to public school in the fall.

The next fall, Mrs. Fitzgerald took Kathy to register for school. But this time, the principal said that because Kathy had attended the special school, it would be best for her to continue there. In distress, Mrs. Fitzgerald called the family service counselor, but found she was no longer at the agency. Not wanting to cause Kathy more distress, Mrs. Fitzgerald took her back to the school for crippled children and the director agreed to let her continue there because of the unusual circumstances. She is now nine years old and has never been in a public school.

DAVID JACKSON age 11

The first two years of school were normal and uneventful for David. He made average grades and enjoyed going to school each day — a three block walk from his home in Roxbury. His mother said he looked forward to the time his baby brother reached school-age so they could go to school together.

The summer before David's third year in school, his father was killed in an accident at work. His mother seemed to suffer deeply over the tragedy, and David shared her grief. After several months, however, the family began to adjust and accommodate to the new situation.

During the school year, however, David began to miss school periodically. He would tell his mother he didn't feel like going to school, so she would allow him to stay home on those days to rest. Eventually David wanted to stay home nearly every day. His mother finally told him he had to go to school, though over the next few months she did allow him to remain at home occasionally.

One day a truant officer came to the house while David was at home. He told Mrs. Jackson that David had been truant from school on several occasions, days he had left home to go to school. David seemed to be frightened by the man, and wouldn't talk to him, except to answer questions. The officer told his mother, in David's presence, that if he didn't go to school, Mrs. Jackson would be taken to court.

Mrs. Jackson told David he must go to school every day or she would have to punish him. After about six weeks, she found out that David had been punished at school for misbehavior. He had been talking in class. During the next year, David's behavior changed notice-



ably. His conduct in class was very aggressive, and he was changed to a different class twice.

Finally, Mrs. Jackson got a note saying David had been suspended from school. She went to talk with the teacher who told her she would not let David back in the class. Distressed, Mrs. Jackson kept him at home for several weeks; then a social worker suggested she take him to Children's Hospital for an evaluation. The psychiatrist told Mrs. Jackson that David was emotionally disturbed and needed special help. He recommended that he attend a day school for disturbed children. Officials in the School Department told Mrs. Jackson that there were no vacancies for David at the time. She asked if her son could attend public school classes for disturbed children during the meantime, but was told there was no room there either.

David remained out of school for nearly eighteen months. For a short time, he went to a learning center in the neighborhood, but this was not permanent. Most of the time he just stayed at home with nothing to do. Finally, Mrs. Jackson told a social worker that David was getting no help and no education. The worker called the school, and, after several months, arranged for David to

enter a day school. He had been out of school nearly two years.

HARRIS WILLIAMS
age 10

PATRICIA REILLY
age 16

Pat is the middle child in a family of five children in South Boston. Her two older sisters have graduated from high school, the same one Pat attended until the 12th grade. Her father and mother are separated now, but she and her brothers and sisters visit their father on weekends.

Her mother recalls that Patricia had some difficulty in her early years in school. She fainted once, and had crying spells in school. On these occasions, Mrs. Reilly was asked to keep Pat home from school. She was a very sensitive child and once, when the principal yelled at a group of children, she became very upset.

As she grew older, however, these problems seemed to go away and Pat did quite well in school. Her marks were a bit above average and seemed to improve each year. She talked with her mother about going to nursing school.

In February of her senior year, Pat found out that she was pregnant. At first she was afraid to tell her mother, but finally decided to do so. Mrs. Reilly naturally was upset but recalls that her first feeling was that she loved Patricia and wanted to help her. Together, they went to talk with the priest on three different occasions. He said they must make the best of this mistake, and encouraged Pat to continue her education and even go on to become a nurse.

Both Pat and her mother were encouraged and decided that they would work together. There were only twelve weeks of school left and Pat planned to go on to graduate. But when her teacher found out that she was pregnant, she was sent to the principal's office. After some discussion between the principal and the teacher, Pat was told that she must drop out of school. The principal said that it was neither good for her nor the other children for her to continue in school.

When Pat's mother found out about this, she called the school. The principal said that there was nothing he could do, but that Pat could come back to finish school some other year. Pat stayed at home, losing the semester, and therefore failing to graduate. Mrs. Reilly expressed concern over the possibility that Pat might not complete her education even though she is so close.

Harris is an only child who lives with his mother and aunt in the South End. He is somewhat small for his age but has always been very active, playing with friends in his neighborhood.

During the spring of last year, Mrs. Williams got a note summoning her to school. The pupil adjustment counselor told her that Harris and another boy, who had once been his friend, had been fighting. Harris was not to return to school for a week. Mrs. Williams remarked that the teacher seemed to be taking the side of the other boy, but did keep Harris at home for several days.

When he returned to school he was immediately sent home again for no specific length of time, but until he "learns to behave". Mrs. Williams again went to school to see the teacher. It was at this time that she found out Harris had been placed in a class for retarded children since last year. She became very upset because she had not been informed of this. She recalled a note from someone last year saying that Harris was receiving some special help with his studies, but it said nothing about a class for retarded children.

Mrs. Williams visited the school several times regarding this matter. She asked to see her son's records and test scores, but was told that she couldn't because the information was "confidential". The teacher did admit that Harris' work had been better than the others, that he could be smart when he wanted to, and that she didn't really understand him. In particular, it seemed as though he had been placed in the class because of his behavior.

Mrs. Williams was not satisfied, and arranged for Harris to be tested at a private clinic. The psychologist gave him a thorough evaluation, and told Mrs. Williams that Harris had an I.Q. of 96, a normal score. He said that he definitely should not be in a class for mentally retarded children. He felt that this would only cause him to act up more, rather than helping him.

A lawyer at a community agency told Mrs. Williams that he would help her get Harris into the regular class he should be in. He called the principal and the Director of the Department of Special Classes (for mentally retarded), and arranged to get Harris into his regular class.

Mrs. Williams is happy about this and Harris is doing better now. But she found out from a neighbor that several other parents whose children go to that school

are upset because their children have been put in these classes too.

TONY MANGANO age 14

Tony, his parents, and two sisters, live in the North End. His sisters, one older and one younger than he, do quite well in school but Tony has had difficulty from the very beginning.

When he entered kindergarten, he was excluded after a few months. The teacher said that he was very bright but that he was just too playfull and aggressive. The next year he entered the first grade with the same results -- he was sent home. His mother was told that because he was not quite seven, there was nothing the school could do for him. Mrs. Mangano still doesn't understand exactly why this happened; she feels that he is a good boy and the schools should have a place for him.

The pupil adjustment counselor made an appointment for Tony at a clinic. The doctor couldn't see Tony for ten days and the principal said he couldn't come to school during that time. Mrs. Mangano was never told the results of the evaluation, so she called the clinic. She found out that three weeks earlier the doctor had recommended that Tony be returned to the first grade. His academic work was satisfactory and he had no emotional problems. The school hadn't told this to Mrs. Mangano, but she finally arranged for him to return at mid-year.

The following year, Tony was suspended from school. A note sent to his mother said he and another boy "were pushing at the water fountain and cutting up too much". Mrs. Mangano went to the school and the principal suggested she take Tony to another clinic so he could get an evaluation for disturbed children. A doctor at the mental health clinic said this was ridiculous because Tony, while mischievous and active, was not emotionally disturbed.

After that, the school refused to allow him back, but did send a home tutor. Mrs. Mangano said that several times the tutor failed to come to the home, and when she did, it was for less than an hour. She felt Tony wasn't learning anything this way because the tutor just gave him some things to read or write, but didn't really teach anything. She feels Tony lost a lot that year and fell behind his academic level.

The next year Tony again went to school. While he

had no behavior problems, he seemed to have interest in his lessons. The teacher told Mrs. Ma that he seemed to be a "slow learner". This kept t the next two years or more, as Tony's mother re and he did progressively worse in school. Even Tony began to be truant from school several times month. His father whipped him at first, but seemed to withdraw even more. His truancy conti and finally he was formally suspended from scho two occasions.

After the second suspension, Tony didn't retu school. A worker noticed Tony coming to the Neig hood Center daily. He called the school to find out they had not contacted Tony or his mother; he had out of school three months.

Footnotes

1. The psychologist's account of this child is repro here because it represents what happens to a nu of children in the Boston schools.



III. Exclusion: An Overview

On the basis of our information, we have identified three broad categories or types of exclusion operating within the Boston School System, each one affecting different groups of children:

1. Children who are out of school or who have never been to school. The children in this category come primarily from cultural minorities; many of them are Spanish-speaking. Most of these children cannot go to school because the School Department has failed to establish educational programs for them;
2. Children who are not allowed to attend school, or who are made to leave school. This group is composed of children with physical handicaps such as those who are crippled; it also includes girls who are pregnant.¹ Generally, these children are not allowed to attend school even though, in the opinion of many experts, they are capable of participating in normal school activities;
3. Children who have unique needs which are inadequately or inappropriately met within the school system. Children in this category include those who are mentally retarded, emotionally disturbed, and perceptually handicapped. The School Department often confuses them by labeling a retarded child as disturbed, or vice versa. One result is that "special classes" become a catch-all for children with vastly different needs.

These three groups then are composed of children who are "culturally different," "physically different," and "mentally or behaviorally different," corresponding respectively to the listing above. While no one actually assigns these labels to the children, School Department operations serve to categorize them as decisively as

though labeling were a formal policy. The irony is that these children get labelled arbitrarily according to their alleged "differentness," when in fact almost any child in school could be judged different from his peers in some way. Considering their educational needs, some children are "different" enough to warrant special recognition; many are not. But the one common experience that this arbitrarily mixed grouping of children shares is exclusion from school.

While exclusion in its narrow sense refers specifically to a decision by the school committee to prevent a child from attending school,² we found that it has a much broader meaning in actual practice. Seldom is such formal action taken against a child. Rather, according to the examples above which we shall discuss in the next three chapters, children are excluded from school altogether, or are excluded from a proper education within the regular classroom, in a variety of informal ways. In some cases, this exclusion is not done intentionally; sometimes, however, it is.

But intentional or not, exclusion from school severely affects the lives of many children. In the following three chapters we shall examine the characteristics and needs of these groups of children.

Footnotes

1. The inclusion of pregnant girls in this category is not meant to imply any relationship between physical handicaps and pregnancy. Rather, the typology outlined in this chapter is based on practices found operating in the Boston School Department.
2. General Laws, Chapter 76, Sections 16 and 17.



IV. Children Who Are Culturally Different

By far, the largest group of children out of school that we have been able to identify are those who are members of cultural minorities. Presently, Italian, Chinese, Cuban, and Puerto Rican children comprise most of this number, though it also includes a significant proportion of black children from the South.

The majority of these children came to Boston relatively recently. Immigration rates have fluctuated in the past, but there is now a steady flow of new residents. The figures on immigrants entering the Boston port show this trend:¹

Year	No. Immigrants
1965	5,026
1966	9,903
1967	12,707
1968	13,663
1969	15,477

While many immigrant families take up residence elsewhere in the state, a large proportion of those entering the port make their permanent residence in Boston. In 1968, the Immigration and Naturalization Service listed 4,187 new immigrants residing in the city. Of this number, there were 520 Italians, 257 Chinese, and 326 Cubans. The Immigration Service does not record Puerto Ricans, who are citizens, but independent sources estimate the annual rate to approach 1,500 and probably more.²

Thus, immigrants continue to come to Boston in noticeable numbers. While Italians have been coming for many years, the immigration of the other groups is more recent. Chinese families from Hong Kong and Taiwan steadily take up residence, and the number of Portuguese families is increasing. Black families continue to migrate from the South, while Puerto Rican families make up the largest cultural group presently moving to Boston.

A large proportion of children from these ethnic



groups are not being educated by our public school system. The regular school curriculum does not meet their needs and there is little recognition that programs should be provided for them. Consequently, they have no alternative but to remain out of school.

Spanish-Speaking Children — An Example

In addition to the large number of Puerto Ricans, Spanish-speaking families from other countries now live in Boston. This includes a significant number of Cubans as well as other Latin and South Americans. The number is growing each year. For example, the 1960 Census records 1,200 Puerto Ricans in Boston. Today, even modest estimates are in the range of 20,000.³

Public recognition of the presence and needs of these newcomers has been slight. Little has been known of them. Being citizens, the Puerto Ricans are not listed in

official immigration records. And the annual police census fails to specify the number and origin of other Spanish-speaking families. In short, these people have moved to Boston relatively unnoticed. No agency — public or private — has accurate and complete information on their numbers.

A number of individuals and agencies have made an effort, however, to document the size of this population. Surveys have been made door-to-door in some areas of the city; interviews and studies have been conducted by laymen and academicians; and several agencies have begun to establish a partial picture, one that is incomplete at best. Because documentation has been difficult, it is important to consider the evidence at some length.

The data provided by these various sources enables us to compile a statistical picture with a high and low range. The following picture was compiled by the Mayor's Office of Public Service:⁴

Brighton-Allston: 2,500 to 4,000 Cubans
(Source: Cuban Refugee Center; APAC;
Catholic Church)

Jamaica Plain: 3,000 to 5,000 Cubans and Puerto Ricans
(Source: Cuban Refugee Center; Jamaica Plain APAC)

South End: 4,800 to 8,000 Puerto Ricans
(Source: APCROSS; BRA; Cardinal Cushing Center)

Roxbury — North Dorchester: 5,000 to 10,000 Puerto Ricans, Santo Dominicans, and others
(Source: Denison House, Catholic Church; survey by Sister Francis Georgia)

South Boston: 700 Puerto Ricans
(Source: St. Augustine's Church)

Columbia Point: 500 Spanish speaking people
(Source: Boston Housing Authority)

The information provided by these sources ranges from a low of 16,500 to a high of 28,200 Spanish-speaking people in Boston. The Office of Human Rights has estimated that the actual figure may be as high as 32,000, with the following composition: 22,000 Puerto Ricans, 5,000-6,000 Cubans, and 4,000-5,000 other Spanish-speaking.⁵

The Boston School Department itself accepts the figure of 20,000 Puerto Ricans alone (that is, aside from numbers of other Spanish-speaking people). In a report to the federal government, this figure was used by the School Department.⁶

As difficult as it is to determine the exact number of Spanish-speaking residents in the city, it is even harder to establish the annual rate of growth for this population group.

Statistics compiled by the Cuban Refugee Center in Boston show that an average of 550 Cubans have registered at that office each year since 1961. But it is known that not all Cubans enter Boston through that agency which is sponsored by Catholic Family Services. Other agencies sponsor Cubans too, and some Cubans arrive without agency assistance. It is known too that some who register go on to settle in other cities in the state. On the whole, the Mayor's Office estimates the Cuban population to be growing at the rate of 400-500 persons each year.⁷

Determination of the growth rate of the Puerto Rican population is more difficult since Puerto Ricans are not required to register. The rate must be estimated on the basis of several studies. Action for Boston Community Development (ABCD) conducted a Summer Migrant Study in 1968. Almost half of the families interviewed had arrived from Puerto Rico within the last three years. Similarly, the Boston Redevelopment Authority (BRA) study, 1966-67, showed an equal percentage of Puerto Rican families who had lived in the city less than three years. Finally, a study of new patients in the Out-Patient Department of Boston City Hospital, between January and March, 1969, showed that of almost two hundred patients born in Puerto Rico, the average length of residence in Boston was eighteen months.

Analyzing these data, a statistical consultant set the minimum annual growth of the Puerto Rican community at 1,000 persons.⁸ If anything, this estimate appears to be low. The Puerto Rican population increased by over 15,000 persons in ten years (1960: 1,200; 1970: 16,500 minimally).⁹ This is an annual average of 1,500.

Using the conservative figures then, the number of Cubans and Puerto Ricans coming to Boston each year is at least 1,500 (Cubans: 500; Puerto Ricans: 1,000), and quite likely even more.

Besides immigration, the birth rate contributes to the population growth of the Spanish-speaking population as

well. A good deal of information is available on the household composition of these families: family size, ages of children, and ages of parents. Six studies have been made:¹⁰

- Boston Redevelopment Authority, 1966
(89 Puerto Rican households)
- Manuel Teurel, Harvard Honors Thesis, 1966
(49 Puerto Rican households)
- Harvard-MIT Joint Center for Urban Studies, 1968
(1157 children)
- Boston Housing Authority, 1968
(225 Puerto Rican households)
- Massachusetts Department of Education, and APCROSS, 1968
(261 Puerto Rican households)
- Sister Francis Georgia, 1969
(50 Puerto Rican households)

Several points are made clear by these studies:

1. Puerto Rican parents in Boston are young, in the child-bearing age. Most of them are between the ages of 20-30.
2. Puerto Rican families are large. The average household has four children.
3. The children in the families are very young. Three-fourths of them are under 12 years, and one-third of them are under age 5.

On the basis of the information discussed so far, we can draw a statistical picture of Spanish-speaking children in the city, based on the low estimate of the total Spanish-speaking population of 16,500 and the high estimate of 32,000:

Number and Ages of Spanish-Speaking Children in Boston

Population Estimate	Total ^a Children	School ^b Age	Below ^c School-Age
16,500	11,000	5,500	3,650
32,000	21,330	10,665	7,110

- a. Four children per household of six persons.
- b. One-half of total number of children.
- c. One-third of all children.

In showing the number and age-range of the children, the studies implicitly brought out another issue of con-

cern. If half of the Spanish-speaking children are of school age, how many are in school?

The researchers and interviewers then began to try to document the number of children who attended school. Sister Francis Georgia, Consultant in Puerto Rican Affairs for the Mayor's Office of Human Rights, surveyed a ten block area along Dudley Street from Magnolia Street to Blue Hill Avenue. This door-to-door survey revealed 350 Spanish-speaking children of school age. Sixty-five percent of them had never registered in school; many others rarely attended or had dropped out altogether.¹¹

A Puerto Rican community worker canvassed his own block in the South End. He found fifteen Spanish-speaking children on that one street who did not go to school.¹²

Nuns teaching at an elementary school reported that from their classroom windows, they saw Puerto Rican children each day playing in the streets during school hours.¹³

A grocery store manager told of the large number of children he sees regularly in the homes where he delivers food each day. In a short time, he pointed out over eighteen of these homes to the surveyor. Some of these families had six or more children in them.

During the summer of 1969, Spanish-speaking workers conducted a summer program for Puerto Rican and other Spanish-speaking children. Of 400 children who attended, one in eight had never been to school before. Many others had once attended but no longer did so.

On the basis of these individual studies and observations, Sister Francis Georgia declared:

"... by any standards, the fact is incontestable that hundreds and hundreds of Puerto Rican children are not in school at all. They are visibly roaming the streets or just allowed to stay at home. Any community resident who has taken even a minimal interest in this problem will attest to this condition . . ."

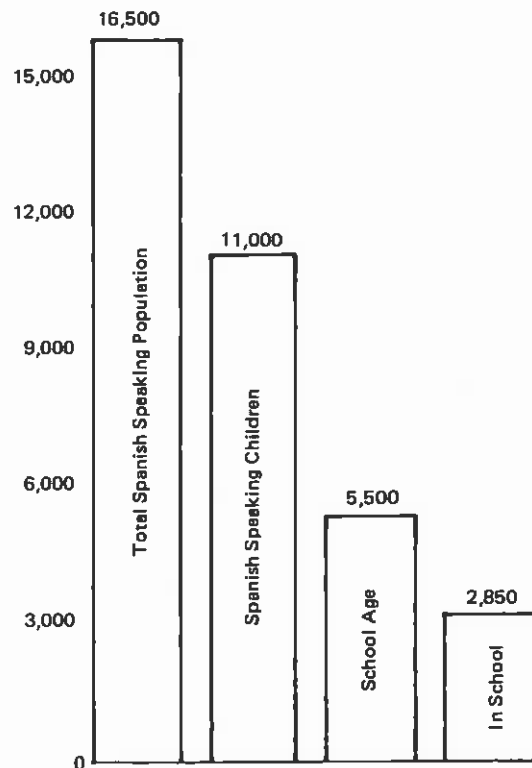
But the question still remained: exactly how many Spanish-speaking children are actually out of school? To determine this, we turned to school records:

- In October, 1968, the Boston School Department reported to the Office of Education in Washington, D.C. that 2,516 children with Spanish surnames attended school in Boston.¹⁴

- On December 1, 1968, Assistant Superintendent William L. Cannon circulated a memorandum, and reported 1,127 Puerto Rican children in the Boston Public Schools.¹⁵
- On April 10, 1969, each school was surveyed again, this time for the number of all Spanish-speaking children in each school. The total reported was 2,107.¹⁶
- In April, 1969, principals of Boston's parochial schools reported 265 Spanish-speaking children in elementary grades and 44 in high school.
- The maximum number of Spanish-speaking children in school reported for the school year 1968-69 was 2,825.

On the basis of these official school records, it became possible to determine the number of Spanish-speaking children out of school. The graph below is based on the most conservative figures, e.g. comparing the *lowest* population estimate with the *highest* figure given for children in school:

Attendance Status of Spanish-Speaking Children in Boston Schools (1969)



The evidence presented by these figures is clear: a minimum of 2,650 Spanish-speaking children are not being educated. The implications of this problem are magnified when we consider that these are the most *conservative* estimates. If we use the highest estimate given for the total Spanish-speaking population, by the Mayor's Office of Human Rights, (32,000), the total number of children out of school ranges as high as 7,800!

Thus, we can state with a marked degree of confidence — and alarm — that between 2,650 and 7,800 Spanish-speaking children of school age in Boston are not in school. There may be several reasons for this shockingly high number of Spanish-speaking children out of school. Two stand out.

First is the "cultural" reason. Most of the people in the Spanish-speaking community, especially the Puerto Rican community, formerly lived in rural areas. Being poor, their lives were devoted to economic sustenance. As among people of many lands, their cultural bond was strong. When they came here, they faced a completely



different life. Now they are city dwellers, expected to know how to utilize urban institutions and services. And above all, they suffer the handicap of not being able to communicate; they cannot speak the language.

The people, facing these bewildering barriers, remain within their community, drawing strength from their friends. Incidents of hostility and physical harm, directed mainly against their children, have had serious effects. There are some schools, for example, where Spanish-speaking children have been beaten up by other students. This problem, plus the problem of a new and bewildering life style, and the barrier of language, all work together to enforce a tendency to remain withdrawn.

At most, however, this "cultural" explanation is minor in comparison to the second reason: these thousands of children are out of school because there are no educational programs for them. The school system does not recognize that their needs must be reflected in the school curriculum.

"The school curriculum and language program is, in most cases, grossly inadequate to meet the needs of these children. The schools have very little. . . 'holding power' for the children. . . and the school system's methods for handling the language problem tend to reinforce a traditional pattern of leaving school at an early age."¹⁷

This problem is seen not only by community leaders, but is recognized by certain school officials as well. Reporting to the federal government, the Boston School Department stated:¹⁸

"The Spanish-speaking child finds himself in a classroom where the total curricula, methods, and medium of language are geared toward the native English speaker. . . It is unrealistic for us to suppose that if we then place a number of non-English speakers in this urban classroom, the teachers can meet the special needs of these children.

At present the children within these areas are unable to cope with the subject content being taught because of their lack of proficiency in English, and almost immediately encounter failure in the classroom. For many this failure pattern continues for a number of years until the child has gained the needed proficiency in English. By this time the initiative and positive self-image (so necessary for success in any educational endeavor)

of many of these children has been thoroughly thwarted."

Thus, the major reason most of these children are out of school becomes clear. The educational programs, by the School Department's own admission, are failing to educate the numbers of Spanish-speaking children who are in school. The people in the Spanish-speaking community — leaders and parents — know that the school system is failing to educate their children. Because there are no adequate programs for them, there is little alternative but to allow their children to remain out of school.

That this is in fact the case was shown during the summer of 1969. Spanish-speaking teachers and community leaders conducted a summer school program in the Mackey School for Puerto Rican children. Expecting 250 children, over 400 came to school each day. Many had never before been to school, despite being of school-age. The program demonstrated an important point: the children remain out of school involuntarily. When there is an educational program for them, they will attend. The positive response to this program was beyond the most hopeful expectations of the teachers and planners. The Spanish-speaking community does value education for its children — when the education is available.

In a larger sense, it is beside the point to discuss statistics, cultural variables, and programs. The most important aspect of this entire problem is how it affects the children themselves: what does it mean to a child when he can't go to school? What effect does it have upon his life?

The Spanish-speaking child does not have to know English to realize that other children go to school. He sees them pass his house each day. But he can't go; there is nothing at school for him. By implication, the child is told two things: first, that his language is of little or no value, and second, that his parents — the way they speak and their way of life — are of little value.

The child, in a huge, new country, is told to change his language, habits, and customs — his very being. He is forced to deny what he is, finding that his own self is not "proper" or not of value. And it is this message that the child has reinforced in his mind each day the school doors open for other children, but not for him.

One need not be a psychiatrist to understand the impact this has upon the mind of a child. Language is an extension of one's culture. If you destroy the language,



you destroy the culture. If a child is told his language is of no value, he is told his culture is worthless too. Soon, he will understand that he too is of little worth. This process, this message, lays the groundwork for self-hatred.

In testifying recently in support of a bilingual education bill, Father Ernest Serino, Director of the Cardinal Cushing Center, recalled how this message affected his own parents who came as children from Italy. In a short time, they understood that what they had, what they were, was of little value. They remained illiterate, suffering shame for the next fifty years.

If our schools have progressed at all in those years, certainly they must have developed more responsibility and more compassion for all children. One way to show children that they are important and of worth is to reinforce their self-esteem by building upon what they have. This can be done, as a start, simply by providing Spanish-speaking teachers to help the children learn both Spanish and English, while they retain their own cultural values. The School Department could indicate its sincerity also by hiring some Spanish-speaking school officials whom the parents could consult regarding their children's education. Above all, the schools could recognize the responsibility to provide educational programs for all of these school-age children.

The Boston School Department does offer programs for some Spanish-speaking children. It first began to recognize the need to educate these children in 1967. During that year, the first English as a Second Language

program was established.

Today, the school system has three programs operating for Spanish-speaking children: English as a Second Language (ESL), Bilingual Classes, and Bilingual Transitional Clusters.

The ESL program during the 1969-70 school year included about 750 Spanish-speaking children who were taught by 20 teachers. In order for a school to be eligible for an ESL teacher, it must have thirty or more non-English speaking children in it. The teachers remove the children from their regular classrooms in a group for about forty-five minutes of instruction each day. The ESL instruction, however, is rarely co-ordinated with regular classroom instruction.

ESL instruction is very elementary, focusing primarily on beginning conversational English, rather than upon academic instruction. The program, which is the principle one in the school system, provides less than an hour of instruction daily for children who can neither speak English nor understand the regular classroom instruction.

Not surprisingly, the ESL program has not been adequate for most children to learn sufficient English to function productively in the regular classroom. The program has been discontinued altogether in a number of other cities because of its ineffectiveness.

The adequacy of this method of instruction is best summed up by a Puerto Rican leader who asked: "If most of our children are forced to vegetate at home, should we be happy that a few are allowed to vegetate in school?"

Another program, Bilingual Classes, began in 1968-69. Last year, 120 children were in the program. The program stresses the pedagogical soundness of teaching young children basic subjects in their own language.¹⁹ This approach considers cultural as well as language factors in the curriculum.

The rationale for the Bilingual Classes is supported by several studies that show that bilingual children achieve better in school than their monolingual peers.²⁰ Though the program in Boston is relatively new, it appears to be having success. Its greatest limitation though is that it includes only 120 children.

During the 1969-70 school year, a third program began. Approximately 150 children attended bilingual transitional classes, a full-time academic program taught in Spanish. The purpose of this program is to enable children to learn sufficient English quickly in a relatively

isolated environment, so they can move rapidly into the regular school system. By having a higher turnover rate, the program is designed to accommodate more children than the other bilingual program.

The three school programs, then, contain a total of approximately 1,020 Spanish-speaking children. Of this total, 270 children receive a bilingual education, while the majority, 750, receive only forty-five minutes of ESL instruction each day.

The adequacy of these programs may be judged in two ways: one, according to the academic success of the children in them and two, by comparing the number of children they reach to the number of children who need them.

Judging by the first criterion, ESL, the major program, does not come off well — by the admission of the School Department. In its report to the federal government, cited earlier, the Department stressed this failure: that it is "unrealistic" to place non-English speaking children in a regular classroom and expect them to be educated.²¹

Yet, the School Department continues to keep the majority of these children (750 of 1,020) in the regular classroom, under the ESL program. And as predicted, the program is failing to educate the children. A survey of 400 non-English speaking children, mostly Spanish-speaking, was carried out by the Massachusetts Department of Education and APCROSS. The data, reported on by the School Department, showed that over 75% of the children were held back academically in school:²²

26% held back 1 grade (132)
25% held back 2 grades (128)
12% held back 3 grades (62)
5% held back 4 grades (24)
8% held back 5 grades (39)
or dropped out
11% unknown (54)

Only 13% of the children surveyed were in their proper grade. Clearly, from the standpoint of academic success, the program is failing.

The success of the other two programs — bilingual programs — is more difficult to judge because they are relatively new. One began in 1968-69 and the other began in 1969-70. While first impressions are that the children in them are more successful academically, these programs must be judged according to the other

criterion as well: how many children they reach compared to how many children need them.

A total of about 270 children are in the two programs. In 1968-69, 120 children were enrolled in the bilingual classes. In 1969-70, about 150 more began in the bilingual transitional clusters. This means only 26% of the children in school who need bilingual education receive it. The others are in the ESL program.

But there is another group of children who need bilingual classes: the 2,650 or more children who are now out of school. As discussed earlier, they are out of school because the School Department provides no classes for them.

To understand fully the magnitude of the need, however, we must consider two additional facts: (1) each year, over 600 more Spanish-speaking children living in Boston reach school-age,²³ and (2) another 500 Spanish-speaking children who are of school-age move to the city.²⁴ Thus, in addition to the 2,650 school-age children now out of school, there are 1,100 more each year who need an educational program. Leaving aside, for the moment, the 750 children in the ESL program who need bilingual instruction, the minimum rate of increase looks like this:

1969-70: 2,650 children need bilingual classes
1970-71: 3,750 children need bilingual classes
1971-72: 4,850 children need bilingual classes
1972-73: 5,950 children need bilingual classes

The Boston School Department has announced no plans to meet this rising need. Its only response has been to provide classes for approximately 150 additional Spanish-speaking children each year for the last two years, (120 in 1968-69, and 150 in 1969-70).

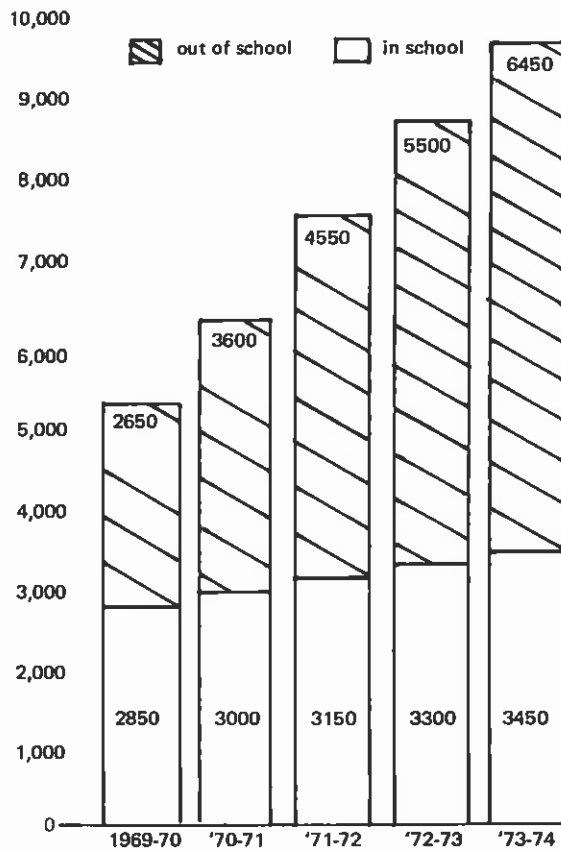
Assuming that this approach will continue, we have the following pattern annually:

1,100 children needing bilingual education
150 children provided bilingual education

950 more children each year for whom
no education is available

Beginning with the 2,650 children now out of school, and adding these additional 950 children each year, we get the following picture:

Projected Number of Spanish-Speaking Children Out of School



The bar graph takes on an even more sobering meaning when we realize that it is computed on the most conservative estimate of the total Spanish-speaking population. The data are based on a total population of 16,500, while all other estimates are higher. The highest estimate, from the Mayor's Office, is 32,000, indicating that the number of children who will be out of school may in fact be several times as high as the graph shows.

The problem then is increasing rather than decreasing. The programs for the children are inadequate at best. Last year, for example, only seven Spanish-speaking children graduated from high school in the entire city. Every year, larger and larger numbers of children remain out of school because the school system has failed to provide for their education.

Certainly, however, the responsibility for the situation does not rest solely with the School Department. It is a community problem when such large

numbers of children are forced to go without an education. It is the responsibility of us all — citizens, professionals, and public and private institutions — to see that the children in our city receive an education. In a real sense then, we all bear responsibility for what is our collective failure in this instance.

Even so, one institution in our city — the school system — exists solely for the purpose of educating children. Its legal and moral mandate is to provide an education for school-age children. Thus, it is reasonable to expect that if the educational needs of children presently out of school are to be met, the Boston School Department must lead the way.

To date, such leadership has not been forthcoming. In fact, the Department continues with business-as-usual, ignoring serious warnings from other quarters. For example, the Massachusetts Commission Against Discrimination, in a recent hearing, found "probable cause" that the Boston School Department is discriminating against children who speak Spanish.²⁵ This preliminary ruling coincides with a policy memorandum distributed to school districts by the United States Department of Health, Education, and Welfare. It underscores the legal responsibility of the schools for providing educational programs for Spanish-speaking children; it prohibits the use of federal funds to school systems that discriminate as to race, color, or national origin.

Specifically, the memorandum states that where inability to speak and understand the English language excludes children from effectively participating in a school district's educational programs, steps must be taken to correct the deficiency, in order to open the school program to these children. Former HEW Secretary, Robert Finch, discussed how language barriers discriminate against Spanish-speaking students: "If students cannot understand the language their teachers are using, it's hopeless to expect them to learn."²⁶

In light of this federal policy, the preliminary findings by the Massachusetts Commission Against Discrimination indicate that the Boston School Department is not in compliance with the law. If the School Department alone is unable to fulfill the law, it certainly has the responsibility to inform the public of the problem and arouse public interest toward its fulfillment. Either way, alone or in conjunction with the public, the School Department must stand as protector



of the educational rights and needs of these children.

But this is not the case. Indeed, by most standards the Department is not very concerned with this situation. For the last four years, since February, 1967, community leaders have called upon school officials to take action in behalf of this growing number of children. Yet, the Department has announced no plans to meet this need. It continues each year to allow more and more children to remain out of school. And it has failed to call upon the people of Boston to take action in behalf of the children. In short, almost no effort is being made by the school system.

The only action taken within the last two years to provide an education for these children was development of the bilingual transitional classes. As noted earlier, this program presently provides for only 150 Spanish-speaking children, while several thousand currently are out of school. Yet, even this effort was not made by the School Department. It was conceived of and developed by a handful of community leaders.

In 1966, Miss Virginia Dunn, a teacher in South Boston, began to notice numbers of Spanish-speaking children in the community who did not go to school. Finding that no educational program existed for them,

she made an effort to begin a small class. In the summer of 1968, she was joined by Sister Francis Georgia.

The Sister began to knock on doors not only in South Boston but in neighborhoods throughout the city. Working with other Spanish-speaking leaders, she surveyed the areas to document the large numbers of children out of school. She recalls going personally into the homes of more than one thousand children who were not in school. The Sister talked with them and with their parents. She learned from the parents that they desperately wanted an education for their children. But being new residents without the ability to speak English, they were bewildered. They knew that the school system offered no education for their children.

In April, 1969, Sister Francis Georgia went to school officials with the information that had been collected. She spoke with school committeemen, the Superintendent, and the Deputy Superintendent. She was received politely by most officials, but recalls that she and other community leaders had the problem dumped back in their laps: "We had to prove to the school officials that the need exists; we had to produce the 'warm bodies'."

Persisting in her efforts on behalf of the children, the

Sister was sent from school administrators to school committeemen to the Mayor's Office, and back to school officials. It did not take her long to discover that not only was there little or no communication among these officials, but that no one would accept the responsibility for taking action to provide an education for the children.

During these months of inaction on the part of school officials, the Sister began to meet with representatives of the Educational Development Center (EDC), a non-profit consulting firm. Together they developed the idea for bilingual transitional clusters, and drew up a proposal for implementation. The proposal provided for 280 Spanish-speaking children, with a budget of about \$260,000. EDC officials offered to put up \$60,000 for teacher salaries and training, if the Boston School Committee would provide the remainder. EDC stipulated that it had to give its contribution prior to the end of its fiscal year, and requested the School Committee to act on the proposal by October 1, 1969.

Sister Francis Georgia took the final draft of the proposal to School Superintendent Ohrenberger and Deputy Superintendent Tobin in August, and received their initial approval. That month she brought the proposal before the School Committee, and at the same time provided the committeemen with other information revealing several thousand Spanish-speaking children out of school. She requested the Committee, as the body legally responsible for the education of children in Boston, to take action to provide for their education.

The response of the School Committee brought mixed feelings: the members unanimously voted to agree that several thousand children out of school is a grave problem, about which something should be done. But it took no action on the matter.

Meanwhile, EDC officials were concerned that the School Committee would delay so long on the proposal that the \$60,000 EDC had set aside would be lost. Their fears were not unfounded: as the school year began, the Committee still had taken no action on the proposal. Finally, on October 15, it approved the proposal — exactly two weeks too late. In so doing, the School Department lost \$36,000 of the total which EDC had hoped to spend on the program.

Even this belated "action" on the part of the School Committee was not enough to get the program started. In fact, it was not until several months later that classes

began.

The months' interlude was filled with such poor communication and inaction on the part of school officials that private citizens, most notably Sister Francis Georgia, had to assume the major responsibility for administrative tasks such as teacher recruitment, classroom space, and the purchasing of furniture.

After waiting several weeks for the school system to recruit bilingual teachers, the Sister went to the Supervisor of Personnel for the Boston School Department. Having not been informed that he was to hire bilingual teachers, he asked the Sister why she had come to him. He was upset that the Assistant Superintendent had not informed him of this matter but promised to do what he could.

After another wait, community leaders were told by the School Department that it was having difficulty recruiting bilingual teachers. The next day, Sister Francis Georgia placed an advertisement in the paper and got responses from ten bilingual teacher applicants.

It was left to her to locate classroom spaces as well. The Catholic Church had provided a building which the School Department refused because of structural design. The Sister then went to Denison House and St. Paul's Parish, arranging for a total of eight classrooms in the two locations.

After classroom space was provided, the School Committee sanctioned the purchasing of furniture. But the official in charge told the Sister that the furniture couldn't be provided for several months. In order for the classes not to be delayed further, she proceeded to locate the furniture herself.

Classes began for a small number of children on January 12, 1970. In all, it took five months from the time the proposal was written until the children started class.²⁷

About 150 of the 280 available seats were filled. Community workers carried the responsibility of recruitment. One Puerto Rican explained the problem:²⁸

"The (Spanish-speaking) people are very sensitive and proud. For years, the School Department has failed to provide an education for their children. In a sense, the Department was telling the parents: 'Your children aren't important enough to educate.' Now when some classes are available, you can't expect the parents to believe all of a sudden that school officials really do care. It will

take a little time and an all-out effort by the School Department. It must provide classes for every one of these children, and in every part of the city."

By all indications, however, the School Department does not plan to provide an educational program for these children. In January, 1970, the School Committee considered a resolution recognizing that "between 5,000-7,000 Spanish-speaking children are out of school," and pledging to provide "education programs to all Spanish-speaking children in Boston by September, 1970."²⁹ But this resolution has not been honored. Nothing has been done to locate the children, recruit teachers, or provide classroom space. And the budget for 1970-71 remains substantially the same as last year's.

Meanwhile, the number of children out of school is increasing. And it will continue to increase until the School Committee recognizes the need and acts accordingly. So far, however, recognition of the need has in fact resulted in regression. There are more children out of school today than when the first program started several years ago. At best, the response of the Boston School Committee has been a feeble catch-up attempt, resulting in more and more children out of school.

Spanish-speaking children out of school are but the most obvious example of the large numbers of children who, in effect, are barred from an education. It indicates what must be happening to children of other cultural groups as well — Italian, Portuguese, Chinese, and Southern blacks. We have information on Chinese children who are out of school, but we have not been able to get conclusive information on the needs of Italian and Portuguese-speaking children or of black children from the South. However, given the lack of response to the needs of Spanish-speaking children, we fear the same situation holds for these other children.

The likelihood that this need is more widespread is indicated in a School Department report to the government: "... it is apparent that there is a similar need, albeit on a much smaller scale, for ... programs for non-English speaking children of Portuguese, Italian, and Chinese extraction"³⁰

The children's language or nationality, per se, is not of such importance. The crucial issue is what happens to large groups of children whom we fail to educate. What



are we to expect of them in the future? The Whiting Report, issued by the Mayor's Office of Public Service, addressed this question in regard to Spanish-speaking children. We feel it holds true for all groups of children:³¹

"... the present structure of the school programs, not being geared to the special needs of the Spanish-speaking, may produce a large number of teenage drop-outs within the next three or four years. This can be expected to contribute to Spanish juvenile delinquency and unemployment problems which have now barely emerged."

While all these children will not turn to delinquency, we can be fairly certain that the majority of them will earn poverty-level wages or be forced on welfare. By our collective failure to act, it is clear that we shall pay a social and economic penalty in the future. And more importantly, the children themselves will suffer from our failure to provide them an education. In this day, such a failure must be attributed in large measure to the institution in our city most responsible for educating children — the Boston School Department.

Footnotes

1. Immigration and Naturalization records, United States Department of Justice, Immigration and Naturalization Service, Annual Reports, 1965-1969. (1969: Table 5, page 39).
2. Whiting, Rosemary, "An Overview of the Spanish

- Speaking Population in Boston," Mayor's Office of Public Service, 1969, page 3. This report cites data from several independently conducted studies.
3. *Ibid*, page 2.
 4. *Ibid*.
 5. Hemingway, Herman W., Administrator, Mayor's Office of Human Rights, reported that as many as 32,000 Spanish speaking citizens reside in Boston. Letter to the *Boston Globe*, January 29, 1969.
 6. The Boston School Department reported this figure to the federal government in a proposal for funding: "Title VII E.S.E.A. Bilingual Education Program," Boston Public Schools, 1968.
 7. Whiting, *op. cit.*, page 3.
 8. Walter, Rosly, "Proposal for Bilingual Transitional Clusters Within Boston Public School Districts," Educational Development Center, Newton, Massachusetts, 1969, page 7.
 9. The 1960 United States Census recorded 1200 Puerto Ricans in Boston. Today, the most conservative official figures available indicate the number to be at least 16,500. The Boston School Department reports that the Puerto Rican population increased 19,045 in eight years, 1960-1968 (see footnote 6 above).
 10. Walter, *op. cit.*, page 4.
 11. Date made available to the Task Force staff by Sister Francis Georgia, Consultant in Puerto Rican Affairs, Mayor's Office of Human Rights.
 12. Walter, *op. cit.*, page 8.
 13. *Ibid*, page 9.
 14. These figures, reported to the Department of Health, Education, and Welfare by the Boston School Department, were made available to the Task Force on a school-by-school breakdown.
 15. Office of Assistant Superintendent William Cannon, Boston School Department, memorandum, December, 1968.
 16. Telephone survey of all principals in the city.
 17. Teruel, Manual, "Puerto Ricans in Transition," unpublished honors thesis, Harvard University, 1969.
 18. Boston School Department, "Title VII E.S.E.A. Bilingual Education Program" proposal, Boston Public Schools, 1968.
 19. Center for Urban Education, *The Center Forum*, Vol. 4, No. 1, September, 1969, page 3.
 20. *Ibid*.
 21. Boston School Department, *op. cit.*
 22. Vorhauer, Delia, "A Profile of Boston's Spanish Speaking Community: Characteristics and Attitudes," Association for the Promotion of the Constitutional Rights of Spanish Speaking (APCROSS) and Massachusetts State Department of Education, Migrant Division; compiled by Action for Boston Community Development (ABCD), April, 1969.
 23. Table: Number and Ages of Spanish Speaking Children in Boston, this chapter, shows a minimum of 3,650 Spanish speaking children below school age e.g. ages 1-6. This is over 600 children in each age category.
 24. Based on 1500 Spanish speaking immigrants to Boston each year, one-third of whom are school age children.
 25. Hearing before the Massachusetts Commission Against Discrimination, June 8, 1970.
 26. *HEW News*, U.S. Department of Health, Education, and Welfare, Office of the Secretary, May 25, 1970.
 27. Refer to "Notes on the Chronological Development of Transitional Bilingual Clusters in Boston Public Schools," Educational Development Center, Newton, Massachusetts, for a 94 page summary of community efforts to motivate the School Department to take action.
 28. Alex Rodriguez, former Director, Cooper Community Center.
 29. Resolution, "Transitional Bilingual Classes for Spanish-Speaking Children in Boston," submitted by School Committeeman Paul Tierney, January, 1970.
 30. Boston School Department, *op. cit.*, Part II, XIX-2.
 31. Whiting, *op. cit.*, page 8.

V. Children Who Are Physically Different

Some children, by birth or accident, suffer such grave physical handicaps that they are unable to participate in the normal activities of childhood, including school attendance. Children who are severely crippled or deformed, for example, may require a special environment in order to benefit from an educational experience.

There is, however, another group of physically handicapped children who, in the opinion of many authorities, are able to function within a normal school setting, and in fact should be encouraged to do so. These children need to feel as normal as possible, for in addition to the usual crises of growing up, they must learn to adjust to their physical uniqueness at the same time.

Going to school with other children emphasizes for them the ways they are normal like their friends, while separating them from their peers stresses a negative side - their differences. It is because these children need to see themselves as normal human beings, and because other children need to live with those who differ from themselves, that authorities feel that, whenever feasible, physically handicapped children should attend school with their peers.

On the basis of our investigation, however, we have found that these children who could benefit from a normal educational experience are not permitted to do so, as a general practice. Instead, they become isolated from the regular classroom environment and, consequently, from other children their age. Such a practice affects a whole range of children: those who are crippled, those who use crutches or braces, those in casts, children who have had seizures, and girls who become pregnant.

The children with any of these characteristics are likely to be separated from other children. This separation - a form of isolation or exclusion - happens to some children when they first seek to enroll in public school; they are not allowed to enter the normal

classroom. For other children, it may happen to them after they have attended school for some time; they are removed from school and placed in another setting or told to leave school altogether, receiving no education at all.

Crippled Children - An Example

In general, crippled children in Boston are not allowed to attend school. As a regular practice, school officials make no distinction between those crippled children who doctors say are able to take part in normal school activities, and those who are not. Except for isolated instances, they are prevented from attending school altogether.

Because there is no formal policy within the Boston School Department regarding the attendance of these children, school officials are left on their own to implement this practice. As one might expect, they vary in how they carry it out. Some simply refuse to enroll crippled children in school. They tell parents that public schools are not for crippled children, and that they will not allow them to attend. Others say that a crippled child needs to be more mature than other children because of the handicap, and therefore they must wait until a later age to enter school. We investigated several of these instances and found that these children weren't allowed to attend school in subsequent years either.

Still other officials recognize that many crippled children are perfectly capable of attending school, but feel they cannot take the responsibility for the well-being of these children. Even in instances where physicians have certified that particular crippled children are able to attend school, and should do so for their normal development, school officials over-rule the doctors by keeping the children out of school. In short, however the practice is carried out, crippled children generally are not permitted in school with their peers.



The motivations for this practice on the part of school administrators range from callous to concerned. A minority of officials justifies such a practice saying: "I can't spend time worrying about a crippled kid when I have a whole school to cover," or "Crippled children don't belong here; this school is for normal kids." The majority, however, explains its actions out of a deep, even if misdirected, concern: "It is in the best interests of the children not to attend school. They may get pushed or hurt," or "Our schools aren't built to accommodate handicapped children."

We shall discuss the misdirection of this expressed concern later, for a more immediate concern confronts us: If crippled children aren't allowed to go to school, what happens to them then? In order to answer this question, we surveyed pertinent state laws, interviewed school officials, and toured private schools. The answer to our question we found to be very disturbing.

The State Law (Chapter 71, Section 46A) clearly allocates responsibility for the education of crippled and other physically handicapped children:

"The school committee of each town shall

annually ascertain . . . the number of school age children resident therein who are physically handicapped. (In the case of a child) so physically handicapped as to make attendance at a public school *not feasible*, and who is not otherwise provided for, the school committee shall . . . offer instruction to each child in his home or at such place. . . as the committee may arrange." (emphasis added).

The law goes on to state that when there are "five or more physically handicapped children *unable* to attend regular classes but who are able to attend special classes for physically handicapped children, such children shall be given such special class training . . ." (emphasis added).

Four points become clear from this law:

1. It is the responsibility of the school system (school committee) to insure the education of physically handicapped/crippled children;
2. The school committee is to determine each year how many such children live in the city;
3. Physically handicapped children who are able to attend school may do so; only those who are "unable" to attend, or for whom school attendance is "not feasible" may be required to go elsewhere;
4. For those who are "unable" to attend, the school system is responsible for providing special classes for their education, or teaching them at home.

From our earlier information, it is clear that the third point, above, is not being carried out; instead, almost all crippled children, whether they are able to attend school or not, are not allowed to do so. Our determination was to find out just what happens to these children. Inasmuch as the responsibility for their education rests with the school system, we turned to the Department for Physically Handicapped Children in the Boston School System.

The Department was established by state law to provide for the instruction of crippled children who are unable to go to school. Later the law was amended to include instruction of all physically handicapped children who cannot attend regular classes.

The Director, appearing before the Task Force, said that her Department functions to provide instruction in homes and hospitals for children with temporary physical handicaps. She said the teachers in the Department have had no special training because the

ren they teach are not permanently disabled. The Department has one class (of fourteen students) for children with cerebral palsy. Three authorities in the field, however, told us that they consider cerebral palsy to be a permanent disability.

In addition to this one class, the Department provides instruction for twenty other Boston children who require therapy at the Kennedy Memorial Hospital. Other than this total of 34 children (fourteen in the field and twenty at the Hospital), the Department provides no instruction for permanently disabled or crippled children.

The emphasis is upon provision of instruction (3-4 hours each week) to children temporarily out of school, usually due to relatively minor mishaps such as a broken bone or an illness. Of the 1,258 children who received instruction last year from the Department, over 95% were out of school temporarily and have since returned. Thus, only a handful of permanently handicapped children, including crippled children, receive instruction under the auspices of the Department for Physically Handicapped Children. The Director was asked then what happens to the large numbers of children who are excluded, since they are not permitted in regular classes and her Department doesn't provide for their education:

Well, the Department doesn't hear about children who are permanently handicapped. I'm not responsible for that problem (of crippled children). I don't know about the school system; my only job is to assign teachers . . ."¹

The Director said that she assumes crippled children go to Kennedy Memorial Hospital or to the Industrial School for Crippled Children, a private, free school. We contacted Sister Pauline Margaret at the Kennedy Memorial Hospital, who verified that only twenty Boston children receive their education there. She said the Hospital works only with those children requiring therapy, who do not function in a normal setting. She told us that she is aware of some children with cerebral palsy who aren't attending the public school class because there is no room for them; two more such classes are needed. But, she added, she too did not know what happens to the excluded children who aren't allowed to go to school. Do they go to the Industrial School for Crippled Children?

Mr. Walter Carmichael, the Director of the highly respected Industrial School, told the Task Force that 155 children attend his school, and many of these

are from outside of Boston. Though he has openings in most grade levels, he doesn't remember receiving a referral from the Boston School Department in over fifteen years. He added that a substantial percent of the children now in the Industrial School do not need to be there:

"They just can't go anywhere else. They aren't accepted in the public schools."²

Mr. Carmichael said he knows the names of children who were refused by the Boston School System, even though doctors verified that they were able to attend school. With particular concern, he told of one boy who had come to the Industrial School after having been refused admission in a public school. The boy graduated from the Industrial School and is now in the Army, "able to fight for his country but unable to attend school".

On the basis of his experience, Mr. Carmichael said that about 50% of all crippled children can attend regular public school classes if they are allowed to do so. Quincy, Massachusetts, for example, found that half its crippled children are able to attend regular classes.

The information on crippled children presented to the Task Force by the various sources, began to form a telling picture: the Boston School Department generally does not allow crippled children to attend regular public school classes; the Department for Physically Handicapped Children only teaches children temporarily out of school, assuming that crippled children go to Kennedy Memorial Hospital or to the Industrial School; the Hospital serves only children who require therapy and who can't function outside a special environment; and the Industrial School for Crippled Children has



never received a referral from the Boston School Department, while being forced to take in children needlessly rejected by the public schools.

In a final effort to find out what happens to crippled children, we heard from an official of the Division of Special Education of the State Department of Education. He said he assumes the Boston School Department census of physically handicapped children is "pretty accurate" for getting some idea of the number of crippled children in the city.³

Because School Department officials had already said they do not know how many crippled children there are, and because they do not conduct a census (they only list the number of temporarily handicapped children they hear about), we finally saw the answer to our question. The answer is that no one knows what happens to crippled children. No person, no agency, knows how many there are, where they are, or what happens to them once they are rejected by the Boston Public School System.

In summary, we began to realize that the answer to our question: What happens to crippled children who are refused entrance to the public schools, is that we don't really have an answer. No one does. We just don't know what happens to them. But perhaps our collective ignorance tells us more than we realize. On the basis of our information, there are several important things that we do know.

First, we know that the responsibility placed by law upon the Boston School Department is not carried out. The school system excludes almost all crippled children from regular classes, instead of only those "unable" to attend. It fails to provide special classes for those who are in need of them, as the law states. And it does not "annually ascertain" the number of handicapped children in the city, but simply lists those it happens to hear about.

Secondly, we know that in light of the School Department's abdication of responsibility in this area, no other agency or institution is able to fill the vacuum. At best, crippled children are helped on a piecemeal basis, depending on whether their parents or professional workers are able to negotiate through a maze of agencies to find an educational opportunity for the children.

Third, we know that a high cost in human suffering is being paid for the failure to provide an educational opportunity for these children. The greatest suffering of

course is borne by the children themselves. Most crippled children are normal children in all other respects. They simply happen to be crippled. Otherwise they are quite capable of being educated and participating in the normal activities of school life. Certainly they have the same intellectual and social needs as all other children. Yet, these normal children, who happen to be crippled, are separated from their friends, likely remaining the duration of their school-lives in the isolation of their homes. The psychological impact of this separation can be very damaging.

A child psychiatrist⁴ told us that most crippled children climb the stairs in their home, go to the store for their parents, play outside with their friends, and are expected to earn a living when they become adults. Yet, they are not allowed to go to school. Besides denying them the educational skills necessary for employment later in life, the children are stigmatized and isolated. They are forced to bear the burden of an exclusionary practice which is both unnecessary and misdirected: unnecessary because they are able to go to school; misdirected because exclusion degrades their development rather than enhancing it.

Finally, we know that immediate action is necessary to meet this need. Because the law assigns the responsibility to the School Department, action must begin there. Until crippled children are no longer excluded, until special classes are offered for those who need them, and until co-ordination with private agencies and schools is set up, nothing can be done. In other words, there is no systematic way of discovering just how great the need might be city-wide, so long as the School Department fails to assume its responsibility for the education of crippled children.

Pregnant Girls — An Example

While crippled children usually are not allowed into the classroom at all, other children get excluded from school in later years. This action is taken most categorically against school-age girls who are pregnant. The girls are forced by school authorities to discontinue their normal education, with the likely result that a large number of them never return even to receive a high school diploma.

This practice takes on added significance insofar as it affects the lives of one to two thousand girls each year.

And the number is growing. Prior to our discussing the rates however, one point bears clarification. We are not limiting our discussion to out-of-wedlock pregnancies. Instead, we are concerned with births to all teenage mothers who have not completed high school. Regardless of marital status, they all have similar rights and needs including a legal right to go to school.

Births to teenage girls account for a significant proportion of the total birth rate. In 1963, the Department of Health, Education and Welfare reported that 41% of all births are to teenage mothers. Figures for Boston correspond to this percentage: In 1964, the United Community Services of Metropolitan Boston (UCS) conducted a study and found that a third of the mothers in the sample were teenagers.⁵

The data from the UCS study revealed that the girls are from various ethnic and religious groups throughout the city. Of the 1,149 girls in the study, for example, 75% of them were white and 25% non-white. Similarly, the young mothers represent a wide spectrum religiously: 49% Catholic, 47% Protestant, 3% Jewish and 1% other.

On the basis of this study and other data available to us, several factors become clear, some of them contradicting widely-held public beliefs:

- 1) A very large proportion of the births in Boston, both to married and unmarried mothers, are to girls in their teens. Teenagers comprise 35% of the latter group of mothers.⁶
- 2) More than half of the teenage girls in the city who have babies are married.⁷
- 3) Three-fourths of the unmarried mothers are white. The ratio of Catholics to Protestants is about equal.⁸
- 4) The total number of births to teenage girls in the city, both married and unmarried, is increasing steadily each year.⁹

Pregnancy is an overwhelming experience for most school-age girls. It is normal that the girl, in many ways still a child herself, will face problems in adjusting to the reality of having a child of her own to care for and raise. Doubtlessly, such normal adjustment crises are compounded for that proportion of prospective young mothers who are unmarried. Their feelings and apprehensions about the future are made more difficult because they often face it alone, without the support of friends, relatives, and their community.

Without exception, psychiatrists and psychologists testifying before the Task Force or interviewed by the

staff stressed the fact that because most school-age pregnant girls face severe emotional turmoil, they need strong supportive services and guidance. Many of the girls face what the psychiatrists call an "identity crisis," precipitated by their present status as children in school and their approaching status as parents with maternal responsibilities.

During this struggle — this crisis — the girl may be lonely and fearful, feeling very anxious about an uncertain future. Facing this overwhelming experience, the young girl needs stability and assurance. Those activities and experiences which provide security and give meaning and order to her life must be maintained. It is crucially important that changes in her situation be avoided inasmuch as she needs the reassurance provided by her normal, routine activities.

One child psychiatrist who works with pregnant teenage girls, Dr. Mary Jane England, told the Task Force that of these normal activities, it is imperative that the girl continue attending school:¹⁰

"It is important not to make changes in her situation . . . Pregnancy may be a form of dropping out of school and dropping out of an intolerable situation. It's easy to drop out . . . The schools should encourage the girls to stay in school and not let it be easy for them to drop out."

In light of Dr. England's testimony, with which other psychiatrists expressed agreement, we examined the response school officials actually make to girls who are pregnant. There is no official school system policy in regard to pregnant school-age girls. Neither is there a state statute specifically pertaining to their education. They are subject to the same law governing the attendance of all other children: those between the ages of 7-16 must attend school; those over 16 may attend.

Having no formal policy, the School Department does follow a practice that is carried out in regard to all pregnant girls regardless of marital status or age: unequivocal exclusion from school, irrespective of any other factors. Dr. Frances Bonner, Psychiatric Consultant to the Boston Public School System for six years, described this practice:¹¹

"Immediately when the pregnancy is known by the (school) authorities, the young person has to leave school. This is irrespective of the health of the expectant mother or the stage of pregnancy . . . immediate exclusion from school takes place. (It) is not a rational approach."



The actual exclusion – telling the child that she has to leave school – may be done by a teacher, counselor, or the principal. Most often the process is initiated by the teacher, while it is the principal who actually tells the girl that she is not allowed to return to school. Other girls, knowing that exclusion is the automatic practice, leave school on their own volition without being told to do so by school personnel. Whatever the particular situation though, there usually is little or no discussion with the girl regarding her needs, her fears, how she feels, or what she wants. She is told quite matter-of-factly: “Well, you realize that you can’t come back to school.”

The process of exclusion is carried out very swiftly and quite informally. One pupil adjustment counselor explained why it is done so informally:¹²

“It’s against the law to kick these girls out of

school, and everybody knows it. But if the principal tells her verbally that she can’t come to school, who can do anything about it? There is no record of it, and the girl and her parents are usually too upset to do anything . . .”

We sought to understand why the girls continue to be excluded if, indeed, school officials do know the practice is unlawful. We talked with several high administrators in the School Department, as well as with principals and teachers. The almost uniform response we got was that it is in the girls’ best interest to drop out of school. Some said that the girls may be bumped as they walk in the hall, or that they are not able to climb the stairs. Others simply said that the girls should be isolated. And one School Department official expressed the belief that “pregnancy is an illness and pregnant girls do not belong outside the home.”

In order to establish the credibility of this concern for the girls, we sought the opinion of several obstetricians and gynecologists. We invited Dr. Charles McDowell, Instructor in Obstetrics and Gynecology, Boston University School of Medicine, and a member of the Teaching Staff of Boston City Hospital, to meet with the Task Force, inasmuch as his opinion was held by the other physicians to whom we spoke. In his testimony, Dr. McDowell cited what many physicians consider to be the most definitive work on obstetrical principles in print, *Williams' Textbook of Obstetrics*:¹³

The pregnant girl "should be encouraged to function generally as she did before pregnancy and to obtain adequate exercise and diversion. There need be no limitation of exercise for the pregnant woman provided she does not become excessively fatigued . . . Regarding pregnancy as a malady necessitating abandonment of a habitual sport is obviously undesirable . . ."

The doctor explained that pregnancy merely necessitates closer medical supervision; otherwise a normal pregnant girl can and should participate in routine activities, even including sports. The doctor stressed that as long as a pregnant girl receives routine medical attention, there is absolutely no medical reason that she should not continue to attend school.

Next, we turned to the legal profession to supplement the information provided by the obstetricians, and by Dr. England and her colleagues in psychiatry. Mr. Michael Altman, an attorney with Boston Legal Assistance, expressed a legal opinion of the School Department practice of excluding pregnant girls from school:¹⁴

"One way to phrase the question is this: Does the child, because she is pregnant, lose her right to attend school? The legal answer to this question is a strong 'no'. This has to be considered in a constitutional framework. All students must be treated equally . . . To distinguish on the basis of pregnancy is irrational. I have no doubt that you cannot exclude a girl because she is pregnant. It is definitely illegal."

On the basis of our examination of school policy, and in light of evidence provided by the medical, psychiatric, and legal professions, we could find no rational basis for the exclusion of pregnant girls from school in Boston. What we did find, however, indicates that this practice actually occurs because of the attitude held by some

school officials toward these girls.

One psychiatrist affiliated with Massachusetts General Hospital described the attitude which she observed during her years of work with the school administrators. The Boston School System finds the pregnant girl to be a threat, "deserving of what for the young person and the onlooker appears to be punitive retaliation." The school system says in essence, "you deserve no rights educationally while you are pregnant. You should be punished."¹⁵ In regard to this, the psychiatrist asks, "what can possibly be accomplished to benefit the adolescent or ourselves?"

The Director of the Department for Physically Handicapped Children expressed a similar attitude. When a Task Force member questioned the Director as to why the girls can't attend school, she replied: "Why, you'd almost be giving your approval of what they've done."¹⁶

Dr. Mary Jane England concurred with the observation that school officials hold a punitive or narrow attitude toward the girls. She noted that such an attitude even pervades the curriculum of the school system. The schools provide little information to girls before they become pregnant, and what is provided is often done negatively. She cited one example of a program for children in grades one through eight, called "Enemies of Health," including smoking, drugs, and sex education. "This is what is offered instead of a more positive approach such as a family life course."

Dr. England also pointed out that children in high school receive sex education within the Physical Education Department. She concludes:¹⁷

"It is ironic that a pregnant girl is offered services through the Department for Physically Handicapped Children, and sex education is offered in the Physical Education Department. Both classifications are wrong."

Regardless of the attitudes which motivate school officials to follow such a practice, the most important point is that many young girls are being excluded from school — many of them never to return. Most of the girls, about 90%, are lost track of once they are told to leave school. We can only assume that this separation from their peers in school forces them to remain isolated in their homes. We know that the School Department does not provide tutorial services for them when they are excluded. Thus, for the majority of the girls the

Department assumes no responsibility for their continued education.

There is one school-related program, though, that exists for a small proportion of the girls who get excluded. Although it involves less than 12% of the total number of girls who are forced to leave school, it requires examination inasmuch as there is no other educational program offered to them.

The stated aim of Centaum, a program for teenage prospective mothers, is to provide pregnant girls with comprehensive services and educational classes to prevent the girls from discontinuing their education. The Boston School Department provides several teachers for the program, and the Department of Health and Hospitals provides some auxiliary services on a limited basis.

Centaum is not an alternative to the regular school system, which a girl along with her parents or husband may decide upon. There is no choice in the matter; there is no alternative because the School Department will not permit her to go to school. In this sense then, Centaum is a forced program. Thus, consideration of it is crucial insofar as the services it provides to the girls. To understand these services, we examined the two stated goals of the program: provision of special, comprehensive services, and prevention of dropping out of school altogether.

The stated comprehensive services that are provided are casework, groupwork sessions, and maternal-infant care instruction. In response to our questions, we found that few if any girls receive casework services as part of the Centaum program. A social worker seldom sees a girl in the program. Some of the girls have social workers from the Department of Public Welfare, but this is irrespective of the Centaum program.

Groupwork sessions are not provided either. The Director told us that such sessions had been discontinued.

Perhaps the most important service Centaum seeks to provide is the maternal-infant care instruction. It is crucial that such young mothers-to-be learn to care for themselves and their infants. Yet the intent to provide this service and the actual service provided varies. Maternal-infant care instruction for over 150 girls consists of one lecture a week by a nurse. This lecture is given to the girls during their lunch hour.

The other major aim of the program is to prevent girls from discontinuing their education. Since the school system forces them to leave school, thereby increasing

the likelihood that they will drop out, this goal of the Centaum program becomes very important. The way of judging whether the goal is being met is to determine the percentage of the girls who return to school from the Centaum program. When we asked the Director about this she replied: "We don't know how many of the girls return to school; the rate of return is unknown."¹⁸ From her testimony, we found that no one knows about the girls.

Father Bidwell, a member of the Task Force, asked how it is possible to determine whether the program is successful in preventing dropouts if no one knows the rate of return to school. The Director admitted that neither she nor anyone else knows how many of the girls return. In fact, there has been no information kept on this for several years.

In concluding our examination, we found that the program is not meeting its two main objectives: it does not provide special comprehensive services, nor is it co-ordinated with the school system to encourage the continued education of the girls.

Even if the program were designed differently though, there is another serious drawback. While three-fourths of the pregnant school-age girls in Boston are white, more than 80% of the girls in Centaum are black. Several consultants expressed concern that there are no black teachers in this program; they are all white, most of them near retirement age. This concern was summed up by a Social Work Supervisor:

"One can hardly expect such teachers to help the girls, most of whom are black. Their backgrounds and cultures are so different . . . Could you imagine what people would think if the tables were turned: all black teachers in a program for mostly white girls?"¹⁹

Dr. Frances Bonner called our attention to another aspect of the program which she observed in her capacity as its psychiatric consultant. She said that "the program at present makes available services to only a select few" of the girls who are pregnant and excluded from school. At first glance, this seems apparent since only a small fraction of the girls who are excluded go to Centaum. But Dr. Bonner meant that girls who want to attend Centaum may be denied permission to do so. For example, many girls are rejected from the program for "lack of motivation". In one year, the rejection for this reason jumped from 4% of the total to 50%. When asked to clarify this, the Director replied that "its not clear



even to me".²⁰

Some girls are rejected for other reasons. The eligibility requirements for admission to the program state that the current pregnancy must be the girl's first. All girls who do not meet this criterion are rejected from the program. One School Department official says that in her opinion one pregnancy is enough. Thus, some girls are subjected to a policy of double exclusion: exclusion from school and exclusion from Centaum.

While we recognize that the program, begun in 1961, started with the good intention of several people, there is reason for concern about its present operation. Aside from the points made thus far, its structural operation is questionable. It is under the jurisdiction of the Department for Physically Handicapped Children, within the School Department. This implication that pregnancy is a physical handicap is contradictory to the social view that pregnancy is a healthy and wholesome experience. Certainly such an implication may have a detrimental effect upon the mental health of the young mothers.

Finally, aside from these qualitative considerations of the Centaum program, the rationale for its existence remains unclear. It is because the School Department excludes the girls from school that Centaum was started. The rationale was to provide an education for the girls who become pregnant. Since Centaum takes in only a small fraction of the girls who are excluded from school, it seems more logical to allow them to stay in school in the first place. This is the practice in a number of large city school systems. New York City, Philadelphia, and the State of Maryland, for example, encourage the girls to remain in school. For those who absolutely cannot, special arrangements are made.

Yet categorical exclusion from school continues in Boston. The School Department responds to the girls on the basis of their difference — a group categorization — rather than on the basis of their need — an individual consideration. By so labelling the girls and forcing them to leave school, the School Department encourages the very thing it ostensibly seeks to prevent: drop-outs from school. The practice is obviously self-defeating because it denies the girls a right to an education, and it promotes forced dependency upon society later when they may be unable to get a job because they were denied an education.

Footnotes

1. Anne Fontaine, Director, Department for Physically Handicapped, Boston School Department, in testimony before the Task Force, November 26, 1969.
2. Walter Carmichael, Director, Industrial School for Crippled Children, Boston, Massachusetts, in testimony before the Task Force, December 10, 1969.
3. Conversation with Thomas Browne, Bureau of Special Education, State Department of Education.
4. Dr. Mary Jane England, Child Psychiatrist, BU-BCH Child Guidance Center.

5. "Study of Unwed Parents and Services to Them in Metropolitan Boston," Research Department, United Community Services of Metropolitan Boston, 1964. Though this study was of unwed mothers only, a high proportion of the total birth rate to all women is to girls in their teens.
6. UCS study, *ibid*, pages 1 and 5.
7. Department of Health and Hospital records for 1969 show that 812 out of 1545 teenage mothers were married; 733 were single.
8. UCS study, *op. cit.*, pages 1, 5 and 6.
9. Department of Health and Hospital records.
10. Dr. Mary Jane England, *op. cit.*, in testimony before the Task Force, December 17, 1969.
11. Dr. Frances Bonner, former Psychiatric Consultant to the Boston School Department, in a memorandum to the Task Force, November, 1969.
12. Pupil Adjustment Counselor, Boston School Department, who requested that his name be withheld.
13. Eastman, Nicholson, Hellman, Louis and Pritchard, Jack, *Williams' Obstetrics*, Meredith Publishing Company, New York, 1966; quoted by Dr. McDowell in Task Force meeting, December 17, 1969.
14. Michael Altman, Attorney, Boston Legal Assistance Project, in testimony before the Task Force, December 17, 1969.
15. Dr. Frances Bonner, *op. cit.*
16. Anne Fontaine, *op. cit.*
17. Dr. Mary Jane England, *op. cit.*
18. Julia Stern, Director of Centaum, in testimony before the Task Force, November 26, 1969.
19. Mrs. Agnes Young, in an inter-agency meeting at Dorchester House, July 2, 1969.
20. Julia Stern, *op. cit.*

VI. Children Who Are Mentally and Behaviorally Different

Children differ mentally and behaviorally as they differ physically and culturally. Some children are shy and reserved, while others are active and outgoing. Some learn to walk or talk more quickly than others. Children vary in their abilities to learn also: some have greater intellectual abilities than others, while two children who are equally intelligent may learn at different rates of speed. All these differences are normal in that they are an accepted part of human variability.

In our society we believe that all people have equal rights irrespective of individual differences. In fact, we are committed to honoring the sanctity of the individual. One way we express this commitment is in our system of public education. We expect our schools to respect children's individual differences, while providing full and equal educational opportunity for them all. This means that while all children are not equally intelligent, we still expect our schools to educate them according to their individual capacities. Thus, whether their "cups" of intellectual ability are large or small, we expect them to be filled in equal proportion. This is the role of education in a democracy.

Holding this point of view, we have found convincing evidence that large numbers of children in Boston are not receiving their right to an equal educational opportunity. This group of children gets classified and isolated on the basis of arbitrary standards of mental ability and behavior. They fail to receive an educational opportunity equal to that of other children. And they often suffer stigmatization and humiliation by being isolated in separate classes.

Most of these children are not actually excluded from school. Rather, as one prominent educator describes it, they are "excluded from a good education

on the grounds of supposed . . . inferiority".¹ They are put in so-called special classes, isolated from their peers and often excluded from normal school activities. It is ironic that this exclusion happens to those children who most need the benefit of a good education: retarded children, slow learners, children who are disturbed, and children who have behavioral problems. The one thing all these children need is a full educational opportunity to the extent of their abilities. Paradoxically, this is the thing they are failing to receive.

Mentally Retarded Children – An Example

The Boston School System has a Department of Special Classes for mentally retarded children. This Department, operating on an annual budget of \$2,000,000, has nearly 3000 children in "special classes". Over 1000 more children have been identified as retarded, and are on the waiting list for a "special class".

Recent information provided by various professionals has called into question the function and operation of the Department. One central concern is this: experts in the field of retardation know that a public school system the size of Boston's is expected to have about 1500 children who need special educational services due to impaired mental abilities. Yet the total number so identified by the Department approaches 4000, or more than twice the number expected.

Dr. Arthur Bindman, Regional Administrator for Retardation, State Department of Mental Health, pointed out this discrepancy to us:²

"Looking at the normal range of human intelligence, we know that a fixed percentage of a school population will score below a certain point on an I.Q. test. In Boston, for example, there should be about 1500 children so retarded in mental development that they need special educational services; but they have about 4000 children instead. It's obvious that they've got a lot of children who aren't retarded at all. They have taken kids with a lot of different needs and lumped them all together in these (special) classes."

In an interview, Mr. William Philbrick, Director of the Bureau of Special Education, State Department of Education, concurred with Dr. Bindman:³

- Q. The Boston School System has labelled nearly 4000 children as mentally retarded . . .
- A. Yes, we feel this is incorrect. They classify too many children as retarded. The total should be about 1500.
- Q. Are you saying that normal children are being put off into these classes for the retarded?
- A. Yes, the figures indicate this to be so.

The observations of Dr. Bindman and Mr. Philbrick were substantiated by an in-depth study of children in two "special classes." Dr. Irving Hurwitz, Associate Chief of Clinical Psychology, Judge Baker Guidance Center, was asked by a group of parents to conduct an evaluation of their children, all of whom had been labelled as retarded by the School Department. With permission from the School Department, Dr. Hurwitz and his colleagues from the Douglas Thom Clinic and the Boston University Division of Psychiatry began an extensive diagnostic evaluation of each child:⁴

"We observed the children in the schools as well as providing a general comprehensive evaluation in our center. It consisted of a psychiatric evaluation, a pediatric physical examination with auxiliary studies - neurological and hearing - as indicated, a psychological evaluation using several intelligence measures, test of perceptual-motor functioning school achievement tests, and clinical conferences."

In all, twenty-one children were evaluated. The findings and conclusions of this study paint a stark reality:⁵

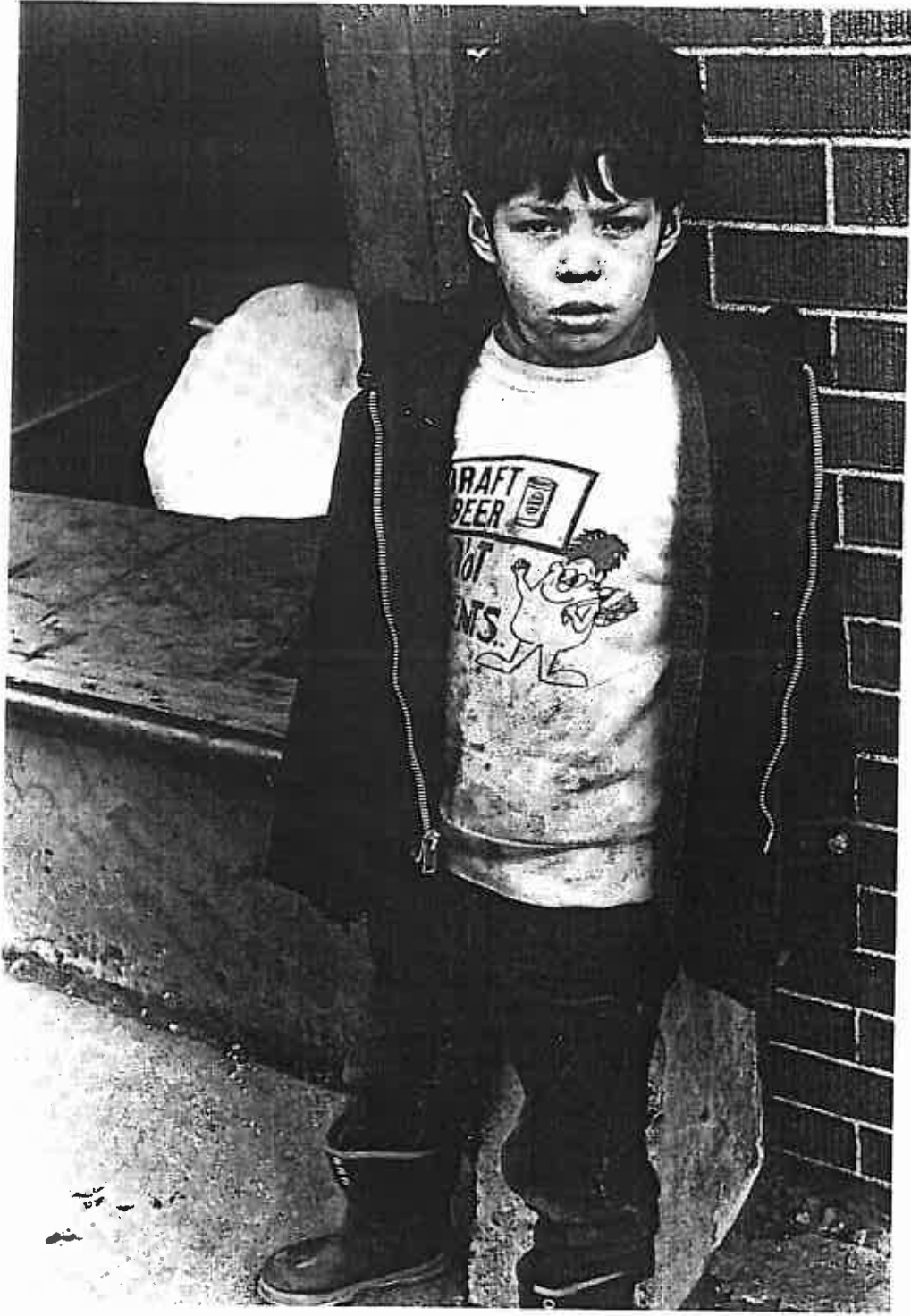
"The result of our findings indicates over half of the children (labelled as retarded) had I.Q.'s in the normal range. Some had evidence of perceptual-motor handicaps. Some were emotionally disturbed. These children occupy a peculiar position in the school society. They know they are considered "bad", the "dumb ones," the ones nobody wants . . . These children are even denied access to certain activities such as field trips and physical education."

The findings reported by the team of psychologists and psychiatrists relate to two major points: the process by which children get put into "special classes," and the quality of the educational program within those classes. In regard to the first point, the study showed that a large percentage of children are placed in these classes erroneously. But it did not tell how they get put there, or why the School Department has labelled over 2500 mentally normal children as retarded.

Though the process of placement in a "special class" varies, it usually begins in the regular classroom. The teacher notices the child who is either disinterested or aggressive, and who is learning too slowly. Teachers may attempt to work with these children and at times they are successful. But most teachers, as educators, are not trained to analyze more complicated problems or needs of children. For example, a child who is learning slowly may simply have poor eyesight, which may cause headaches or at least impair his reading ability. There are other similar problems: poor hearing, inability to understand English, perceptual-motor handicaps, and emotional disturbances. Any of these problems, and more, can affect negatively the child's learning ability - even though the child is mentally normal.

The child, in reaction to a problem even he doesn't understand, may become withdrawn or aggressive. While the teacher may notice this, it usually takes a highly trained professional to determine the cause of the child's behavior. In the Boston schools, though, such professionals generally are not available to the teachers as a resource to help the children. There is little or no psychiatric consultation readily available for most teachers to call upon. Consequently the teacher can't get help for the child. Most continue, however inadequately, to try to help the child; others become so frustrated that they merely want to get the child out of the classroom.

One resource that is available for the teachers is the Department of Investigation and Measure-



ment – the testing department. A teacher, through the principal, refers a child for testing. The research assistants in the Department measure the child's I.Q.; on the basis of the intelligence scores the researcher suggests whether the child should be placed in a "special class" or returned to his normal classroom. If the child scores below 79, the Department of Special Classes usually accepts the recommendation of Investigation and Measurement; the child is placed either in a "special class" or on a waiting list for one. Thereafter, the child is considered to be mentally retarded.

It is in this very process that many mentally normal children become labelled as retarded. One reason that this happens is that psychiatrists and other professionals are not available to help teachers screen children prior to referring them for testing. Another reason is the operation of the Department of Investigation and Measurement itself. Most of the researchers are not psychologists; they are testers. They are persons who are trained to administer two or three kinds of intelligence tests. Thus, they are unable to determine conclusively whether a child is retarded or whether the problem is something else. Yet, these same testers are supposed to decide whether a child is retarded, and determine his educational needs.

Another serious issue in the determination of the children's educational needs is the very definition of retardation itself, as defined by the State Department of Education. Massachusetts differs from a number of other states by setting an upper limit of 79 I.Q. for identifying retardation. Most states have specified 75 I.Q. and some only 70. Because of the steep rise in the bell-shaped curve (of human intelligence), the 79 I.Q. cut-off point means that many more children in this State are called retarded than in other states. This factor serves to verify the arbitrary nature of determining retardation by intelligence testing.

Intelligence testing alone is not an adequate way to determine retardation. Drs. Bindman and Hurwitz, psychologists mentioned earlier, explained to us that a child must not merely be tested; he must be thoroughly evaluated. Evaluation includes intelligence testing and much more: a psychiatric evaluation, a thorough physical examination (and maybe auditory and neurological studies), tests of perceptual-motor functioning, a psychological evaluation (including several measures of intelligence), school achievement tests, and a clinical conference of all persons involved with the child.

Only after this diagnostic evaluation can it be determined with accuracy whether a child is retarded. One or two I.Q. tests is not enough, because even a bright child may score low on them if he suffers from some other problem.

Another important factor in the misclassification of so many children is that the parents usually are not consulted regarding the child. The information we have on a number of children shows that parents often are not told that the child is being tested. In some cases, parents aren't even told when their child is put in a class for retarded children. And no parents – neither those who are told nor those who find out later – are allowed to see the test scores of their own child. The Director of the Department of Investigation and Measurement said the parents don't have any right to this information about their children. And the Director of Special Classes, Mr. Vincent Conners, said that involvement of parents is unimportant: "It doesn't matter if the parents know or not. That's not my worry."⁶

Mr. Conners went on to say that he becomes concerned about parents only when they make his job harder. He indicated that if parents are sufficiently upset when they learn that their child has been put in one of these classes, the child may be taken out: "It depends upon who hollers loudest."⁷

Similarly, whether he decides to put a child in a class in the first place depends upon how loudly a teacher or principal hollers. For example, 62% of the children in classes for the retarded are boys, though the incidence of retardation between the sexes is about equal – fifty-fifty. The Director admitted that a disproportionate number of boys are in the classes:⁸

"Your implications are right; normally it would be fifty-fifty. But boys act up more and must go first, must be placed. Conspicuous ones go first. Girls can be left in regular class even if they are retarded."

In this statement, Mr. Conners acknowledged that one criterion for placing a child in a class is whether he "acts up". The implication is that the child is removed from the regular class not merely on the basis of his own needs, but as a convenience to the teacher or principal. Thus, children often are placed in or removed from these classes on the basis of how active they are, or according to who "hollers loudest", instead of according to more objective criteria.

That this is the case is supported not only by observing that 4000 children are educated as retarded when only 1500 should be, but also from the observations of teachers and counselors in the school system. For instance, teachers told a team of consultants from M.I.T. that "special classes" are used for purposes other than to teach retarded children:⁹

"Special classes are used as a 'dumping ground' for children who are trouble-makers in their regular classes. These children often do not have low I.Q.'s. Results of the Stanford-Binet tests are sometimes deliberately rigged."

The team of psychologists and psychiatrists that studied the conditions in these classes reported similar observations:¹⁰

"'Special classes' in the city of Boston . . . in fact are a dumping ground for children with many different problems. The term 'special' is a misnomer as nothing very special happens for the children who need it the most."

The judgement that "nothing very special happens" for these children raises the second major point: the quality of the educational program offered to them once they are labelled as retarded. As we know, over two and a half thousand of the children are mentally normal and should not be termed "mentally retarded". Thus, the quality of the program for them is obvious: being educated as though they are retarded, they are deprived of a real education that would develop them to their maximum potential.

But for those children who actually are retarded in mental development, there are equally serious questions regarding the advisability of placing them in "special classes", as a general rule. Specifically, many authorities in the field of mental retardation point out that some retarded children can function quite effectively in the regular classrooms, and should be encouraged to do so. One person expressing this view is Dr. Harold Ruvin, Associate Professor of Education, Boston University:¹¹

"It is important to note that many children who test out as retarded can still function effectively in regular classes if they and their teachers were given some support."

Dr. Ruvin points out that each child's needs must be determined on an individual basis, instead of on a group basis. The present group categorization automatically

puts into a "special class" all children scoring below a certain mark, regardless of whether they need such a class. An individual evaluation on the other hand would select the optimum educational environment — regular class or special class — for each child.

The present practice of categorizing groups of children in the Boston Schools appears to be a perversion of the actual intent of grouping. We were told by a number of educators that the original concept of grouping had a positive basis: offering, as a *temporary* measure, special help to children in order to accelerate their development. Testing was used merely as a device to introduce remedial measures to strengthen the ability and intelligence of children.

But testing was not used to label and isolate children from their peers. Because of man's capacity to engage in abstract thought, "no child, except perhaps those suffering from brain damage, ought to be classified as ineligible for (certain) academic work . . ." ¹²

Dr. Milton Schwebel, Dean of the Graduate School of Education, Rutgers University, spoke of the present mis-use of grouping:¹³

"(When the grouping of children is) used to separate children on a relatively permanent basis and to give them an education presumably suited to establish intellectual limitations, we must consider such action indefensible."

Dr. Schwebel explained that tests in no way measure fixed abilities; they only indicate areas in which children need special attention. Thus, it is indefensible to assume that some children can't learn, or to assume that a particular child has a certain fixed level of ability. Instead, the critical issue is how the children are treated in school: ". . . the quality of the education here, as in any other situation, depends on the knowledge and skill of the teacher."¹⁴

Finally, we can summarize several points in regard to the education of mentally retarded children as elucidated by Dr. Ruvin, Dr. Schwebel, and other authorities. First, each child's educational needs must be evaluated individually; there is no reason to isolate a child automatically from his classmates simply because of his I.Q. score. Because the definition of a mentally retarded child is one who is called retarded, the cut-off point on an I.Q. scale is merely arbitrary. Second, some children identified as retarded can and should remain in the regular classroom. Third, testing can only be used to

determine whether a child needs remedial help and must not be used to label a child as having a fixed mental ability. Fourth, the grouping of children must be only a temporary measure to help accelerate their development, instead of being a permanent or semi-permanent action. Fifth, the knowledge, understanding, and skills of the teacher are more crucial to the child's development than are his own mental abilities as determined by a test score.

The categorical grouping and isolation of these children presently taking place in the schools, done on a relatively permanent basis, has grave implications.¹⁵

"If the democratic process is considered one in which real respect for the personality of every person is basic, (then) ability grouping will not be accepted."

Aside from this major consideration, there are four quality factors that we found to impede equal educational opportunity for retarded children. First, the State Law (Ch. 71, Sec. 46) requires annual re-testing of every child ascertained to be mentally retarded. This re-testing is crucial in identifying their educational needs since they change over a period of time. Presently, and for the



past several years, the School Department has not carried out this statutory mandate. Most of the children in "special classes" are not re-tested annually; in fact, we found children who had not been tested for several years.

The consequence of this practice is that placement in a "special class" becomes a relatively permanent thing, instead of a temporary measure. Also, the children who are erroneously put into these classes in the first place have less chance of returning to the regular classroom in the near future. We asked the State Director of the Bureau of Special Education about this failure to re-test the children:¹⁶

"It's against the law. But see that form (SPED-15), the signatures on the bottom? When the Superintendent of Schools and the School Committee Chairman in Boston swear, under penalty of perjury, that it is done, what can you do? They don't re-test them, but they say they do."

A second factor pertains to two state regulations regarding the physical health of the children. One regulation (Regulation 3: Bureau of Special Education), provides for a thorough medical examination for every child identified as retarded: a pediatric physical examination, including a history of the child's growth and development, an estimate of the motor capacity of the child, a vision test, and a hearing test, including an audiometric evaluation if possible. This medical examination is to be repeated every two years for each child.

In our efforts to determine whether this regulation is being carried out, we were told by some school officials that school doctors give every school-age child in the city a physical examination annually. We found this to be so in many cases. However, the nature of the actual examination differs greatly from that stipulated by the state regulation. For instance, the physicals given to all children are routine screening exams carried out quickly and not very thoroughly. They are done in order to detect apparent anomalies.

The regulation, on the other hand, calls for a complete, thorough medical exam, including certain psycho-motor evaluations. Not only is such an examination not given every two years, but it is not even given initially prior to placing a child in a "special class". And certainly, one minimum requirement for this examination is the presence of the parent to provide information on the child's developmental history. Out of a sample of

more than fifty parents of retarded children, not one had ever heard of such an exam, muchless had they attended it.

The Director of Special Classes admitted that this regulation is not being followed:¹⁷

"Well, we cut a lot of corners by nature. Every child in the city gets a physical. We claim this is enough for special class 'kiddos' . . . We can only do so much."

The other regulation (No. 18, Bureau of Special Education) states that "at least two hours a day shall be given to the development of motor co-ordination and skills," for children in classes for the educable retarded.¹⁸ We found that some schools do provide for motor co-ordination development although it usually does not meet the minimum time requirement. But the majority of the schools which we surveyed provide no planned program of physical education for children in "special classes". The Director acknowledged this failure to meet the regulation too: "They never get two hours a day . . . Principals, as a rule, refuse to allow our 'kiddos' in the gym . . ." ¹⁹

In checking this, we found that some principals actually do bar "special class" children from the gymnasium. The regulation however places the onus for its implementation upon the Director. Thus, in not confronting this issue directly, tacit approval is given to the violation of the regulation. Meanwhile, the situation remains the same and the children go without necessary instruction in motor co-ordination development.

A third point is in regard to pupil personnel services for retarded children. A number of services are available to other children in the school system, but are denied to children in "special classes". For example, the Director of the Department of Speech and Hearing expressed concern that these children do not receive routine screening, evaluation, and services provided by her Department. Once the children are placed in "special classes", the Department of Special Classes doesn't utilize speech and hearing services for them, except in rare circumstances.

Another example of this is the remedial reading program. Under present school policy, no child in "special class" is eligible for remedial reading instruction. The stipulation is that a child must score 90 or over on an I.Q. test before he or she is eligible. This rule denies remedial help not only to "retarded" children (below 79

I.Q.), but to "normal" children as well (79-90 I.Q.). Thus, some of the children who most need remedial help are not allowed to receive it. And without such help, it is unlikely that their test scores will improve. Consequently, the denial of help leads to a self-perpetuating cycle: children who need help in reading can't get it until their test scores improve, and their scores are unlikely to improve without remedial help.

The final point regarding the quality of the "special class" program is related to the point above. Retarded children not only fail to receive certain pupil services, but they are denied participation in such "non-academic" school activities as enrichment trips, and art and music classes with other children. With one exception, "special class" children cannot go on field trips with their friends. The exception is in South End schools where the South End Parents Association demanded that the Director end this practice. The Director acknowledged this ("I gave the parents what they yelled about"),²⁰ but the practice persists in other parts of the city.

Related to this practice is the separation of the children from their school mates even in art and music classes. We were unable to determine the origin or justification for this practice. School officials simply explained that this has been the practice for some time. However, we found that this policy of separation and isolation extends to the lunch hour as well. Most of the "special class" children are not even allowed to eat with the other school children.

The isolation and exclusion of these children from normal school activities, and the consequent quality of the "special class" program, appears to be the result of years of neglect. Some have told us that these classes are merely the "dumping ground" for children whom nobody wants. We would like to believe that this is not the case. But the situation we have found makes that belief impossible. A comment made by the Director of the Department of Special Classes summarizes the attitude toward these children. He reported that his superiors told him to "run the goddamn Department and leave us alone. Why do you think we gave it to you?"²¹

It is this attitude which Dr. Pierre Johannet, a child psychiatrist, had in mind when he told the Task Force that the conditions in "special classes" should not be the only focus of concern. He noted that half the children in the classes don't belong there; and he recognized the exclusion of the children from normal school activities.

But, he said, the overall concern must be with the school system itself which allows this type of thing to happen to young children.

Children with Behavioral Problems – An Example

In a period of three months, information was provided to the Task Force on several hundred individual children who were excluded from school because of their behavior. Parents, teachers, clergymen, social workers, and others reported these instances to us, along with information explaining the particular circumstances. The information from these various sources came with such rapidity once we asked for it, that several of our staff members became involved daily in trying to get children back into the public schools. After several weeks and a good deal of effort – including contact with officials high in the school administration – it became apparent that little headway into the problem was being made. We found it fruitless to try to help children individually when they were being excluded in such large numbers.

The process by which these children become excluded begins in the classroom itself, but involves not only the school system but the mental health system as well. Before discussing what happens to these children however, it is important to know something about them and their behavior.

We are talking about school children of all ages, though a surprising proportion of them are between seven and twelve years. The behavior of the children varies greatly, as any parent or teacher can verify. Our focus though is upon only those children whose behavior is identified as a problem by a teacher, counselor, or principal. We recognize that it is beyond the scope of our investigation to elaborate upon the variants of children's behavior, or the underlying reasons for it. But we are able to determine the types of behavior which bring some children to the attention of school officials, often resulting in their exclusion from school.

The most apparent behavior is that which is quite aggressive and often dangerous: physical disruption of the classroom, fighting, throwing objects, lighting fires,

and threatening other persons. Such behavior is directed against other children or adults: sometimes though it is self-destructive, directed by the child at himself or herself. While it is incorrect to assume that such behavior automatically indicates the child is emotionally disturbed, this aggressive action often does serve to identify those children who actually are disturbed and in need of supportive help. Such behavior is a child's cry for help.

On the other hand many children become identified as "problems" for behavior which is very different: using certain language, speaking back to a teacher, "clowning around," failure to show "proper respect", breaking some rule, and the like. The difference is that this behavior is neither dangerous nor even really aggressive. It may be engaged in by "normal" children – those who are mentally healthy and not disturbed at all. In fact, some children who misbehave the most are the brightest in the class. Often, classroom activities are boring and unchallenging to them. Consequently, they misbehave.

In general, we can say that these different types of behavior indicate quite different needs on the part of the children. For the so-called "normal" children, a certain amount and type of misbehavior is expected. If, as educators and psychologists tell us, much of this misbehavior is due to an educational system that dulls rather than excites children's minds,²² then only a restructuring of the educational process will solve this problem.

But the children who exhibit very aggressive or withdrawn behavior, likely indicative of deeper personal developmental problems, need more than a better educational system. They need immediate help of a more personal nature; many of them require the help of psychiatrists.

In order not to oversimplify these differences however, it is important to recognize that "normal" children may develop hostile and aggressive behavior patterns if school authorities respond to them too severely or inadequately. In fact, such responses may cause the "normal" child, over a period of time, to become emotionally disturbed. In speaking to this point, a recent Presidential Commission reported that available evidence suggests that fundamental defects in the educational system increase the chances that some children will engage in antisocial behavior. The schools not only fail to help children who express problems through their behavior, but they even make the children's behavior worse.



“While behavior is obviously connected with the individual’s motivation and personality, misbehavior in school is the result of interaction between pupils and the school. Efforts toward change should therefore be directed toward both the pupil and the system. In most schools, however, the behavior control system operates as though misbehavior results entirely from the characteristics of the students. Many of the school’s efforts to cope with misbehaving students are ineffective largely because they seek changes in the student and overlook the faults of the system.”²³

The behavior problems of “normal” children and disturbed ones then may differ in degree rather than in kind. That is, “normal” children may develop serious behavior problems too if their needs go unmet. Thus, the crucial issue is how the school system responds to the

numbers of children who have behavioral problems — whatever the cause.

In examining next the process by which so many of these children get excluded from school, we shall focus primarily upon the children whose behavior indicates more serious personal problems. We have more information regarding them, both because they are more noticeable and because they are more likely to be excluded. It must be remembered however that there is a potential relationship between this behavior and that of more “normal” children who also get excluded from school.

The behavior of the child comes to the attention of the classroom teacher first, in most cases. If the teacher recognizes the behavior as a sign of stress on the part of the child, she may try to help the child herself by giving special attention. Or she may attempt to bring in special resources such as a pupil adjustment counselor. One

problem is that there is only one counselor for every 3000 children in the Boston School Department; many teachers have told us that children therefore are forced to go without the help they need.

If the teacher fails to respond to the child initially, or if there is no help available to which she can turn, the child's problems are likely to become even more severe — and his or her behavior as well. In such circumstances the teacher may become quite anxious about the child's behavior in the class. As it persists or becomes worse, the principal is consulted. Often the principal, who is likely to have a number of upset children in the school, arranges for the child to be transferred to another class with a different teacher.

This transfer may work temporarily while the child adapts to the new environment. And on rare occasions the new teacher is able to help the child, who exhibits no further aggressive behavior. But usually, after a relatively short period, the child again expresses a need for help through his behavior. This teacher, in frustration, may also protest to the principal who transfers the child to yet another class and another teacher. One school counselor told us that some children go in and out of many different classes: "The child's problems are met by not meeting them. It's as though they don't exist. He is sent around to different classes instead of anyone bothering to find out why he acts up or how he can be helped."

After a period of time during which the behavior persists or grows worse, the child is told to leave school. Though we have found that a teacher on occasion will do this, it is usually the principal who tells the child to leave. Sometimes a school official will attempt to arrange for the child to receive diagnostic services at a mental health clinic. Frequently however, the child merely is told to leave the school:²⁴

"Most commonly, students are suspended from school 'for good' with little or no attempt made by the principal to help relocate the student . . . Irrespective of his learning ability, a student so expelled most likely has been bounced out of all regular classes in his grade and frequently suspended before. This is the point at which the student is forgotten, in violation of the compulsory education law."

The compulsory education law relates directly to the situation of the child who has been told to leave school. According to the law, all school age children must attend

school unless certain other provisions have been made for their education. Failure of the child to attend school, or the causing of a child to remain out of school, is unlawful.

The Boston School Committee regulations stipulate under what conditions a child can be made to leave school. A principal may formally suspend a child for up to three days; in such an instance, the parents must be informed. The principal is to arrange a meeting with the parents. If the child is not re-instated in three days, the principal must refer the matter in writing to the assistant superintendent.

Of the several hundred cases that were presented to us, fewer than thirty followed the specified procedure. In fact, the data we have indicates that the law and the regulation are violated by principals and other school officials as a general practice. This violation can occur in one of several ways. Many children are excluded outright: told to leave the premises at once. The principal carries out this action verbally; nothing is written down for future reference. The child is not told to return to school in three days, nor are the parents notified of the action taken.

Other children are suspended in a quasi-legal manner. They are given successive three day suspensions. Each time they return, they are told again to leave the premises of the school. In this manner, the children are kept out of school, but the principal seeks to do it "legally".

A third way in which children are excluded in violation of the law and regulations is to suspend them pending a clinical evaluation. In these instances the child is told not to return to school until he is evaluated by a mental health clinic. Because the clinics usually take several weeks or months for an initial evaluation, the child is effectively kept out of school. In this case, as in the others, the parents may not know that there is anything that can be done. Usually, they are worried about their child. In their confusion, they do not know that the action taken against their child is neither proper nor in his best interests. The child simply remains out of school.

While this informal system of suspension originates within the school system, the failure to help these children is borne also by the mental health clinics and hospitals in the community. These resources are not making their services readily available to the school system or to the children themselves. Frequently a

teacher or school counselor will request an evaluation of a child, only to find that the clinic has a long waiting list. Because the child cannot be helped by the teacher alone, and since the clinic people don't see him for up to several weeks, there often are no resources to help a severely disturbed child. While the "unusual" case may get speedier attention, the realities are that there are literally hundreds of "unusual" cases that no one bothers about.

In instances where the child is evaluated and found to need counseling and treatment, we have found that he may have to wait for as long as several months before he is first seen. In some cases, children have had to wait for as long as two years to receive treatment. If the child's problems are so severe that he needs to be placed in a residential treatment center, it too is frequently unavailable. Meanwhile, the child remains out of school during this entire period and goes without the help he so greatly needs. Consequently, the child not only falls further and further behind in school; he may, over this period of time, become severely disturbed where once his problems were relatively mild.

Officials at Boston Education Service and Testing (B.E.S.T.) have seen this process repeatedly:²⁵

"The school people become frustrated and shirk their responsibility toward the children, and the mental health clinics do the same thing. Meanwhile, the parents are bewildered because they can't get help for their child. The edict is handed down from above so-to-speak: no one helps the child."

For children who do receive a psychiatric evaluation and are determined to be emotionally disturbed, there are educational alternatives provided by state law. They are available though only upon the recommendation of a psychiatrist. The "750" law provides four alternatives for children who are unable to attend regular classes:

1. special instruction in the public schools;
2. part-time tutoring;
3. instruction in private day schools, and
4. placement in residential treatment centers.

The intent of the law in regard to these four alternatives is explained by its author, Dr. J. Edward Connors:²⁶

"... the child should remain in a regular class if possible, to meet his educational, psychological,

social, and developmental needs." The regulations (Article 2.5) state that "no child shall be considered for this program until existing resources in the school and community have been utilized."

The rationale of the law is two-fold: first, if children are not too disturbed, it is better to keep them in their regular school among their friends where the setting is familiar; second, resources in the school and community may be preferable because the children remain in their own neighborhoods and with their families. On the other hand, some children are so disturbed, experiencing a home life that compounds their problems, that full-time professional help in another environment is preferable — as in a residential treatment center. But the intent of the law clearly is to begin with the resources that are in the school and community.

Under the "750" law, there are classes provided for some emotionally disturbed children in Boston schools. The classes began in 1963 and have expanded largely due to the efforts of the Teacher-in-Charge of the program. Presently, there are sixteen full-time teachers, half teaching in public school classes and half in hospitals. Most of these teachers have a Master's degree or college training in the field of special education.

The program has not expanded to meet the needs of many other children however. There are school classes for about sixty disturbed children, but many more are needed. Almost a hundred more children, for example, are known to require such an educational program; presently, they are tutored an hour a day by a regular teacher after school hours.²⁷ There are two main obstacles to expansion of the program to meet this larger need.

First is the need for more teachers. The Teacher-in-Charge reported to us that experienced, qualified teachers are available, but she cannot get them unless they first take the Boston Teachers Examination. She explained that at one time the examination served to prevent nepotism in such appointments, but that it now works to keep away many highly qualified persons.²⁸

A related factor is that there is no salary incentive for the teachers of emotionally disturbed children. Most of them have special training to work with disturbed children, and certainly the work requires special skills and patience. Though teachers of retarded children receive a higher salary for their unique services, teachers of disturbed children get no such increment. It is certain



that the failure to provide this increment has not helped to acquire the teachers that are needed.

The second obstacle to provision of more classes is the attitude of many school officials toward the disturbed children. Children who attend classes in the school often are isolated from the total school community — similar in some ways to the isolation of other children discussed earlier. The first class, for example, was in a corner room surrounded by empty classrooms. Usually, the attitude of the principal determines the degree of isolation:²⁹

“They (the principals) control the child’s coming in, and they control the teacher. And they discriminate against emotionally disturbed children, keeping them out of participation in regular school activities.”

One principal refused to let the children participate in fire drills until the Teacher-in-Charge confronted him: “Look, we burn just like everyone else.” Thereafter he designated an exit for her children — a separate one near the alleged fire.

Such an attitude, while not held by all administrators, is widespread enough that it prevents expansion of the program. Principals, as a rule, refuse to allow a class for disturbed children in their schools. One principal told

the Teacher in Charge that he had worked hard to “get rid” of a number of children in his school. He didn’t want some of them returning now in the new class. The administrator explained that the children who would be in the class had been evaluated by a psychiatrist who said they could tolerate such an educational program. This still failed to convince the principal.

Frequently this attitude carries over to the daily functions of the school bureaucracy. Teachers, needing help in meeting the needs of children with behavioral problems, go to the principal. The principal, through the pupil adjustment counselor, refers the child to be evaluated by a psychiatrist (often, at the same time, telling the child not to return to school). While such a referral procedure works in some cases, it has become a means to get rid of children who exhibit behavior problems, whether they are disturbed or not.

One teacher of disturbed children told us:³⁰

“Just because a child has a behavioral problem doesn’t necessarily mean he’s emotionally disturbed. But they dump these children into our classes, or at least they try to. Most of the time the psychiatrist finds out that the child is quite normal. But they still try to get the active ones out of the school.”

A principal and a pupil adjustment counselor, for example, referred a child to Children’s Hospital for an evaluation. They wrote on the referral to the psychiatrist: “Please evaluate and refer for ‘750’ placement.” Fortunately, the psychiatrist did not take this unsolicited advice: he found that the child was not disturbed.

But in such cases when the psychiatrist determines that the child should be in a regular class, the principal may refuse to permit his return to school. We documented several occasions where various school administrators failed to carry out the recommendation of the psychiatrist in regard to the child’s education. In such instances, according to actual case histories we have, the child may remain out of school for several months or even years. At best, he will be “passed around” between schools or between the school and mental health clinics.

In any such case it is clear that the intent of the “750” law is not being carried out. An effort is not made to see that disturbed children “remain in a regular class, if possible”. The machinery operates instead to isolate and push out disturbed children, as well as some who are not disturbed.

Yet, while this practice must be condemned, we must remember that there are not adequate resources to which the schools can turn. As discussed earlier, the mental health system is negligent in providing consulting services to the schools. And frequently the clinics place children on long waiting lists instead of seeing them when they need help. Thus, there are few resources within the community to which the schools can turn for help for the children.

While this lack of resources affects all communities in Boston, it takes its greatest toll among the poor. Black children, for example, are transported out of their own schools and communities because there are too few resources in their neighborhood. This problem, among others, leads to a strong racial imbalance in the operation of the "750" classes in the public schools. Black children make up less than 20% of the total public school population, yet more than half the children placed in classes for the emotionally disturbed are black. None of the classes are in a black community.

Finally, this lack of adequate resources in the city may cost the taxpayers more in the long run. Of the four options provided under the "750" program, there is a disproportionate use of residential treatment centers; they have been utilized much more than the other alternatives.³¹ Most of the centers are away from the city, many out of state. In these centers the cost per child is between \$8,000 and \$12,000 per year, paid for by the state. Many people have pointed out that this money, or at least part of it, might be utilized better by providing services within the city where the children can remain in their own neighborhoods. In this way, more children could be helped, and at less expense. The cost of the program certainly is less important than the needs of our children. This means that if the program is expensive, but successful, we should be willing to continue supporting it because of our children. But the program, as it now operates, is not only expensive, but inadequate as well.

In the final analysis, the severity of the problem must be seen in human terms — how it affects the lives of our children. But the magnitude of the problem can be depicted statistically. Dr. Joseph Colligan, a psychiatric consultant to the Boston School Department, told us that the rate of emotional disturbance in urban areas is estimated to be between 4-12%.³² This, he says is a conservative estimate. Other sources give much higher figures.³³ But even taking the very minimum, 4%, this

means about 4000 children in the public schools of Boston are emotionally disturbed. Presently, the schools are providing educational services for fewer than one-tenth of them.

Footnotes

1. Schwebel, Milton, *Who Can be Educated?* Grove Press, New York, 1969, page 67.
2. Dr. Arthur Bindman, Regional Administrator for Mental Retardation, Massachusetts Department of Mental Health, in testimony before the Task Force, January 7, 1970.
3. William Philbrick, Director, Bureau of Special Education, Massachusetts Department of Education, interview August 8, 1969.
4. Dr. Irving Hurwitz, Associate Chief of Clinical Psychology, Judge Baker Guidance Center, in testimony before the Task Force, January 7, 1970.
5. Ibid.
6. Vincent Conners, Director, Department of Special Classes, Boston School Department, interview July 29, 1969.
7. Ibid.
8. Ibid.
9. Massachusetts Institute of Technology (M.I.T.) Management Survey Team, "Organizational Analysis of Special Services," unpublished report to School Superintendent Ohrenberger, March 17, 1969, page 6.

10. Parents' Association for South End Schools. "End Educational Entombment", July, 1969, page 9.
11. Dr. Harold Ruvin, Associate Professor of Education, Boston University, in a prepared written statement to the Task Force, January 7, 1970.
12. Schwebel, op. cit., page 65.
13. Ibid, page 68.
14. Ibid, page 56.
15. Ibid, pages 77-78.
16. Philbrick, op. cit.
17. Conners, op. cit.
18. Children labelled as retarded are further classified as "educable", "trainable", and "custodial".
19. Conners, op. cit.
20. Ibid.
21. Ibid.
22. For elaboration of this point, refer to Edgar Z. Friedenberg, *Coming of Age in America*, Vintage Books, New York, 1963, and Peter Schrag, *Village School Downtown*, Beacon Press, Boston, 1967.
23. Task Force on Juvenile Delinquency, President's Commission on Law Enforcement and Administration of Justice, *Juvenile Delinquency and Youth Crime*, U.S. Government Printing Office, 1967, page 367.
24. Johnson, Bruce, and Montgomery, Ann, "The Problems of Suspension and Special Education," unpublished report, January 30, 1968, page 3.
25. Statement made in inter-agency conference, May, 1968.
26. Dr. J. Edward Connors, in a booklet for the State Department of Mental Health, explaining services for disturbed children.
27. In many cases the tutorial program is inadequate, especially for children who are capable of some model of classroom participation. Even the tutorial program is disrupted when a teacher is absent: the children remain out until the teacher returns.
28. A recent report by the Deans' Advisory Committee, made up of deans of schools of education at several universities, recommended abolition of this examination. *Boston Sunday Globe*, July 5, 1970, p. 28-A.
29. Conversation with a teacher of emotionally disturbed children, Boston School Department, December, 1969, who asked to remain anonymous.
30. Ibid.
31. Hoffman, Herbert J., *Take A Giant Step*, Massachusetts Advisory Council on Education, 1970.
32. Dr. Joseph Colligan, discussion at Task Force meeting, January 14, 1970.
33. Glitewell, John C., Swallow, Carolyn S., *The Prevalence of Maladjustment in Elementary Schools*, a report prepared for the Joint Committee on the Mental Health of Children, University of Chicago, July, 1968.

VII. Services to Children: The School Department

The preceding chapters identify problems and practices in the Boston School Department that adversely affect the lives of thousands of children. To consider one problem after another, and the impact that each has upon the lives of children, creates grave concern on the part of interested citizens. In fact the problems seem so immense that they may cause concerned people to become dismayed. Or perhaps they have an anesthetizing effect whereby concern and empathy is worn down by an apparently overwhelming situation.

If, in this day, the children of our city are to receive the educational programs and services they need and deserve, concerned citizens cannot be worn down. Instead, concern must lead to greater understanding and, ultimately, to action. Understanding of the problems requires more than awareness of what is happening however. It requires awareness of the organizational structures, procedures, and processes that cause and perpetuate problems. We realize that such a full understanding of the failure toward our children must consider national priorities and resources. But to be practical we must focus on the institutions of our own city that bear primary responsibility for the development of our children.

The information, testimony, and statistical data provided in previous chapters focus on the operation of the School Department in an effort to analyze the causes and consequences of excluding children from school. In our investigation we found a wide range of competency on the part of school administrators. Some are extremely perceptive and concerned, working in an inert bureaucracy, while others fail to understand the needs of children or the effects of certain school policies upon them. But we are not dealing with administrators who are inherently "good" or "bad", for all such persons will

say that they want what is best for the children. Rather, we find that it is more useful to examine the concept of education held by school administrators, and the administrative structure as it operates under that concept and in regard to the needs of the children.

The concept of, and attitude toward, education varies with time. During the lifetime of Horace Mann, the Boston School System was a pioneer in the new belief that the concept of equal educational opportunity meant that all children, not just the rich, had a right to an education. Today, with an even greater commitment to a full educational opportunity for each child, the concept has a more advanced meaning. Equal educational opportunity refers not only to the "inputs" — the mere exposure of children to a classroom. It refers to the "effects" as well — how well children learn. In essence this means that schools are responsible for how well they do their jobs, for the results.

This advanced concept is widely held by educators, academicians, and laymen as well.¹ That the schools accept this responsibility, at least in principle, is indicated by the existence of programs offering "special services" within the school system. It recognizes that children come into the schools with different abilities and needs, but that the schools are responsible for how well they educate each child.

"It is archaic to continue the argument about whether or not the school should be responsible for the behavioral tendencies and emotional adjustments of the pupil. The hard fact is this: school events bear a functional relationship to the child's characterological outcome. Thus, the schools are responsible whether or not (some) educators accept and meet this responsibility. This is clearly true for the difficult child as well as for the one who is productive and content."²

Clearly, while other factors act upon children too, a major responsibility for their development is borne by the schools. In fact, there is considerable evidence to indicate that when children do not learn, it is the fault of the school and not the child.³ This view is supported by evidence that all children have an in-born curiosity which drives them to want to learn; the failure of some children to learn stems from the failure to stimulate that natural desire.

One widely-reported study shows that the educational success of children depends upon the teacher: if a teacher expects a child to succeed, he actually will demonstrate greater intellectual achievement. This research concludes that "the difference between the special children and the ordinary children was only in the mind of the teacher".⁴ This information has given rise to the term "self-fulfilling prophecy" – that if a child is treated as though he is smart or dumb, he actually will be, due to the malleability of the young mind. Children are very sensitive and learn what is expected of them. They judge their own worth according to the expectations of teachers or other adults.

"When teachers, supervisors, and administrators receive students with these categorical labels (or assign the labels themselves), their expectancies then appear to become prophecies which are frequently fulfilled, to the surprise of no one."⁵

Two other sources hold similar views. Evidence in the nationally-known Coleman Report indicates that the sources of educational failure lie in processes which occur during the time children are in school, rather than prior to their entry. Schools then are a direct or indirect contributor to the educational failure of children. The U.S. Office of Education reports that many students fail because of the behavior of adults in the school.⁶ The difficulty centers around administrators and teachers who cannot accept normal student-age behavior, or who are not able to help children with special needs. In other instances, failure is due to traditional instruction procedures generally directed toward forcing children to conform to the school's pattern, rather than encouraging them to develop their own potential.

Regardless of variation in the theme, the overall point is clear: the way children are treated in school largely determines their educational success or failure. School administrators bear responsibility for how well children in school succeed, much in the same way that doctors

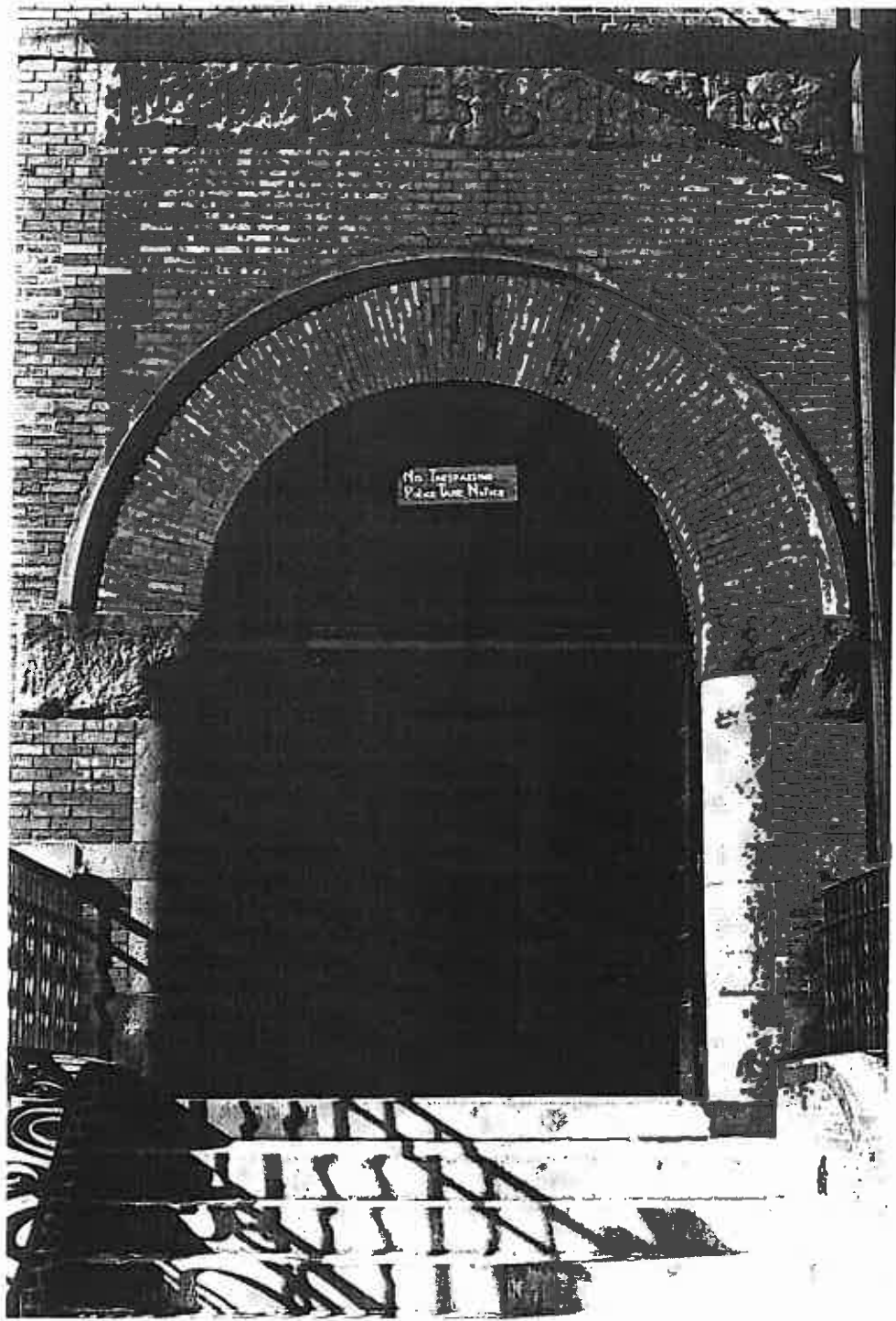
are responsible for the well-being of their patients and lawyers for their clients. The only difference is that the school system carries an even greater responsibility inasmuch as children are required to go to school. Within the last several decades, the responsibility of the schools has expanded rapidly due both to public and legal mandate. Today, the schools bear the major public responsibility for the socialization and development of our children.

Understanding this role and responsibility, we harbor grave concern because of ideas and attitudes held by some top administrators and politicians in the Boston School Department:⁷

- "There isn't much we can do with some of these children. Many of them are just slow learners."
- "We don't have inferior schools; what we have are inferior students."
- "The problems are not our responsibility. It's the fault of the families."
- "The crime no longer fits the punishment. The courts are too easy on school offenders."
- "[If they were allowed in school] you'd almost be giving your approval of what they'd done."

In the course of our investigation, we found that these attitudes, while not held by all administrators and teachers, are widely-held enough to be shocking. Some attitudes that were even more extreme, we had to dismiss as the opinion of a very small minority. From a moral and ethical point of view these opinions are distasteful, negating the assigned role of the school in each child's development. But even from a purely selfish viewpoint such attitudes are shortsighted, for we all shall bear the consequences of our failure to thousands of children. The toll shall be paid in human terms as well as financial ones: inadequate education or outright exclusion often leads to delinquency, lack of skills, unemployment, marital problems, crime, and other unhappy outcomes. From either viewpoint, a moral one or a selfish one, the attitudes expressed are startling.

Another part of the prevailing concept of education – one which is related to the attitudes just discussed – is an orientation toward children which is frequently punitive and inhibiting. Reflecting a narrow concept of education from times past, it stresses "sitting still, keeping quiet, and staying in line".⁸ Based on the rationale that



this climate will promote learning, it instead discourages inquisitiveness, independence, and creativity. The message operates to quiet minds as well as bodies; in many cases, the price paid for a calm child is a dull mind as well. Such a view seems to rest on the idea that form in education is somehow more important than content; that unnecessary order is more virtuous than stimulation of the young mind.

The significance of this concept is that it is in almost total contradiction to all that educators and psychologists know about how children learn:

- The young mind, being naturally inquisitive, responds best to highly creative stimulation.
- Many behavior problems and classroom failures on the part of children are simply the expression of frustration — a cry for help, a communication that something is wrong.

The view we find so prevalent in the Boston schools is the antithesis of the above:

- Children must be kept in line; those who are over-active must be punished into learning.
- Consequent misbehavior is a sign of disrespect for authority and the result of a bad home.

These attitudes reflect a concept of education that is not only outdated, but out of keeping with the needs of young children as well. The attitudes are not merely those of individuals however, for they become incorporated into the very structure and operation of the School Department itself. Attitudes of administrators in the school bureaucracy are reflected in the policies and practices toward children in the schools. For this reason it is important to summarize, on the basis of evidence in other chapters, the structure and operation of services to children in the School Department.

Within the School Department there are twelve separate departments or programs which, together, are referred to as "special services". A considerable part of our investigation focused on the operation of certain ones of them: the Departments of Attendance, Pupil Adjustment Counseling, Investigation and Measurement (testing), Physically Handicapped, Special Classes (mentally retarded), and the programs for Emotionally Disturbed, Perceptually Handicapped, and non-English speaking children. We evaluated statistical data from the

departments, and heard testimony from the various directors. We questioned them about their responsibilities, and we questioned people from community agencies about their relationship with the departments. And we focused on what happens to children who come to the attention of "special services".

The rationale for providing "special services" to children in school is quite simple: the full educational development of each child depends upon more than academic instruction in a classroom. Education in its deepest sense involves the general nurturing and development of the child. Recognizing this, and realizing that each child has his own unique needs, "special services" are provided to insure the full educational development of each child.

The educational process then includes more than regular classroom instruction. Persons with special training in certain areas function to supplement the "regular" educational instruction process. "Special services" therefore exist for the large proportion of children who at one time or another need special help. For example, a child having difficulties with his studies may be referred to one of the services, depending upon whether the learning difficulty is due to poor eyesight, hearing, or emotional problems.

The operating relationship between the overall school system and "special services" is this: the on-going education of children is provided in the regular classroom environment; when children exhibit needs which impede this educational process, "special services" are available to help them so their education can continue.

But our inquiry into this relationship revealed that it operates to exclude several thousand children from school; their educational development is not supported, but halted. For these children, neither the regular classroom nor the "special services" are working. Because of this, it is apparent that the relationship itself between the overall system and "special services" as described above is not working. It exists in theory but not in practice.

The school machinery as it presently operates pushes children out of, rather than drawing them back into, the educational process.

"The existing machinery for responding to students (in need) serves mainly to push away, to alienate, to cut off opportunity. While counseling . . . and psychological treatment are not to be discounted, they are far less significant in the schools'

response . . . than the routine practice of isolation from the classroom, assignment to a special classroom . . . (and) suspension . . . all of which serve to block future opportunities for pupils . . .”⁹

There is a wide range of mechanisms that operate to push away, isolate, and exclude the children thereby diminishing their opportunity for involvement in the normal educational process: assignment to special classrooms, removal to an isolated environment, and placement of overactive children in classes which provide only custodial care. Other examples of this isolation-exclusion orientation are denial of opportunity to participate in special activities, not allowing children with low I.Q.’s to eat lunch with other children, and not permitting emotionally disturbed children to participate in routine activities such as fire drills. The extreme forms of exclusion are the prevention of children from entering the classroom in the first place, and suspension from school of those who do attend.

The school system seems to operate on the implicit principle that schools exist for the instruction of a relatively homogeneous group of children, and that the educational process cannot tolerate the normal range of human differences that exists in the larger society. This principle presumably rests upon the assumption that classroom instruction can proceed better if “different” or “difficult” children are removed.

This principle of operation is contrary to the needs and rights of children in a democracy, according to the United States Office of Education:¹⁰

“School organization which isolates and excludes according to ability, race, or economic class, denies to youth the opportunity to meaningfully interact with diverse segments of society . . . (Such a) school does not present itself as a model of a pluralistic society.”

If the schools are to be a model of a pluralistic society, then there is no rational basis for separating children according to arbitrary groupings while they are in school. Children educated in such a manner cannot be expected to relate successfully with different kinds of people when they become adults. The grouping, isolation, and exclusion of children not only shortchanges those who get separated, but it is abnormal and unfair to the children they get separated from. The creative capacities of children are developed by their learning to live in a microcosm of society — the classroom where



differences exist and are welcomed.

On the basis of the processes operating in the School Department, we conclude that it is responding to children on the basis of their *differences*, rather than on the basis of their *needs*. On one hand it fails to recognize, in the case of Spanish-speaking children, that their language difference requires special educational programs to meet their needs. On the other, as in the case of crippled children, it responds solely on the basis of their difference and excludes them. For example, a child becomes labelled a crippled child rather than a normal child who also happens to be crippled. Or a disturbed child becomes labelled as “crazy” rather than as a normal child who has an emotional problem.

With this orientation toward the children, the system operates to exclude those who are different rather than responding to them on the basis of their need, while including them. Using the earlier example, a child who is crippled becomes excluded because he is different, rather than being included and given special help if that difference affects his educational development. Thus, the very machinery — “special services” — which is supposed to help children do well in the regular classroom often functions in their removal from the classroom. Special programs become the vehicle through which children who don’t “fit in” are removed from the regular classroom and often from school altogether.

“Special services” in the Boston School Department, then, serve the system rather than the children. They are utilized to relieve the regular system of its responsibility toward certain groups of children. Administrators and teachers in the “special services” are not utilized as specialists to help meet the special needs of children so they can continue to function in the regular classroom. Instead, they are forced to become “babysitters” for the children that the regular system does not want.

Consequently, there are two separate systems operating in the Boston School Department — the regular one and the so-called special one. Instead of co-ordinating their efforts to meet the needs of children, they operate separately, serving different functions. In so doing, neither has the ability to meet the needs of the children.

2. Thorne, Tharp, Wetzel, “Education and Mental Health: the Development of New Resources,” Southern Arizona Mental Health Center, 1966.
3. See Jackson, Lenore, and Rosenthal, Robert, *Pygmalion in the Classroom*, 1969; Clark, Kenneth, *Dark Ghetto*, Harper, 1965, especially pages 111-153; and Howard, James “Schools Don’t Have to Make Delinquents,” *Christian Science Monitor*, May 31–June 2, 1969, page 13.
4. Jackson and Rosenthal, op. cit.
5. Cruickshank, W., Paul, J., Junkala, J., *Misfits in the Public Schools*, Syracuse University Press, 1969, page 132.
6. Task Force on Juvenile Delinquency, President’s Commission on Law Enforcement and Administration of Justice, *Juvenile Delinquency and Youth Crime*, U.S. Government Printing Office, 1967, pages 222-277; Kruger, W. Stanley, “They Don’t Have to Drop Out,” *American Education*, Vol. 5, No. 8, October, 1969, U.S. Office of Education, page 7.
7. These comments are quoted from statements made in interviews, meetings, and public responses by various School Department Officials, during the course of the Task Force investigation.
8. For elaboration on this concept of education in the Boston schools, see Schrag, Peter, *Village School Downtown*, Beacon Press, Boston, 1967, especially Chapter IV.
9. Task Force on Juvenile Delinquency, op. cit., page 256.
10. *Ibid*, page 278.

Footnotes

1. For example, see Coleman, James S., et al, *Equality of Educational Opportunity*, U.S. Government Printing Office, 1966, Coleman, James S. “The Concept of Equality of Educational Opportunity,” *Harvard Educational Review*, Vol. 38, No. 4, Winter, 1968, pages 7-22; and Kirp, David L., “The Poor, the Schools, and Equal Protection,” *Harvard Educational Review*, Vol. 38, No. 1, Fall, 1968, pages 635-688.

VIII. School Counselors and Attendance Officers: An Example of Misplaced Priorities

The information in the preceding chapters points out the inadequacy and inappropriateness of certain school programs as they relate to the specific needs of the children. The data also reveals serious problems in the structure and operation of the overall School Department itself, with the result that large numbers of children are excluded from school. The "machinery" operates often to the detriment of the children; not only are their educational needs unmet, but their problems are compounded by treatment in the school system.

In our investigation we found this failure to help the children continues, in part, because of misplaced priorities in the School Department. Resources that could be used directly to help children are used instead for other purposes. Political nepotism, lack of awareness, and, at times, unconcern perpetuate continued failure. A comparison of two departments — Pupil Adjustment Counseling and Attendance — provides an example of the present priorities which must be altered if the School Department is to move to meet the needs of the children.

The Department of Attendance

The Attendance Department is designed to serve two main functions in the school system: one, to locate and keep records on all school-age children in Boston, and two, to insure the school attendance of all school-age children who reside in the city. This latter function is to be carried out by protecting the right of all children to attend school, and by counseling children who express their problems through truancy.

Testifying before the Task Force, one of the Co-Heads of the Department explained that the attendance officers serve as a co-ordinating link between the school and the community. The officers, he said, must be unusually perceptive of others' values while providing services to the children. They are to give counseling services to children on the streets, in their homes, and in

the schools. By providing such services, he explained, the role of the Department is a helping one and not a punitive one. It is recognized that children who are truant are not bad children, but youngsters who are in need of help.

Between September, 1968, and May, 1969, over 700 children were taken to court primarily due to their being truant from school.¹ The attendance officer is instrumental in this court action: he acts as the prosecutor, gathering evidence against the child and presenting it in court. It is at the discretion of the officer whether to take a child to court.

When one member of the Task Force asked the Co-Head how he feels about taking children to court, he responded:²

"... we are often dissatisfied with the disposition because if a child gets off, others learn that going to court is not such a big thing. They don't fit the crime with the punishment anymore. That's the whole problem..."

Asked what kind of crime he was referring to, the Co-Head replied: "The crime of truancy."

Because of their dissatisfaction with court proceedings, the officers often use other methods in providing their services: "You've got to cajole or threaten. It becomes a question of forcing those wards (sic) to school. We tell the parents we'll take them to court or we'll stop their (pay) checks. It's not legal of course, but we tell them that anyway."³

The predisposition of the attendance officers to rely on court action and threats of court action stems, in part, from their backgrounds and training. The position of attendance officer is a civil service one, with preference given to disabled veterans, veterans, and other people in that order. Aside from their military backgrounds, most of the officers have training in police work. Most of the forty-six attendance officers now in

the Department are former policemen.

In the course of our investigation we were told by a number of people, some within the School Department, that the position of attendance officer is a "political plum" -- a highly paid permanent position meted out on the basis of friendships and political connections. The salary, for example, is fixed at \$15,400 per year, one of the highest paid positions within the School Department. (It is more than a teacher with a Ph.D. degree can make at the highest salary increment.)⁴ The annual Attendance Department budget for salary alone is over half a million dollars (\$741,000).

Recruitment procedures for the position are as questionable as are the officers' qualifications. The examination for the position is given sporadically at different periods during the year. We were told that the time depends on whether there are any openings for the position or whether School Department officials request new candidates. One person, a professional who works in a community agency, reported to us that he has been attempting to take the examination since 1968. He has received no answer to his letters requesting the date of the next examination. When he goes in person to take the exam he is told that it was just given, or that there are no openings. Yet, he reports that new officers have been added to the Department several times during this period.

One School Department official told us that when there is a vacancy the position is filled immediately by the friend of an attendance officer or high ranking school official, before interested citizens can compete for the opening. In support of this, he points out that none of the officers are Black, Puerto Rican, or Chinese, and that only four are women.

One of the Co-Heads of the Attendance Department acknowledged that selection for the position of attendance officer tends to be "informal".⁵ He stated that when he sees a person who he feels is qualified to be an officer, he tells him to take the examination if a position happens to be open. Thus, it is understandable that this "informal" process works to the advantage of friends of officers already in the Department.

We determined it beyond the scope of our investigation to establish exactly how the procedure operates. According to our view, such a determination is not necessary because mismanagement of the Department is apparent anyway. Whether it is due to "political" or other reasons, the actual operation of the Department is

a cause for serious concern.

Dr. Pierre Johannet, a child psychiatrist, met with the Task Force when we heard from the Co-Heads of Attendance. Responding to their statements regarding how they do their job, Dr. Johannet discussed the meaning of truancy and the response that is necessary to help the children:⁶

"In most instances when a child behaves in a certain way, he's trying to say something. It isn't simply that a child is breaking a law, but rather, he's trying to make a statement. Now if that statement is received and it is possible to help the child, and to find out why he's staying out of school, then perhaps he won't be a repeater . . . I think that one of the duties of an attendance officer would be to be able to respond to that first call . . . (but) the background, training and experience of the officer is not appropriate to the duties."

A pupil adjustment official spoke of the illogic of hiring ex-policemen to do counseling and social work. Such a practice is as illogical as it would be to hire social workers to be policemen.

"An attendance officer is in an excellent position to detect serious behavioral and emotional problems . . . But we find that most of those in the Department are veterans with police backgrounds. The adequacy of such a background for helping children with serious emotional problems is questionable."⁷

Both from the testimony of the Co-Heads and from the observations of interested professionals, it is clear that the stated philosophy of the Department and its actual operation are two different things. The Department is not geared to provision of counseling services to truant children. Instead, its orientation is punitive. Truancy is seen not as a symptom but as a breaking of the law. Consequently, the officers, lacking the understanding and training necessary for working with children, gear their efforts toward preventing the "crime of truancy".

This is not to say that most of the officers don't have concern for the children and their needs. Rather, it simply is recognition that they have been trained for one type of job in the past, and are expected to do something quite different now. Their lack of training for their present responsibilities affects not only the way they do their jobs, but their attitudes as well. One of the Co-



Heads, for example, characterized all truant children as being "less intelligent, less well-scrubbed, crude, careless, and with pungent speech". Upon rebuttal to his statement, he responded: "Let's face it, these people are not school prone; they're just not. Their morals are certainly indicative of this."⁸

Aside from the counseling of truant children, the other stated function of the Department of Attendance is keeping track of school-age children in the city. The rationale for this is that protecting the right of children to attend school can be accomplished only if it is known how many school-age children there are, where they reside, and where they go to school. It is important as well in determining demographic trends which affect the schools' plans for the future.

Last year, according to figures from the Department, officers made over 67,000 investigations pertaining to the attendance of children. The following exchange then took place with the Co-Heads:

Q. How many different children does that figure represent?

A. We don't know that.

Q. It seems terribly important to know whether it represents five thousand or fifty thousand different children in the school system.

A. Concerning children out of school, we are disturbed by the unverified claims that there are as many as 5,000 such children in Boston. We would estimate over the course of a year that about 200-500 children are out at any one time.

Q. Are you aware that the School Committee and Mayor's Office have been given data showing over 5,000 Spanish-speaking children, alone, out of school?

A. We haven't seen them. Somebody should tell us about them. Nobody gave the names to us.⁹

Because of the internal operation of the Department, there is no way of knowing whether 67,000 different children are truant, or whether it might be that 5,000 different children are truant an average of twelve times each during the year. No such records are kept.

One of the most important responsibilities that the law places upon the Attendance Department of each city is the conducting of an annual census of school-age chil-

dren, (Chapter 72, Section 2). The census records are valuable in determining present and future educational needs in the city. In Boston however, the Department does not conduct the census. It merely keeps records on the number of children who appear in school. As a result, there is no firm idea of how many school-age children in the city are out of school. Consequently, the attendance officers have no idea how many children they are failing to reach.

In summary, the Department of Attendance does not fulfill its main objectives: keeping records on all school-age children in the city; insuring the right of children to go to school by protecting them from those who impede that right; and counseling them when they express needs through truancy.

It does not do this for several reasons. First, the Department takes no census of the school-age children in Boston. Hence, it is not known how many children should actually be in school. Second, the officers are not able to deal with the needs of the children. They are veterans and ex-policemen, lacking adequate training in counseling and social work. Their orientation is legalistic and punitive. Third, they aren't able to utilize community resources well. Aside from lack of professional skills, they are all of one race, precluding in large measure their ability to relate to other racial and ethnic groups throughout the city.

The Department of Pupil Adjustment Counseling

This Department is somewhat unique in comparison to other "special services" in the School Department. Its uniqueness stems from its orientation: instead of addressing itself to one specific area of need as do other departments, it focuses itself in general to children with special needs. This broad focus covers several areas: children with school adjustment problems, children in crisis situations, and children who need clinical evaluation and treatment by mental health professionals. Covering this spectrum, the Department is generally the first "special service" to come in contact with children who need different kinds of special help.

The procedure by which children are referred to the Department of Pupil Adjustment Counseling varies, but generally it is as follows: a teacher recognizes in the classroom that a child is experiencing some difficulty or has some special problem; the principal is consulted on

the matter, and at his discretion the pupil adjustment counselor is asked to see the child. The counselor may decide to try to counsel the child, refer him to the Director of the Department for evaluation, or refer him to a clinic for an evaluation.

While these decisions are made by the counselor, the success of the overall procedure — whether a child receives help or not — depends largely upon the teacher and principal. Some teachers are reluctant to refer too many children. Their main goal is to have a calm class. Children who are apathetic or troubled may not be referred unless they become disruptive.

Some teachers, on the other hand, point out that they often cannot refer children to the counselor because they must get prior approval from the principal. If the teacher requests supportive help for the child, the final decision whether the child actually sees the counselor depends on the discretion of the principal.

A large factor in the occasional reluctance to refer children is the overload on the counselors. There are only 29 counselors for the entire school system. This amounts to a counselor-student ratio of 1:3400. While this does not mean that each counselor must help 3400 children each year, it does mean that each counselor is responsible for special help which any one of that number needs during the year.

The actual burden on the counselors is great. For example, sources cited in Chapter VI indicated that a minimum of 4% of the total school population has serious emotional needs at any given time. This means that each counselor has about 135 children who need special help. Any counselor, social worker, or psychologist will attest to the fact that this is an impossible load.

The problem, however, is not even that simple. The figure of 4% is simply the minimum estimate. Other authorities place the figure at 35–40%.¹⁰ This does not mean that this many children are seriously disturbed. It does mean that this many are likely, at any given time, to be in need. While many of them may be experiencing normal crises of growing up, they nevertheless need the attention of an adult trained to help them. This means that instead of 135 children needing the help of one counselor, eight to ten times that number may be in need of such help. It is clear that thousands of children who could benefit from counseling services are not receiving them. The counselors are being asked to carry out an impossible task.

The task is made more difficult by the hiring prac-

tices pertaining to new counselors. Selection is made not by the Director, but by the Board of Superintendents. The procedure is carried out on a rating basis. Teachers within the school system get so many points according to certain criteria, and are eligible for the position of counselor when they accumulate enough points.

We found that most of the present counselors are dedicated in their efforts to help the children. Being former teachers, they have had some training in regard to the developmental patterns of children. And they have had experience in working with children in their classes. But it must be recognized that some of them have little or no training in counseling itself. While their past experience is likely to make up for this deficit somewhat, formal training in counseling is usually an essential asset in working with the children. Because the counselors largely determine whether individual children receive clinical evaluations, such training is imperative.

Because of the present hiring practices, persons who have strong backgrounds in counseling, social work, or psychology cannot be considered for the position. The only prerequisite for the position is that the person must have been a teacher. Thus, for the position of pupil adjustment counselor, teachers with absolutely no training in counseling may apply, but persons with a university degree in counseling are not even considered.

Even if all the counselors were adequately trained however, utilization of their abilities within the School Department is poor. The counselors, who receive one of the highest salaries of all school personnel (\$15,400), work only until 2:30 each day. Because of this high pay, and because their services are in great demand, there is no reason that they should not remain at school each day until 5:00, to counsel with children and their parents.

In summary, the Department seeks to provide an essential service to a very large number of school children. But its efforts to fulfill this mission are impeded in three ways. First, the ratio of one counselor for every three thousand four hundred children means that large numbers of children who need help must go without it. For many of them, their problems will intensify, until problems that were relatively normal will become very serious. Being responsible for so many children at a number of different schools, the counselor is forced to be crisis-oriented instead of prevention-oriented.

Second, the Director has no authority in the hiring procedure. She is unable to hire persons with special

skills in counseling, unless they happen to have been a teacher in the Boston School System. Third, counselors are not used judiciously and resources available to help them in this work are extremely limited. In the event that children need services from more highly trained persons, such as a psychiatrist, it frequently is weeks or months before an "opening" is available. There is no formal working relationship between the school system and the mental health facilities.

Summary

In the Boston School Department children who have special needs are referred to the Department of Pupil Adjustment Counseling. Children with a wide variety of symptoms are referred: quiet, withdrawn children and loud, aggressive ones; slow learners and fast ones; children whose behavior is violent and those whose behavior is mild; children with organic problems and those with psychological ones. The symptoms vary but the Department seeks to determine the source of the behavior and the help needed.

Children who express one particular symptom however — truancy — are dealt with not by counselors but by attendance officers. The result is that a child having difficulties in school may receive the services of counselors who seek to provide help for his problems. But when those same problems cause him to be truant from school, he is no longer in the care of teachers who serve as counselors. Rather, the child is dealt with by former policemen who are attendance officers.

The child is the same; his problems remain the same. Yet at one point he is considered to need supportive services from experienced counselors. At another point he no longer receives that help. The School Department's orientation toward him changes from support and guidance by trained persons to more forceful measures by untrained persons.

The discrepancy in these orientations toward this child is an anachronism. Considering the help the child needs, there is no logical rationale for this different treatment. A child in trouble needs the same kind of help whether he is in school or not. Since the School Department already seeks to help him both in school and out, it seems logical to provide him with the same service (counseling) in school or out. A number of cities supplying information to us, for example, provide such services.¹¹ Having discarded the use of attendance officers, they have expanded the counseling program

providing it in the school and the community. "School home counselors" or "visiting teachers" contact children who are absent. They have the same skills and training as the counselors who work within the school.

The failure of the Boston School Department to take this step means more than the continuation of an antiquated attendance program. The Department's priority continues to be upon dealing with problems after they get out of hand rather than meeting them early. It fails to apply its resources to prevent truancy in the first place through counseling and other services.

Yet, the School Department's priorities remain unchanged. It spends over half a million dollars each year to hire attendance officers who deal with truancy ineffectively after it happens. It employs fewer pupil adjustment counselors, at much less cost, to work with children before they become truant.¹² The priority is upon suppressing problems after they occur rather than upon meeting symptoms before they develop into problems.

Footnotes

1. John Fitzgerald and Charles Parlon, Co-Heads of Attendance Department, Boston School Department, reported that 475 "habitual truants" and 254 "school offenders" were taken to court. Meeting at Dorchester House, June 18, 1969.
2. Charles Parlon, *ibid.*
3. *Ibid.*
4. Salary scale for school year 1969-70, is \$11,900 for teacher with Ph.D degree at highest increment.
5. Charles Parlon, *ibid.*
6. Dr. Pierre Johannet, Child Psychiatrist, Boston University School of Medicine, Division of Psychiatry, testifying before the Task Force, November 12, 1969.
7. Katherine McLeod, Director, Department of Pupil Adjustment Counseling, Boston School Department, in Task Force meeting, December 10, 1969.
8. Charles Parlon, *op. cit.*, testifying before Task Force, November 12, 1969.
9. *Ibid.*
10. See footnote 33, Chapter VI.
11. Indianapolis, Indiana; Philadelphia, Pennsylvania; Buffalo, New York; and Arlington, Massachusetts, to name a few.
12. The Boston School Department spends more money each year on salary for custodians than it does for adjustment counselors.

IX. Services to Children: Mental Health Agencies

While the school system, among public institutions, holds the major responsibility for the educational development of our children, it cannot carry out this task alone. Even if the system were operating adequately to meet the needs of children, its optimal functioning depends upon the co-operation and support of other institutions and services. The school simply cannot operate well without auxiliary services which provide specialized help for the children and, at times, administrators and teachers. The schools must rely upon the services and collaboration of institutions in the fields of health care, social welfare, mental health, recreation, and the arts.

Probably the most crucial services needed are those in the mental health field — public and private agencies, clinics, and hospitals. In a school system the size of Boston's, there are literally thousands of children who require psychological evaluation and treatment services. It is beyond the expertise of educators alone to help children who are disruptive, withdrawn, retarded, disturbed, gifted, and perceptually handicapped.

Most professionals in the field of education haven't the expertise to differentiate between symptoms of problems, the causes of the problems, and the help needed for their amelioration. The consultation and services of psychologists and psychiatrists are required to distinguish between and evaluate the problems and special needs of individual children. In addition to services on an individual level, mental health professionals are needed to help develop and evaluate educational programs in the schools for children with different needs.

We were told by a number of school officials however that provision of services is extremely inadequate. On neither level — individual services or program development — are needed mental health services available. While failure to develop a working relationship is an indictment of both the school system and the mental health system, the latter must bear its own responsibility for the failure to help our children.

We focused first upon public mental health facilities provided by the Commonwealth. We invited before us officials from the Department of Mental Health which is legally responsible for the provision of mental health services in the Boston region. Through their testimony it became apparent that the Department not only fails to provide services as the school officials told us, but it was clear as well that the Department does not see mental health services to children as a top priority.

One crucial reflection of this lack of concern is the mental health budget. Over 40% of the residents in this state are children of school-age or under; because more children live in urban areas, the percentage in Boston may be even higher. Yet the Department of Mental Health spent less than 20% of its total budget last year for services to children.¹ The bulk of this amount was spent on in-service care for retarded children. This means that the Department allotted less than 3% of its total budget for all other children's services.

Theoretically, the state law provides a check on such skewed budgetary allocations. Built into the mental health structure are mental health area boards that function independently of the Department of Mental Health. By law, these boards have veto power over the Mental



Health budget in their own areas. Were they to assume their responsibility, they could insist that the Department set children's services as the top priority. To date however, the area boards continue to follow the priorities set by the Department.

In setting such priorities the Department and the area boards have opted to continue treating problems after they become manifest in older persons, instead of stressing prevention and treatment of those problems during childhood. Such priorities do not allow for certain programs for school-age children, particularly for those who could benefit from alternatives to school programs. There is a need, for example, for community-based educational programs for emotionally disturbed children who are unable to attend school and who have no place else to go. Likewise, there is a need for programs for pre-school age children who have learning problems or psychological disturbances that could be treated prior to entering school.

Another indication of the priorities toward children is reflected in the administrative structure of the Department. At the regional level (which includes greater Boston) and the area level (within Boston) there are no administrators with sole responsibility for services to

children. The position has been left out of the administrative structure. There are professionals in Children's Services, but they hold staff positions; they have no administrative authority. Consequently there is no one in the Department of Mental Health with line authority responsible for providing direct services to children. And because some former clinic directors have now assumed other administrative positions, there are fewer direct services to children now than there were five years ago.²

The Department of Mental Health is not without its advocates who would correct these priorities toward children. The Office of Children's Services recently developed a comprehensive plan for community mental health services for children.³ The plan recognized the disproportionately small amount of Department funds for children, and stated that the funds that are available for children often go for needless institutionalization. As background to the plan, the authors recalled two important policy principles:

1. theory and experience in the field of mental health indicate that effort expended during the preschool years brings greater returns for less effort and expense;
2. large numbers of children need basic prevention programs which might prevent dysfunctional behavior later in life.

The plan contains a number of specific recommendations; two stand out. First, while the Department has declared 1971-72 to be "The Year of the Child", increasing budgetary allocations for children in that year alone will not alter present fiscal priorities. The budget of the Department of Mental Health increases \$7-8 million annually. If only half of this yearly increase were applied to children's services, the Department budget would reflect funds for children in proportion to the population within a few years.

Second, over \$8,000,000 is spent each year for the education of emotionally disturbed children; most of the children are in residential treatment centers, many out of the state. The plan of the Office of Children's Services stresses the fact that one-third of these children could be maintained instead in day care centers in their own communities and at much less expense. The program then could accommodate more children than it does presently.

To date, neither the Department of Mental Health nor the local mental health area boards (which have veto

power over funding), have acted to implement these important provisions of the plan. Instead, services to children remain a lesser priority in spite of strong professional opinion that the greater pay-off in mental health services is in the preschool and school-age years.

Next, we focused on private, independent mental health facilities. Boston has a large number of agencies, clinics, and hospitals providing mental health services. Yet these facilities, many of them of high quality, are implicated too in the failure to help children who are excluded from school.

This failure is perpetuated in three ways. First, we found that the agencies and clinics providing services to children often ignore the role of the school. A professional will counsel a child for weeks without contacting or communicating with his teacher or other school people. The child is treated as though his school life were a minor part of his total self, playing an insignificant role in his problems.

Second, in the case of children who come to mental health facilities specifically because of school-related problems, the agencies and clinics rarely consult with the school people. This lack of consultation renders the counselor ignorant of important peer group interaction affecting the child. That these professionals — teachers and counselors — each view the child only from their own perspective decreases the likelihood that the child will receive adequate help.

Third, the failure to co-ordinate their services with the schools means that most mental health professionals have an unclear notion of educational methods and classroom problems. Periodic observation of school classes would provide insight into educational techniques and their effects upon the mental health of children. Yet professionals providing services for children rarely visit the schools, and the School Department seldom encourages them to do so.

The effect of these priorities and practices in public and private mental health facilities is very apparent at the level of direct services. The data that we collected on hundreds of individual children indicates a great lack of mental health services such as evaluation, counseling, and therapy. School administrators and counselors have told us that help for the children simply is not available when it is needed. We were given evidence, for example, that clinics put children with emergency needs on long waiting lists. Frequently, disturbed or psychotic children



have had to wait weeks for an initial evaluation and months for treatment.

School Department officials have, on several occasions, requested that both the Department of Mental Health and private clinics provide professional consultation for administrators and teachers in the schools. To date there has been no response that has resulted in any formal, on-going working relationship between the two systems. School personnel are left to their own inadequate resources to try to develop ways to help children whom the mental health system does not serve.

The failure to develop services for the children or even to set such services as a priority, indicates that the mental health agencies and clinics are content to provide services according to the dictates of their own convenience, rather than structuring them according to the needs of the children. The public and private mental health facilities thus far have assumed little responsibility for the mental health of children. By structure and operation, they perform according to theoretical plan instead of according to need. By continuing to neglect the needs of school children, they share direct responsibility for placing in jeopardy the lives of thousands of children in Boston.

Footnotes

1. Discussion at Task Force meeting between Dr. Leston Havens, Psychiatrist, and Dr. Wilfred Bloomberg, Regional Administrator for Mental Health, Massachusetts Department of Mental Health, February 10, 1970.
2. Dr. Leston Havens, *ibid.*
3. *Comprehensive Community Mental Health and Retardation Services for Children*, Choras, Peter, and Bloom, Lillian, Massachusetts Department of Mental Health, Office of Children's Services, sections I, II, V, VI.



X. Administrative Responses to Children's Needs

We have described and summarized programs in the school system and mental health system which are failing, individually and collectively, to meet the needs of children. The inadequate structure of the programs is compounded by administrative procedures which are working to the detriment of the children. The functioning of these programs which serve to isolate and exclude children who need help is the natural consequence of certain patterns:

- a) programs have no adequate central co-ordination, and no built-in monitoring mechanism to determine whether they are operating to help the children;
- b) parents and professionals from the communities are not permitted to participate in determining policies and services, hence there is little responsiveness to the people; and
- c) administrators and officials answer only to themselves, therefore there is no accountability to the public.

In this report, we have described in some detail the failure of the Boston School Department and auxiliary social services in meeting the needs of our children. Attention has been called to this failure by others.¹ Each time it has, the official response has been to shift the burden of responsibility from the school officials back to those who state the problems.

Provided below is an illustrative list of official responses:

1. **Denial.** I deny that children are being excluded from school, or that such things are happening to them. Prove it.
2. **Exception.** The examples you have given are exceptions. Prove that they are widespread.
3. **Demurrer.** I admit the facts, but feel that you have not presented a problem which is that important.

4. **Confession and avoidance.** I admit the facts and feel very concerned. But there are over-riding considerations which free me from responsibility for acting to solve the problems.
5. **Improper jurisdiction.** I understand the problem, but feel it is not the school's responsibility. It is the task of the family and other institutions.
6. **Prematurity of request.** We knew all along that these things were happening, and have made plans to correct the situation. Our efforts must be given a chance.
7. **Generalized guilt.** What you say is true, but other school systems have similar problems. We are no worse than they are.
8. **Improper forum.** The problem is really in the hands of the State and Federal government. There is little we can do.
9. **Recrimination.** I admit that children are out of school, but claim that it is their own fault. It wouldn't happen if they and their parents really cared.
10. **Further study.** The problem has been referred to the proper officials for further study. We hope to develop a plan sometime in the future.

We do not believe that any of these responses is appropriate in regard to the needs of the children. We hope they will not be used again to cover over the problems.

Footnotes

1. Kozol, Jonathan, *Death At An Early Age*, Bantam Books, 1968; Schrag, Peter, *Village School Downtown*, Beacon Press, 1967; in addition to numerous evaluations and reports done by local universities and community groups, which largely go unheeded or are attacked by school officials.



XI. Conclusion; Basis for Action

Conclusion

In this city, thousands of young children do not go to school. A minimum of 4000 school-age children are excluded from the Boston Public Schools; the likely number ranges as high as 10,700.¹ The majority of these children remain out of school because the School Department provides no educational programs for them. Children of Puerto Rican, Italian, Chinese, and other ethnic groups comprise the larger proportion of excluded youngsters. Other children — those who are crippled and girls who are pregnant, for example — are excluded from school in large numbers too.

Another group of children — between 2,800 and 4,800 — go to school but are excluded from the regular educational process.² Many of these children are misclassified and isolated. They are assigned labels denoting inability to participate in normal school activities. Mentally normal children who are labelled as “mentally retarded” comprise a large proportion of this group. Other children actually are retarded or emotionally disturbed and in need of special educational services, but they fail to receive them.

When public institutions, particularly one so basic as the public school system, fail to provide adequate services, it is an indictment of the total community. Failure in this instance indicates that private citizens, professional groups, and public officials either have not informed themselves about the exclusion of children from school, or they do not recognize it as an emergency situation requiring immediate action. In either case, it is clear that responsibility for this basic failure of the school system rests with the entire community.

Certain institutions and departments however exist to represent the public interest in regard to the educational development of children. Chief among these are the State Department of Education, the Department of Mental Health, the School Committee, the State Legis-

lature, and public and private social service agencies. These guardians of the public interest, each bearing a unique responsibility for children, are implicated individually and collectively in the failure of the public schools and the consequent exclusion of children from an education.

Two types of failure are apparent. First is the failure to provide services on the part of the child care network: social service, welfare, and mental health agencies. This service network neglects to provide adequate help for large numbers of children — emotionally disturbed, mentally retarded, perceptually handicapped, pregnant, disruptive, physically handicapped, and others.

The second type of failure is that of the regulatory bodies — those responsible for maintaining standards and developing educational programs for children: the Departments of Education and Mental Health, the Legislature and the School Committee. These bodies not only share responsibility for the exclusion of children by abdicating their designated legal authority, but they fail to alert the public to such a grave and monumental problem.

That the collective policies and practices of these institutions, departments, and agencies operate to exclude children from school is apparent. Yet, the situation of excluded children points directly to the institution bearing the major responsibility for their education: the public school system.

The failure to provide an adequate educational program for several thousand children points up some fundamental weaknesses in the Boston School Department. Basic among these defects is the school system's orientation toward children who are “different”. Implicit in the operation of the School Department is the premise that it does not bear responsibility for the education of certain groups of children. Contrary to its

legal mandate under the compulsory education law, the Department operates to isolate and exclude from the educational process large numbers of children who do not readily "fit" into the homogeneous school structure.

Two processes within the school system operate to the detriment of the children. First, large numbers of children in school are isolated from their peers; in many cases they actually are cordoned off from normal school activities. This isolation happens not only to children whose mental or physical needs require special attention (though even they should not be isolated); it happens to "normal" children as well — to children whom school officials merely *think* are unusual. This categorizing process has resulted in the erroneous labelling of several thousand children as "mentally retarded" or "emotionally disturbed." Meanwhile, children who actually are retarded or disturbed fail to receive adequate educational programs for their special needs.

Second, the School Department fails to provide any educational programs at all for other children. Most notable is the Department's apparent disregard for the educational needs of thousands of non-English speaking children in the city, most of them Spanish-speaking. Despite warnings that it is discriminating against children on the basis of national origin (something prohibited by the United States Constitution), and despite repeated pleas by community leaders that it recognize the existence of these children, the School Department continues to exclude them from school. Other children are excluded from school not because there are no programs for them, but as a convenience to school officials. Despite state laws and regulations to the contrary, crippled children generally are not allowed to attend school, and pregnant girls are excluded as well.

The operation of the school system is predicated on a pupil-excluding definition of normality which affects larger and larger numbers of children.³ This narrow definition grows from a disease-oriented use of categorical labels which is inappropriate for the education of children. The schools focus almost exclusively on the "differentness" of certain groups of children, as if being different were indicative of shortcomings in the children.

Instead of mobilizing to meet the educational needs of various groups of children, the School Department places the onus upon the children to fit into the existing school structure. Hence, the School Department excludes so many children because it demands that they conform to its image, while ignoring its moral and legal

mandate to provide an education for them all.

Basis for Action

If, for our children, the concept of democracy is to be realized at all, the right to an education must be one of its basic tenets. The realization that every child has a moral and legal right to an education must form the central commitment of the public school system and other institutions. What is meant by a "commitment"? We mean more than a verbal recognition: we mean that the policies and practices of the institutions themselves must be geared to insure that right. We mean that the Boston School Committee and the School Department must act immediately to provide an adequate educational program for all children in the city. And we mean that other institutions, clinics, and agencies must act in conjunction with the schools to meet the needs of the children.

Such a commitment must incorporate four basic principles pertaining to the education of children. While these principles relate directly to the public school system, they place important responsibilities upon other institutions and agencies as well.

1. All children, regardless of differences and abilities, should be encouraged to participate fully in regular school curricula and activities. In the educational process, children should neither be excluded from a full educational opportunity nor isolated according to ability grouping. The only rationale for grouping is the provision of *temporary* help to accelerate the development of children with specific needs. As a rule, children with different abilities and needs should be integrated into the regular school environment. When certain children reach the limit of their abilities to function in that environment, then their specific needs must be identified and met — but not at the cost of excluding them from activities in which they are capable of participating. The exclusion of disturbed children from fire drill practice and the exclusion of retarded children from the lunch room are obvious examples of segregation. Yet, exclusion from certain academic activities is unnecessary as well.

In short, if the schools are to fulfill the public responsibility for the educational development of our

children, they must be organized to do everything in their power to draw children into the educational process. Special services and programs must be utilized to help children remain a part of, or return to, the regular school process, instead of being used to remove them from participation.

2. The educational abilities and needs of children must be determined on an *individual* basis. Presently, children with special needs either are excluded from school altogether, or are inappropriately evaluated and labelled according to what they supposedly are — according to a static group stereotype. The labelling of a child as “mentally retarded” for example, while a convenient stereotype for school officials, does little to enhance the child’s educational opportunity. One “retarded” child may be able to function productively in the regular classroom, while another may require special educational methods. Yet, the present labelling process places them both in the same class as part of a stereotyped group. Instead of categorical labelling, the schools and agencies must evaluate children according to their individual educational needs: what they have mastered compared to what they need to master.

3. The evaluation of children must include more than simple testing methods. Evaluation includes psychological testing, pediatric physical examinations, neurological examinations, psycho-motor functioning, psychiatric evaluations, and more.

Contrary to present practice, testing should not be used to label children according to intellectual ability. Because testing in no way measures fixed abilities, it is useful merely to indicate areas in which children need special attention. At best, testing is only a guide for introducing measures to strengthen the ability and intellect of children.

4. The education of all children requires the joint co-operation and planning of a number of systems and institutions in the city and state. The provision of adequate educational programs designed to meet specific needs is beyond the expertise of the school system alone. The State Department of Education, the Department of Mental Health, the Department of Public Welfare, public and private social service agencies, the universities, and the State Legislature all bear responsibility for the exclusion of children from the Boston schools.

Yet, a survey of these bodies finds them, if concerned about the children at all, doing the minimum required of

them. But even if they were to assume their maximum responsibilities, more is required to educate the children. New models and innovative service patterns for children must be developed. Nothing less than a joint massive effort by these components will accomplish this task.

The incorporation of these principles into concrete programs and practices requires a major re-orientation on the part of the Boston School Department and other institutions. We do not claim to have all the answers to solve the situation we have found. To the contrary, we realize that the failure to educate thousands of children is such a serious problem that all citizens must work together to meet this emergency. Because the school system, alone, has been unable to meet the responsibility it holds, the burden falls upon us all to mobilize to meet the needs of our children.

That the public must share the burden of helping the schools function properly and adequately is a concept that is at the basis of American education:⁴

“Professional educators are the chosen instruments for implementing policies determined by laymen . . . When the educational enterprise is going smoothly, the public does not often exercise its right to evaluate. It is after the system begins to break down and the public finds itself inadequately served that the issue comes to the fore. (This is) the right of the laymen to an account for professional performance . . . Education is public business as well as professional business . . . (and) was never intended to be a professional monopoly . . . the scales must not tip toward a technocracy in which the public cannot exercise its right to scrutinize the professional process in education”.

Realizing that our school system has faltered to the extent that the lives of thousands of children are in serious jeopardy, we accept our right and responsibility to act in their behalf. We call upon other parents, professionals, school officials, and citizens to join us. We face an extreme emergency, and the need for emergency action is apparent.

In recognition of the importance of the task, and in light of the investigation just completed by the Task Force, we intend to pursue the following action by the School Department and other institutions. We do so, however, not in the spirit of insisting upon the exactness of any specific change, but in the spirit of saying that no measures less comprehensive than these listed here will accomplish what must be done.

We recognize that some, though not all, of the changes require additional funds. As concerned citizens, parents, and taxpayers, we feel that these funds are a wise investment in the future. In fact, an investment now may be a savings in the future if we come to the aid of our children while there is yet time.

In the final analysis however, we look at the task before us not in economic terms, but in human terms. We carry the responsibility for the very development of the children in our city. And for that responsibility — that task, the only thing of real importance is that we not fail.

* * *

On the following pages are enumerated specific actions to be taken on behalf of children. They are organized according to the institution responsible for their implementation: Boston School Department, State Department of Education, Mental Health Facilities, Department of Public Welfare, Social Service Agencies, and the Youth Service Board. Action to be taken by the School Department is organized further according to substantive areas.

In most instances the changes can be initiated without legislative action. Changes that do require legislative action are indicated by an "L".

Boston School Department (the School Committee and Superintendent)

General:

- Beginning in the 1970-71 schoolyear, issue a comprehensive annual report to the public, indicating the needs for, and plans to provide, educational services to children in Boston schools. This review and planning guide should include pupil services, consultation services needed, teacher recruitment, building construction, racial/ethnic trends, budget allocations, etc. The tone of the report is not to be "these are our accomplishments", but rather "this is what we as professional educators feel are the gaps in services, and these are our plans for the public to review".

- Conduct an annual census of all children in Boston under the age of 18, for the purposes of: a) determining how many children are in/out of school, b) developing programs and resources to meet growing needs, and c) determining future educational trends and needs. (State laws and regulations provide for a general census as well as specific censuses of physically handicapped, mentally retarded, etc., none of which are conducted.)
- Contract with universities and professional groups for evaluation of all special school programs; the evaluation must be conducted independently of School Department personnel and officials.
- Computerize all school records pertaining to educational programs and services to children. Computerization will save money in the long run, inasmuch as departmental records now are inaccurate, unreliable, and unuseable for planning purposes.
- Develop jointly with public and private mental health facilities a plan for providing evaluation and treatment services to children according to areas of need: emotionally disturbed, perceptually handicapped, etc. Jointly work to develop new programs and services as needed.
- Whenever a child's regular educational program is interrupted or altered in any manner, school officials must notify the parents in writing. Notification must be made prior to action by school officials, and it must specify: the problem, action planned, nature of the child's educational program, and an invitation to the parents to participate fully in decisions regarding the child's education.

Non-English Speaking Children:

- Because the law requires the school committee of each city to provide for the education of all school age children, we call upon the Boston School Committee to:
 - a) officially recognize that an emergency situation exists in the Boston Public Schools insofar as there are no educational programs for several thousand Spanish-speaking children,

- b) institute emergency action and planning to provide bilingual transitional educational programs for these same children,
 - c) declare that it will meet this responsibility no later than the school semester beginning January, 1971, and,
 - d) report to the people of Boston by November, 1970, on the plans to resolve this emergency, and, at the same time, report on long-range plans to avoid such a situation in the future.
- For all children not fluent in English (Italian, Portuguese, Chinese, and others, as well as Spanish speaking), provide full-time bilingual transitional programs taught by instructors fluent in the children's native language as well as English.
 - In order to recruit these teachers, waive the Boston Teachers Examination and other unnecessary obstacles which might impede the hiring of qualified teachers and administrators. It must be recognized that the need of the children for an education takes precedence over any barrier to the formation and operation of such educational programs.
 - Employ bilingual parents and community leaders to serve as classroom assistants, as well as utilizing them in the development and evaluation of such programs.
 - Start Kindergarten I and II classes for non-English speaking children, conducted in the language of the children.
 - Provide counseling and tutoring programs for non-English speaking children to encourage them to stay in high school.

Physically Handicapped Children:

- Fulfill the legal responsibility for the education of the children by:
 - a) accepting handicapped/crippled children in regular classes unless a physician or psychiatrist of the parents' own choosing determines that the child is not able to attend regular classes,

- b) conducting a search of all public and private institutions to locate children unnecessarily excluded from school.

- Arrange to accommodate handicapped children in school through such devices as building ramps for wheelchairs, re-arranging classroom locations, and developing "buddy teams" whereby other students share responsibility for helping handicapped fellow students during the day. (Any expenses incurred will be minimal compared to the financial and psychic cost of preventing children from attending school.)
- In recognition that the law holds the School Department responsible for provision of educational programs to handicapped children, provide special classes for handicapped children who cannot attend regular classes, but who are able to come each day to the school building.
- Develop a formal working relationship with other community resources for handicapped children, such as the Industrial School for Crippled Children, so that children too handicapped to attend public school will be educated. The formal responsibility for their education, however, remains that of the School Department.

Pregnant Girls:

- Issue a policy directive to School Department officials and teachers, made available to the public as well:
 - a) stating that because pregnancy is no basis on which to determine one's ability or right to attend school, the Department's policy is to encourage all pregnant girls to remain in their regular classes, unless instructed otherwise by their personal physicians,
 - b) instructing all personnel — teachers, counselors, and principals — that it is illegal to counsel girls to leave school, and that they are to support and encourage them to continue attending, and
 - c) providing counseling services through the Pupil Adjustment Department, to support the girls during their period of pregnancy.

- For girls unable to attend school, or who choose not to, develop and provide an alternative educational program at least equal to that offered in the regular classroom, for which the students receive full academic credit. Such programs must be part of the regular on-going school system, and be fully co-ordinated with it.
- For such alternative programs hire teachers from distinct ethnic/racial backgrounds who are able to work with girls from the same backgrounds.
- The present program, Centaun, must be discontinued altogether, or completely re-structured to meet the following standards:
 - a) attendance in the program must be on a voluntary basis and not a forced one, (girls must be allowed and encouraged to remain in regular classes instead),
 - b) the academic program must be equal to that offered in the regular school classes, including full academic credit,
 - c) any pregnant school-age girl choosing to enter the program may do so, and may not be rejected by the Director,
 - d) the racial imbalance must be corrected in the teaching staff, and
 - e) a psychiatric consultant must help the Director and teachers develop attitudes to impart a positive self-image on the part of the students.
- Provide home instruction for girls who, under the direction of a licensed physician, cannot attend the school or a special program.

Children Retarded in Mental Development:

- Immediately discontinue the testing of children by School Department personnel. Contract with public and private mental health clinics in the city for the immediate re-evaluation of all children who have been identified as retarded, whether they have been placed in "special classes" or not.
- Continue this contractual arrangement for the evaluation of all children for determining their level of ability and needed educational program.

Re-evaluate annually children identified as retarded in mental development.

- The evaluation of children must include the following as determined by the psychologists or psychiatrists: psychiatric evaluation, pediatric physical examination with auxiliary studies, psychological evaluation, perceptual-motor functioning, school achievement tests, and clinical conferences.
- Discontinue the classification of children as "retarded" and the categorical placement of children in "special classes" for the retarded. Instead, identify children according to individual abilities and needs (by clinical evaluation), and structure their educational programs accordingly. (L)
- Test scores and evaluative records held by School Department personnel must be available to the parents of the child.
- Provide remedial reading help to all children having the ability to improve reading skills. This requires ending the cut-off point of 90 I.Q. or above for those receiving such help.
- Terminate the isolation of mongoloid children from other "retarded" children which is done now not on the basis of I.Q. or educational needs, but because their physical appearance is different.⁵
- Provide pre-school classes for children retarded in mental development, as ruled upon three times by the State Attorney General's Office.⁵

Emotionally Disturbed Children:

- Discontinue the exclusion of children from school prior to or pending a clinical evaluation. Abide by the intent of the "750" law: removal from class is a last resort, not the first.
- Provide school classes for disturbed children in each school district or geographical area of the city, so children may remain in their own neighborhoods.
- School administrators abide by the decision of the psychiatrist in regard to the child's educational needs.
- Work with the State Departments of Education

and Mental Health to develop community-based educational services to counterbalance the usage of residential facilities. (Refer to listing under State Department of Education and Department of Mental Health, below.)

Perceptually Handicapped Children:⁵

- Provide for an annual psychiatric evaluation of children who have learning disabilities.
- Provide special educational services for the children when their disability is diagnosed rather than waiting until a child is at least two years behind academically, as is done now.
- Continue the practice of part-time tutoring for children in addition to, but not instead of, their regular class work.

Counseling Services to Children:

- Increase the number of pupil adjustment counselors by September, 1976, to establish a counselor-student ratio of 1:400, increasing the number between now and 1976, each year, to reach this level.
- End the unnecessary pre-requisite of being a teacher for the position of pupil adjustment counselor. Hire social workers (M.S.W.), trained counselors, and other persons with expertise in working with children.
- Hiring of counselors must be under the supervision of the director of the department. Selection must be made from lists of qualified applicants submitted by agencies, clinics, and schools in each area of the city.
- Adjustment counselors in each school district must be designated to work in the community, counseling children out of school and acting as liaison between the school and the parents and community resources.
- Regular, on-going in-service education must be provided for the counselors.
- A pupil adjustment counselor or guidance counselor is paid a much higher salary (\$13,400) than a teacher having comparable qualifications. Each works the same amount of hours each day

(8:10-2:45, usually). This inequity must be rectified:

- a) persons having the same qualifications and training should receive the same salary, regardless of whether they are teachers or counselors,
 - b) if counselors are to continue receiving a higher salary regardless of training, their workday must be extended until 5:00 p.m.; the number of children in need of counseling services certainly supports the extension.
- In each school, one classroom should be established with a full-time teacher/counselor team for children who simply have a "bad day" and temporarily need special help.

Services to Children Who Are Truant:

- End the designation of "truancy" (attendance) as a special category of behavior, recognizing that it is a symptom not to be dealt with in isolation.
- Expand the concept of attendance to provide for the protection of children against illegal exclusion from school.
- Discontinue the punitive orientation toward children who are truant by:
 - a) making services to the children a function of trained counselors who work in the community as well as the school,
 - b) hiring counselors from lists submitted by community agencies, to reflect an ethnic spread in correlation with sections of the city, and including more women, and
 - c) co-ordinating counseling services with community agencies that provide similar services.
- Discontinue the position of attendance officer, thus ending it as a Civil Service position with veterans' preference. (L)
- Terminate the services of the present attendance officers, and apply the \$741,000 salary savings to the hiring of qualified counselors. If any of the present officers are trained in social work or counseling, hire them as counselors.

State Department of Education

- We call upon the Department, as the body legally responsible for the supervision of education in the Commonwealth, to use its authority to set and enforce educational standards in the Boston School Department. (The failure to conduct an annual census; the isolation of normal children in classes for the retarded; and the failure even to provide educational programs for several thousand Spanish-speaking children; are examples of areas in which the Department has failed to enforce standards in the Boston Public Schools.)
- For repeated and persistent violation of laws and regulations, we call upon the Department to withhold funds from the Boston School Department until it is in compliance. In situations where violations persist without remedial efforts, the Department must utilize its power to seek resolution in the courts.
- Above all else, the Department must provide leadership in sponsoring legislation, and developing innovative educational programs, in conjunction with the Boston School Department and the Department of Mental Health.
- One such program critically needed is the establishment of community-based day care programs for emotionally disturbed children. Funds under "750" must be diverted for establishment of these centers, which can serve more children at less expense. Innovative models for such programs are operating successfully in other states.⁶

Mental Health Facilities

Public (Department of Mental Health):

- The Commissioner of Mental Health and the Regional Administrators for Boston must act immediately to correct the present imbalance in services to children by:

- a) applying over half of the Department's total annual budget increase to children's services on an on-going basis, until
- b) the budget for children's services is at least in proportion to the percentage of children in the regional populations.

- We call upon Area Boards to exercise their legal authority in vetoing Department budgets which do not reflect equal priorities to children.
- Persons with administrative authority for delivery of services to children must be appointed in the administrative structure of the Department at regional and local levels.
- The Department of Mental Health, the body legally responsible for provision of mental health services in the Commonwealth, must devise a plan for providing consultation to the schools and comprehensive services to school children. This formal working plan with the School Department should be completed by January, 1971, and made available to the public.
- One model for provision of services is the establishment in each catchment area of a central service to evaluate children for a specific need: emotional disturbance, retardation, etc.
- Pre-school and after-school nurseries and centers for children with special needs, such as behavioral disturbances or retardation, must be structured and operated under the joint auspices of the Departments of Mental Health and Special Education. (One plan for day care centers for disturbed children has been developed by Children's Services, but must be enacted by local Area Boards.)

Private:

- Private agencies, clinics, and hospitals must adopt the policy that any child out of school or in need of special services represents an emergency situation. This requires walk-in service followed by evaluation, counseling, and treatment services provided as needed, without waiting periods.
- Private agencies, clinics, and hospitals receiving federal or state funds for services to children must

set-up a formal working relationship with the School Department, either in conjunction with or independent of the Department of Mental Health's formal relationship.

- Psychiatrists and other professionals working with children must spend some time in the public schools each year, to understand the educational needs and problems of the children they treat.

Department of Public Welfare⁷

- The Department must establish a formal, on-going policy of surveying the educational status of all school-age children known to it, acting as their advocate whenever any child is excluded from school. Working with the parents to resolve educational problems or needs of the child must be one of the fundamental tasks of the Department.
- A directive must be issued to workers stating that whenever any child is out of school due to lack of clothing or transportation or lunch money, the Department authorizes immediate appropriations needed to return the child to school.

Social Service Agencies⁷

- Each agency in the city, public and private, must recognize its responsibility in seeing that all children known to it are involved in adequate educational programs. This requires each agency to develop its own "plan of action" to be followed whenever any child is excluded from school.
- Each agency must set aside a percentage of its time for services to the schools, including direct services to children and consultation for teachers and administrators.

Youth Service Board⁷

- The Board must assume responsibility for children released from its custody by following-up to insure

that they are accepted in a public school. The Board needs to follow a policy of notifying the School Department routinely when a child is released. (Currently, there is no communication, and children refused admission to a public school have no one to act in their behalf.)

- The Board must set aside a proportion of its budget to begin innovative community-based services for children.

Footnotes

1. Recognizing the futility of debating the exact number of children out of school, the figures are listed here merely to provide some idea of the magnitude of the problem of exclusion. For each group of children there are two figures: the absolute minimum and the likely maximum. There are other groups of children out of school but not listed here because no data is available on them.

Spanish-speaking	2,600-7,800
Pregnant girls	500-1,500
Disturbed, severe behavioral needs	500- 600
Crippled	400- 800

2. The figures listed here follow the same format as those listed in the footnote above.

Mentally retarded	2,000-2,500
Disturbed	300- 900
Perceptually handicapped	200- 600
Non-English speaking	300- 800

3. For a more thorough discussion of this concept, refer to Cruickshank, William M., et al, *Misfits in the Public Schools*, Syracuse University Press, 1969, Chapter IV.
4. *Reconnection for Learning*, also known as the "Bundy Report" on the New York City Schools, McGeorge Bundy, et al, 1967.
5. Space limitations prevented consideration of this subject in the text. For further information or written materials, write to the Task Force office, listed at the front of the book.
6. Refer to *Take A Giant Step*, Hoffman, Herbert J., Massachusetts Advisory Council on Education, 1970, for a discussion of the "re-education" model.
7. Space limitations prevented consideration of these institutions in the text.



Appendix A

General Laws Relating to Education Commonwealth of Massachusetts

School Attendance (Chapter 76, Section 1):

“Every child between the minimum and maximum ages* established for school attendance by the board of education . . . shall, subject to section fifteen, attend a public day school in said town, or some other day school approved by the school committee.”

* “. . . said ages shall be seven and sixteen respectively.” Special Act, Chapter 741, Acts of 1965.

“The school committee of each town shall provide for and enforce the school attendance of all children actually residing therein in accordance herewith.”

Registration of Minors (Chapter 72, Section 2):

“The school committee of each town shall ascertain and record the names, ages, and such other information as may be required by the department of education of all minors residing therein between the ages of five and sixteen, and of all minors over sixteen who do not meet the requirement for completion of the sixth grade of the public schools of the town where he resides.”

Exclusion from School (Chapter 76, Sections 16, 17):

“The parent, guardian, or custodian of a child refused admission to or excluded from the public schools shall on application be furnished by the school committee with a written statement of the reasons therefor, and thereafter, if the refusal to admit or exclusion was unlawful, such child may recover from the town in tort, and may examine any member of the committee or any other officer of the town, upon interrogatories.”

“A school committee shall not permanently exclude a pupil from the public schools for alleged misconduct without first giving him and his parent or guardian an opportunity to be heard.”

Appendix B

Examples of School Programs in Other Cities

A number of school systems in other cities have designed programs and policies to make certain that all children are included in the educational process. The underlying philosophy of these programs is that children, regardless of differences in needs and abilities, should learn together, and not be isolated and excluded from one another. For that small proportion of children who need help not available in the normal classroom, unique services have been developed – all with the aim of returning the child to the regular classroom.

- Baltimore has a special resource center for students who need something in addition to the regular classroom. There, teams of experts in guidance, social work, and remedial instruction join with people from the community to help students resolve emotional problems through a low-key approach to instruction.
- Indianapolis with a school population slightly larger than Boston's, uses social workers as attendance workers. The social workers are on the same pay scale as teachers, and are employed because they have special skills in working with children who express needs through truancy.
- New York City encourages pregnant girls to remain in their schools. If doctors, parents, and girls agree, they may attend classes up to the time of childbirth. For those who choose there are two other options: home instruction, or special centers open all year, providing regular academic instruction plus courses in pregnancy, birth control, and baby care. (Teachers also may remain in school through the course of their pregnancy). Policies similar to these in New York are followed in Philadelphia, Baltimore and other cities as well.
- Philadelphia conducts a continuing census and an extensive census every three years, to identify and record the names of all school-age children in the city. This prevents children from being "lost" and remaining out of school. Home and school visitors, under the Department of Pupil Personnel and Counseling, work with children who are truant from school.
- Baltimore teachers receive sensitivity training and learn to use a contractual agreement that allows a student to do something he wants to do in exchange for performing skill-building tasks. The objective is to develop co-operative relationships between teachers and students in which students assume some responsibility for scheduling their own work.
- Buffalo has a full-time teacher in every high school, junior high school, and middle school in charge of attendance. The teacher co-ordinates adjustment services for children who need them, recognizing that attendance problems are symptoms of needs. A similar plan is used in Arlington, Massachusetts, where counselors in each school are responsible for the needs and problems of children as they arise.
- St. Louis has a special program for "gifted" children, e.g. those who score above 130 on intelligence tests. The rationale is that many of these children may experience adjustment problems and therefore must receive some special help to supplement their regular classroom experiences.
- Minneapolis schools operate to intergrate into the regular classroom children who are retarded, perceptually handicapped, or who have other special needs. In the regular classroom children receive extra help and support according to individual need.
- St. Louis Pupil Welfare Workers (with M.S.W. degrees) are responsible for adjustment problems of children, including attendance problems. They work independently of principals, under the Director of Pupil Personnel Services.
- Wellesley, Massachusetts, has five learning centers for children who exhibit perceptual handicaps. Children spend up to half a day in the center, receiving intensive individual and group instruction in addition to their regular classroom work.
- A number of school systems have resource rooms in each school. These are for children who have a "bad day" and need temporary counseling and support. Social workers, counselors, or teachers with special training work in these rooms.

Appendix C

Percent of High School Graduates Who Attend Degree-Granting Colleges (Rank Order Comparison of Boston and Cities of Comparable Size)

Rank	City	% Attend College	Public School Population	City Population	Latest Year
1	San Diego	75%	130,217	680,000	1966
2	Denver	56%	96,634	480,000	1969
3	Kansas City, Mo.	52%	72,702	555,000	1964
4	Seattle	50%	89,502	550,000	1969
5	Minneapolis	50%	68,200	440,000	1969
6	Pittsburgh	49%	72,011	530,000	1969
7	Milwaukee	48%	132,500	750,000	1969
8	Indianapolis	45%	107,747	510,000	1969
9	St. Louis	39%	124,841	665,000	1968
10	Memphis	37%	133,000	545,000	1969
11	Boston	29%	96,534	570,000	1969

One measure of how well a school system is meeting the needs of its children is to determine how many children it equips and motivates to continue on in the field of higher education. A total of ten cities was selected on the basis of population and geographical location to compare to Boston. They represent a wide cross-section geographically, while having similar size public school populations, (e.g. medium size, ranging from 72,000 to 133,000 children).

Appendix D

Children Out Of School, By Age and Sex*

Ages	Male	Female	Total	Percent	Cumulative Percent
5-7	77	58	135	(17)	(17)
8-10	104	59	163	(23)	(40)
11-13	98	69	167	(23)	(63)
14-16	104	103	207	(27)	(90)
17-19	48	32	80	(10)	(100)
unknown	<u>28</u>	<u>26</u>	<u>54</u>	-	-
TOTALS	459	347	806	(100)	(100)

* The table above summarizes information on 806 children out of school, as reported to the Task Force during August and September, 1969. These individual cases were reported by public and private agencies that co-operated with the Task Force by supplying the information.

Although the information was useful in developing a profile of children who are excluded from school, the sample is not representative of all excluded children. For one thing, agency co-operation was voluntary; some did not report to the Task Force. Secondly, these cases represent only those children who had come to the attention of social service agencies. We believe that most excluded children never come to the attention of any agency. This appears to be true particularly for adolescents, since 63% of the cases reported involve children under the age of thirteen. If resources were available to locate other excluded children, the proportions shown here might change.

Sources of Information

Boston Children's Service	Douglas A. Thom Clinic
Martha Eliot Clinic	Family Service Association
BU-BCH Child Guidance Clinic	Judge Baker Guidance Center
Children's Hospital	Dorchester House
Neighborhood Youth Corps	Visiting Nurses' Association
Beth Israel Hospital	Roxbury Multi-Service Center
Laboure Clinic	Boston Educational Service & Testing
Children's Mission	Boy's Club of Greater Boston
Department of Public Welfare	United South End Settlements
Children's Protective Service	Roxbury Court Clinic
Bridge	Boston School Teachers
Spanish Population Survey	Miscellaneous Sources

Appendix E

Persons Interviewed or Testifying before the Task Force

Mr. Michael Altman, Staff Attorney, Boston Legal Assistance Project
Mrs. Pauline Assmus, Teacher-in-Charge of Classes for Perceptually Handicapped Children, Boston Public Schools
Dr. Arthur Bindman, Regional Administrator for Retardation, Region VI, Massachusetts Department of Mental Health
Dr. Wilfred Bloomberg, Mental Health Administrator, Region VI, Massachusetts Department of Mental Health
Mr. Thomas Browne, Assistant Director, Bureau of Special Education, Massachusetts State Department of Education
Dr. Milton Budoff, Director, Research Institute for Educational Problems
Miss Doris Burke, Deputy Administrator for Social Services, Boston Regional Office, Department of Public Welfare
Mrs. Nancy Jane Carmel, Administrative Program Consultant, Boston Children's Service Association
Mr. Walter Carmichael, Superintendent, Industrial School for Crippled Children
Mr. Vincent Connors, Director, Department of Special Classes, Boston Public Schools
Dr. Joseph Colligan, Psychiatric Consultant, Boston Public Schools
Dr. Jeanne Chall, Professor of Education, Harvard Graduate School of Education
Mr. Gordon Doerfer, Associate, Law Firm of Nutter, McClennen and Fish
Mrs. Letitia DiVirgilio, Associate Director, Boston Children's Service Association
Mr. Chad Drake, Director of Reading, Research Institute of Learning Disabilities Foundation, Inc.
Miss Virginia Dunn, Teacher, Boston Public Schools
Dr. Mary Jane England, Psychiatrist, BU-BCH Child Guidance Clinic
Mr. Timothy Fidgeon, Corporation Lawyer, Hemenway and Barns
Mr. John Fitzgerald, Co-Head, Attendance Department, Boston Public Schools
Mrs. Anne Fontaine, Acting Director, Department for Physically Handicapped Children, Boston Public Schools
Dr. William Frankel, Assistant Commissioner for Mental Retardation, Massachusetts Department of Mental Health
Miss Jane Friedberg, Psychiatric Social Worker, Dorchester House
Miss Frieda Garcia, Spanish-Speaking Consultant, Roxbury Multi-Service Center
Dr. Frank Garfunkel, Professor of Education, Boston University; Director, Headstart Evaluation and Research Center
Mrs. Frances Gelber, Supervisor of Social Services, Roxbury Multi-Service Center
Sister Francis Georgia, Consultant in Puerto Rican Affairs, Mayor's Office of Human Rights
Brigadere Betty Guckert, Administrator, Booth Memorial Home
Miss Gladys Guson, Educational Director, United South End Settlements
Mr. Em Hall, Attorney, Harvard Center for Law and Education
Dr. Esther Halpern, Assistant Professor, Harvard Graduate School of Education
Mr. Roy Hammer, Corporation Lawyer, Hemenway and Barns
Mrs. Nancy Havens, Planning Associate, United Community Services
Dr. Herbert Hoffman, Assistant Professor, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University
Mr. James Howard, Assistant Director, Education Collaborative for Greater Boston, Inc., Harvard University
Dr. Melvin Howards, Director, Center for Reading Improvement and Educational Development, Northeastern University
Mr. Kenneth Hubbard, President, Dorchester Council of Community Schools
Dr. Irving Hurwitz, Associate Chief, Department of Clinical Psychology, Judge Baker Guidance Center
Mr. Joel Hurwitz, Director of Counseling, Boston Youth Activities Commission
Dr. B. R. Hutcheson, Assistant Commissioner for Children's Services, Massachusetts Department of Mental Health
Mr. Wayne Jack, Guidance Counselor, Roxbury Boys Club
Dr. Pierre Johannet, Psychiatrist, Consultation and Education Program, Boston University Community Mental Health Program
Mr. Lawrence Kotin, Staff Attorney, Massachusetts Law Reform Institute
Dr. Hester Lewis, Psychiatrist, Roxbury Court Clinic; Judge Baker Guidance Center
Mr. Thomas Luce, Social Worker, Battered Child Unit, Division of Child Guardianship, Department of Public Welfare
Mr. Charles Lynch, Director, Department of Statistics, Boston Public Schools
Mr. Edward Marakovitz, Community Organizer, Denison House
Miss Delores Marcucci, Director, Spanish Youth Program, Action for Boston Community Development
Mr. Armando Martinez, Director, Summer Program for Spanish-Speaking Children
Mr. John McCarthy, Associate Director, Boston Children's Service Association

Dr. Charles McDowell, Instructor in Obstetrics and Gynecology, Boston University School of Medicine, Teaching Staff,
Boston City Hospital

Mrs. Jean McGuire, Pupil Adjustment Counselor, Boston Public Schools

Miss Katherine McLeod, Director, Department of Pupil Adjustment Counseling, Boston Public Schools

Dr. Jerome Miller, Commissioner, Department of Youth Services, Commonwealth of Massachusetts

Mrs. Susanne Mosteller, Assistant Director, Roxbury Court Clinic

Miss Marie Theresa Mulkern, Senior Supervisor of Perceptually Handicapped Children and Speech and Hearing,
Massachusetts State Department of Education

Miss Anna Mullin, Guidance Counselor, Boston Public Schools

Mr. John Murphy, Director of Reading and Speech, Hingham School System

Miss Joyce O'Connor, Teacher-in-Charge, Instruction of Emotionally Disturbed Children, Boston Public Schools

Miss Sima Osdoby, Co-ordinator, Quincy School Project, Tufts New England Medical Center

Mr. William Owens, Educational Director, New Urban League

Mr. Charles Parlon, Co-Head, Attendance Department, Boston Public Schools

Mr. Edward Peterson, Senior Supervisor of Emotionally Disturbed Children, Bureau of Special Education,
Massachusetts State Department of Education

Mr. William Philbrick, Director, Bureau of Special Education, Massachusetts State Department of Education

Mr. Henry Previte, Head Supervisor, Boston Youth Activities Commission

Mrs. Antionette Price, Director of Education for the Mentally Retarded, Boston Model Cities Program

Dr. Homer Reed, Associate Professor of Psychology (Pediatrics), Tufts-New England Medical Center

Mr. William Riley, Assistant Director of Education, Massachusetts Commission Against Discrimination

Mr. Alex Rodriguez, Executive Director, Cooper Community Center

Dr. Ruick Rolland, Director, Roxbury Court Clinic

Dr. Harold Ruvin, Associate Professor of Education, Boston University; Director, New England Materials Information
Center

Mrs. Paula Schneider, Chief Social Worker, Boston Juvenile Court Clinic

Mr. William Sears, Director, Community Placement Unit, Commonwealth of Massachusetts Department of Youth
Services

Dr. Archie Silver, Clinical Associate Professor of Psychiatry, Department of Psychiatry and Neurology, New York
University

Mr. Richard Simonian, Child Welfare Specialist, Department of Public Welfare, Division of Child Guardianship

Mrs. Betty Singer, Psychiatric Social Worker, Department of Psychiatry, Children's Hospital Medical Center

Mrs. Edna Smith, Co-ordinator of Family Planning, City of Boston

Mr. Malcom Smith, Director of Attendance, Arlington Public Schools

Mr. David Stedwell, Co-ordinator, Youth Program, Roxbury Federation of Neighborhood Centers

Miss Pearl Steinmetz, Director, Project on Services to Unwed Mothers and Children, United Community Services

Mrs. Julia Stern, Director, Centauro, Boston Public Schools

Mrs. Kathleen Sullivan, Director, Reading Department, Framingham Public Schools

Dr. Leila Sussman, Professor, Department of Sociology, Tufts University; Quincy School Community Council

Dr. Samuel Tartakoff, Director of Legal Medicine, Region VI, Massachusetts Department of Mental Health

Miss Carla Tate, Civil Rights Assistant, Office of Civil Rights, Boston Regional Office, Department of Health,
Education, and Welfare

Miss Kay Torrant, Supervisor of Reading, Newton Public Schools

Mr. Alberto Villodas, Guidance Counselor, Association for Promotion of the Constitutional Rights of the Spanish
Speaking

Mrs. Rosly Walter, Boston Resource Team Member, Pilot Communities Project, Educational Development Center

Mrs. Gertrude Webb, Former President and Chairman of the Board, Massachusetts Association for Children with
Learning Disabilities, Inc.

Miss Joan Whittaker, Education Director, South End Neighborhood Action Program

Mr. Charles Wiley, Parole Agent, Youth Service Board

Mr. Edward Williams, Social Worker, Roxbury Multi-Service Center

Mrs. Agnes Young, Principal Social Work Supervisor, Department of Public Welfare

Dr. Naomi Zigmund, Assistant Professor of Education, Boston University

(Note: affiliations listed indicate position of person at time of interview or testimony before Task Force)

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... a mandate for those who are not sleeping

"This is an agonizing book and cannot be read without a sense of shame and horror. The quiet tone and sober manner of its presentation serve only to point up the grotesque data it contains. Public schools, in a kind of negative collusion with the services of social welfare, mental health, and city administration, are holding many thousands of young children in a state of educational oblivion. Spanish-speaking youngsters, retarded children, disturbed children, and pregnant girls all find themselves thrown together in a kind of criminal limbo, defined by error and frozen by ineptitude. Pregnancy is viewed by school officials as a form of sickness; mental retardation is treated as a kind of punishable crime. The callowness, self-contradiction, and imaginative inertia of the school officials who have offered testimony seem to me to constitute a self-indictment of unbelievable dimensions. The task force has put together a revolutionary document. There is a mandate here for those who are not sleeping."

—Jonathan Kozol

"It is important that yet another outrage perpetrated on the young is exposed. This report ought to be read, and its recommendations attended to."

—Herbert R. Kohl



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