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EDITORIAL

In a recent statement (15.2.68) in the House of Commons, the Prime Minister indicated that discussions are taking place between the Minister of Health and the Secretary of State for Education and Science, regarding where departmental responsibility for severely mentally handicapped children should be laid.

If these discussions result in a decision that these children are appropriately an educational responsibility, it will reverse Section 57 of the Education Act, 1944, amended by the Mental Health Act, 1959, and these children at present "unsuitable for education at school" will become an educational concern.

No doubt such a decision when it is made—and there is strong professional opinion in favour of a transfer of responsibility—will produce a good number of administrative problems besides the obvious one of deciding in what way the education of these children should be furthered once the education experts have taken over.

One has little doubt that many teachers will view this new development with embarrassment and stupefied distress when invited to educate children labelled "ineducable", "non-communicating", "wet and dirty", "psychotic" and "imbeciles". Applying the usual standards and aims of education to these 'educational un-touchables' must bring it home at once that the teacher of the mentally handicapped must be a specialist who uses different methods to achieve different aims, though she and the child are rightly sheltering under the comprehensive umbrella of the Educational Services.

If and when the desirable transfer from the medical to the educational authorities takes place, both, teacher and children will have the best of two worlds. They should have at their disposal the full range of educational services, the guidance and advice of an educational inspectorate, and the increased contact with educational colleagues, whilst the medical aspects are taken care of by close liaison with the school health service and the expert knowledge of the staff in hospitals for the mentally subnormal.

Of course, there must not be any exception to such a takeover, otherwise the dividing line, such as the I.Q. 50 barrier, is simply lowered to, perhaps I.Q. 35 (testable vs. not testable) and many children who are in need of help will still be the educational have-nots. One can imagine some hesitation when educational planners are faced with the problems of profoundly retarded children, who are apparently not able to respond—yet, they are able to learn, albeit very primitive skills.

The educational problem of mental handicap is one of encouraging learning processes, whether it is by stimulating play activities in a nursery atmosphere, by providing systematically opportunities for 'learning how to learn', by formal education in the classroom, by encouraging socializing experiences and so on. Once

"Education" is seen in its widest sense, and once educationalists accept that the mastery of primitive activities and skills, which are taken for granted in the normal or E.S.N. child, has now to be specially taught, there is nothing to exclude the special care child from educational consideration.

Learning is a continuous process and though from the practical point a stop has to be set to organized and compulsory schooling, it is highly doubtful whether this should be at the age of 16 for S.S.N. children. At that time, many of these children are last beginning to show interest in the world around them, they start to learn and they become quite acceptable educational propositions in the sense of responding to suitable formal teaching efforts. Yet the present arrangements, while *permitting* a child to remain at a Junior Training Centre or Hospital School for a few years after 16, are generally inadequate and most 16 year olds are transferred to Adult Training Centres, or Hospital Workshops.

One would hope that the Education Authorities, when taking over responsibility for the mentally handicapped child, will accept that "Under New Management" means that the educational job must be finished by them and not handed over to the Health Authorities. There are at present only four courses for "teachers" in Adult Training Centres—a number obviously grossly inadequate in view of the needs. But even these few people trained to be "teachers" are scarcely ever employed in this particular capacity, after return to their authorities, but are asked to organize and supervise the industrial work and assembly lines of the sheltered workshops or Adult Training Centres. Sometimes a few selected trainees are taught sessionally in a classroom and appropriate educational noises are made to the enquiring visitor, but generally the eye catching industrial activities take precedence over education. Teachers, trained specifically for educational work, are, unashamedly called "Managers" when in charge of such a Centre, and strong criticism is levelled on courses which emphasize the educational aspects of the S.S.N. adolescent learner and neglect in consequence the intricacies of book-keeping, ordering procedures, costing etc. This is fair enough when dealing with the problems of the adult S.S.N. who is employed in the protective shelter of a specialized workshop whether in the community or hospital. It is quite unacceptable when the learning process has not finished, when the adolescent is still receptive to directed social education and when, in fact, this type of education may make him capable of living, working and participating in ordinary social life.

This is an educational task and the education authorities should accept that they require at least another two years after the age of 16, if not more, to give them an opportunity to teach the adolescent S.S.N. social skills in an environment which is orientated towards educational rather than industrial aims.

The Education Authority will take over a going concern, because neither the Public Health nor the Hospital Authorities have neglected their duties. Indeed, many people are afraid that these children who were a prime consideration under medical administration, because they were the only children they were responsible for, will now become the under privileged ones in an educational empire where all others are "haves" in the intellectual sense. This is probably an understandable apprehension when the unwanted child is pressed into the arms of a reluctant mother—yet, after initial adjustment troubles, the difficulties will be overcome. There is, however, nothing gained by excluding anyone from the advantages of being within a system devised to serve the developmental needs of children. All children whether profoundly handicapped, whether living at home or residing in hostels or hospitals, must be accepted as well as those adolescents who are at present deprived of full and intensive educational help because of a traditional but outmoded belief that from the age of 16 it is in the best interest of the mentally handicapped to develop his brawn power rather than his brain power.