

CONTINUITY AND CHANGE IN MENTAL RETARDATION IN AUSTRALIA

MARIE D. NEALE

(Hon.) Psychologist, Royal Alexandra Hospital for Children, Sydney, Australia
Senior Lecturer in Education, University of Sydney, Australia

Visiting Professor in Educational Psychology
University California, Berkeley, 1968

Any perspective on a nation wide scale must be prefaced by several heavily underscored warnings concerning the bearings taken for the delineation. With a subject as broad as Mental Retardation the perspective must also restrict itself to a facet of the topic which can be thrown into relief. In both senses a forward is *essential in evaluating the facts, opinions, criticisms and predictions which form the writer's overview of Mental Retardation in Australia.*

Forward

First, the term mental retardation embodying, as it does, the biological maturational patterning of growth, on one hand, and the idiosyncratic-social patterning of behaviour in the individual, on the other, calls for knowledge from basic sciences and from the broad fields of applied knowledge, namely, medicine and education. While medical management and educational practice are to some extent based upon, or modified by, advances in basic disciplines, the conception of man, the value placed upon *humanity by the practitioner in his face-to-face contact with the individual under duress*, sometimes pushes forward the frontiers of knowledge and compels a new line of endeavour in basic research. This interdependence of the disciplines within mental retardation and the significance of understanding and communication between scientist and practitioner gives, perhaps, the most significant colour to the Australian scene today. Not that the hue may be a little duller in one locality than another—for Australia has its full spectrum of colour—but sample the field of mental retardation sufficiently widely, and there will be revealed, among professional workers of all kinds, an extraordinary concern to learn from one another so that the retarded child or adolescent may enjoy a greater measure of fulfilment.

Secondly, giving shape to this perspective on Australia is the upsurge of inquiry, criticism, ferment and change in Public Education today. No practice of mental retardation in Australia could be drawn faithfully without reference to the implications of the current nation-wide struggle to resolve the clash between educational policies rooted in historical accident or tradition and policies arising out of the complex developmental needs of an emergent nation of people, awake to their community responsibilities.

Thirdly, the very recency of Australia's historical development, approximately 180 years, is a most significant feature in interpreting the present, but also in predicting the direction and speed of changes in education as they impinge on mental retardation. The tremendous social expansion and vitality of the Australian scene today invites comparison with the dynamic expansion of the States of the American continent a century ago. However, it would be a mistake to interpret Australian development as a re-enactment of that period of growth in the U.S.A., for after a slow period of primitive pioneering settlement, Australia has experienced an almost painless metamorphosis in its social mores and attitudes through its exposure so early in its development to the effects of the scientific technological revolution of the last half century.

It was natural that from its inception as a British colony in 1788 until World War I, Australia should have approximated 19th Century British thinking in edu-

cation and social welfare. Humanitarian ideals, somewhat constrained within an outlook of middle class rights and obligations, crept insidiously into the policies of the systems growing up in each of the Australian States. The prison-like treatment of the insane and socially incompetent, and the authoritarian formality in aspects of study, which characterised European institutions, were transplanted to the colony. Indeed, the problems for the early settlers in wresting a secure living from a primitive country subjected to hazardous droughts and flooding, the difficulty of maintaining adequate communication between sparsely populated townships separated by frightening distances, the dependence upon Europe for industrial and domestic equipment, the great distance from kinsfolk overseas and the uncertainty generated by the groping towards a national identity permitted little scope for serious community reflection upon educational or social innovation. Alongside the development of centralised systems of education, however, individual enterprises and progressive ideas took root and heart from examples abroad. Some of these ventures were to become the Australian counter-part of the British Great Public School tradition, others were to become pockets of progressive education. The exigencies of frontier living in a basically working class society emphasised the qualities of equalitarianism and self-reliance summed up in the attitude, "Jack is as good as his master," the viewpoint that everyone is a "do-it-yourself expert". By the Second World War the transformation that was being effected in the fusion of pioneer attitudes with new perceptions of the world and exposure to technological knowledge was already clearly visible. The implications for education and for social welfare were enormous. Education which had previously been viewed largely as a cultural tradition, to which one claimed a right, but which one endured or enjoyed during a seven year period of compulsory schooling according to one's aptitude or interest for narrow literary skills, assumed a startling new image. Education became an essential means for developing and expressing the nation's identity and vitality.

Parent and Community Influence

Against this background it is possible to understand the gathering momentum of change in education of the retarded child during the last ten years. One of the greatest stumbling blocks to progress in the training and care of the retarded had been the custodial care attitude of residential institutions and the lingering psychology of the 1920's and 1930's concerning the futility of education for those who suffered an innate deficiency in intelligence. Since World War II, the rugged individualism exhibited most typically in contentiousness against conventions, has permitted expansive thinking in terms of facilities for the retarded and also in a philosophy, that will not brook the terminology of the old world. The terms "imbecile" and "moron" used by visiting educators, medical specialists and migrants to refer to the retarded have found no favour in Australia. Apart from the Australian willingness to tolerate the imperfections of the common man, there has been evidence that restrictive labels for the retarded child have circumscribed policy and action by their limited terms of reference. From a practical point of view, it has not made good sense to call upon pioneering communities for help in providing education for those, who, by terms of reference, appeared incapable of profiting from education. Continuity then is evident in the healthy development of concern for individual rights, but change is apparent in the speed with which the community has begun to take issue with what were once thought the province of the professions.

Community awareness of the range and complexity of knowledge required for the dawning of a nuclear scientific age found expression in public education in the fifties. It is evident in the modifications of procedures for entrance to secondary schooling and the alterations in emphasis in curricula. Then followed the broadening of the basis of entrance qualifications to technical institutes, colleges and uni-

versities, increased Commonwealth support in the form of scholarships to tertiary education—always with tension stemming from the conflicting pull between opening the door to greater numbers of students, and, attempting to maintain, or even raise, academic standards. The direction has been expansion of facilities at the tertiary level and an extension downward to pre-school level and towards the special needs of the sick, crippled and handicapped.

The proximity to different models of educational and social practice of Europe, the U.S.A. and Asia in terms of jet time, tele-communications and mass media have quickened the tempo of change in community attitudes towards the mentally retarded. Some idea of the pace can be gauged when one considers that, in the decade 1950-59 while parent and voluntary organisations assumed national pressure groups within the U.S.A. for a new look at the wastage of human resources, and social welfare activities in Great Britain were building up to the report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, 1957, only ad hoc goals of educational change were being envisaged for the welfare of handicapped sections of the Australian community. Yet, despite the slow haul to the same vantage point attained by Great Britain, U.S.A., Canada and the Netherlands upon mental retardation, the pace of change in the years 1960-67 has been little short of phenomenal. The vision of a joint responsibility for the disadvantaged, involving government departments of Health, Education, Social Welfare, private organisations, voluntary organisations and business has made a profound impact upon a practical people attuned to social action. Statistics, however, cannot do justice to the effect of this change, for with a population of only 11½ million spread over a large Commonwealth of federated states, each with its own particular geographical climatic conditions, administrative procedures and historical roots, the force of community effort is disguised. In terms of facilities, schools, hostels, workshops, therapeutic devices, etc., it is doubtful whether Australia could attain impressive statistics with those of the U.S.A., or achieve the uniformity of community services for the handicapped child, as in a welfare state like the United Kingdom, or in the compact countries like Sweden, Denmark or Holland. Nevertheless, the freedom from the tradition of rigid demarcations of social class, the untapped potential of the country's natural resources, the possibilities for innovation and the rapidly growing strength of community organisations, suggest, that in trial and error experimental measures for absorbing the handicapped into the ongoing style of community life, Australia may yet have lessons for the rest of the world.

Concepts of Mental Retardation

In the light of the foregoing comments, it is perhaps not surprising that the limited concept of training and child minding which had characterised the early institutions and voluntary day centres for the "trainable" and mildly retarded child should have met with community criticism once empirical support from the studies of intellectual development, e.g., Kirk (1958), had been given to the layman's intuitive assumptions that education could benefit the handicapped child. In each state individuals within Universities or existing agencies for Health Education and Welfare have led the community to an understanding of the implications for intelligence of studies of human development inspired by the work of Piaget, Hebb, Hunt, etc. The significance of language development for success in traditional assessments of intelligence is generally becoming well understood and appreciated, particularly in Pre-School/Nursery schools. These community-based facilities, in broadening their vision of "normal" development, have become almost inevitably additional screening, diagnostic, and, to a limited extent, therapeutic agencies for many types of handicapped children. The pattern of nursery school infant education in Australia has been influenced strongly by the English system with its emphasis upon

the total development of the child, creative activities, play opportunities and freedom for the child to experiment and take initiative. The recent trend in studies concerning creativity, e.g. Wallach and Kogan (1965) and of intervention in early intellectual development, e.g. Stern (1966), Foster (1966), together with the concern for an early headstart on schooling will undoubtedly orient the pre-schools even more directly towards activities cultivating cognitive skills in the child from 3-5 years. Thus the child with a sensory disability, a speech handicap or a socially deprived background likely to be implicated in secondary retardation will tend to receive specific assistance within the normal community setting for his age groups. (Children and their Families 1967).

As one reviews the diagnostic and treatment facilities for the retarded in Australia, it is clear that Australia approximates in its conceptualisation of mental retardation the Heber classification rather than that of W.H.O. As a prosperous new country, Australia has enjoyed a high standard of medical care, particularly in obstetrics. Most states have screening devices for inborn errors of metabolism, while Baby Health Clinics such as those within the Bureau of Maternal and Child Health in New South Wales, are alerted to developmental anomalies. A generally high standard of living, a good climate and an absence of large pockets of industrial slum areas keep the incidence low for retardation due to socio-cultural factors. No one would dispute that there are problems to be worked through in aboriginal education, and in providing for the handicapped in the outback. Nevertheless, the radio with its school of the air, the correspondence school, and the practice adopted in N.S.W. by the Bureau of Maternal and Child Health and the Far West Scheme of sending sophisticated teams of medical-psychological-social work nursing teams regularly into the rural areas has already paid dividends in the health of children, and in educating outback areas to newer specialised facilities available in the cities.

Specialised diagnostic facilities for mental retardation are available within the Departments of Health in a number of States but all States have Departments of Health concerned with diagnosis of mental retardation within their pediatric teaching hospitals. Many families maintain their retarded child within the family, again reflecting community acceptance of the handicapped. However, in contrast to State action, parent and voluntary action have been responsible for the establishment of centres for the "trainable" and severely retarded child. Since 1958, pressure has been put upon specialists and educators to provide guidelines for appropriate "special education" and to set the subject of mental retardation on a more progressive footing within State Institutions and Government Departments. (Neale and Campbell, 1963). Since 1963, the State and Commonwealth Departments of Education have indeed expanded their involvement in the field of the trainable retarded, provided teachers, subsidising buildings and transport and lowering the age of admission to six years. Both States and voluntary organisations have begun to provide for the child with multiple handicaps—physical and mental, and both have oriented their endeavours to provisions for the retarded individual beyond school years. Within the last four years the quality of establishments, architecturally planned settings, both urban and rural, testify to the backing of government subsidies or charitable, voluntary organisations and private organisations, and to the extraordinary physical endeavours of the parents themselves. The building of hostels, swimming pools and workshops alongside facilities for education suggests most significantly that the community understands that the concept of mental retardation embodies the community opportunities for socialisation of the handicapped.

These innovations also reflect the fact that employment problems are negligible in Australia. Indeed, if one looks further into the sheltered and semi-employment workshops, it is interesting to note the impact which successful workshop experience has had upon traditional views of employing the mentally retarded on one hand,

and upon the self concepts of these retarded who have known failure and dependency for most of their young lives. To take a specific instance: Whereas in 1961 a particular Workshop for those under I.Q. of 50 had only a few work contracts obtained with great difficulty, now a reputation for efficient packaging, collating, and mailing jobs has produced a continuous, at times embarrassing, flow of work for the trainees. In 1961, the latter numbered 24, today there are 80, many of whom are elderly and who have not experienced the more stimulating conditions of present day school life. Their quick adaptability to mailing procedures, and their degree of responsible efficiency can be gauged by the fact that they can accept 12,000 pieces of mail one day, collate, sort and post by the following morning. In an emergency they have been able to handle 30,000 pieces of mail in one day. It is thus reasonable to predict that, in the future, school and work authorities will come together in a better understanding of how to utilise school work and the local cultural developments for cultivating this kind of adaptability in an even more flexible programme for all categories of mentally retarded youngsters.

PROBLEMS FOR THE 1970's

Teaching

It is clear that in Australia several features such as the recency of historical development, economic expansion, progressive public health facilities, and a variety of educational agencies in each State combine to keep the incidence of mental retardation, due to socio-cultural factors, low in comparison with overseas estimates. The category of the mildly retarded generally termed "slow learners" has recently been estimated at 1.5 per cent of the overall population. Despite the low figure, the young people within this category are a challenge to educators for they will be absorbed into the community when school days are complete, and a nation concerned with its vitality cannot afford to neglect the education of skills and talents that frequently co-exist with slowness in formal scholarship subjects. To meet modern needs for literacy and basic technical qualifications, it seems essential that a near-normal curriculum be provided for the slow learner, but educational thinking is too frequently restricted at administrative levels by civil service attitudes of interpreting the letter of school regulations, laid down for normal schools a long time ago, without regard for the flexible stimulating social milieu required for education of the slow learner. Liberal attitudes are emerging, certainly, but frequently they smack of outmoded philanthropy and condescension. The attitudes and actions are not yet sufficiently underpinned by a sound psychological rationale of human development, or by insightful concern regarding modes of cultivating human adaptability and motivation.

In all States, there exist special schools, and, also, special classes within normal schools. Many believe that the special schools are able to go about their programmes and teaching in better circumstances than within a normal school. However, two lines of thought conflict with this view:

1. Many of the mildly retarded must be assimilated by the end of secondary schooling into the larger normal peer group. Segregation until this stage simply enhances the differences in background experiences and talents and makes rehabilitation difficult.
2. The numbers of the mildly retarded are augmented from time to time by "slow learners" whose language skills are retarded through bilingualism or assimilation problems pertaining to new migrant families to Australia. There can be no doubt that the time is rapidly approaching when each school must have its "remedial" class and a policy aimed at keeping a "flow" of pupils out to graded "normal" streams. Many of the State and independent schools are already experimenting with teaching

schemes, e.g. Words in Colour, i.t.a., Modified Maths, utilising activities, special groupings, audio-visual approaches, specialised personnel and the like. However, many of the independent schools appear to enjoy a greater measure of freedom in this very necessary move away from the 19th century formalised classroom style of teaching. Perhaps one of the greatest challenges in the coming decade will be how to salvage the children who, through a late maturation in language and motor skills, or through migration, or through brain injury or genetic factors, find themselves classified as slow learners, frustrated in the realisation of rather specific talents that have been overlooked by narrow administrative policies. (Neale, 1968).

Teachers

Closely related to this challenge is that of skilled personnel for the changes that lie ahead. Divisions of Special Education exist within each State but training schemes are largely confined to the training of school counsellors and intermittent inservice courses for management of specific handicaps. The teacher training courses for the retarded vary considerably from State to State in the emphasis of their preparation, the level of retardation to which they are directed, and their inclusiveness of interest in the physical social neurological handicaps correlated with mental retardation. Again, special certification from a University, for example, does not bring promotion prospects for the teacher nor make inter-State employment easier. Indeed, in some States, promotion is not possible for a teacher if he elects to remain in the special field, so that as dedicated teachers are found and qualify through extra studies at the University, there is a steady trickle of such personnel away from active engagement in teaching the handicapped to assume normal school teaching. To be fair, this practice is a by-product of a hitherto small population, but the future must see the expansion of Special Education Divisions replete with courses of many kinds, standards of qualification agreed upon by States, with University personnel responsible for research and postgraduate courses of a specialised nature. Nor is this an idle prediction, for a number of the Universities have already given leadership to personnel in special services, while a number of the Child Study Clinics or Centres for Educational Research within the Universities are currently envisaging courses of Special Education which will be available to administrators, para-medical groups and teachers.

Research

Research in the field of education for the mentally retarded is probably the feature most at variance with the enlightened outlook on social services in this Commonwealth. Here, the continuity of an historical outlook most adversely affects progress. The centres of research have been traditionally the Universities which have perpetuated the notion that scholarship falls broadly into two types:

1. Non applied scholarship and therefore supremely superior to any other kind of pursuit;
2. Applied scholarship which, despite the fact that much applied scholarship is now transforming man's conception of himself and his universe, is considered vastly inferior for the precincts of the "ivory towers".

The discipline of education perforce has suffered in its relegation to the second category and has been subjected to yet another adverse influence, the too formal approach of laboratory study, with an almost cult-like belief that psychological statistics will reveal the dynamics of the pupil's learning. Small wonder that mental retardation has found little favour in schools of Psychology or Education in Australian Universities. Yet, despite this handicap, individuals within each of the Univer-

sities have pursued research into visuo-motor skills, segregation practices, management of parent and child problems, institutional practices to offset deprivation, modes of learning, personality characteristics, and the language development of the retarded child, and adolescent. Their persistence has given the parents courage to press for changes in the admission age to special class placement, travel subsidies, modification of secondary schooling and the like. In the next ten years, one can predict that research trends will have broadened to encompass education of the retarded child within a large field of studies addressed to problems of individual differences in adaptation. The morality of the Australian way of life is unlikely to let historically-based systems of laissez-faire go unchallenged.

To conclude, one must again remind the reader that this account of perspectives and trends is that of one person, attempting to review an enormous variety of practices, policies and historical-geographical complexities which impinge on education for the mentally retarded. Such a task must be seen as an individual's viewpoint which cannot hope to do justice to localities or the experts in administration, teaching, nursing or the representatives of the voluntary organisations and parent groups to which this country owes such a debt. If the reader has caught the impression of a humane individualistic approach struggling against frontier conditions, often cheek by jowl, with what could be considered top, world-class conditions and philosophies for the care of the retarded, he will not be too unrealistically prepared for a first hand acquaintance with the country. Those who see the picture painted in too rosy a hue, must also recognise that the writer has attempted to portray it with the objectivity of a "new Australian" somewhat enthusiastic about the prospects of Australia. Those who will be piqued by the explicit criticisms must, remember however that progress in the education of the retarded child is possible, anywhere, only when underlying disciplines of philosophy, psychology, social care, combine to sharpen educational practices by knowledge, (basic and applied) and are used to whet the natural sympathies and vigours of people towards the cultivation of every individual in the community.

References:

- Foster, Florence R. (1966). The Impact of Early Intervention. *Young Children*.
- Kirk, S. A. (1958). *Early Education of the Mentally Retarded*. Univ. of Illinois Press.
- Proc. 11th Australian Pre-School Association Conference, 1967. *Children and Their Families*. Canberra.
- Neale, M. D. and Campbell, W. J. (1963). A brief account of this development is given in the introduction to *Education for the Intellectually Limited Child and Adolescent*. Novak.
- Neale, M. D. (1968). Theory and Research in Dyslexia: Predictive Studies and Early Intervention. *Proc. Aust. Coll. Speech Therapists, Melbourne, Aust.*
- Stern, Carolyn (1966). Language Competencies of Young Children. *Young Children*.
- Wallach, Michael A. and Kogan, N. (1965). Modes of Thinking in Young Children. *Holt, Rinehart and Winston*.

N.B.—Extra sources to Australia are available in the publications of the Annual Conferences on Mental Retardation, Department of Public Health, N.S.W., of the Australian Association for Scientific Study of Mental Retardation; Journals of "The Slow Learning Child", University of Queensland; Papers in "Rehabilitation in Australia"; Issues of "Australian Journal of Education"; historical papers in the publications of the conferences of A.N.Z.A.A.S., Papers in Public Lectures "Education in the 1970s and 1980s". June and August, 1968, University of Sydney.