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Editor: H. C. GUNZBURG

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EDITORIAL

An essential pre-requisite for the development of any successful service is the statement of objectives which are concisely and realistically formulated and which every person involved in the service is fully aware of and in sympathy with. If the service is fairly substantial, such as the mental handicap service, then definition of objectives must not be left to local initiative or lack of it, but must come from highest management level. Once such overall guidance is absent, then the consequence is uneven quality of delivered services, partly because of the local managers concerned and partly because considerations of expediency, strategy and politics blur the issues to the detriment of the mentally handicapped person.

ATC managements—on whatever level—seem not to have decided yet whether they are primarily a training institution—and if so what type of training is to be given—or whether they are primarily a sheltered workshop to cater for the otherwise unemployable. There is obviously need for both functions—but are they to be met by one type of facility offering comprehensively the dynamic and the static under one roof—or are there to be two types of facilities which provide for different needs of different people, perhaps at different stages of their lives?

Adult Training Centres (ATC) managements seem to try to do everything and, in consequence, there seems to be little sense of direction with a clear and determined pursuance of stated aims. These are the impressions one must form after studying the most detailed survey of Adult Training Centres yet undertaken which provides a wealth of qualitative information of both an encouraging and depressing nature.*

Three hundred and five ATC's catering for well over 24,000 adult trainees gave answers to a searching questionnaire. The most frequently mentioned aim was to "provide work training" (47.5%). Is this in fact the view of the social services departments, which are mentioned by the centres in only five cases (1.6%) as stressing production and work training? One hundred and twenty-nine ATC's (42.3%) mention that they aim at "developing potential to maximum." It is depressing to hear that same old open-ended and meaningless phrase repeated year after year despite the fact that all training courses for "teacher-instructor" have stressed the utter importance of defining goals in specific terms so as to know at which potential we are aiming.

It is good to hear that ATC's say that they aim at "developing independence," making trainees "socially acceptable" and encourage the learning of taking responsibility, etc., but centres mentioning these aspects are in a conspicuous minority (approx. 20%). After all, of the trainees attending the ATC some 44% are in the age group 16 to 24; that is to say, they are young enough to benefit by a continued type of education to help them to develop better skills of living. The survey does

*Whelan, E. and Speake, B. (1977). *Adult Training Centres in England and Wales*. London: NATMH.

not indicate how much time is set aside by the ATC for this type of work, but obviously some centres at least—though probably not the majority—give much thought to achieving an improvement of educational and social attainments as testified in the survey by a detailed breaking down of improvements in these areas since joining the ATC.

A quarter to a third of staff use a structured more formal method of teaching, but not quite half of the trainees are involved in these activities. There may obviously be very good reasons why not everyone is included in such educational schemes, but one begins to feel uneasy as to the selection criteria used which may be very subjective. Assessments and re-assessments, as well as evaluations of the analyses of such surveys seem little valued as an essential tool in the search for improvements of services offered. An assessment, in objective and measurable terms, is rather different to informal observations and one wonders why 58% of the ATC do not use rating scales and 28% do not use checklists. And anyway, what happens to the records? How often can they be consulted if they are kept by 80% of the managers under lock and key and only in 25% are they placed in various training areas, presumably for monitoring the work of the Unit. There are still 20% of training centres where not all staff have access to the assessment records—and one wonders why there is so much secrecy, particularly since a good case could be made for the trainees themselves to see their records—certainly their relations—and to be helped in interpreting them.

It is encouraging and entirely to the credit of the ATC's that they tend to stress that if further resources were made available in the form of an extra member of staff well over a quarter of the Centres think in terms of development of social training and further education and only 12 per cent mention development of work programmes—perhaps because it has generally already reached a peak. Only one solitary centre mentioned the need for instituting a transitional class and three centres the need for counselling.

Sometimes one has the feeling when reading through this wealth of information and checking it against one's experience, that there is a danger that absence of determined guidance and agreement on common principles may land the ATC very soon in the same precarious position of isolationism which has been the downfall of the hospitals. Indeed, one can see that nowadays a progressive hospital provision has often quite a good deal more to offer than an ATC. Table 22 of the report seemed to be particularly revealing in this respect as it records the services offered by professionals external to the centres. Certain disciplines are rare visitors indeed—physiotherapists, speech therapists, psychologists—and their input is obviously minimal. There are not many of them about, but how much effort is made to attract them to the ATC?

Despite what is often mentioned as being the only worthwhile incentive—better salaries, more holidays, career structure, etc.—there are still some people around who are so interested and involved in their work that they value the chance to be effective above their comfort and salary slip. A professional who feels that his contribution is wanted and could be accepted and would then lead to action, will be magically attracted to the heaven-sent opportunity of seeing ideas transformed into reality. Such a professional will go out of his way and will find the time needed once he is assured that his participation is not simply seen as adding to the prestige of a particular set-up, but is honestly considered as an essential component in a determined effort to improve the effectiveness of the service.

In hospitals one of the answers to have other than the traditional disciplines (administration—medical—nursing) involved in management, is the multidisciplinary approach on different levels—cumbersome perhaps, but giving people a say in

their work environment. The ATC seems to be remarkably untouched by this thinking and the local management deals with centre policy and administrative matters, though many of these, e.g., incentive pay, timetables, assessment policies, are of deep concern to other professions as well. But according to the information supplied in this survey, the wardens of the hostel and the doctors were asked to consult with ACT's on these matters in only five cases, the speech therapist, the physiotherapist and psychologist not once. Of course, these professions tend to see the handicap in isolation rather than the handicapped person as a whole, but would it not be a tremendous step forward for the ATC to provide at this early stage of their development a framework which avoided the many mistakes of the residential facilities?

There is little doubt that the enthusiastic attention to the opportunities offered by the creation of a new professional environment for the development of the mentally handicapped which is not burdened by the millstone of traditional experience and practice, provides a most hopeful outlook for the future. The survey reflects this willingness of "having a go" at a vastly improved service, but it also reflects the existence of weaknesses, which are not inherent in this new approach but only the result of failure to realise that they have to be tackled before they have an adverse impact on the effectiveness of the new service we wish to create.

POINT OF VIEW

FLOWERS FOR THE INSTITUTION—LILIES OR RED ROSES

The psychologist who has worked in the hospital for mentally handicapped people for many years necessarily becomes involved in the ongoing debate over the relative merits of hospital versus community care. It is often assumed by his colleagues from one or other of these fields that he will, therefore, hold opinions which support the particular pattern of care in which he works, especially if he has continued to work in this speciality and has not opted out in favour of less challenging fields. I remember an occasion some years ago when I was asked to present and discuss the film of the Brooklands Experiment to a local branch of the NSMHC. At the close of the meeting the secretary came up to me, greatly flustered, and apologised for having asked me to do this as she had not realised that I was from "one of those places."

Twenty-one years in the hospital service has taught me that the psychologist, by virtue of the nature of his work, is in a position to develop a measure of objectivity about the nature of the institutional pattern of care to which he, of course, contributes. Furthermore, he is in a position to commit himself to a process of changing those elements of the pattern which he feels to be in some way inadequate in promoting the well-being of the patients living within the institution. The process of altering the system, however, can be lengthy, fraught with problems and pitfalls.

At a recent professional meeting I set myself the task of reviewing, as objectively as possible, the current patterns of care provided by the hospital for the mentally subnormal. The title for my contribution was the same as for this Point of View, a matter of deciding which flowers to present to the hospital service, lilies or red roses. I found it necessary to review two aspects of the hospital's work, with children and with adults.

Where children are concerned two broad functions of the hospital emerge. The first covers the long-term care of children who are admitted at an early stage of their development, grow into adulthood and continue their lives within the hospital en-