

# The British Journal of MENTAL SUBNORMALITY

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Vol. XXV, Part 1

June 1979

No. 48

## EDITORIAL

The concept 'CARE' has been an integral part of the whole complex of Mental Subnormality right from the beginning when people became aware of the dependency of human beings with defects and the resulting handicaps. Whatever curious, and nowadays often rejected forms 'care' has taken in course of well over a 100 years' concern with people who were incapable of struggling through life on equal terms with the majority, the very fact that they were not left to rot at the wayside, indicated that mankind refused to choose a radical solution of doing away with the problem, though the prevalent 'out of sight, out of mind' disposal approach became, in practice, very inhumanitarian. The need to care for those, who are not able to look after themselves, has been paramount in our thinking and acting but, generally speaking, society discharged its obligations by attending primarily to the physical needs of the handicapped. Initially, and from time to time, and in special places, education and training were added to physical care, but these isolated efforts were, for a long time, ineffectual and disappointing and did not counteract adequately the consequences of the custodial care attitude.

In recent years viewpoints and official policies have changed quite considerably and some fundamental steps have taken place which should initiate a different future for the mentally handicapped. The fact that education authorities accept now responsibility for children who had been regarded 'unsuitable for education at school' leads to the hope that, in due course, a form of education will evolve which will make the mentally handicapped adult more capable for taking part in the activities of normal life. The present trend away from the limitations of the segregationist custodial institution to some form of integration into the open community, is the next significant step in the emancipation of the mentally handicapped.

All this goes under the flag of an enlightened, progressive 'CARE' approach, which offers to the mentally handicapped considerably more expensive residential facilities and participation in the social and educational services available to everyone. Also it does not exclude him from joining in the activities of the community. A great step forward, no doubt, and full of promise. One must, however, understand the scepticism and pessimism many people display in the face of the 'Brave New World' for the mentally handicapped. This is partly on account of the undeniable difficulties arising from efforts at integration, but even more so on account of an absence of determination to make the new arrangements into significant turning points, rather than changes from third and fourth class accommodation into first class provisions, whilst otherwise the train still proceeds in the same direction.

The new deal, is essentially, still a 'care' approach even, if it were to result, as some people advocate, in the disappearance of all specific mental handicap provisions, and making solely use of care provisions for dependant people in general.

Is 'care attitude' really all we can offer to the mentally handicapped, which is in the best instances essentially static in outlook? Should we not consider that circumstances have never given us adequate opportunity to probe his potential in new environmental conditions? True enough, transplanting him from suffocating environmental circumstances of poor care conditions to good care facilities within the normal environment is a positive step forward, which will result in some measurable improvement of functioning, quite apart from an inestimable increase in personal happiness. Yet, evidence which becomes available now points to the fact that even greater improvement of functioning and, presumably, a greater increase in personal well-being due to more independence will take place, if the mentally handicapped is *introduced systematically and comprehensively* to 'normal life' within his mental grasp. Thus, instead of relying solely on the beneficial effects of simply living 'normally,' it will be necessary to add to this a considerable dosage of educational guidance in its broadest sense to ensure that the mental growth which is initiated during the school years is adequately nurtured—and-guided—during adulthood.

We should really talk about the need for a dynamic, developmental approach and not use a blanket term such as 'CARE' which does not emphasise the developmental aspect. What the mentally handicapped needs more than anything else is a systematic, intuitive, scientific and sensitive stretching towards his fullest capacity and not only good humanitarian care.

These considerations are particularly highlighted when viewing the latest proposals for improving the care arrangements for the mentally handicapped. The Jay Committee<sup>1</sup> has at last published its proposals for the future training of staff working with the mentally handicapped. No one is really surprised - though there will be much opposition from the nursing side - that the Committee followed the European trend and has moved the emphasis away from the nurse-training. With the decreasing role of the hospital which is to be used in future for those mentally handicapped people who are genuinely in need of medical, psychiatric and nursing attention, there is no justification to give the residential staff nursing training which is inappropriate in most cases.

The Briggs Committees<sup>2</sup> suggestion that a new professional care staff should be created, has led in the Jay report to the proposal that there should be common training for staff engaged in residential care whether in hospitals or in local authority services.

The swing away from the emphasis on the present medical/nursing model is logical enough when considered from the perspective of present day thinking but one must be deeply disturbed to have the "care" aspect again so much emphasised at the cost of developmental and educational considerations, as seen in this report. There are many valuable chapters, such as the one which is concerned with the philosophy and model of care which is very advanced, some people might even say, revolutionary in its outlook. Nevertheless, the emphasis throughout the report is on "care" issues — which, of course, have been badly neglected in the past — and only a few references to training suggest that this aspect too is to be considered.

Though the report states that there should be no "distinction between treatment and residential care" since "an active developmental programming is required by mentally handicapped people" (§ 144) it is not reassuring that qualified residential care staff will "learn and develop particular skills and techniques (e.g. management skills and behaviour modification techniques)" only in post-qualifying training (§259). There is a reference (§156) that each residential care worker must be able to learn to plan and take part in whatever developmental programmes are designed for individual residents" but these schemes "of active care" (§216) seem to refer only to practical tasks — "e.g. by taking the residents out shopping, helping them to wash their clothes and involving them in keeping the house clean and tidy" (§216). This, of course, is a commitment which has already been adopted by many workers whether in hostels or hospitals and the acceptance of the proposal will simply emphasise and make "official" a practice which has developed over recent years, but is, by itself, not adequate in habilitation work.

One feels the Jay proposals have missed completely to emphasise the need for a comprehensive developmental approach of which the residential care is an important component but which must be integrated with the educational and training work carried out elsewhere. Instead of simply replacing the old form of training by another, which, nevertheless, also separates the "care" from the developmental/educational issues, we ought to aim at a type of training which emphasises programmed habilitation work besides "care" wherever the mentally handicapped has to be helped in decreasing his dependancy. After all, the residential worker must initiate developmental schemes in his area as well as reinforce developmental schemes initiated elsewhere. He has to be trained for this integrated developmental work right from the beginning.

There is, of course, a decisive fundamental consideration which underlies the approach taken by the Jay Committee. An attempt is being made to train residential care staff "who can create the normal life style to which mentally handicapped people have a right" (§45) and from this point of view, a training which is essentially generic, will not separate too much, the mentally handicapped from other people in residential care.

Creating simply a "normal life style" for the mentally handicapped is a necessary, even though rather belated recognition of the fact that he is a human being. It must, however, not avert our attention from the obligation that we, as a responsible profession, must use all our knowledge and skill to give the mentally handicapped enough competence to make full use of new opportunities. This task will necessarily demand more specialised training for staff than the present proposals seem to envisage.

If the Jay proposals are accepted the training of residential staff would be carried out by the Central Council of Education and Training in Social Work (C.C.E.T.S.W.). There is to be a "special group" charged with the responsibility of developing the training scheme and the General Nursing Councils will have to be closely involved to ensure "that all that is best in nursing at present is retained and enhanced in the new model of training" (§241). This special group would also "undoubtedly wish to draw on other disciplines for advice and assistance in devising the new courses" (§266). From our point of view it will be utterly important to include in this group a large number of people who have first hand experience with "field work" of a rehabilitation nature. One thinks in this connection of the members of the National Development Group who have produced positive, progressive and

stimulating guidelines over the last few years.<sup>3</sup> There we have very detailed and widely respected practical programmes and a philosophy which needs to be fully incorporated in a new training syllabus, because it stresses the positive steps in an integrated approach which will reduce the mentally handicapped person's dependence on others.

One must emphasise again and again that it is not sufficient to train new staff in residential care issues, if this is to mean mainly looking after the physical and emotional needs of the mentally handicapped. The effective development of his, so far, really quite untapped resources requires more than the sessional work of teachers and instructors. It must be made clear that the key person, the newly trained staff, must be in a position to direct, create and co-ordinate a comprehensive educational effective approach which could be realised at least in new conditions and with people not burdened by compliance to traditional roles.

It is a poor start for the creation of a new profession if all that is considered, apparently, is a continuation of traditional approaches under different management.

Fortunately, the Jay Committee's proposals are now open to discussion and fundamental changes can be pressed for. Much of the discussion will, of course, centre around the transfer of responsibility of training from the General Nursing Councils to the C.C.E.T.S.W. Yet, quite apart from this issue, professional people must urge and press for the recognition of the fact that educational development considerations must dominate the attitude of the body concerned with the task of staff training.

#### **References.**

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