

## CARE IN THE COMMUNITY: THE CONTRIBUTION OF JACK TIZARD

### Introduction

*It is commonly assumed that the principle of normalisation is a conceptual import to Britain from either Scandinavia or North America. The purpose of this article is to demonstrate that key elements of this principle had been identified in Britain nearly a decade before the publication of what has been taken as the seminal text on normalisation - **The Principle of Normalization in Human Services** (Wolfensberger, 1972).*

*While it is acknowledged that Wolfensberger and others have made significant contributions to our thinking on the development of effective services for children and adults with a mental handicap, a re-appraisal of the innovative work of Tizard undertaken in the 1950s and 1960s is long overdue.*

### The Contribution of Tizard

*1964 saw the publication of Tizard's **Community Services for the Mentally Handicapped** - one of the most important texts relating to the provision of services for children and adults with a mental handicap. The book summarised the findings of four studies conducted by the Medical Research Council's Social Psychiatry Research Unit at the Maudsley Hospital in London. These studies formed part of a series of pioneering and highly influential investigations commencing in 1948 and undertaken by O'Connor and Tizard (O'Connor and Tizard, 1954; Tizard, 1950; Tizard, 1960; Tizard and O'Connor, 1950; Tizard and O'Connor, 1952).*

*Although the notion of normalisation was part of the conceptual currency in circulation in Europe in the early 1960s, one suspects that Tizard would have wished to avoid theoretical, ambitious and ambiguous formulations which could not translate meaningfully to practice. One person who would certainly have been aware of the concept of normalisation and of Tizard's sceptical attitude to the value of theory at this time was a young American psychologist working at the MRC Unit from 1962 to 1963, Dr. Wolf Wolfensberger, who later was to acknowledge the importance of the time spent in Britain in helping to shape his own philosophy (Wolfensberger, 1988).*

*It should be indicated that nowhere in **Community Services for the Mentally Handicapped** does Tizard seek to formulate any set of principles or attempt to discuss the theoretical implications of his findings. Indeed Tizard was later to acknowledge that his approach to research had sometimes been construed by some of his academic colleagues as excessively pragmatic and a-theoretical (Tizard, 1967). Tizard dismissed this criticism*

noting that the backwardness of the social sciences resulted from too great a dependence on surmise and interpretation and too little on data collection and analysis.

The justification for setting out the propositions below in some detail is prompted by the continuing lack of awareness exhibited by some professional workers of the important philosophical and practical contributions made in the field of mental handicap in this country three decades ago. It is particularly depressing to encounter articles still seeking to spell out, as if exploring some new territory, the educational implications of the normalisation principle (Carson, 1992).

The responsibility for the identification, arrangement and precise formulation of the propositions set out below rests wholly with this writer. Given Tizard's known antipathy to academic theorizing, no attempt has been made to distil a single overarching general principle. The point however needs to be emphasized that these propositions are based on views expressed by Tizard 30 years ago!

The propositions have been placed under five broad headings: **community attitudes; care and education of children; role of the professional; role of the mental handicap hospital and provision of services.**

#### **A. Community Attitudes**

- \* *that the more children with a mental handicap are taken out of the community, the more unfavourable will community attitudes become towards those who remain at home and the harder it will be for a family to keep such a child at home.*
- \* *that the general public, and children in particular, will only behave in a kindly and unsentimental way towards children with a handicap, if they have the opportunity to learn to live with people who, while in some way different from themselves, are accepted without stigma in the community of which they are members.*
- \* *that one of the strongest arguments which has been advanced in favour of an integrated pattern of community care provision for children and adults with a mental handicap is that it prevents the stigma inherent in segregation.*

Here Tizard expresses his conviction that the segregation of children and adults with a mental handicap from the community will perpetuate antagonistic attitudes and that only by frequent social interaction in integrated settings will these prejudicial attitudes eventually decline.

#### **B. Care and Education of Children**

- \* *that there is no case for devising what might be termed 'a special educational psychology' for children with a mental handicap as the principles and methods of education, care and treatment which have been found conducive to the intellectual and social development of normal children will be equally effective with children with a mental handicap.*

- \* *that children with a mental handicap should always be treated according to their level of physical, mental and social development.*
- \* *that the environment in which child care and education are offered should meet the needs of individual children and foster the children's development within a social framework that includes other people, both children and adults, who also have needs and interests which have to be respected and valued.*
- \* *that children with a mental handicap should be taught those constituent elements of basic social skills which will later cohere to form meaningful, relevant and global social skills beneficial to their personal and community adjustment in adult life.*
- \* *that in an interest-centred or child-centred programme, activities should be planned so that they take account of the disabilities and particular assets of individual children and, at the same time, respect each child's individual pace of development.*
- \* *that diversity of experience, as opposed to repetition, is particularly important for the learning of social skills (e.g., how to behave towards others; to respect and obey; to communicate and play with, and to enjoy the company of, adults and other children).*
- \* *that to learn and to develop normal social and emotional behaviour, children with a mental handicap need an environment in which affection, fairness and security and the intimacy of human contacts with familiar adults and children, are all ever-present.*

*Tizard would clearly have had little sympathy with the growth of the 'special education industry' which has tended to emphasise the essential differences of children with a mental handicap and the necessity to devise distinctive pedagogic and therapeutic programmes. Particular importance was attached by Tizard to creating in schools, clinics and residential establishments an organisational climate in which not only children but staff were valued as individuals. He also highlighted the need to devise educational programmes which: (a) were aimed at meeting the needs of the individual, (b) took account of assets as well as deficits, and (c) were unambiguously directed to equipping children with the social and life skills to adjust in the community.*

### **C. Role of the Professional**

- \* *that parents of children with a mental handicap have a right of access to a family-oriented and community-based service staffed by professionals (e.g., paediatricians; psychologists; social workers; nurses etc.) possessing the requisite specialist knowledge, expertise and experience.*
- \* *that the main role of the professional expert should be to provide parents with sufficient relevant information to enable them to make informed decisions with respect to the education, treatment, training and care of their child.*
- \* *that greater efforts should be made to provide opportunities for inter-disciplinary collaboration (e.g., more joint-funded professional appointments; more joint professional training).*

*Tizard was clearly of the opinion that services for children and adults with a mental handicap could only be improved through the removal of barriers: not only the barriers that divided professional from professional but the barriers that separated professional from parent. The notion of 'parent as partner' was not an intimidatory or alien concept to Tizard, although it took another 14 years before such an idea was formally promoted in the Warnock Report (HMSO, 1978).*

#### **D. Role of the Mental Handicap Hospital**

- \* *that the long-stay mental handicap hospital is an outdated form of provision characterised by too few staff, most of whom are undertrained, underpaid and professionally undervalued, working in large and inadequately equipped wards usually serving homogeneous groupings of residents (age, sex and ability) in which there is little opportunity for staff to give individual attention to residents, little continuity in treatment because of high staff turnover and the inflexible demands of a hospital regime, little stimulation leading to acute social, emotional, intellectual and physical deprivation, and little chance of establishing beneficial educational and therapeutic programmes because of the dominance of the medical ethos.*
- \* *that the long-stay mental handicap hospital should be replaced by a range of residential alternatives including: foster family placements; homes in the community; hostels; small hospital units and, not least in importance, the necessary financial, material and counselling support to enable parents to care for their children at home.*

*Whilst Tizard was in no doubt as to the deficiencies and shortcomings of the long-stay mental handicap hospital, he was anxious to make the point that a range of alternatives had to be provided in its place. Tizard appreciated the fact that 'care in the community' (an idea he strongly advocated) could only be realised, if it was adequately resourced.*

#### **E. Provision of Services**

- \* *that day and residential facilities for children and adults with a mental handicap should be administered by a single integrated service and, wherever possible, be located in the community.*
- \* *that the needs of people with a mental handicap could be better met through the establishment of a comprehensive and integrated habilitation service than through the creation of bogus and artificial areas of specialisation (e.g., mental handicap; physical handicap; sensory handicap).*
- \* *that new services for people with a mental handicap should only be established when the findings of well conceived and executed research have clearly demonstrated a need.*
- \* *that the performance of all services for children and adults with a mental handicap - old and new - should be continually, consistently and carefully monitored, their effectiveness evaluated and, where necessary, changes made.*

\* *that the replacement of the existing fragmented and costly structure of services for children and adults with a mental handicap by an integrated structure staffed by highly qualified teams of specialists drawn from across the professional disciplines would facilitate:*

- (1) the discovery of factors causing handicapping conditions;*
- (2) the development of methods of prevention;*
- (3) opportunities for epidemiological and operational research; and*
- (4) the acceptance of a generic habilitation service as a valid and valued area of professional expertise and excellence.'*

*Whilst Tizard would have welcomed the present emphasis on audit and evaluation of services, he would have opposed changes in service provision dictated by political considerations rather than empirically determined need. He would also have been shocked at the current lack of basic research in the field of mental handicap.*

## **Discussion**

*One cannot fail to be impressed in Tizard's writing by his open-minded, realistic and optimistic outlook, his over-riding commitment to the role of research, his obvious distaste for technical jargon and the formulation of grandiose theories, his keen awareness of the dangers of professional imperialism and his absolute determination to improve the quality of life for all people with a mental handicap. What is striking about these propositions is their innovative and radical character and their relevance nearly 30 years later. Particularly important is their explicit recognition of the importance of the role of research in the process of promoting, effecting, monitoring and evaluating change.*

*Where Tizard and Wolfensberger appear to part company is in the means chosen to realise their goals. It is perhaps not too much of an exaggeration to characterise Tizard as the pragmatist and Wolfensberger as the ideologue (Jackson, 1994). Critically, however, the pragmatist and ideologue differ on their timescale for change. Whereas change for the pragmatist, wedded to an empirical approach, is cautiously incremental; for the ideologue, fired by inner conviction, change is seen as an urgent and overdue necessity.*

*The success of the pragmatic approach taken by Tizard is not hard to find. One of the most important changes in philosophy, policy and practice in the field of mental handicap in Britain resulted directly from the research undertaken by Tizard and colleagues during the 1950s which demonstrated the educational potential of children who, formerly, had been written off as 'ineducable' (Tizard and O'Connor, 1952; O'Connor and Tizard, 1954). The introduction of the Education (Handicapped Children) Act in 1970, which brought children with a mental handicap into the educational system for the first time, testifies to the importance of research in shaping policy and practice.*

*The development of small community-based residential units for children and adults outside the traditional hospital setting also stemmed to a significant degree from the findings of Tizard's empirical studies (Tizard, 1964). The pragmatic approach which characterised Tizard's work can also be seen in the important pioneering work subsequently undertaken in Wessex (Felce et al., 1977; Mansell et al., 1979) and in Wales (Blunden, 1981; Blunden et al., 1987).*

## Conclusion

*The apparent distaste shown by Tizard for the formulation of theoretical constructs probably arose from a concern that theory divorced from practice can lead to a preoccupation with semantics at the expense of sense. As Zigler et al. (1986) have pointed out the failure over the last two decades to base normalisation theory on a sound empirical base has frequently led to a barren and bitter polemical debate.*

*Tizard would almost certainly have felt uncomfortable with the way in which in recent years proposed developments in services for children and adults with a mental handicap have too often been simplistically represented as a matter of civil rights. Tizard's concern would have stemmed from the fact that dispassionate analysis and comment, genuine choice and diversity, professional integrity and independence are too often the first casualties where moral exhortation about rights replaces informed consideration of needs.*

*One legacy of the Thatcherian revolution in Britain, which would have particularly dismayed Tizard, is the widespread adoption of the twin utilitarian philosophies of **mercantilism** which promotes the perception of education, health and social welfare services as simply economic processes, and **managerialism** which contends that improvements in the quality of services can only be achieved by professional managers who are unremittingly committed to the mercantile ethic.*

*The impact of these two philosophies has been to depersonalise the individual, to devalue the role of the professional and to create a widening ideological gap between managers and those managed. This re-statement of Victorian values at the end of the 20th century is cruelly ironic, for it was the application of precisely these same economic values which eventually led to the dehumanising and brutal treatment of individuals with special needs at the end of the 19th century.*

*The fusion of flawed normalisation ideology and the utilitarian approach to provision of services for people with special needs is a cause for concern. There is a risk that the macro-institutionalisation of the 19th century, a notorious episode in our social history, may be replaced by the equally shameful process of micro-institutionalisation or ghettoisation (i.e., the placement of young people and adults with special needs in under-resourced and socially and physically isolated residences in the community).*

*It is timely as we approach the second millenium to look again at the work of Tizard who, unfettered by dogma or doctrine, was dedicated to the creation of services for people with special needs in which both those served and those serving were valued and respected.*

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