

Part VI; Model Service Models

Chapter 12

An Urban-Rural Area in Britain: Essex County

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| | |
|---|-----|
| Essex County | 291 |
| The Mental Retardation Services of | |
| Essex County..... | 295 |
| Overview | 295 |
| Cost of Mental Retardation Services | 301 |
| Future Developments | 303 |
| Administration and Staffing of the Mental | |
| Retardation Service | 303 |
| Design of Training Centers..... | 307 |
| Educational Practice in Essex | |
| Training Centers | 307 |
| Junior Training Centers | 307 |
| Adult Training Centers..... | 308 |
| Transportation..... | 309 |
| Research and Development | 309 |
| General Considerations..... | 310 |
| Conclusion..... | 312 |

AN URBAN-RURAL AREA IN BRITAIN: ESSEX COUNTY¹

Essex County

Celts, Romans, Saxons, Danes, and Normans have all in their various season trodden the flat and fertile region between London and the sea. It is the County of Essex (see Fig. 1). Approximately 1,400 square miles (897,543 acres) in extent, Essex today has a population of 1,100,000 (see Tables 1 and 2), distributed over both high density areas as well as isolated cottages in remote districts which are ill-served by public transport. The average population distribution is 1.2 persons per acre.

Famous for oysters and witches, Essex has been witness to more than its share of political conflict and all the clamour of kingmaking. It was Essex who sent the first Socialist Member to Parliament--James Keir Hardie. Essex was the home of Lister, the pioneer of antiseptic surgery; and from this County, John Eliot left to become the first missionary to the North American Indians. Peaceful William Penn, who was schooled and lived in Essex, was later to give his name to Pennsylvania, and in some unremarkable grave in a small town near the coast lies the great-great-grandfather of George Washington. Fearful of an Essex congregation, David Livingstone chose the less complicated life of darkest Africa. The County of Essex witnessed the development of the radio industry and the innovation of the electric blanket, while less than 20 miles away, and many years ago, King Edward the Confessor complained that the nightingales disturbed him at his prayers.

All of this was many years ago. One of the precious things about time and history is its capacity to link a man with his experience and a community with its heritage. Although we no longer make kings, although we no longer take a man's life for running a deer until it is unworthy of its master's hunting, the need for change now is just as great as it was when man lived in holes in the ground.

It appears to be in the nature of man's behaviour to address himself to social problems only after these have attained urgency, and those of us who are involved in the field of mental retardation must

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Figure 1.--Map showing the position of Essex County in Great Britain.

Table 1
Age and Sex Distribution of Essex Population
at 1966 Census, by Frequency and Percent

| Sex | Age | | | | | | | | | | Total |
|---------|--------------------|-------------------|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-------------------|-------------------|------------------------|
| | 0-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75& over | |
| Males | 52,350 (4.90%) | 46,040 (4.31%) | 40,120 (3.75%) | 73,640 (6.89%) | 70,100 (6.56%) | 74,750 (6.99%) | 63,650 (5.95%) | 54,450 (5.09%) | 32,630 (3.05%) | 16,010 (1.50%) | 523,740 (49.00%) |
| Females | 49,520 (4.63%) | 43,500 (4.07%) | 36,150 (3.38%) | 73,400 (6.87%) | 70,860 (6.63%) | 73,520 (6.88%) | 65,160 (6.10%) | 57,610 (5.39%) | 46,010 (4.31%) | 29,350 (2.75%) | 545,080 (51.00%) |
| Total | 101,870 (9.53%) | 89,540 (8.38%) | 76,270 (7.14%) | 147,040 (13.76%) | 140,960 (13.19%) | 148,270 (13.87%) | 128,810 (12.05%) | 112,060 (10.48%) | 78,640 (7.36%) | 45,360 (4.24%) | 1,068,820 (100.00%) |

Table 2
Occupational Distribution of Economically Active
and Retired Males Age 15 and Over in Essex

| Occupational Classifications | Number of | | Approx. Social Class |
|---|--|---------|-------------------------|
| | Economically Active and Retired Males | Percent | |
| Professional workers | 17,170 | 4.9 | I & II |
| Employers and managers | 47,580 | 13.0 | I & II |
| Foremen, skilled manual workers, and self-employed skilled manual workers | 129,490 | 35.5 | III |
| Nonmanual workers | 69,980 | 19.2 | III |
| Personal service workers, semiskilled manual workers, and agricultural workers | 61,720 | 16.9 | IV |
| Unskilled manual workers | 26,500 | 7.3 | V |
| Armed forces and persons with inadequately stated occupations | 12,150 | 3.3 | Excluded |
| Total | 365,130 | 100.0 | |

greet with no surprise society's tendency to ignore the plight of the mentally handicapped while dealing with the greater problems of ignorance and poverty. It is, however, not unreasonable to suggest that one of the salient features of a well-ordered and well-developed society is both its willingness and its ability to accommodate the mentally retarded. There are many societies who are unable to meet the needs of their retarded members, but when one finds such a situation it is not always poverty which accounts for neglect.

It is not uncommon to encounter private squalor in the context of public riches, and any community finding itself in this situation must accept its own incapacity to conduct its affairs in a reasonable manner. There is, after all, no shame in demonstrating uncivilized behaviour if one is uncivilized.

In the time of the writer's grandfather, four inmates of an Essex workhouse were deprived of their Christmas dinner because they objected to being separated from their wives. And yet this same local government is now happily providing home nurses for elderly couples in order that they may stay united in their old age. This point is introduced because of the belief that if we adopt an unloving attitude now, we face our children with a harvest of administrative problems which need not have existed, but having been created require more thought, more time, and more money for their solution than need have been the case, and while these problems are being dealt with, others are being neglected.

The Mental Retardation Services of Essex County

Overview

In Essex County, as in England generally, services to the mentally retarded are provided under the mental health services, and the development of mental retardation services has been similar to that of most counties in England. At the end of the Second World War, there were no purpose-built schools or training centers² for the severely subnormal provided by the local authorities, and those that were available were housed in church halls or other buildings lacking adequate facilities. Throughout the whole of Britain, the growth of services for the mentally retarded represents a struggle to provide today what should have been provided yesterday.

²A junior training center serves children who are mostly in the moderately to severely retarded range. In American terms, it is equivalent to a combination day care center and school for trainable children. A senior or adult training center is equivalent to a sheltered workshop and rehabilitation service, mostly for the moderately to severely retarded (eds.)

The population of the present administrative County of Essex in June 1948 was 646,000, and there were no training centers or hostels for the mentally retarded provided by the local authority. By June 1967, the population had risen to just over 1,100,000, and we now provide 12 training centers and two hostels for the mentally handicapped, described in greater detail at a later stage.

Tables 3, 4, 5, and 6 show the number of retarded children and adults receiving various types of County services in early 1968. At the present time (1968) in Essex, there are 12 nonresidential training centers for adult retardates in operation, with two more being opened this year. All but two of these units are housed in buildings designed and erected, in the last 10 years. The number of persons in training centers (see Table 3) is likely to be increased by about 140 with the opening of the Aveley and Thundersley centers later on this year. Of all those attending training centers at the present time in Essex, 32 percent are mongoloids.

In addition to these training centers, the County also provides one hostel for severely retarded boys and girls and one hostel for women, and the County has access to 15 beds in a hostel for men which was built by the County Council of Essex but has since passed over to the control of a neighbouring authority due to the reorganization of local government in the area and the formation of the Greater London Council. One further hostel for men is now being built and is expected to be operational this year. These units are sited as shown on the map (see Fig. 2). Table 7 details the reasons for admissions to County residential hostels in 1966.

It should be noted that a total of 465 retarded persons a year had received some kind of residential service in settings other than institutions. However, another 1,217 retardates are receiving long-term care in two regional hospitals (institutions) for the mentally subnormal (see Table 8). Thus, retardates residing under local health authority auspices still represent a relatively modest proportion of the total population receiving residential care. This question is discussed in more detail later on.

It has been the experience of the County Council that many families can quite adequately cope with a severely retarded youngster if they can be offered temporary relief in the form of short-term residential care. This service is also discussed in more detail at a later stage in this paper.

³The term "hostel," widely used in Britain, is becoming increasingly popular in the United States. It generally refers to a relatively small residential unit located in the community (eds.).

Table 3 Number of Children and
Adults in Day Training Centers
in Essex (March 1968)

| Age Groups | Males | Females | Total |
|-----------------------|------------|------------|------------|
| Under 16 years of age | 193 | 148 | 341 |
| Over 16 years of age | 183 | 218 | 401 |
| Total | 376 | 366 | 742 |

Table 4
Number of Mentally Handicapped Children and Adults
Now Fostered Out into Private Families by
Essex County Council

| Age Groups | Males | Females | Total |
|-----------------------|-------|---------|-------|
| Under 16 years of age | 16 | 16 | 32 |
| Over 16 years of age | 35 | 37 | 72 |
| Total | 51 | 53 | 104 |

Table 5

Number of Children and Adults Offered

Short Term Residential Care in 1967

| Age Groups | Males | Females | Total |
|-----------------------|-------|---------|-------|
| Under 16 years of age | 101 | 95 | 196 |
| Over 16 years of age | 48 | 51 | 99 |
| Total | 149 | 146 | 295 |

Table 6

Number of Children and Adults Receiving Indefinite

Term Residential Care in Essex County Council Hostels

| Age Groups | Males | Females | Total |
|-----------------------|-------|---------|-------|
| Under 16 years of age | 13 | 10 | 23 |
| Over 16 years of age | 15 | 28 | 43 |
| Total | 28 | 38 | 66 |

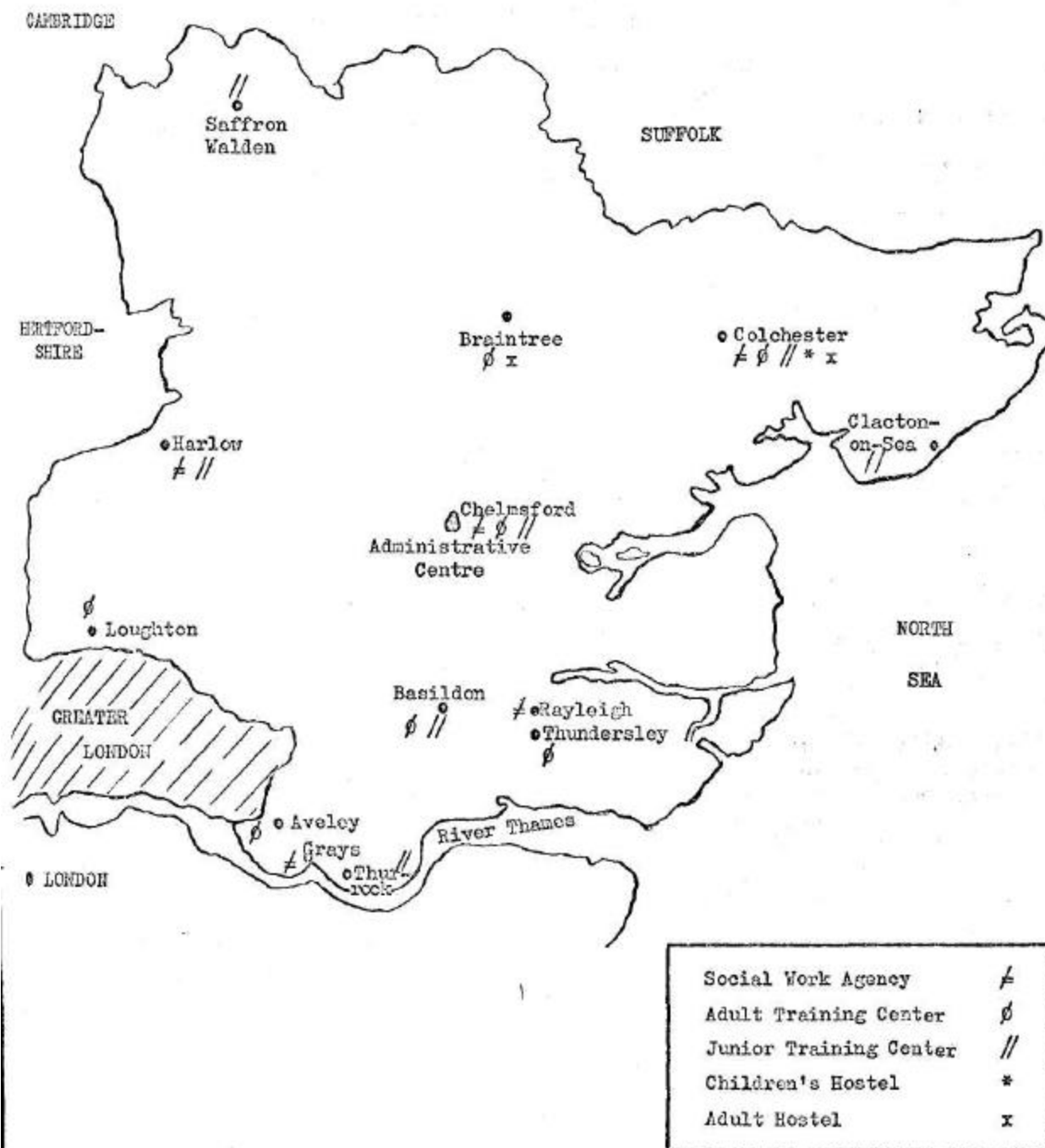


Figure 2.--Distribution of county facilities for the mentally retarded in Essex.

Table 7

Reason for Admission to Essex County Hostels for Subnormals in 1966

| Reason for Admission | Male | | | Female | | | Grand Totals |
|--|----------------|-----------------|-------|----------------|-----------------|-------|--------------|
| | Under 16 years | 16 years & over | Total | Under 16 years | 16 years & over | Total | |
| Home circumstances | 12 | 12 | 24 | 5 | 11 | 16 | 40 |
| To create vacancy in an institution | | 1 | 1 | | 15 | 15 | 16 |
| Disturbed behaviour at home | | 1 | 1 | | 1 | 1 | 2 |
| Better suited to a hostel than foster care | | | | | 1 | 1 | 1 |
| Death of mother | | 1 | 1 | 1 | | 1 | 2 |
| Unsatisfactory housing | 1 | | 1 | 1 | | 1 | 2 |
| Poor health of mother | | | | 1 | | 1 | 1 |
| Break-up of marriage | | | | 1 | | 1 | 1 |
| Alcoholism in father | | | | 1 | | 1 | 1 |
| Totals | 13 | 15 | 28 | 10 | 28 | 38 | 66 |

Note.—The term "home circumstances" embraces conditions ranging from parental rejection to families in which the presence of a retarded member produced tensions and interpersonal difficulties which ultimately led to their seeking residential care for the handicapped person. No cases of cruelty were involved in any of these admissions.

Table 8

Essex County Residents in Mental Retardation Institutions

| Age Groups | Males | Females | Total |
|-----------------------|-------|---------|-------|
| Under 16 years of age | 118 | 79 | 197 |
| Over 16 years of age | 568 | 452 | 1020 |
| Total | 686 | 531 | 1217 |

Cost of Mental Retardation Services

Although the mental health services in the County of Essex compare favorably with any in Britain, it is interesting to note that the cost of maintaining these services is comparatively small when set in the context of overall spending by the local authority (see Table 9). Rather less than half of the public expenditures is raised locally, the remainder being supplied by funds from the National Treasury. It must be noted that the cost of providing institutions is excluded because the administration of the institutional system is conducted by Regional Hospital Boards under the control of the government.

The current cost of keeping a mentally handicapped person in one of the County Council's residential units is 18t15s.0d. (\$45) a week. Separate figures for adults and children are not available, but it must be borne in mind that this figure does not include the cost of education and training. In view of the relatively high cost of residential care, it would seem to be socially desirable and economically realistic to provide housing for those families who are compelled to send handicapped children into care purely because of inadequate housing. This would have the effect of maintaining the unity of the family and reducing the economic burden on the community.

The actual cost per attendance in our training centers is 1t13s.0d. (\$3.96) a day. Calculated on the average academic year, the cost per place, therefore, would be something of the order of fc330 (\$792) a year. The total cost of residence and education is, therefore, rather more than L1,300 (\$3,120) a year.

As is apparent from Table 9, less than 1 percent of local government expenditure in Essex is devoted to the Mental Health (including mental retardation) Services. While it is not suggested that the amount spent is sufficient to operate an ideal service, it seems equally clear that the economic cost of a quality mental health service is far less than many people believe. The view is sometimes expressed by visitors to this county from Europe and North America that their own communities could not afford to operate a similar service. There is a growing belief in Essex on the part of the local authority that we could not afford to be without this service.

Table 9

Essex County Expenditures, Fiscal Year 1968/69

| | Pounds | U. S. | % of |
|------------------------------------|------------|-------------|-------|
| | Sterling | Dollars | Total |
| Education | 44,050,239 | 105,720,574 | 73.43 |
| Highways | 5,129,650 | 12,311,160 | 8.55 |
| Public health | 3,213,605 | 7,712,652 | 5.36 |
| Welfare | 1,947,812 | 4,674,749 | 3.25 |
| Fire brigade | 1,480,280 | 3,552,672 | 2.47 |
| Finance | 1,272,950 | 3,055,080 | 2.12 |
| Children's department | 974,020 | 2,337,648 | 1.62 |
| General purposes | 653,120 | 1,567,488 | 1.09 |
| County planning | 452,280 | 1,085,472 | 0.75 |
| Mental health | | | |
| (including mental retardation) | 451,675 | 1,084,020 | 0.75 |
| Smallholdings | 175,330 | 420,792 | 0.29 |
| Civil defense | 90,000 | 216,000 | 0.15 |
| School crossing patrols | 40,290 | 96,696 | 0.07 |
| Public protection | 25,100 | 60,240 | 0.04 |
| Records office | 24,180 | 58,032 | 0.04 |
| Local government and parliamentary | 6,200 | 14,880 | 0.01 |
| Total | 59,986,731 | 143,968,154 | 99.99 |

Future Developments

Proposals to provide the following units in the next 8 years have been adopted:

| <u>Type of Facility</u> | <u>Number</u> | <u>Number of Places</u> |
|-------------------------------|---------------|-------------------------|
| Junior training centers Adult | 2 | 100 - 140 |
| training centers Hostel for | 6 | 420 - 500 |
| retarded children Hostels | 1 | 24 |
| for retarded adults | 4 | 100 |
| Unspecified hostels | 2 | 50 |

One of the curious anomalies that has always conspired against the retarded is our failure to recognize and meet the need for advanced training over and above that normally provided by adult training centers or institutional training facilities. A very significant proportion of retarded young adults would profit by the provision of individually designed courses to prepare them for life in the open community or for semi-independent life in a residential unit. To meet this need and to provide the opportunity for long-term evaluative studies, the County of Essex intends to provide an Advanced Training Unit as one of its proposed adult centers, offering residential and nonresidential facilities to those trainees who have responded well to the routine adult center regime, or to those who leave special schools for the educationally subnormal and then show a failure to adjust adequately to independent living and working conditions,,

Administration and Staffing of the Mental Retardation Service

Too often in Public Service does one find mediocre administration being produced by skilled educators or physicians and, conversely, unwise clinical decisions being reached by administrators without clinical training. For this reason it has been the custom in Essex for administrators to involve themselves in administration and those with other specialist skills to commit themselves to those areas of activity requiring the attentions of their training and experience. A flow chart of the mental health services shows the lines of communication and responsibility (see Fig. 3).

It is a matter of policy in the development of the mental health service in Essex that the management of hostels is administratively separate from the management of training centers. It was decided that

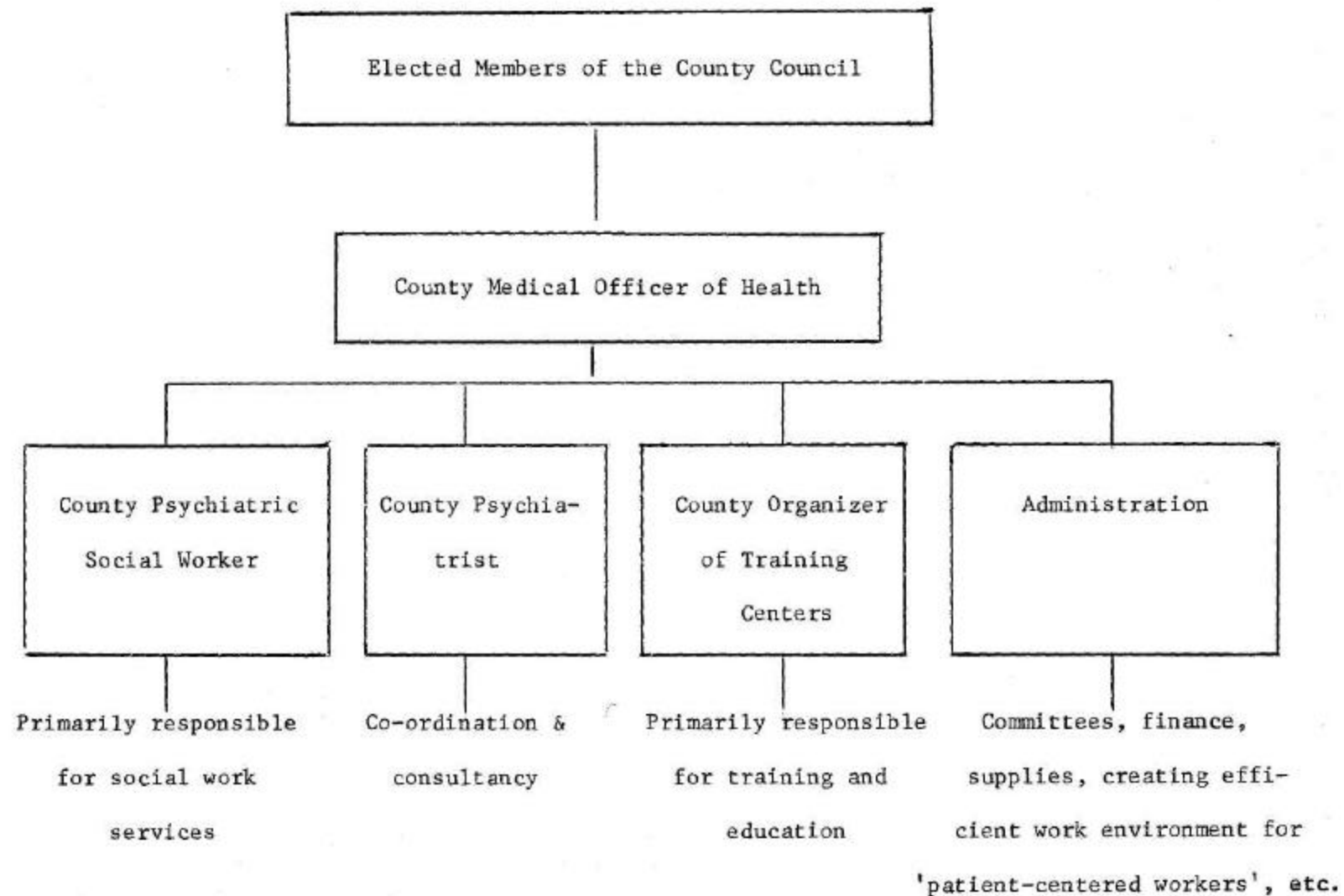


Figure 3. The organization of Essex County services to the mentally retarded

the person responsible for the child's education should have no responsibility for his residential care. This view was adopted because part of the underlying philosophy of education and child rearing implies a relationship between a child, his parents, and his teacher, and it was thought to be important to attempt to preserve this state of affairs for retarded children in residential care. For this reason, workers in the hostels are asked to try and fulfill those functions associated with parenthood and not to be preoccupied by the child's school life.

Children frequently use their home and family as a refuge from school, and their school as a release from home and family, and because of this sort of consideration, the teachers in Essex are not involved to any extent in the child's life in the hostel, and the staff in the hostel are not actively involved in his school life. Life can sometimes be very frustrating for children in those establishments where the adult performs the dual role of teacher and parent. Should the child get into trouble in the classroom it makes it difficult for him to go home to abreact if he is met by his teacher disguised as a houseparent.

Until little more than 5 years ago, the greater part of the burden of training teachers for the mentally handicapped was carried by a voluntary society, viz., the National Association for Mental Health. In more recent years, however, the Government has established a Central Training Council, and by September 1968, 20 courses of varying types will be available in England and Wales.

It has long been a source of some concern both to parents and workers in this field that employing authorities are still too frequently uncritical of the academic background of new entrants to the mental health services. In order to promote higher standards, the County Council of Essex has adopted the view that, while it is accepted that there are not enough specially trained workers to staff the nation's training centers, no person shall be employed on a permanent contract in training centers for children without first having passed five subjects in the General Certificate of Education and subsequently having successfully completed one of the training courses. These courses require 2 years for inexperienced workers, and 1 year for mature students having a minimum of 2 years approved experience. It is not without interest to note that in the whole county there are only two posts unfilled. This is, perhaps, even more remarkable when one considers that the maximum annual salary for trained workers in junior training centers is only L860 (\$2,064).

It is a matter of extreme regret that the energetic steps taken to offer training for teachers in training centers have not been matched in the field of child care for those workers in hostels for the mentally handicapped. Many local authorities have experienced quite considerable difficulties in providing adequate staffing for their hostels. If we

must have hostels, we should ensure that workers are offered a career in the field of caring for the mentally handicapped that offers both training and prospects of advancement.

The present staffing ratio of the training centers in Essex is as follows:

Junior Training Centers

1 teacher to 10 children in classes for "uncomplicated" children; 1 teacher to 4 or 5 children in classes for children with added difficulties (e.g., cerebral palsy or marked emotional disturbance); 1 general duties assistant to approximately every 20 children (these workers undertake the nonteaching tasks that surround the school life of the child).

Adult Training Centers

1 instructor to every 10 trainees.

In addition to the routine provision of teachers and instructors, there are also six posts of trainee teacher. These posts are filled by girls having the required educational attainments who are asked to work from 1 to 2 years before going on to the 2-year training course. During this initial period, opportunities are provided for them to work in training centers, day nurseries, other types of schools, hospitals, and social work agencies. When they eventually go away for training, it is hoped that they will have acquired an increased insight into the human condition and consequently make better students than they would have done without this experience.

Any staff from the training centers who are sponsored for a full-time training course have their salaries maintained during training. In addition to this, an allowance of B5 a week (\$12) is paid to those who have to live away from home during training. All travelling expenses in connection with training are paid by the County Council, together with the cost of coming home once a term. An additional allowance of £30 (\$72) a year is made towards the cost of any materials which may have to be purchased in connection with the training.

It is important to remember that if one is to train existing workers, they should be replaced by temporary employees while the workers are away on their training courses. While this has the effect of doubling the salary bill, it minimizes the burden which would have been carried by the remaining staff. It maintains a more stable environment in the school, and, in the experience of the Essex training center service, it has frequently been a means of testing out the suitability of temporary workers for permanent employment who can themselves be sponsored for training in the fullness of time. As a general

rule, it is expected that staff sponsored for training by the Essex County Council should work for us for 2 years after training.

Five County mental health social work agencies (led, wherever possible, by a psychiatric social worker) offer advice to parents, are involved in public education programs, and form an invaluable link between the school or hostel and the home. It is outside the competence of the writer to discuss social work in detail, particularly as so much of the work surrounds the mentally ill as well as the mentally retarded. It is, however, true to say that both the range and quality of both care and training provided by any community will be modified by the quality of social service work offered to the mentally handicapped and their families.

Design of Training Centers

The County Architect's Department employs a full-time research worker whose task it is to assess the efficacy of the buildings and services supplied to the other departments of the County Council. Arrangements have been made, therefore, to incorporate the views of teachers and other interested parties in the design of an environment which actively promotes the opportunity for learning in retarded youngsters, which provides the staff with the range of facilities they require to pursue their various endeavours, and which, it is hoped, will give us some insight into the underlying principles surrounding the design of facilities for living and learning. It is anticipated that the next unit built in Essex will take the form of an experimental model which will have the dual function of forming part of our routine services while also offering teachers, administrators, planners, and research workers the opportunity to evaluate the effectiveness of current provisions for the retarded.

Educational Practice in Essex Training Centers

Junior Training Centers. An attempt is made to provide a range of activities which are emotionally, socially, and intellectually fulfilling and related to the child's developmental needs. The concept of formal group teaching has in large measure been surrendered in favor of the provision of an active environment in which learning based on experimentation is further reinforced by the teacher's guidance and participation.

It has been the experience of training centers in Essex--as in many other parts of Britain--that the implementation of an education program in which both teacher and pupils have the opportunity for flexibility and the chance to exploit a wide range of stimuli tends to promote the growth of *language*, ideas, and responsible behaviour in those children afforded these provisions.

In order to expand and develop potentially valuable situations, it has been suggested to the teachers in Essex that a formal class timetable should not be employed. Too often one sees a child purposefully involved in the manipulation of educational material, but the activity has to be curtailed because the timetable stipulates that another lesson should follow at a predetermined time. Learning in retarded children is ill-served when it is made subordinate to the demands of a clock.

One of the more unfortunate aspects of many educational programs for young retarded children is their heavy dependence on spoken language. The inability of many severely retarded youngsters to understand language adequately and verbalize effectively should lead us to question the validity of any curriculum which presumes the existence of linguistic skills when they do not, in fact, exist. In common with many schools for the severely retarded in Britain, the County Council of Essex attempts to provide a setting in which the child is offered involvement in a learning situation which is not necessarily dependent upon spoken language.

Adult Training Centers. In recent years, we have witnessed in Britain a very marked increase in the provision of industrial workshops for mentally handicapped adults. It was demonstrated that mentally handicapped people could undertake normal industrial tasks if these were offered under favorable conditions. Coupled with this realization, a significant body of opinion arose that it is good to treat the handicapped as if they were normal. It is normal to go to work in a factory; therefore we should provide factories for the subnormal. In making this assumption, however, people have overlooked the fact that in this world, that which is normal is not always natural, and that which is natural is not always desirable.

We have now arrived at a situation in Britain where far too many mentally handicapped adults attending adult training centers spend far too much time in the production of goods for local factories, and we seem content to overlook the fact that many of them earn less than a farm laborer in the middle of the last century.

The need for variety of experiences is just as strong in the mentally handicapped adult as in the retarded child. For trainees, industrial activity should not be permitted to assume a position disproportionate to its intrinsic value. In Essex, adult trainees are not expected to spend more than approximately half of their time in the performance of industrial tasks, and in order to support this policy, the adult training centers have been designed to accommodate a wide range of activities. These include industrial workshops and associated space; facilities for woodwork and other manual activities; domestic science rooms; a study/classroom associated with which is a small cubicle fitted with a one-way screen to provide facilities for any staff or research worker who may wish to undertake studies of individual trainees or for any trainees who may display the need for intensive teaching in a stimulus-reduced environment; an art studio offering facilities for

pottery, painting, sculpture or any associated creative activity; a dining and recreation hall (a coffee bar is usually provided separately); and a general purpose room to allow for miscellaneous activities.

The provision of these facilities allows the trainees to involve themselves in a training scheme which offers not only training in a workshop situation but also a continuing program of intellectual and aesthetic stimulation. It is believed that there is a direct relationship between the level of functioning of the mentally handicapped and the range and nature of experiences afforded to them.

Transportation

The success of any system of daily care or training for the mentally handicapped will, in large measure, be determined by its accessibility. The cost of hired transport to serve the training centers in Essex is in excess of £40,000 a year (\$96,000). While this may to some seem a high price to pay, one can only adopt the view that if one is going to provide a service to the mentally handicapped, one ought to ensure that it is used.

Research and Development

The old motto "No therapy without research --no research without therapy" is one which should never be forgotten by any community seeking to provide a comprehensive mental health or retardation service. In recognition of the need to support this principle, the County Council of Essex has sponsored the following studies which have either been completed or are in progress: methodological aspects of recording progress in the severely retarded; a study of the environmental influences on young retarded children at play; the development of a teaching machine for the investigation and promotion of concept formation; the development of a teaching machine for the promotion of social behavior in asocial retardates; a study of factors surrounding the early education of mentally handicapped children; an investigation of language in the context of the activity in which it is employed; a teaching film on play and development in retarded children as the first in a series of teaching films; a study of the prevalence of incontinence in retarded children; and an investigation of crying and laughing in retarded children. These projects have all been undertaken as part of the routine activities associated with service operations over the past 4 years. They were chosen because they were administratively simple, inexpensive, relevant to the development of facilities for the retarded, and capable of involving comparatively inexperienced workers without injuring the quality of the completed projects.

It is believed that with a reorientation of attitudes and a reorganization of existing manpower and facilities, the range of study into the field of mental retardation could be very considerably increased. Any mental health or retardation service which does not actively encourage original work must plead indifference or incompetence as the only adequate defense for its inertia.

General Considerations

In the last 20 years, we have witnessed in Britain a growing interest in the conditions which surround the mentally handicapped and their families. Mounting awareness of the poor quality of provision for the mentally retarded led to the development of a climate of opinion in which it became possible to plan for the needed services. Up to this time, most of the provision for the mentally handicapped was made available by institutions, and public expressions of private discontent naturally surrounded these institutions which had to deal with the bulk of the problem. As a result, many people have been vigorously pressing for the establishment of hostels in which the mentally subnormal can be cared for under better conditions than those associated with large institutions. It is important to realize, however, that for many retarded children, life in a twenty or thirty place hostel is still a very poor substitute indeed for a normal family life. While, as a nation, we are prepared to spend considerable sums of money on building and staffing expensive small units, we seem to have overlooked the possibility of recruiting, training and--if need be--housing a labor force of foster parents who would receive into care severely retarded children on a long-term or short-term basis.

If one accepts the fact that children maintain better progress in small units than in large ones, it seems remarkable that no adequate comparative studies on the effects of different patterns of care have been undertaken to assess the effectiveness of institution care, hostel care, and fostering in severely retarded children. In our anxiety to supplant the notion of caring for children in large institutions, we have made the tacit national decision to settle for hostel care without adequately investigating the alternative of fostering. Truly is it said that the good is the enemy of the best.

Any community seeking to establish services for the mentally retarded could usefully investigate the notion of recruiting and training a labor force of adequately paid foster parents. Such foster parents should be regarded as salaried, pensionable workers of the local authorities, and their endeavors should be subject to the supervision and support of these authorities.

The custom of paying inadequate allowances to foster parents inhibits many suitable married women from involving themselves in the field of child care. The idea is not infrequently propounded that foster parents should be motivated by love and not money. However laudable this may be, such expressions of piety make an unrealistic basis for the conduct of public service.

While it is evident that many retarded children would be unsuitable for placement in foster homes, it is believed that a significant proportion of children already in residential units would be more

appropriately placed in foster homes. Apart from those cases needing active treatment, constant nursing, or the supervision of gross behavior disorders, it is difficult to argue a case for the institution placement of any mentally handicapped child. Too many mentally handicapped children are admitted to institutions because there is nowhere else to go. Simple amentia in children--like baldness and the common cold--seldom requires treatment in a hospital.

One of the criteria for fostering a child of school age should be the availability of a place in a day school and his suitability for attendance at such a school. Apart from other considerations, the companionship of school life is as essential to the retarded child as it is to his normal brothers and sisters, and should no such facilities be available, one may well consider residential placement to be an appropriate measure in such cases.

The development of residential services for both children and adults should be seen in the same context as the development of facilities for education, training, and recreation. The difficulties frequently associated with caring for handicapped children at home are significantly minimized if facilities for day training are provided. Not only does the child improve with education and training--thus making him more acceptable at home--but the mother is less tied to the house and consequently able to lead a fuller life herself.

Social workers are not infrequently made aware of the fact that the provision of day facilities tends to reduce the demand for residential care, and any community which does not offer extensive day facilities in concert with residential services is likely to acquire a distorted appraisal of the actual need for residential provision. The demand for residential placement is likely to be unnecessarily high if the provision of day school facilities is limited.

When dealing with the problem of the residential care of adults, one may well consider that their need is for a full, stimulating life offering employment at their own level, companionship, and the opportunity to involve themselves in a community on a long-term basis. It may well be that this need could be met in large measure by the institutions. With the growth of hostels for retarded adults, too many people are taking refuge in euphoria, and the smokescreen arising from the funeral pyre of the concept of adult institution care has obscured the fact that life in a small hostel can be just as dull and just as sterile as anywhere else.

At the present time in Britain, the Hospital Service is administratively separate from the local health and education services. This dichotomy makes it difficult for retarded residents in institutions to involve themselves in the community services, and there are many occasions when workers in the local health authorities find cases in their

area who would be more appropriately placed as day residents in institutions. Many institution workers feel that they are often too far removed from the mainstream of the community's endeavor, and, conversely, a number of workers in local authorities would willingly involve themselves in the activities of the institution, but the administrative arrangements are rigged against mutual involvement.

The overwhelming majority of physicians in local authority mental health services are not able to prescribe treatment for the mentally handicapped, since this is done by the family physicians or the institutions. As a consequence of this, one finds that the nation has acquired a labor force of skilled workers whose terms of employment fail to exploit those very skills for which they were employed. The notion of training a man as a physician and then employing him on work which could be done by an administrator is wasteful, and for this reason the County Council of Essex arranged with the local Hospital Board that the County Psychiatrist should be employed jointly to work in the community mental health service and the local institution for the retarded.

While it has been suggested that only the severely handicapped child should be admitted to the institution, this carries with it the prospect of such children spending their lives in association with children suffering from a similar degree of handicap. In order to overcome the deleterious effect that this could well have on these children, it would be useful to investigate the concept of providing education and training for local authority and institution cases together. When one looks closely at the situation, there seems to be no adequate defense for separating the administration of the institutions from the community services. By uniting them both, severely handicapped children could be given the quality of residential care they require and still receive their education with other children. Adults in institutions, and those living at home, could be trained together either in the institution or out of it, and specialist personnel could apply themselves to the care and treatment of mental retardation in all its aspects and not be inhibited by the fact that the authority paying their salary was legally responsible for only one branch of the service.

Conclusion

Civilized conduct takes many forms and has many roots but has always one thing in common: it is tolerant of deviancy and protects the weak. Any community which seeks to promote the interests of the underprivileged will succeed only if it is united in its purpose and hungry for success; and as long as such books as this are necessary, the people we set out to serve will remain underprivileged.