

## OASIS, A SCHOOL FOR RETARDED CHILDREN

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The child with subnormal ability confronts the general practitioner with a variety of problems of which not the least distressing are those presented by the moderately subnormal or imbecile group. The child in this group is not so entirely helpless as the severely subnormal or idiot group who demand complete nursing in an institution and therefore do not present quite as many and frequently insurmountable problems of management as the moderately subnormal. He is generally brought to the doctor at the critical age of 6-7 years, when the parents want to take him to school and the experienced teacher finds that he cannot fit into a group of school children, not even in the special classes. This finding is a severe blow to the parents, who never appreciated the full extent of their child's retardation and the magnitude of the problem facing them, although they had realized all along that he was slower than other children. Admittedly the child's physical appearance is normal or maybe even very attractive; he can run about and play like other children, he can talk and has acquired bowel and bladder control, but the teacher estimates his mental age at no more than 3 years, giving him an IQ below 50, and the regulations do not permit her to enrol him. When the IQ falls below 25 it seldom happens that the parents even attempt to enrol him.

The school having failed them, the parents now turn to the doctor for advice and help. The total situation holds many problems distressing to the parents, the most immediate and urgent being where to place the child. It is his birthright to mix with other children in a school and this he is denied. True enough, he is somewhat lacking in innate ability, but he can nevertheless learn many things and he is denied the facilities to do so. He is forced to remain at home all day, idle and frustrated. If he cannot go to school his chances of employment in later years are irreparably prejudiced. He prevents his mother from going out to work even if she needs to do so, and when she is ill there is no-one to care for him during the day. He cannot go to an institution because there is no vacancy; besides, the family circle is the best place for him and the family are eager to keep him and capable of doing so. Today we make every endeavour to steer away from

an institution and instead keep the child in the family circle if at all possible.

It is to meet the needs of just such a child that a school has been founded in the Cape Peninsula. Unfortunately only a few doctors are as yet aware of its existence, and more parents of moderately subnormal children could be helped if it were more widely known.

### 'OASIS'

'Oasis', a full-time day school observing the same terms and hours as the ordinary primary school, is conducted by the Association for the Help of Retarded Children, a local body, not affiliated with the Cape Mental Health Society and not in receipt of any subsidy. The accommodation is ample, consisting of a private dwelling acquired by the Association and reconstructed and renovated to meet all the needs of a day school. There are suitable outhouses. Buildings and grounds are still being developed and improved, but they already make a pleasing appearance.

The school is attended by about 40 boys and girls, none of whom is as yet eligible for the special classes of the Cape Education Department. The lowest age is 5 years and there is as yet no upper age limit. The mental-age range is  $2\frac{1}{2}$  to 7 years. The qualifications for admission are an ability to walk unaided, a fair degree of bowel and bladder control, and freedom from the grosser forms of physical and emotional abnormalities. Ability to talk is not a condition.

The children are in capable hands. The staff consist of a secretary, a fully qualified and experienced occupational therapist from Britain with nursing qualifications, 4 qualified assistant teachers, a qualified nursing sister, a non-European nursing assistant, a chauffeur-caretaker and a maid. The last two, husband and wife, sleep on the premises.

The general atmosphere of the school, its state of cleanliness and tone and discipline, make a favourable impression leaving nothing to be desired. A visitor will most likely find one group of children quietly occupied with the usual school work appropriate to their ability such as reading, writing and number work.

Another group will be doing handwork of a good standard, consisting of woven articles which have commercial value and are to be kept for the next sale of work. In addition to the development of muscular control, manipulative ability and sense perception, the handicrafts constitute an excellent opportunity for the growth of character and personality. Two remaining groups with lower mental ages—too low to permit of systematic school work or handicrafts as yet—will be constructively occupied with suitable play material in the sandpit under a tree; later in the day they are to have their daily formal training in elementary self-help, buttoning clothes, dressing, etc., the only kind of training for which they are ready. In the afternoon the children are encouraged to rest after their play, a very desirable arrangement, for subnormal children tire more readily and need more rest than others.

The 1954-57 Royal Commission on the Law relating to Mental Illness and Mental Deficiency prefers to call such a school a training centre and in its words: "The basis of occupation centre training is habit training, teaching the children to keep themselves clean and to feed and dress themselves, sense training to improve alertness, movement and speech, and carefully graduated handwork of all kinds. Occupation centres usually also provide some instruction in reading, writing and arithmetic to those children who are thought to be able to develop even a rudimentary understanding of writing and figures".<sup>1</sup>

There is no boarding department and as the children remain the whole day they have to be provided with a midday lunch. They bring sandwiches and the school provides something warm. A few of the children walk to school but the majority have to be conveyed. The Association owns its own bus, which is very well adapted to the purpose. It travels about 80 miles a day and fetches children 30 miles distant, the maid accompanying them.

It must cost the Association a substantial amount of money to run such a centre and, as the fees are only £4 per child per month, much depends on public support. The Association has set itself a high standard; the centre would be a credit to any community and the Association is to be commended for its achievement in a relatively short time. Parents, doctors and educational authorities can have complete confidence in the Association that it will supply all the required equipment, and in the capable occupational therapist and her assistants for their experience and devotion to the work. The children are fortunate in being in such good hands; they are happy and are receiving the best that modern special education has to offer.

It is still undecided whether children with superimposed epilepsy should be admitted, and on what conditions. Another question which causes concern is what will happen to the children in the event of their parents' death. There is little need for concern on this ground; the same agencies that care for other children when their parents die will take these children over. Moreover, moderately subnormal children tend to have a shorter span of life and are as a general rule outlived by their parents. It seldom happens that a child or adult is brought to the Alexandra Institution for Mental Defectives on the grounds that he is destitute because his parents are dead.

Oasis is co-educational. Experience has shown that it is good for the sexes to learn and work together, and some centres make special provision for boys and girls, and men and women, to mix for the emotional outlet which this offers them.

The Association is not content with its achievements, fine as they are. They have outstanding problems to cope with such as an upper age limit for the school, what to do with the children when they reach this limit, and the extension of their activities further afield to reach more children who also need such a training centre; but we are sure that with adequate financial aid they will be able to deal completely with all these problems.

#### THE ORIGIN OF THE SCHOOL

Oasis is the first school of its kind in Cape Town, and there are very few in South Africa, but they have been in existence for nearly 40 years in Britain where there were 16 in operation by the end of 1922.<sup>2</sup> Without exception their beginnings were modest. They were housed in church rooms or in any available room. Some were open only 1 or 2 afternoons a week; only 3 as much as 5 mornings per week. A few had part-time paid teachers, and some shared a teacher, but the majority operated with casual

and voluntary staff. In 3 centres a total of 35 children were taught by voluntary workers under the supervision of one shared organizing instructress.

The war years seriously retarded their growth, but they had proved their worth and by the end of 1949 the pre-war level was regained with a total of 159 centres and 5,340 children; 6 years later these numbers had almost doubled with 279 centres and 14,200 children.<sup>3</sup> In recent years the number of centres has been increasing at an average rate of about 20 per annum and the number of children at an average of about 1,000.

The first centres were run by voluntary organizations, and as late as 1938 the number of such centres still exceeded those conducted by the local authorities;<sup>4</sup> but they had found so much favour with the taxpayer as well as with parents and professional men, that by the end of 1954 only 9 were still being run by private bodies.<sup>5</sup>

Britain has obviously done much to provide for the educational needs of those subnormal children who cannot be enrolled in the special classes, but it plans to go much further, as evidenced by the report of the 1954-57 Royal Commission: "There should be a general re-orientation away from institutional care in its present form and towards community care. This would result in (among others) provision of adequate training facilities in centres or at home for severely retarded subnormal children who are unable to benefit from education at school".<sup>6</sup> The Commission further recommends as follows: Paragraph 642, that attendance at a centre be made compulsory; paragraph 648, that sufficient training centres be established to meet the needs of all the children who can benefit from it; and paragraph 649, that hostel accommodation be provided in sparsely populated areas to enable the children to return to their homes for weekends and school holidays. If the Royal Commission had its way, and we expect that the Ministry of Health will welcome this recommendation, the days of the large institutions for subnormal children would be numbered. In this respect the recommendations of the international expert committee<sup>7</sup> convened by WHO in 1954 correspond very closely to those of the Royal Commission. It is the general present-day tendency in Western countries to keep the subnormal child in the family circle and to provide for his education in the community.

#### IMMEDIATE NEEDS OF SOUTH AFRICA

Our own country, regrettably, has been lagging behind in the provision of such training centres, of which many are needed. We have been content to lean back and blame the authorities for not putting up more and larger institutions for subnormal children. We cannot be otherwise than grateful to Britain for showing us the way and to the Association for the lead taken in starting a centre; but Cape Town ought to have at least another 4, and every town ought to have its centre, however small and modest it may be. In this connection one could wish for little better than for doctors and mental health societies to stimulate public-spirited persons or welfare bodies in their areas to start centres, and for the Association to encourage, advise and guide parents to do likewise. The Association could perhaps also make an experienced occupational therapist available to lay the foundations of centres in surrounding towns, after which the parents can carry on under the guidance and supervision of an organizing occupational therapist.

The most pressing need is for the Government to make funds available for the work, because generous financial and practical assistance to parents is cheaper than institutional care.

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