THE "INEDUCABLE" CHILD

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A SMALL number of children have brains which are so malformed or damaged that they make little response to special methods of education. A survey of the forms of brain abnormality in these cases has been carried out by Crome (1954). The category of children who can properly be classed as ineducable is, however, strictly limited and should, probably, be confined to idiots. Williams (1957) has pointed out that the task carried out in occupation centres for imbeciles is that of "educating the ineducable", whilst a number of recent studies have shown that imbeciles have much more educational capacity than is generally assumed.

My concern here is with children who are above imbecile level but who have been placed in institutions for mental defectives or excluded from school as ineducable under section 57(3) of the Education Act of 1944. This exclusion is carried out on the basis of a medical report completed by the medical officer of the local authority, though the Act does make provision for consideration by the Education Authority of "any reports or information which the local education authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child".

Prior to the passing of the 1944 Education Act the term "feeble-minded" in regard to children was applied to those who "appeared to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools". Since that time children attending schools for the educationally sub-normal have not been certified as mentally defective and the term "feeble-minded" has covered a much more limited category of children defined by the Mental Deficiency Act as suffering from "disability of mind of such a nature and extent as to make them, for the purpose of section fifty-seven of the Education Act, 1944, incapable of receiving education at school". According to section 57(4) of the Education Act a child is incapable of receiving education at school "not only if the nature and extent of his disability are such as to make him incapable of receiving education, but also if they are such as to make it inexpedient that he should be educated in association with other children either in his own interests or in theirs".

A child is "subject to be dealt with", i.e. to be placed in an institution or under guardianship under section 2 of the Mental Deficiency Act if he is "for the time being subject of a report in force under the enactments relating to education that he has been found incapable of receiving education at school, or that by reason of a disability of mind he may require supervision after leaving school". The words "for the time being" were inserted in 1948 by the Education (Miscellaneous Provisions Act) and represent a shift away from the old notion of permanent incapacity.

O'Connor and Tizard (1954) found that 12 per cent. of patients in mental deficiency hospitals in the home counties were children. This was the same figure as that given by the Ministry of Health in the Report for 1949. Taking the 1953 figure of some 57,000 mental defectives in hospitals in England and

Wales, 12 per cent. of this gives 6,840 children in hospitals, whilst the local authorities have some 17,000 child mental defectives in their care, making a total of 23,840 children excluded from the education service. Unfortunately the Medical Research Council survey undertaken by O'Connor and Tizard referred to above did not include any assessment of the intelligence of the children, but 11 out of 73 in their sample were classed as feeble-minded. The statutory classification was used as a basis here and it has been found in our experience at the Fountain Hospital that this is of limited value. Although, as pointed out above, the term "feeble-minded" should be reserved for those whom it is "inexpedient" to have in a class with others, very often the certifying medical officer will use it for cases about whom he has some doubt, or possibly because he does not like to take the step of labelling a very young child as an idiot or imbecile. On the other hand some children who are above imbecile level show up badly on ascertainment and are underestimated. Others improve in their attainments as they grow older. It is generally agreed that any assessment of intelligence prior to the age of five years is an unreliable guide to future educability.

Ages of ascertainment of children as mentally defective, or as ineducable or of admission to mental deficiency hospitals are not published. In the Medical Research Council survey 11 of the 73 children considered were under the age of five years at the time of the survey and it is probable that a considerable proportion of the others were also under five at the time of their admission to hospital and hence had no trial at school.

If we take the figure of 11 feeble-minded among 73 children in the M.R.C. sample as a guide there might be something like 3,592 children regarded as of feeble-minded level amongst those excluded from school, there being no reason to suppose that those in the care of the local authorities are of lower grade than those in hospital. However, for the reasons mentioned above such a formal classification is of limited value.

It may therefore be of interest to consider the mental level of a series of children admitted to hospital as mentally defective and the proportion among them who were found to be above imbecile level.

143 Admissions to Fountain Hospital

All children admitted to the hospital in the two years prior to 30 June, 1955 were considered. They were admitted primarily from the counties of London and Surrey. Temporary admissions were not taken into account. The average age on admission was 3·75 years (standard deviation 2·1 years, range 6 months to 12 years 8 months). Information about these children was available from direct psychiatric examination, from the nursing staff about their behaviour in the ward and from the occupation centre in those instances where they were of sufficient level to attend. In practice all those who can walk and make some attempt to co-operate in the simplest group and individual activities do attend whilst some separate provision is made for cripples. Patients are also routinely examined by the psychologist who compiles a report which includes the result of any formal test found applicable. In many cases it was found only possible to score the child on a "Social Maturity Scale". This applied particularly to the first interview. On subsequent occasions it was often possible to give some other test.

On scrutinizing all the information available about each child it soon becomes clear that there is no simple method of deciding whether he is above

imbecile level, still less whether he should be recommended for reconsideration as educable. Quite a number of the children had multiple handicaps such as deafness, blindness, cerebral palsy, specific speech defects, and epilepsy, which needed to be taken into account in assessing the results of psychological examination as well as in taking a decision as to acceptability for schooling. In addition some of the children had special psychological problems ranging from psychosis to some difficulty in adjustment to the hospital environment. A further problem, which appeared to be particularly important in the case of the more intelligent children and which is the subject of a separate communication (Craib and Woodward, 1958), is disturbance or inadequacy in the home environment. This factor is operative prior to admission, to some extent during the stay in hospital and also reflects on the chances of subsequent successful adjustment within the educational system.

The value of psychological assessment of educability was limited by the very low age of many of the patients and by the fact that in the case of the younger and more retarded patients it was only possible to apply a developmental scale. There was considerable variation between the results of such a scale and those of other types of test. There was often some discrepancy between the results of verbal and non-verbal tests. In some cases there was quite a marked change in the results scored when the test was repeated after an interval; any results obtained on children soon after admission to hospital are considered to be of limited value as a guide to educability.

When the results obtained by these 143 children were listed it was seen that 33 (23 per cent.) scored a social quotient or intelligence quotient of 50 or over on some test at some time. It seemed, however, that only fourteen of these were likely to receive serious consideration as candidates for special school. One of the main reasons for this curtailment of the list is that whereas a score of 50 or more on the Vineland scale indicates a certain level of social adjustment a child is unlikely to be accepted into school unless there is a minimum of verbal development. It is possible that some of the younger children in this series will become more verbally adequate and may prove to be educable, though institutional conditions are not favourable to verbal development.

The better verbal level of the fourteen children who were looked upon as possible candidates for school is shown by the fact that 13 of them achieved an intelligence quotient of 50 or more on a test of the Binet type (Stanford-Binet for the sighted and Langan revision for the blind). The results of the scrutiny of this sub-group of 14 from the standpoint of educability are set out in Table I.

Most of these children seemed to be of limited intelligence so that it was more difficult for them to overcome additional handicaps than for children of greater intellectual capacity. On the other hand the existence of an additional handicap may create the impression of an intellectual capacity lower than that which actually exists. The "social quotients" of three of the blind children mentioned above were 35, 32 and 48, i.e. very much lower than the Langan scores. Unless such blind children receive a good deal of special attention they are liable to fail in the various social accomplishments which are scored on such a scale.

It will be seen from consideration of this group that the term "ineducable" has a very arbitrary meaning. In practice much depends upon the education authorities. Policy is likely to be influenced by the availability of residential and day accommodation in schools for the educationally sub-normal, by the criteria for admission laid down by the teachers in those and other schools and

TABLE I

Successful:	Number	Stanford-Binet I.Q.
In special school	3	67, 68, 52
(One subsequently excluded because of psychopathy)		
In deaf unit prior to school	1	86, −104 (Merrill-Palmer)
On waiting list for blind school	1	64*
Unsuccessful:		
Recommended for special schooling but rejected (Rather rigid and aloof, did not co-operate with school medical officer)	1	55
Psychotic	1	51
Epilepsy and multiple handicaps	1	64
Speech defect and multiple handicaps	1	61
Marked hydrocephalus	1	60
Blind	3	54, 55, 64*
(One attending occupation centre after discharge from hospital)		
Borderline imbecile	1	

*Results of Langan Adaptation.

by the manner in which regulations and policy are interpreted by the school medical officers carrying out statutory examinations. It is clear that in any event there is considerable overlap in intellectual ability or test performance between the group of children who are in mental deficiency institutions and the group in special schools.

DISCHARGE OF CHILDREN TO E.S.N. SCHOOLS

It would appear that many large institutions catering for mentally defective children seldom return such children to the educational system even if they find them to be appreciably above imbecile level. This situation may be partly ascribable to the inertia in the administrative apparatus and the considerable amount of paper work and legal formality which is necessary in order to secure a reversal of a decision as to ineducability, to discharge a child from the mental Deficiency Acts and to find a suitable place for him in school. Another consideration which is important is the view commonly held that the occupation centre within the mental deficiency hospital is in effect a school. This view is reinforced in those cases where the centre is staffed by qualified teachers. Those who support this view hold that the child can receive education appropriate to his needs within the hospital.

In practice in our hospital we have taken the opposite view on three accounts. Firstly, children who are brought up in institutions tend to lag in mental and emotional development owing to lack of suitable stimulation, limited experience, monotony, routine, lack of opportunity for individual expression, too protective or too restrictive a regime and absence of opportunity for forming emotional relationships within a more limited group.

A second problem concerns the educational level attainable within an institution. A survey of the type of staff employed in occupation centres within mental deficiency hospitals shows great diversity. Nurses, craftsmen, teachers of the mentally handicapped (occupation supervisors who have completed a course organized by the National Association for Mental Health), occupation therapists, schoolteachers and others are engaged in this work. Owing to the shortage of suitably qualified staff there are also many staff with no specific qualifications. The impression is that whereas the staff of hospital occupation

centres well appreciate and understand the limitations of the children in their care they do not always fully realize and take advantage of the capacity of certain of the children for further educational development. The very location of the centre within the hospital may also have an important bearing on the results achieved. It is noteworthy that in a comparable field O'Connor (1953) found that output of defectives on a particular job was improved greatly if the job was done in a factory rather than in hospital.

Finally, it is a serious disadvantage at the present time to be stigmatized as mentally defective and as needing detention within a mental deficiency hospital. A person with this history is likely to find more difficulty in occupational placement and in gaining social acceptance. It is desirable therefore that this should be avoided when possible.

With these considerations in mind we have during the past 8 years and with the co-operation of the appropriate local authority, public health and educational services made vigorous efforts to reinstate children who seemed likely to be acceptable within the educational framework. A series of 44 such children who have been accepted as educable is considered by Craib and Woodward. A preliminary survey was carried out by Mrs. Beatrice Fliess-Hermelin on 13 of these children, some time after their discharge from hospital and from the Mental Deficiency Acts, to ascertain the extent of their educational progress in school and adaptation to conditions of normal life in the community. Permission was requested from the Local Authority to examine a group of 25 children, of these, however, four had been rejected at the time of the survey and arrangements for the examination of the others were not completed in time for their development to be studied. In order to provide some sort of basis for comparison it was thought useful to examine the progress over a similar period of time made by a group of 12 children above imbecile level who for various reasons had not been placed in school, and had remained in the institution. The mean Stanford-Binet intelligence quotient of the group remaining in the hospital was 54·5 (range 42–64) whilst that of the group placed in school, prior to discharge was 65·3 (range 56–75). The two groups were not strictly comparable, both on account of the difference in intellectual ability and because of other factors operative in the selection of the group to be placed in school.

In considering the group of children who remained in hospital (Table II)

TABLE II

Children Remaining in Hospital

Patient	Date of Birth	I.Q.	Chronological Age	Mental Age	Graded Vocabulary	Comprehension	Arithmetic	Drawing Score
			y m	y m	y m	y m	y m	y m
A. Girls:								
1	26 5 45	58	10 3	5 11	f	f	f	7 3
2	13 5 42	57	13· 3	7 6	f	f	f	7 9
3	11 4 46	56	9 4	5 3	f	f	f	4 3
4	29 6 47	58	8 4	4 10	f	f	f	4 4
5	13 5 36	51	19 3	7 7	f	f	f	9 6
6	7 3 40	52	15 5	7 7	4 0	f	f	7 9
B. Boys:								
7	10 9 37	42	17 11	6 4	5 6	5 5	f	6 0
8	18 3 36	57	19 5	8 7	6 0	6 0	6 10	10 10
9	23 5 37	64	18 3	9 8	5 6	6 5	6 10	8 9
10	31 1 40	51	15 7	7 7	f	f	f	8 0
11	6 6 39	51	16 2	7 7	f	f	6 2	10 0
12	12 7 37	59	18 1	8 11	5 6	6 0	6 10	9 6
Average		54·5	15					

f—failed to pass easiest item on test.

https://doi.org/10.1192/bjp.104.434.167 Published online by Cambridge University Press

it will be noted that the educational attainment of the boys seemed appreciably better than that of the girls. The average age of the boys was 17½ compared with 12½ for the girls which probably accounts for the greater part of the difference: in addition to this the boys in question have the advantage of being at Hastings in a smaller unit which is an annexe of the general hospital, of a wider range of occupations and more contact with people outside hospital.

If the assessments of intelligence quotient obtained before and after discharge from hospital are assumed to be comparable, then the children placed in special schools have changed little in this respect (Table III). The 1955 ratings on these

TABLE III

Children Discharged to E.S.N. Schools

Patient	Date of Birth	I.Q. Before Discharge	I.Q.	Rating in 1955: Chronological Age	Mental Age	Graded Vocabulary	Comprehension	Arithmetic	Drawing Score
				y m	y m	y m	y m	y m	y m
1 ..	4 9 46	68	61	9 0	5 6	f	f	6 2	6 9
2 ..	4 2 45	57	49	10 7	5 5	f	f	f	6 0
3 ..	8 9 40	70	80	15 0	11 6	11 6	11 0	11 0	13 6*
4 ..	10 9 45	?	(57)	10 0	5 8	6 0	6 0	f	—
5 ..	20 10 41	70	66	13 11	9 0	6 6	6 0	6 5	9 9
6 ..	1 5 44	59	55	11 4	6 3	7 0	6 2	6 2	6 9
7 ..	12 11 45	75–80	70–80	9 10	7 6	6 0	5 2	6 2	8 6
8 ..	6 9 39	60	67	16 0	10 0	11 0	8 0	8 6	10 6
9 ..	1 8 43	65	50	12 1	6 2	f	f	6 2	6 0
10 ..	3 3 42	73	78	13 6	10 4	13 0	7 0	7 6	9 9
11 ..	7 8 39	56	52	16 1	7 10	9 0	8 0	6 6	8 6
12 ..	13 2 41	58	47	15 7	6 8	5 6	5 0	6 4	9 6
13 ..	10 7 39	65	70	16 2	10 6	7 6	7 6	7 3	13 6*
Average		64·9	62·5	13 5					

f—failed easiest item in test.
*—maximum score.

children were all carried out by Mrs. Beatrice Fliess-Hermelin whilst the earlier assessments were done by one of four psychologists.

The educational assessments of these school children surpass or equal the mental age in 6 cases. One child was difficult to test on account of gross motor handicap. It was thought that cases 3 and 10 who, although having a relatively good intelligence level, had done badly on tests of educational performance, were handicapped by the low level of the class in which they were, whilst in two other cases with less satisfactory results, emotional factors were thought to be important. In general, however, these results clearly demonstrate that the term "ineducable" is not applicable to this group of children. They also reinforce the need for great caution in using this term. The group sent to E.S.N. schools overlaps with some members of the group used for comparison and it seems reasonable to suppose that if this group had had similar opportunities their educational level might have been much higher.

There are wide differences between different schools and even wider differences between different institutions providing for backward children. Much will depend, for example, on the size of the unit and on the rigidity or otherwise of the regime. The impression gained from the present survey was that the advantage of the school for the children studied was twofold. On the one hand they have the benefit of a somewhat more formal education, on the other they are treated essentially as children to be educated and assisted to develop. In hospital, there is always a danger that the child will be treated basically as a patient. There is thus a tendency to protect and help him. This difficulty is well recognized to exist, being particularly pronounced when institutions are overcrowded and understaffed.

Of recent years an arrangement has been arrived at between this hospital and the local authorities concerned, that children admitted to hospital who subsequently appear to be educable may be sent to school on a trial basis. In some cases they go for resident trial, in others on a daily basis. Trial may last 6 months or a year. This arrangement has proved extremely satisfactory and indeed seems to be the only logical method of assessing educability in a borderline or debatable case. It is recommended for wider adoption.

As a longer term measure it is hoped that the proposed revision of the mental deficiency legislation will improve the position of this group of children. In particular the transfer of the Occupation Centres to the education authorities, the abolition of the term "ineducable" and the introduction of a voluntary system of placement for mentally defective children without formal "certification" or "authority for detention", as in other hospitals, is recommended. It is suggested that in this way it would become much easier to obtain for children an appropriate form of education and training at any age and that an early decision on this matter would not prejudice a subsequent review of each child's needs.

Summary

The term "ineducable" should be abolished or confined to a very limited number of idiot children. Imbeciles have more educational capacity than is generally assumed. A number of children classed as ineducable are above imbecile level. Some of these are still classed as "feeble-minded" in the pre-1944 sense of the term. On the basis of the Medical Research Council survey there may be some 3,592 children classed as feeble-minded but this classification has very limited value. Of 143 consecutive admissions to the Fountain Hospital, 14 (9·8 per cent.) were above imbecile level. Of these 6 were recommended for education in school. Five were accepted by the education authorities and one was subsequently excluded. Seven of the remaining 8 children had additional disabilities. The results of intellectual assessment of the children varied on different tests and at different ages.

The institution environment is unsuitable for children above imbecile level because (*a*) it stigmatizes the child in later life, (*b*) character development may be inhibited, (*c*) formal schooling is not usually available. Forty-six children have been discharged to school in the past 8 years from the Fountain Hospital. The intellectual level of 13 of these children after some years in school was studied as was that of 12 children above imbecile level remaining in hospital. The results on intelligence tests of those discharged had not improved but they were relatively much less retarded academically than those remaining in hospital. In 6 cases educational assessment surpassed or equalled mental age among those discharged. The results show that these children were not "ineducable". The arrangement of informal trial for 6–12 months in special schools for such "borderline" children is recommended. Under new legislation it is suggested that occupation centres be transferred to the education authority and that informal admission to hospital should replace "certification".

Acknowledgments

My thanks are due to Mrs. L. Mundy, Mrs. M. Marrs, Dr. M. Woodward, Miss M. F. Craib and to Drs. Alan and Ann Clarke for much help and advice. I am also much indebted to the teaching staff of all the schools concerned. The detailed work of visiting and examining the children in special schools, of discussing their cases with their teachers and assessing their present status was carried out by Mrs. Beatrice Fliess-Hermelin, B.A., now of the Social Psychiatry Research Unit, Maudsley Hospital.

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