



**NOW
THERE IS
HOPE**



**WITH HELP
THERE IS HOPE
FOR EVERY RETARDED CHILD**

A REPORT OF PROGRESS

Only ten years ago the handicap that affects more Americans than any other—mental retardation—was less understood, less known, than any other.

Approximately 120,000 children born each year were doomed to be retarded. Yet most people had no idea of the immense size of the problem. Those who were aware of it thought that little could be done.

Today we know that mentally retarded children *can* be helped.

We know how to help those who are already retarded. We have encouraging evidence that research can find the causes of retardation so that we may eventually prevent it.

Meanwhile—here is the story of five million.

It is the story of five million limited human beings, most of whom, with help, can become useful, happy men and women.

Who are they?

They are of every race and religion, every cultural and economic background. Thirty out of every thousand people are retarded.

Where are they?

They live in small towns and big cities and on farms. Some live in institutions—and many of these could live happily at home if they could have the benefit of what we now know about educating and training the retarded.

Are they equally retarded?

No. Twenty-five out of every thirty retarded children are "educable." With specially designed courses of study and methods of teaching they can learn the three "R's." Most can become self-supporting, able to manage their own affairs under normal circumstances. In adolescence and adulthood, however, they may need special help in vocational adjustment through integrated community facilities. Thus, instead of being an emotional and financial burden to themselves, their families and society, these children can become self-respecting, contributing citizens. Their need can be reduced to occasional counseling in periods of crisis.

An additional four out of every thirty retarded children are "trainable." They can learn to take care of their own personal needs even though they may never learn to read and write. They can do simple work at home or, sometimes, away from home under supervision. As adults they will be "semi-dependent." They will still need, in order to cope with the complexities

of modern living, the benefits of special guidance and sheltered employment. Only one out of every thirty retarded children is "totally dependent." These three groups, "educable," "trainable" and "totally dependent" add up to a total of one per cent of our population. Regardless of cause and degree of handicap the retarded present one common characteristic—the need for special help during all or part of their lives and in their struggle for survival. ★

It should be remembered that these groups are often identified in the technical literature as "mentally deficient." This term is used by some writers interchangeably with "mentally retarded."

What causes their retardation?

No one knows all the causes. We do know some, however. We know that mothers who have German measles during pregnancy are more likely to give birth to retarded children than are other women, and a number of other diseases are similarly suspected. Glandular disorders in the mother also seem to cause some form of retardation. Anything that affects the genes (bearers of hereditary characteristics) may cause a child to develop abnormally. Perhaps the best known of such causes is overexposure to X-rays.

Children born after long or difficult labor are more likely to show signs of retardation. In fact, any birth condition that subjects the infant to unusual stress—especially any circum-

Do we know enough now to prevent some retardation?

stance that reduces the supply of oxygen to the brain—may produce an injury that will impair the child's mental development.

There are other causes, too, that may occur after birth. Childhood diseases such as whooping cough, chicken pox, measles, meningitis, and polio can affect the brain, especially in the very young child. Glandular unbalance may prevent normal growth. Accidents—for example, a blow on the head—may damage brain tissue. Lack of certain chemicals in the blood may cause a child to be unable to digest some element in his food normally. The resulting condition causes damage to the brain and even death unless it is treated in time.

Yes, in a few cases. Two types of the chemical lack mentioned above can now be detected and special diets prescribed successfully. Doctors perform Caesarian sections rather than subject the unborn child to the hazards of a predictably difficult labor. Diseases of childhood, such as polio, are yielding to vaccines. Pregnant women can be vigilant to avoid exposure to the infections that may cause their children to be retarded. Recently it was discovered that jaundice of newborn infants may be anticipated when there is an incompatibility between the blood types of the two parents. Therefore all parents should have their blood typed so that such blood incompatibility is known at the time of birth and immediate transfusions can be given to the infant.

Do we know enough to prevent most retardation?

***In the meanwhile,
what can we do for
retarded children
right now?***

***Is there a course of
action that will meet
the needs of all
retarded children?***

Not yet. The causes of retardation are numerous and complicated. But the results we have achieved in a few years of research are heartening. We know that money spent for this research is money well spent.

First of all, we should remember that retarded children resemble normal children more than they differ from them. All children have the same basic needs for love, understanding, acceptance, a chance to grow and develop to the fullest. All children *can* develop, but at different rates of speed and to different points. There are wide variations even among so-called "normal" children's abilities and performance. Retarded children who have been given affectionate care and opportunities to learn under skilled teachers have often achieved far more than anyone believed possible.

No, there is not, any more than one set of rules will guide us in dealing with all normal children. Because each child is different and family situations vary, the National Association for Retarded Children has drawn up a *comprehensive program* designed to meet the *total* needs of retarded children, their parents and society.



How can this comprehensive program be carried out?

What should a comprehensive program include?

Local chapters of the NARC can give leadership in carrying it out, beginning where the need seems greatest or most urgent. Public schools are increasingly providing special programs to meet the particular needs of retarded children. Many communities have found that, once men and women of good will are aware of what needs to be done, existing groups—churches, youth groups, service clubs—will extend their efforts to include special help for the retarded. If some services are not available, all the organizations concerned with children can get together to build public understanding of the problem and to gain support—public or private—for whatever is required to do the job.

1. Community Diagnostic-Treatment Clinics, with professional counseling for families. Since it is important to diagnose accurately and to begin proper treatment as soon as possible, there should be *enough* clinics, adequately staffed to take care of *all* families that need help.
2. Home Visiting Counselors to help parents care for and train their retarded children at home.
3. Nursery Classes. Nursery schools for retarded children have demonstrated their worth. Like all children, the

retarded need and benefit from the stimulation of suitable playmates and the experience of learning to get along with other people.

4. Special Education and Training for Children of School Age. These classes should be set up to serve three general groupings:
 - a. The "educable" children who may grow up to be economically and socially independent—wholly or in large part. They need a curriculum emphasizing the practical and concrete aspects of citizenship in the family and community, plus preparation for jobs.
 - b. The "trainable" who will probably need some supervision and support all their lives. They can learn self-care, and how to get along with others. They can also develop simple skills to enable them to do jobs that are not too complicated.
 - c. The "extremely retarded"—the tiny percentage for whom speech and social cooperation may be almost or completely out of reach. But they can still be helped, up to a point, by individualized training in basic self care. This training may be provided at home by parents with the aid of skilled advisors. Or it may be given in day or residential centers.



5. Integration of the Retarded in Society, including selective placements in regular employment. Education for jobs and social adjustment can pay for itself many times over in the long run.

There are more than two million retarded persons of working age. Although many are working, many more *could* be working—and making a real contribution to our nation's production—if they had had the right help at the right time.

6. Vocational Training Centers and Sheltered Workshops. Here the mentally retarded adults who are unable, temporarily or permanently, to hold jobs in competitive employment can learn to produce useful, saleable articles under sheltered working conditions. The potentially able can be prepared for placement as industrial or service workers.

7. Protection and Guardianship. All retarded children—and about one-third of all retarded adults—need more than the usual protection and guidance. Special aid is required, too, for the retarded child or adult whose parents may not be able to provide care at home. Many parents who know that their retarded child will almost certainly outlive them face the future with grave misgivings.

A plan for guardianship within the community or in an institution is essential to lift the burden of uncertainty from families and neighbors alike, and to insure that each child will have the temporary or lifetime care and protection that he needs and to which, like other children, he has a right.

8. Community Centers. These centers can provide a combination of social and recreation programs, guidance and counseling for retarded children and adults and special courses for their parents. The services these centers offer will differ from community to community, depending on what help is available elsewhere. Each community will need to work out its own best arrangements for service to the retarded.

9. Residence Centers. Some retarded children need temporary care away from home; a few may require it all their lives. Such centers should be staffed by skilled and sympathetic professional workers. They should offer pleasant surroundings and opportunities for the retarded to progress at their own speed. They should be designed to help as many of these children as possible to go back into the community and make their own way. Finally, our dire need for more training and research facilities suggests that such residence centers develop a close and continuing relationship with an institution of higher learning which is training professional staff in the field of mental retardation.

Communities in which residence centers are situated can do much to help those in the centers. Even if a center is state rather than community-supported, an active interest on the part of community groups can be most helpful.

10. Research into Causes and into Methods of Rehabilitation. The causes of mental retardation are many and various, and closely interrelated to the causes of other disorders of the

central nervous system such as cerebral palsy, epilepsy, and even blindness. Mental and neurological disorders other than psychoneuroses are the largest single cause of days of disability in all age groups from 5 to 65, according to the United States Public Health Service studies. Broad research findings on the basic causes of developmental disorders of the brain have yet to be developed.

Today's retarded children need our help. But tomorrow's children should be spared the tragic handicap of retardation so far as possible.

No community program can be complete unless it includes support for fundamental research, on a national scale, so that all the forces of biochemistry, embryology, epidemiology, neurology, psychiatry, psychology, education and sociology may be mobilized to conquer this greatest and saddest of all disabilities.

PROPORTION OF U. S. POPULATION WITH PERMANENT HANDICAPS

per 100,000 population

Mental Retardation	3,000
Rheumatic Heart	700
Cerebral Palsy	350
Polio (permanent effects—pre-Salk)	300
Blindness	200

Who speaks for the retarded child?

Inspired originally by the parents of retarded children in all parts of the country, the National Association for Retarded Children is the only voluntary, nationwide organization of individuals and groups devoted to a united attack on mental retardation.

The NARC seeks to aid all mentally retarded persons without regard to race, creed, geographical location, or degree of handicap. It also provides help to parents, organizations and communities in jointly solving the problems caused by retardation. The NARC has nearly 500 local and state member units. Its membership consists of interested and active persons, both lay and professional. Some of these members are themselves the parents of retarded children; many are simply citizens with a concern for the welfare of all children. The members have been brought together by their common determination to see that *every* child has a chance to develop his own potential to the fullest.

NARC has member units in all forty-eight states, the District of Columbia, Hawaii, Puerto Rico, and Alaska. Cooperation is maintained with comparable organizations in countries in both hemispheres.

The NARC aids state and local member units in their efforts to provide direct services for the retarded; it encourages and supports research, within the limits of its resources. As more support becomes available, the seven basic areas of assistance listed below can be expanded to aid the many who need this help.

*What the
National Association
for Retarded Children
does.*

1. NARC is a central source of information. It answers inquiries of all types, provides member units and subscribing members with the latest facts.
2. NARC helps create public awareness. It tells the story of the retarded through press, radio, television, films and in other ways. It works with religious, civic, fraternal and other groups to establish cooperation nationally and to aid local cooperation.
3. NARC encourages and cooperates with professional organizations. This includes efforts to recruit and provide training for the professional workers who can help the retarded or who will do research in the causes of retardation. The NARC also supports the efforts of all professional groups that are concerned with any phase of retardation.
4. NARC works on behalf of the retarded with government: federal, state and local. It interprets the rights of the retarded, shows the economy of sound programs of training and care, fosters progressive planning and legislation.
5. NARC provides consultation and materials to strengthen the organization and program of its local units, works with them to achieve their immediate and long range goals.
6. NARC stimulates and fosters research. It cooperates with other organizations and agencies interested in an intensified broad attack in this hitherto neglected area. NARC

emphasizes the importance of basic research in such diverse sciences as biochemistry, genetics, embryology, virology; it stresses the need for investigators in these fields to become familiar with the possible applications of their work to specific causes of retardation. For those for whom prevention will come too late, NARC promotes research in methods of diagnosis, evaluation, education, rehabilitation, and social adjustment of the mentally retarded.

7. NARC gives national leadership. Concerned with the national picture as well as the local scene, with long-range planning as well as today's needs, NARC provides guidance and aid not only to its own members but to all those who have come to know that there is hope for the retarded—and who want to help.

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