
Appendices to

COMMUNITY WORKSHOPS

RESEARCH PROJECT REPORT

PREPARED BY
RESEARCH DEPARTMENT EASTERN HEALTH BOARD
FOR
THE STEERING COMMITTEE
COMMUNITY WORKSHOPS RESEARCH PROJECT

1986



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APPENDICES

COMMUNITY WORKSHOPS RESEARCH PROJECT REPORT

A Review of the Total Process of Rehabilitation in the
context of the Bray and Ballyfermot Community Workshops

PREPARED BY

RESEARCH DEPARTMENT, EASTERN HEALTH BOARD

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FOR

THE STEERING COMMITTEE

COMMUNITY WORKSHOPS RESEARCH PROJECT

APPENDICES

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A P P E N D I X 1

Review of Relevant Reports and Literature

Special attention will be given to those reports with particular relevance to the community workshops. They will be briefly reviewed so that in the General Discussion the findings of this project can be examined in relation to them.

(i) Government Green Paper on Services for Disabled People entitled Towards a Full Life (1984). Chapter 5, which is entitled "Vocational Training and Employment", is the most directly relevant to the community workshops. The full text of the "Summary of Principal Conclusions" regarding this chapter is therefore quoted.

CHAPTER 5

6. The National Rehabilitation Board will initiate discussions with the Irish Congress of Trade Unions, the Federated Union of Employers and other interested parties with a view to gaining agreement to the introduction of trial periods for disabled persons seeking employment. (5.9)
7. The National Rehabilitation Board will establish a technical/professional advisory service to assist employers and disabled persons on modifications to the workplace or production procedures so that disabled persons can be readily employed in an establishment. (5.16)
8. The National Rehabilitation Board will undertake campaigns as necessary, aimed at creating greater awareness among employers of the skills and abilities of disabled people and promoting employment opportunities generally. (5.18)
9. As resources permit the level of grants available from the National Rehabilitation Board to finance aids to employment will be increased so as to ensure that disabled workers can take full advantage of the latest advances in technological aid and equipment. (5.20)

10. A study of the possible application of the enclave concept in Irish circumstances will be undertaken by the National Rehabilitation Board in consultation with employers, trade unions, and other relevant interests. (5.22)
11. The National Rehabilitation Board will undertake a critical review of the operation of the training centre and community workshop system with a view to identifying any desirable changes in its concept. It will also look at the overall need for both training and long-term sheltered places - inter alia in the light of the survey mentioned at 5.49; and will critically examine the geographic distribution of the centres and workshops. (5.43)
12. The National Rehabilitation Board will develop an appropriate information and publicity programme to heighten awareness of the rehabilitation services which are available and to create greater awareness among disabled people of the opportunities on offer. (5.47)
13. The National Rehabilitation Board will undertake an extensive survey of attitudes of disabled persons towards employment and will ensure the co-ordination and pooling of information available to the various agencies who operate services for disabled people. (5.49)
14. The Minister for Health will set up a working group comprising representatives of the Department of Health, the National Rehabilitation Board and relevant training agencies to advise on the introduction of uniform training allowances for persons in special training centres and for those undergoing training for open employment in community workshops. The question of having a single source of payment to persons in sheltered employment will also be examined by the working group. (5.51)
15. It will be necessary to set maximum periods for the payment of training allowances. Trainees retained in workshops beyond the specified period will be placed on the allowances appropriate to persons in sheltered employment. (5.52)

16. The National Rehabilitation Board will arrange to have examinations made of the latest innovations in vocational rehabilitation and to establish pilot schemes and experimental projects to assess their feasibility in the Irish context. (5.54)
17. The Departments of Health and Social Welfare will review the philosophy underlying the application of the Occupational Injuries Fund and the Social Insurance Fund in relation to people who become disabled during the course of their working lives. The review will take particular account of both the cost of rehabilitation and the potential for reducing the future outlay of the Funds. In addition, the National Rehabilitation Board will initiate discussions with AnCO and vocational training organisations with a view to making better provision for the re-training of seriously injured workers. (5.58).

From the viewpoint of our research project items 11 to 16 appear to be the most relevant. Again, recommendations 14 and 15 refer to the need for the dual structure of payment for those attending community workshops as was envisaged by the Robins Report.

(ii) A Resume of the Report on Vocational Assessment in the Republic of Ireland, NRB. (1982). This report calls for greater emphasis on vocational assessment amongst persons involved in the assessment, training and placement of disabled persons. It recommends that a full range of assessment tools be available in each health board area and that adequate training should be given to assessment staff in the use of these tools.

Officers of the N.R.B. "considered that the quality of the advice received from psychologists with special experience of disabled persons is very high and contributes significantly to individual's vocational assessment. The survey, however, indicated that the numbers requiring psychological testing have resulted in long waiting lists in many cases. There is an expressed need for a greater number of psychologists with special experience of disabled persons being available to conduct the testing of persons referred to the multi-disciplinary team." The vocational assessment report therefore recommended that there should be a "psychologist

with special interest in rehabilitation available to the assessment services at health board level and that person should be part of a multi-disciplinary vocational team".

The report also stated that the utility of workshop and training centres was influenced by the range of activities carried out in the workshops and centres. Therefore, the report recommended that the standards committee examine and recommend on the appropriate range of activities which need to be carried out in workshop settings in order to extend their utility for vocational assessment. The new role envisaged for the community workshops in vocational assessment is strongly advocated by the Assessment Report. It involves however a clear shift in emphasis from the way assessment was envisaged in the Robins Report, where assessment was seen as the responsibility of the NRB Vocational Officers and as taking place prior to entry into the community workshops.

The Report also stated that there is a well identified need for social skills training as part of the rehabilitation of disabled persons, and that the standards committee should examine and recommend on the provision of social skills training within, or associated with, workshop facilities.

The report also recommends that a "disabled person should be encouraged to participate as fully as possible in the development of his/her vocational plan and where the person's aspirations cannot be met, this should be adequately recorded and the reasons listed in the report form".

Vocational assessment in its wider sense, according to the report, may involve medical, psychological, social, vocational, educational, cultural and economic data to assist in the development and execution of a vocational plan. The report describes four strategies which can be used in assessment:

- (a) Situational Assessment
- (b) Work Sampling
- (c) Psychometric Testing
- (d) On-The-Job Evaluation

In terms of the workshops, the closest to what occurs in them would be "situational assessment". Psychometric testing tends to be confined by the N.R.B. to the period prior to placement in the workshops and "on-the-job evaluation" may occur to some degree whilst the trainee is on a work experience program. Work sampling techniques do not appear to be much in evidence in the Bray and Ballyfermot Community Workshops. The relevance of situational assessment to the Community Workshops is apparent from a quoted description of it:

"This approach refers to the assessment of an individual in an environment which simulates an actual work environment, e.g., training workshops. The work is usually brought into the workshop on a sub-contract basis though some centres are engaged in the manufacture of products. Situational assessment is widely used for assessment purposes. The assessment depends almost entirely on the sensitivity and skills level of the observer or supervisor. It is usually used to assess a person's general behaviour as a potential employee and is mostly found suitable for assessing the reaction of a person to his/her supervisors, ability to get along with other workers, capacity to maintain the continuous work effort and to tolerate frustration. The type of work carried on is usually of a semi-skilled or unskilled nature. Situational assessment has limited potential for the assessment of severely physically handicapped people where capacity may be dependent on the physical characteristics of the work and the environment."

There are particular advantages and disadvantages associated with this form of assessment, as the following quotations from the Report show:

Advantages:

1. situational assessment resembles the conditions existing in business and industry as:
 - (a) the trainees receive allowances which correlate with a "wage paid" concept
 - (b) work is performed with actual products designed for sale in the open market

- (c) supervisors are present who set standards for quality and quantity of work
 - (d) regular working hours are maintained
 - (e) the interpersonal relationship can be similar to that ordinarily obtaining in the work setting
2. The trainees personal style of coping with both people and work tasks can be observed
 3. It enables the person to express himself vocationally within a realistic but sheltered environment
 4. It does not provoke test anxiety.

Disadvantages:

1. Situational assessment workshops are limited by the work contracts they receive
2. The work is usually simple, comprising unskilled assembly and packaging jobs which industry may prefer to sub-contract out
3. Some of the assessment data used are based on subjective observation of work behaviour which is often difficult to quantify
4. Highly intelligent trainees may not be motivated because of the low level work tasks associated with the situational assessment approach.

It is useful to look in more detail at problems associated with the situational assessment approach, and here again we quote directly from the N.R.B. Report on Vocational Assessment:

Social Skills Training

One of the major limitations with situational assessment is the inability to assess the clients social skills where there is inadequate or no social skills training available at the centre. Vocational staff

were unanimous in their views, that persons referred to centres could benefit vocationally from the provision of adequate social skills training and this aspect was not provided in or in association with all workshops.

Range of Activities

In some centres the range of activities provided for were so limited that assessment in a wide range of vocational possibilities was reduced and this limited the overall long-term vocational development of the disabled person.

A frequently mentioned problem concerned the extent to which individual workshops achieve an appropriate balance in emphasis between production and training. In the view of the Board's vocational staff, activity which is geared to production can at times reduce the effectiveness of the rehabilitation and assessment capacity of a centre.

Standards

It was a commonly held view among vocational staff that the basis for calculating production in training centres needs to be clearer and more objective. Training centre staff need to have adequate skills in rehabilitation to enable them to deal with mixed disabilities as well as individuals with multiple handicaps.

From the survey it is clear that situational assessment is a very common and much used assessment facility and the Board's vocational staff were of the view that valid vocational assessments carried out in situational assessment facilities are contingent on the following:

- (1) the presence of social skills, assessment and training in or in association with the centre
- (2) the presence of adequate rehabilitation skills among the training centre staff
- (3) the range and type of activities carried out in the training centres
- (4) the balance achieved between the production needs of the centre and the training needs of the trainees

- (5) the standard case conference reporting, their frequency and commitment to them as the method of vocational assessment.

This N.R.B. report also contained criticism of the high staff turnover rate in that it militated against proper vocational assessment of persons referred to the N.R.B. The Report went on to state that:

"there was little evidence to suggest that vocational assessment was carried out in a team situation. Where medical reports were obtained the majority of these reports provided limited information with regard to the vocational prospects of the individual. Generally, vocational recommendations contained in psychological assessments were vague. The duties of vocational staff are wide and require skills in occupational guidance, marketing, psychology, personnel, counselling, etc., and on the basis of the information contained in the client files, some staff were lacking in the skills for vocational assessment purposes." (p.9).

The Report also identified an absence generally of sufficient assessment skills which acted as a major impediment to the development and use of vocational assessment. This problem area is also highly relevant to situational assessment. For this reason, the Report stated that for "carrying out a full and valid vocational assessment of disabled persons (particularly in situational assessment facilities) skills in rehabilitation are essential in order to predict a person's current and future employment potential and adjustment". By placing such emphasis on situational assessment this Report effectively shifts the to the community workshops a major role in assessment, which was not envisaged in the Robins Report. The importance of the role of community workshops in assessment and the advantages to be gained from improving the community workshops for this role suggests two things. First, the assessment procedures heretofore have not been serving the workshops well, and secondly that the organisation of assessment in the workshops, such as the setting up of an assessment team for the workshops, needs to be considered carefully.

Finally, the Report called for the setting up a Chair of Rehabilitation in one of the universities so that an integrated approach to the problems and potential of disabled persons can be achieved.

(iii) Workshops Standards Report, N.R.B., 1984. In the Introduction it is stated that "In the main, the standards set down in this report are mandatory standards". Under the heading, "Goals of Vocational Rehabilitation", it is stated that "the disabled person must be given the opportunity to develop his/her potential to the full". It is also stated that "while rehabilitation services may by their nature, set apart the disabled person, their structure and delivery should maximise the opportunity for full community integration."

Under the heading "Staffing Requirements", the Report plays out the following requirements:

Management:

Each centre should have a designated manager, whose functions are clearly set down in a job specification. Depending on the size of the workshop, and the parent organisation, the manager may carry the full range of functions, e.g., financial control, sales, marketing, instruction, etc. Care should be taken by the workshop authority that sufficient time is available for the overall management and direction of staff and workshop.

Social Training:

Each workshop involved in training and work activation should employ a member of staff appropriately equipped to provide social skills training. This position may be on a part-time, full-time or shared basis, depending on the capacity of the centre.

Remedial Teaching:

Each workshop involved in training, work activation and pre-vocational training should arrange the provision of compensatory education for those who need it.

Trainee Welfare:

While trainee welfare is the concern of all staff, and in particular the manager, the wide range of matters which comes under the heading of welfare requires that a named staff member would have responsibility for welfare matters.

The next heading Case Records is also highly relevant viz:

For each person admitted to the workshop, an individual case file should be maintained. This record should contain:

- Appropriate admission information
- Progress reports, dated and signed by the staff member making the report
- Case conference records
- Discharge summary
- Follow-Up report

All case records should contain the following personal data:

- Name, address and telephone number of next-of-kin
- Name and address of family doctor
- Current medication, prescribing doctor, dosage, administration times
- Essential medical information, including information on allergies
- Signed authorisation to disclose information, where the interests of the person's rehabilitation would require this
- The above information and data do not always appear to be available in the workshops.

Under the heading Programme Evaluation, the report states that in order to measure and monitor the efficiency and effectiveness of programmes of vocational rehabilitation in meeting their objectives, an evaluation process should be built into these programmes. This requires the following steps:

1. State the objectives of the programme

2. Decide the criteria which would represent the achievement of these objectives
3. Establish systems of collecting and reporting the data needed to measure performance against the criteria
4. Collect the information and analyse the findings
5. Report the results and make recommendations for change, where necessary.

"Pre-Entry Assessment" is a vital part of the rehabilitation process and the report has much to say here:

Prior to being referred to a particular workshop programme, every disabled person should have already participated in a vocational assessment process, in conjunction with the Vocational Officer of the National Rehabilitation Board. The purposes of this assessment process are as follows:

- To identify the optimal outcome of rehabilitation for the individual being assessed
- To identify the functional competencies and functional disabilities of the individual
- To identify those services needed to overcome functional disabilities which are barriers to successful performance
- To generate a vocational plan based on the services identified above.

It does not appear that vocational plans are, in general, written down and available to the workshop staff nor are those services needed to overcome functional disabilities clearly outlined in these vocational plans. Also, those services to which vocational officers tend to turn are too medically biased. A wide range of services exist which are potentially of benefit to disabled persons but which vocational officers do not seem to be aware of.

In addition to the pre-entry assessment, the Report also calls for "structured on-going appraisal" for each client within the workshop.

Under the next heading **Admissions**, the Report calls for clear policies and procedures relating to admissions and also makes the following points:

Applications to workshops should be supported by a comprehensive written set of background information. The information supplied should be such as to enable the workshop staff to structure a rehabilitation programme for each person admitted within the context of the workshop's role and should include:

- Information indicating the medical status of the disabled person; current drugs/treatment and any side effects; physical limitations and/or limitations caused by a psychiatric conditions. The name and address of the disabled person's family doctor should also be supplied
- Educational information giving details of educational background and levels of attainment
- Information concerning the disabled person's intellectual functioning and any relevant test results available
- Details of any significant behaviour problems or disorders
- Information giving any indication of the person's level of social competence
- Other pertinent information relating to the trainee's social situation which could have a bearing on his/her rehabilitation programme.

Furthermore, the Report states that "where a workshop authority is considering rejecting an application for admission, the application should be discussed in detail with the referring agency. A simple appeals procedure should be established. Where a client is considered unsuitable, the Health Board should be so notified by the referring agency for the purpose of updating the Health Board's Record System."

The admission policies of the workshops are not very clear. When potential trainees on waiting lists are not deemed suitable it is not certain that the N.R.B., E.H.B. and trainees are immediately informed. This can lead to unnecessary delays and confusion.

The next section deals with "Induction" to the workshop. The Reports states that:

"It is of primary importance that the introduction of disabled person to the workshop should be such as to put the person at ease and to help him/her adjust to the new surroundings and arrangements."

The induction course should include:

- Interview with manager and introduction to staff
- Tour of Centre
- Talk on the work of the Centre and how it is hoped to assist the disabled person
- Information concerning any hazards in the Centre, safety precautions, and fire drill
- Explanation of payments, lunch arrangements, etc.
- Explanation of Centre's rules and conduct requirements
- Explanation of grievance procedures.

The next section is concerned with "Creating an on-the-job environment". It states that "The conditions obtaining within the workshop should conform as closely as possible to the conditions obtaining in a well-managed commercial concern." The Report then goes on to outline a basic (industrial) code of behaviour and suggests that "violations of the code should be dealt with consistently and through set down procedures known to the disabled person." Is it sufficient to deal with violations "consistently" or should there be enough flexibility to accommodate the varying needs of the disabled?

With regard to "safety and hygiene", the Report recommends that safety committees should be set up in each workshop and that "trainees should be included in the 'staff' representation on these committees."

With respect to "welfare", it is recommended that "a full mid-day meal should be available to disabled persons attending workshops" for which there should be a charge. The kitchen facilities should be used for the purpose of "social training and work experience". It is also recommended that "a small shop be available on the workshop premises. Such a facility would have some training value. Any profits accruing could be used to fund social activities." Unfortunately, the nutritional value of the food sold in such a small shop would be a source of concern.

With regard to "recreation", the Report states that facilities for lunch-time recreation should be provided where the lunch break is relatively long, "where indoor space is very limited, recreational activities could include board games, reading materials, etc. The social training programme within the workshop should ensure that the disabled person is familiar with local leisure pursuits in which he/she may participate." It is also recommended that workshop attenders should be educated in the use of community services such as banking, post office and library facilities.

The Report also states that disabled persons should be encouraged and facilitated to avail of all dental and medical services. (We assume that medical services include psychiatric and psychological services.)

Finally, still with regard to the welfare of trainees, the Report recommends that "a social committee of disabled attenders should be established through which disabled trainees/workers can express their views and ideas on welfare matters. The committee should be selected by the disabled persons. They should be given assistance, if necessary, in evolving the appropriate set of procedures."

The next section, dealing with "Code of Conduct" states that "the code of behaviour expected in the Centre should be explained to each client at the outset". If problems arise the vocational officer concerned should be advised where appropriate, and should, if necessary attend the centre for consultation.

Under the heading **Discharge Procedures**, the Report lays out the conditions for the permanent discharge of disabled persons as follows:

- (i) He/she satisfactorily completes a course
- (ii) He/she makes a voluntary decision to leave without having completed the course
- (iii) He/she is recommended for discharge as a result of lack of progress
- (iv) He/she is recommended for discharge as a result of unacceptable behaviour

Where a disabled person is being discharged for lack of progress, it is the responsibility of the case conference chairman (usually the manager) to achieve consensus, with the views of the trainee being fully considered. Where no consensus can be reached "the ultimate decision regarding discharge rests with the centre manager." This should also be the case where a trainee is being discharged for "unacceptable behaviour". Where relevant, the parents of the discharged person should be notified.

The next section concerns "Vocational Assessment". The Report here suggests that the workshops may take on the task of work evaluation or situational assessment with its emphasis on a real or simulated work environment. The Report adds that this type of evaluation is normally carried out by a trained observer or evaluator.

The next topic concerns the standards applicable to specific programmes of which five are outlined:

- 1. Pre-Vocational Training
- 2. Skill Training
- 3. Work Activation/Work Training
- 4. Sheltered Work
- 5. Day Activity Services

Each of the above will not be reviewed in detail. Rather, those sections which are most relevant to the workshops will form the main focus of attention.

(1) **Pre-Vocational Training** concerns the transition from school to work for the disabled. A graded program of work experience should be built into the pre-vocational training programme. There should also be a social education programme involving self-care, interpersonal skills and community living skills. A written rehabilitation programme should be prepared for each trainee outlining particular vocational, social and remedial education needs. Progress should be recorded. The Report recommends a staff ratio of one instructor to twelve trainees.

(2) **Skill Training**, as well as imparting specific skills, should also involve social skills training and personal development in order to foster independence and self-confidence. Personal development programmes should include such topics as health, hygiene, diet, dental care, dress, grooming, leisure activities and interpersonal relationships. It is recommended that one half-hour per week be devoted to this programme. For the more advanced trainees, topics such, as job-seeking, interviews, tax, insurance, etc., should be covered. The recommended staff ratio is one instructor to twelve trainees.

(3) **Work Activation/Work Training** is seen as "the first stage in the process of vocational rehabilitation and re-integration". Because this is one of the main features of the workshop activities, it will be described in more detail:

- It is carried out primarily through the medium of systematic work activities
- The activities are presented as properly structured courses aimed at offering at least a basic work skill
- Formal courses of social training, basic and/or compensatory education are a standard feature of the programme

- Appraisal of the client's performance and feedback to the client is an on-going feature of the programme.

The objectives of work activation are:

- To build up good work habits
- To build up work tolerance
- To become familiar with the routine and the pressures of working life
- To learn basic skills as a foundation for further training or for employment at an unskilled, semi-skilled or sheltered level
- To get some feedback on aptitudes, vocational potential and limitations in order to make career decision
- To develop relevant aspects of his/her social competence
- To improve on literacy and numeracy skills where possible.

The Report also calls for the utilisation of up-to-date methods, tools, and equipment in the execution of the work activation program. Furthermore, production requirements should not militate against the admission to the workshop of persons whose disability is such that they will require intensive development, training and supervision. The Report also states that the demands of production are not allowed to become the over-riding consideration to the detriment of training.

The Report lays stress on social training and personal development as part of the work activation program. This covers:

- Development of ability to cope with activities of daily living, e.g., management of money, shopping, etc.
- Managing relationships
- Dress, grooming, health and hygiene

- Development of decision-making skills and self-confidence
- Familiarisation with public services
- Leisure activities.

Social training should, informally, be an integrated part of the normal workshop activities, as well as constituting part of a time-tabled formal programme of social training on a group and/or individual basis. A staff member with responsibility and training for this task should be available in each workshop.

The Report, under the heading "Basic and/or Compensatory Education", emphasis training in the social and vocational uses of literacy and numeracy. "Where feasible, the same staff member may be responsible for both social training and compensatory education." (It should be pointed out that, in our opinion, most remedial teachers are not qualified in social skills training.)

A programme of talks, discussions, exercises and films covering interview preparation, tax, insurance, job seeking skills, etc., should be available according to the Report. The Report also calls for work experience placements as organised by Manpower or AnCO. "Work experience should be seen as an integral part of the activation programme."

With regard to the type of work conducted in the work activation programme, the Report has the following comments to make:

- For the purpose of assessment and to offer scope for individual interests and aptitudes, at least four grades of industrial activity are necessary, ranging from simple processes to jobs of increasing complexity requiring higher skill elements and using more complex technical processes
- The range of work should allow for assessment and development of physical stamina and functioning. It should familiarise the trainee with as wide a range of materials and processes as possible.

- The workshop should ideally be sufficiently flexible to provide training opportunities on a once-off basis for clients with special needs, interests or disabilities.

The Report goes on to make an important recommendation:

"A written rehabilitation programme should be prepared for each trainee. This programme should outline particular vocational, social and remedial education needs and should identify the outcome which it is hoped to achieve by means of the activation programme in each area. As far as possible, these outlines must be quantified and a target time for each unit of the programme should be specified."

The Report goes on to suggest that:

"Staff meetings for the purpose of progress reviews should be held weekly. Trainees within their first three months in the activation programme should be reviewed weekly at the staff meeting, and their programme adjusted as new needs, achievements or abilities come to light. Longer established trainees could be included on a 'rota' basis with a view to having their progress discussed at least once between each quarterly case conference.

"In addition to the Centre personnel and the vocational officer of the National Rehabilitation Board, the case conference should be attended by the Director of Community Care, or a nominee, and any other person involved with a particular client who could usefully contribute to that client's rehabilitation or to the solution of problems."

"Where a change in the trainee's vocational plan is envisaged at case conference, it is the responsibility of the chairman of the case conference, normally the workshop manager, to ensure consensus. The wishes of the trainee should be fully considered in this situation."

With regard to staff ratios the Report calls for an overall ratio of one instructor to fifteen trainees to obtain within a work activation/work training programme.

(4) Sheltered Work: The Report recommends that:

"Applications for admissions to a sheltered work programme should only be considered where the disabled person has already participated in a work activation programme or pre-vocational training programme which has indicated that sheltered work is the next appropriate step."

The Report further recommends:

"each workshop should develop at least one product of its own, thus providing work continuity and flexibility in job design/work methods."

The Report makes the point that:

"continuous meeting of targets should not militate against meeting the development needs of individual workers."

Furthermore, the Report states that:

"where handicapped people have an appropriate level of intellectual or creative ability, efforts should be made to arrange tasks for those people within the following areas of the workshop - clerical, administration, marketing, product design, quality control, supervision or management."

A policy of personal development is also called for which would include the following strategies, where appropriate:

- Grading of jobs within each work area thus providing for an opportunity to progress
- Service allowances
- Work rotation
- Provision of opportunity for involvement in task forces or project teams
- Provision of opportunity for participation in works committees
- Provision of opportunity and/or facilities for workers to develop constructive utilisation of leisure time

- Facilitating participation in adult education, either within or outside workshop setting.

Progress appraisal is seen as necessary in order to motivate workers and to provide a basis for an appropriate programme of personal development as outlined above. Appraisal is also seen as essential "in order to ensure that improvements in a worker's performance over time, which might warrant movement to a new setting, are noted and acted upon. The possibility of movement to open employment or training must always be kept in mind."

In order for the performance appraisal to be effective the Report suggest that it should be characterised by:

An appraisal system. It will be necessary for each workshop manager to establish a standard system of performance measurement, related to the activities within the workshop, based on appropriate norms

A recording system. Standards forms on which instructors can record performance at regular intervals. In addition to recording work performance, relevant aspects of work behaviour, e.g., conduct, attendance, sickness leave, behaviour should be noted regularly

A regular formal review. The performance record should provide the basis of a regular formal review at a case conference, involving workshop staff and the National Rehabilitation Board's Vocational Officer. The client and where necessary the parents or other person responsible for him/her should have the opportunity to participate in the review.

With regard to staff ratios for sheltered work, the Report recommends one instructor to twenty trainees.

(5) Day Activity Services are not a central role of the community workshops. However, some trainees at day-care level are in the workshops. The Report recommends that there should be a ratio of one staff member to eight day-care level disabled persons.

With regard to all of the specific programmes outlined the Report recommends that the clients should be personally involved in the quarterly review of his/her performance, although this need not take place at the regular case conference. In the case of those under 18 years of age, "and in instances where a trainee's problem might warrant it the parents or other persons responsible for him/her should be given the opportunity to participate in the trainee's performance review."

The next section of the Report deals with the recruitment of instructors in rehabilitation and it suggests that "management should opt for that qualification which provides the widest range of the critical skills required. In this way, the workshop will minimise the need for in-service training."

With regard to the European Social Fund, the Report says that the operation of the workshops "must be designed especially for vocational training for disabled persons who are capable of working in the open labour market. Pre-entry assessment must therefore establish that the trainee has been assessed as capable of working in the open labour market. Persons who are not deemed as capable of working in the open labour market cannot be included in a claim on the Social Fund." Following the initial pre-entry assessment, the Report calls for the establishment of a vocational plan. At the regular reviews and case conferences progress should be monitored to ensure that training is being carried out in accordance with the original vocational plan. The Report goes on to outline further the conditions required for funding:

"Where it is indicated after a reasonable opportunity that a trainee does not evidence a capacity to be trained to a level which would permit the trainee to eventually enter open employment, that trainee should cease to be included in the Social Fund claim. Where a trainee is deemed to have completed the training and is now fully equipped to enter open employment, that trainee should also cease to be included in the Social Fund claim. Where it is decided that the trainee is satisfactorily progressing in the workshop and could continue to benefit from further training which would lead to open employment, such a trainee will continue to be eligible to be retained in the Social Fund claim."

Finally, with respect to the E.S.F., the Report states that:

"Individual case records should be maintained indicating that the pre-entry assessment and post-entry appraisal have been carried out and should also indicate the outcome of these assessments. In particular, there should be a clear link between the original Vocational Plan and the training inputs provided for the trainee."

To conclude, it is relevant to cite, in full, the summary list of recommendations by the Standards Report:

1. In-service training for workshop staffs should be provided on a national basis by the National Rehabilitation Board
2. The valuable involvement of AnCO in the provision of systematic training should be maintained
3. While formal evaluation has not been carried out on the effectiveness of the courses presently provided, the committee recommends that the curricula should be re-examined as a matter of urgency
4. The National Rehabilitation Board should as a matter of urgency identify on a national level, training needs for rehabilitation workshop staffs
5. Having identified needs, the National Rehabilitation Board should develop an appropriate educational programme to meet these needs.
It is recommended that a Curricular Committee or Committees should be established by the Board to advise on course content and structures
6. The courses provided by the Board should be differentiated to take account of the widely varying backgrounds and needs of rehabilitation workshop staffs
7. Considerably more emphasis should be placed on assessment techniques, rehabilitation practice, psychology of disability, the learning patterns of disabled persons, new technology in rehabilitation and the imparting of social training

8. The 'Guidelines for Training Courses for a Vocational Training Instructor of the Handicapped' developed by the European Network should be adopted by the National Rehabilitation Board as a first step in the design of a basic course. Further modules can be added later.
9. To facilitate updating in rehabilitation practice, the National Rehabilitation Board should undertake to make available up-to-date information on new centres, new methods of training disabled persons, use of new technology, etc.
10. To facilitate technical updating, the National Rehabilitation Board should arrange for a national programme of work experience opportunities within industry to be made available to workshop staffs.
11. In respect of professional training, the committee endorses the recommendations of the National Rehabilitation Board's sub-committee on vocational assessment to the effect that a Chair of Rehabilitation be established at third level. This would support the development of education and training of persons involved in rehabilitation both directly and indirectly.

(iv) Report produced by the Members of Bray Community Workshop Sub-Committee, 1981. This sub-committee decided to concentrate on examining the following:

1. The improvement in the social integration of those attending the workshop
2. The improvement of work performance
3. The correlation between the stated reason for discharge as recorded by the Rehabilitation Institute and the National Rehabilitation Board

For the ten trainees who were placed in employment the average work performance gain was 42% over a training period which averaged nine months. Half of the trainees who left the Centre made progress in social integration. There was a high positive correlation (.93) between the reasons for discharge recorded by the R.I. and N.R.B.

The Report concludes with some general comments and recommendations which will be quoted in full:

1. It became quite evident from this very brief preliminary study that to carry out any worthwhile investigation, there would be need to allocate staff to the project
2. The results obtained must be questioned on the basis of their possible lack of objectivity and scientific base
3. Follow-up on clients who left the Centre should be intensified
4. No attempt has been made to relate progress or lack of it at the Workshop to factors such as Disability, Age, Sex, Distance from the Workplace, Previous Employment Experience, Social Class, etc.
5. Should an in-depth study of work performance and social integration be undertaken at a future date, it is recommended that precise methods of determining this information should be formulated and tested. A participant observation study, it is felt, would be advantageous
6. Workshop staff and other personnel involved in studies of this nature would need to be given training in, for example, observational skills, work measurement and data recording skills.

(v) Second Report to the Minister for Health by the National Committee for I.Y.D.P., 1981 The Report contains many suggestions of relevance to the research project. To begin with, it argues that community care areas should be given the capacity for delivering the full range of "non operative" diagnostic and treatment services - including the provision of psychological assessment "at local level on an expanding basis".

The Report also calls for the administration of the D.P.M.A. to be the responsibility of a single agency. The Report was alarmed by the considerable variation in the ratio of D.P.M.A. claimants per 1,000 people between the health board areas from 4.2 in the Eastern to 14.4 in the Western. It is unlikely that this variation accurately reflects the relative incidences of disability in these regions.

The Report also calls for a unified allowance called the Disabled Persons Allowance to replace the various disability allowances, as well as for greater financial incentives to encourage disabled people to avail of rehabilitation training and employment. This could perhaps be seen as a call for a special training/rehabilitation allowance.

The Report, in referring to the disabled, states that "occupational guidance services should be made available to assist them in choosing a career suited to their intellectual talents, physical abilities and vocational inclinations. To provide this guidance, it will often be necessary to bring together a multi-disciplinary team. This team should have a core group of specialists in medicine, psychology, social work and education and should be augmented as appropriate by specialists from other fields."

With regard to assessment the Report suggests that "both the client and the family should be actively involved in the choice". The assessment team "in addition to providing a comprehensive assessment of abilities and aptitudes, should also be capable of designing a flexible training, educational or employment scheme and assisting in implementing it through follow-up in the training centre, educational establishment or place of employment. This may involve the team in the acquisition of technological or other expertise and this should be available through the National Rehabilitation Board. The resources of the assessment team should be available to the client and personnel working with him to monitor progress, to suggest programme modifications, to participate in decisions regarding transfer or discharge and to engage in periodic review of policies and structures. Ideally, the team members would also participate in planning and development and provide on-going analysis of the effectiveness of programmes." (p.13).

However, this Report goes on to enlarge somewhat the role of the assessment team as the following extract implies:

"The diagnostic assessment advisory and support team should form the continuing link between the disabled persons and the various services and centres of which he/she avails. The team should be a focal point for the collection of data, the dissemination of information and the provision of public education and in-service training. It should form

links with the research and education departments of educational and other establishments and keep people informed of developments at national and international levels. Where a local university or third level institute is available, the team should co-operate in the development of a Chair of Disablement." (p.13)

With regard to training the report has the following to say:

"Training units and community workshops should offer the widest possible choice of vocational skills. It is often the failure of the client in the area of social skills that leads to failure in a placement. It is important that the training course pays due regard to the total personal development of the client." (p. 14)

It also calls for the establishment of committees in each health board area to highlight the needs of disabled persons for whom suitable training or work placements are not available.

With regard to remuneration, the Report recommends that:

"Trainees in community workshops and vocational training units should receive the same remuneration as trainees in AnCO and other training centres."

Apropos sheltered employment the Report suggest that it:

"should be sufficiently funded to pay a living wage to each sheltered employee. The present method of achieving a wage by the amalgamation of various allowances should be discontinued in favour of a minimum wage related to remuneration on the open market. The sheltered employment facilities provided by the community workshops are commended and should be expanded."

The Report goes on to state that:

"There is a need within sheltered employment facilities to provide a wider variety of tasks to cater for a wider range of abilities and aptitudes. There should be a periodic review of all persons placed in sheltered employment with a view to reassessing their capacity for employment or renewed training for employment on the open market." (p.16)

Regarding the training of rehabilitation personnel, the Report states that there is a serious shortfall of qualified personnel in a variety of fields related to training and employment. The Report goes on to state that there is an even more serious problem relating to the absence of any suitable course of training for workshop supervisors, recreation therapists, social educators, placement officers and others. As an interim measure where such persons are employed in centres, formal training in in-service and other courses should be provided on a regular basis.

Finally, the Report comments that "while the training and placement of persons with potential for employment on the open market would seem to be more normalised as a function of the Department of Labour, the further fragmentation of services for the disabled could have serious consequences. It is noted that a significant number of persons directly involved in the field regret the present division of services between the Departments of Health and Education." (p.17).

(vi) Research Articles Hulek (1983) having reviewed research related to disabled youth isolated the following factors as being important to successful rehabilitation:

1. type of treatment and therapy
2. family atmosphere
3. adequacy of general and vocational training
4. organisation of leisure time
5. application of technical means and aids in personal life and work
6. assistance rendered by social services.

Nettelbeck (1979) criticises the "dull work for dull minds notion" and states that despite a widely held opinion among managers of sheltered workshops, there is little evidence to suggest that retarded workers prefer to be employed on tasks that are simple and repetitive, with a short operation cycle. Nettelbeck also argues that our understanding of mental retardation is too insufficient to permit reliable assessment of the

individual and precise formulations about how to help him. In other words, he contends that there is no single "right way" for overcoming a particular problem.

Andrews and Berry (1978) in researching the integration of mentally handicapped individuals into the community suggested that it was important to provide the handicapped with more age and culture appropriate circumstances and to ensure more appropriate training to staff in sheltered workshops. They strongly criticised the absence of leisure programs in many institutions catering for the handicapped.

Leisure activities have important social and personal functions. Unfortunately, they may be becoming increasingly important for another reason too - the recession. Woldman (1982) points out that unemployment is affecting the handicapped very severely and consequently facilities for the handicapped will have to be increasingly used for custodial purposes rather than to prepare and place trainees in open employment. Waldman suggests that slow economic growth, high inflation, competition with the U.S.A. and Japan and high unemployment have all militated against placing the disabled in open employment in Europe. Mr. John Bermingham, Chief Executive of the Cork Polio and General After-Care Association, reported in April 1985 that unemployment among the mildly handicapped has quadrupled over the past five years. This trend is very alarming because there is evidence that when the mildly handicapped are employed they tend to become relatively stable and well-integrated individuals in the long-term (Ross, et al., 1985).

In a well-designed longitudinal cohort study over 40 years, Ross, et al., found that a group of mentally retarded people with I.Q.s below 80 had changed considerably in the direction of adequate psychosocial adjustment. It is pertinent to quote Ross, et al., on this point:

"The data on the adult adjustment of our subjects strongly suggest that most of them could no longer be defined as mentally retarded. The work environment clearly imposes less stringent demands for intellectual prowess than the school setting. Although the subjects ranked lower than their siblings and the controls (and often below national averages) on all job-related measures of status - salary, job complexity, promotions, and so forth - they could hardly be regarded as significantly impaired in this respect. In fact, they had coped with

their limitations by finding jobs that required the least general, verbal and numerical ability while offering job satisfaction and stability." (P.138).

The importance of social integration and of marriage in particular is evident from the following extracts:

"The performance of the subjects as marriage partners and parents further attests to their social competence. Although the proportion of married people among the subjects was lower than the national average and the divorce rate was higher, those who remained married carried out their roles in conformity with the standards of their social class." (P.138).

"In all categories of behaviour, the spouses ranked higher than the subjects, so that they were probably able to compensate for the subjects' weak social and intellectual skills and to enhance their coping behaviour." (P.139).

The authors reject the notion "once retarded always retarded" and instead they contend that most of the subjects become part of "the disappearing retarded person" phenomenon. Ross, et al., state:

"Although the quality of life experienced by the subjects was low in comparative terms, in absolute terms it greatly exceeds the stereotypic expectations of the mildly retarded held by the general public and perhaps by many professionals as well. Most of the subjects are little different from persons of "normal" intellect who share their social class status. Their work histories were acceptable, marital relationships fairly stable, child-rearing practices appropriate." (P.147).

Ross, et al., attribute their apparent success to:

- (1) stable, supportive family relationships during the formative years of development and throughout childhood,
- (2) special attention to their educational needs and learning problems in the schools and to some extent in their homes,

(3) conditions of high employment when they were ready to enter the labor market, and

(4) marriage to spouses of higher ability, who helped to enhance and stabilise family life.

The authors suggest that from a social policy perspective, "the most important consideration for ensuring success in adulthood for mildly retarded children is a stable, affectionate and supportive family environment." They go on to caution that "any policy in mental retardation that fails to address the family problems outlined above will contribute very little to the solution of this major social problem.

It could be argued that the high availability of jobs was a significant factor in this North American study. It gave the handicapped people in this study an opportunity to help themselves. Self-help is seen as important in integration of handicapped persons.

In the report on the mental handicap group meeting organised by the Psychological Society of Ireland in June, 1984, it was stressed that the mentally handicapped should be involved in making decisions for themselves. Ellsworth (1980) argued for involving clients in evaluating intervention outcomes by collecting self-ratings - "not because we trusted them, but because we wanted patients to feel that they were an active part of the evaluation process rather than passive objects being evaluated by an interviewer or relative." (P.55). The problem with attempts to help the disabled is that it often enhances their feelings of dependency and passivity. This can be avoided to a degree by teaching self-help skills. Lambert, et al. (1982) in a review of the relevant literature concluded that whereas the ability to accept self-help seems to be related to positive outcomes, dependency and acceptance of secondary gains are related to decreased chances of success. Self-directedness and refusal to accept limitations dictated by the disability are related to positive outcomes. Furthermore, they report that close family units which respond appropriately to the disability and encourage independence seem to be related to successful rehabilitation. From the above studies, it appears that an acceptance by the family of the disabled to play a constructive role in

rehabilitation is an important factor in rehabilitation. Do those families which transfer responsibility for rehabilitation from the home to an institution diminish the possibility of successful rehabilitation of their disabled relative? How much should rehabilitation programmes be putting emphasis back onto the family and on social activities rather than encourage dependencies on institutions?

To answer such questions is not easy. As Lambert, et al. (1982) point out, it is difficult to conduct controlled experiments with randomised allocation of clients in intervention and control groups because the creation of a non-treatment control groups would mean denying treatment to persons who both need and want it. Several authors call for research which uses statistical controls rather than using subjects in control groups (Ellsworth, 1980; Lambert, et al., 1982). This usually involves a pre-/post-intervention change score design in which the participants act as their own controls. Such a design could be built into most rehabilitation programmes. It involves assessing the disabled on a set of specific variables prior to entry into rehabilitation, as well as on completion of training, and again on follow-up.

From the above reports and research articles, one can conclude that psychosocial factors are important in the rehabilitation process. Yet one meets few if any psychologists or social workers in the Community Workshops. This may be deliberate policy in line with the Robins Report that the workshops should not be medicalized and should have an industrial atmosphere. However, there may be other reasons. For example, the E.H.B. Community Care Programme only employs one psychologist and she does not appear to be involved with the Community Workshops. N.R.B. psychologists rarely, if ever, appear in the workshops and only recently has the R.I. employed psychologists but they are based in Roslyn Park.

This study sets out to elicit opinions held on rehabilitation by trainees at present in the Bray and Ballyfermot Community Workshops. It is also intended to include ex-trainees and those disabled persons yet to attend the workshops. The opinion of their relatives is also sought as well as of the staff from the N.R.B., the E.H.B. and the R.I. who deal with the workshops.

A P P E N D I X 2

**PRELIMINARY REPORT TO THE STEERING COMMITTEE.
DATA REQUESTED ON THE BRAY AND BALLYFERMOT COMMUNITY
WORKSHOPS AND SUPPLIED BY THE R.I. AND N.R.B.**

1(a) The total number of places in Bray is 100 of which about 85 are filled. The total number of places for Ballyfermot is 132, of which 115 appear to be filled.

(b) The following table shows the list of activities and the number of places allocated to each activity:

(i) Bray	Places Available	Places Filled
Sheet Metal Work	18	16
Garment Making	20	5
Clerical	2	2
General Industrial	60	62
TOTAL	100	85
(ii) Ballyfermot	Places Available	Places Filled
General Industrial	70*	65
Knitwear	40**	40
Woodwork	20	8
Canteen	2	2
TOTAL	132	115

2(a) Number of clients in each of the following "length of stay" categories:

Duration of Stay	Bray	Ballyfermot
0 - 3 Months	10	15
3 - 9 Months	9	25
9 - 24 Months	15	27
More than 24 Months	52	46
TOTAL	86	113

* 12 of these are in screen printing

**10 of these are operatives on knitting machines

25 of these are in "cutting"

5 of these are on "make-up"

40 = total

2(b) Numbers of clients in each of the following disability:

	Bray	Ballyfermot
(i) Sensorial Handicap	4	8
(ii) Physical Handicap	22	33
(iii) Mental Illness	16	23
(iv) Mental Handicap	43	49
TOTAL	85	113

2(c) The R.I. informed us that it would not be possible to state "the number of activities to which assigned" and the "duration of each assignment" for the clients of the two workshops as this was too variable.

3. The number of clients who have left since 1 September 1981:

	Bray	Ballyfermot	Total
According to N.R.B.	50	88	138
According to R.I.	50	86	136

4(a) Duration of stay of clients leaving since September, 1981:

	Bray	Ballyfermot
Less than 1 month	8	9
1 - 6 Months	15	26
7 - 12 Months	13	16
13 - 18 Months	6	14
19 - 24 Months	1	17
2 - 3 Years	5	6
TOTAL	48	88

(Data is not available on 2 Bray clients)

4(b) Nature and extent of handicap of clients leaving since September, 1981:

	Bray	Ballyfermot
Sensorial Handicap (SH)	6	4
Physical Handicap (PH)	9	17
Mental Handicap (MH)	11	25
Mental Illness (MI)	13	26
PH + MH	8	3
PH + MI	1	5
MH + MI	1	6
PH + MH + MI	0	2
TOTAL	49	88

(Data is not available on 1 Bray client)

4(c) Reason for leaving

	Bray	Ballyfermot
Transfer to Medical Care	9	18
Left Voluntarily	11	33
Discharge - Unsuitable	3	11
Discharge - Non Attendance	2	6
Discharge - Illness	5	0
Transfer to Day Care	9	1
Transfer to Other Training	7	11
Completed Training*	1	1
Taken Up Employment	2	7
TOTAL	49	88

(Data not available for 1 Bray client)

*but had no job, etc., to go to.

4(d) Number employed and unemployed:

	Bray	Ballyfermot
Employed	4	10
Unemployed	45	77

4(e) Current status of the unemployed:

	Bray	Ballyfermot
Returned to medical care	9	30
In further training	8	10
Awaiting further training	2	5
Work experience programme	5	0
Further assessment	1	5
At home	2	1
Day care	6	6
Awaiting employment	2	0
Emigrated	0	4
Loss of contact	10	16
Deceased	1	1
TOTAL	46	78

4(f) Employment of those employed:

Bray Four Clients Are Reported Employed

Client 1 Has been employed on the family farm for the past year
Client 2 Has been a tea-boy in his father's firm for the past 9
 months
Client 3 Has been employed at Dunnes Stores for the past year
 and 9 months
Client 4 Has been employed as a domestic for the past 5 months

Ballfermot Ten Clients Are Reported Employed

Client 1 Has been employed as a domestic for the past 6 months
Client 2 Has been employed as a furniture restorer for the
 past 6 months
Client 3 Has been employed as a Hoffman pressor for the past
 year and 2 months
Client 4 Has been doing clerical work for the past 2 years and
 6 months
Client 5 Has been employed making springs for the past year
 and a half
Client 6 Has been employed as a cashier for the past 2 years
Client 7 Has been employed as a factory worker for the past 3
 years
Client 8 Has been employed with Hely-Hansen for the past 3
 years
Client 9 Has been employed at the Burlington Hotel on a casual
 basis since 1982.
Client 10 Employment and duration not available.

A P P E N D I X 3

QUESTIONNAIRE FOR ALL PRESENT TRAINEES

1. Age _____
2. Sex Female ☐ Male ☐
3. Married ☐ Single..... ☐
4. For how long have you been attending the Community Workshop?
Years _____ Months _____
5. Are you happy with the kind of work you do in general in the Workshop?
Yes _____ No _____
6. Are you happy with the training you get in the Workshop?
Yes _____ No _____
7. Would you like to change more often the type of work you do in the Workshop?
Yes _____ No _____
8. Do you think that the work you do in the Workshop will help you
get another job later?
Yes _____ No _____
9. How often, on average, do you meet your Placement or Vocational Officer,
- a. about once per month ☐
- b. about once every 3 months ☐
- c. about once every 6 months ☐
- d. about once per year ☐
- e. less than " " " " " ☐
10. Have you ever attended the:
- | | Rarely | Occasionally | Regularly |
|-------------------------------|--------|--------------|-----------|
| a. Remedial teacher | | | |
| b. Welfare Officer/Counsellor | | | |

11. Do you feel the need for:
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Remedial teaching | <input type="checkbox"/> | <input type="checkbox"/> |
| b. advice from the Welfare Officer/Counsellor | <input type="checkbox"/> | <input type="checkbox"/> |
-
12. Are you satisfied with the help given by the:
- | | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| a. Workshop Manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Supervisor/Instructors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Welfare Officer/Counsellor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Remedial Teacher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. EHB (eg. doctors, nurses, social workers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Placement/Vocational Officer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
13. Did any of the following cause problems:
- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. Getting to the Workshop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Housing | <input type="checkbox"/> | <input type="checkbox"/> |
14. Would you like ^{a hot} lunch in the Workshop: _a
- | | Yes | No |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
15. Are you on regular medication
- | | Yes | No |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
16. IF "YES", what for? _____

TO NEXT OF KIN

We invite you to fill in the enclosed questionnaire, which is similar to one already completed by the trainee. This will help us in a survey on the Rehab Community Workshops.

Please return the completed questionnaire to the Workshop.

Many thanks.

QUESTIONNAIRE FOR RELATIVES OF PRESENT TRAINEES

1. Name of trainee _____
2. What is your relationship to the trainee _____
3. Age of trainee _____
4. Sex of trainee Female ☐ Male ☐
5. Married ☐ Single ☐
6. For about how long has he/she been attending the Community Workshop
Years _____ Months _____
7. Are you happy with the kind of work he/she does in general in the Workshop
Yes _____ No _____
8. Are you happy with the training he/she gets in the Workshop
Yes _____ No _____
9. Would you like him/her to change more often the type of work he/she does in the Workshop Yes _____ No _____
10. Do you think that the work he/she does in the Workshop will help him/her get another job later
Yes _____ No _____

11. How often, on average, does he/she see his/her Placement or Vocational Officer:

a. about once per month

☐

b. about once every 3 months

☐

c. about once every 6 months

☐

d. about once per year

☐

e. about once every 2 to 3 years

☐

f. less often

☐

12. Have you spoken to the:

	Never/Rarely	Occasionally	Regularly
a. Workshop Manager			
b. Supervisor/Instructor			
c. Welfare Officer\Counsellor			
d. Remedial Teacher			
e. EHB Community Care Doctor or Nurse			
f. Vocational\Placement Officer			

13.	Do you think he/she can benefit from:	Yes	No
a.	Remedial teaching	<input type="checkbox"/>	<input type="checkbox"/>
b.	Advice from the Welfare Officer/Counsellor	<input type="checkbox"/>	<input type="checkbox"/>

14.	Are you satisfied with the help given to the trainee by the:	Yes	No	Don't Know
a.	Workshop Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Supervisor/Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Welfare Officer/Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Remedial Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Eastern Health Board Community Care doctors and Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	N.R.B. Placement\ Vocational Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15.	Do any of the following cause problems:	Yes	No
a.	Getting the trainee to the Workshop	<input type="checkbox"/>	<input type="checkbox"/>
b.	Housing for trainee	<input type="checkbox"/>	<input type="checkbox"/>

16.	Would you like him/her to	Yes	No
	have a hot lunch in the		
	Workshop	<input type="checkbox"/>	<input type="checkbox"/>

17. Any extra comments regarding his/her work and training in the Workshop and his/her and your contacts with the staff and the other trainees.

A P P E N D I X 4

- I am quite pleased with John in his job. He finds it very enjoyable.

- I would like some more social life for the trainees. Something like the Wheelchair Association used to have in Galway where they had socials for them. Sean enjoyed them but now he has nowhere to go. Also perhaps an open day once a year, or every six months where one could see all over the workshop. I have only seen it the day Sean started and it wasn't in production then, just opening. I think the workshop is a great help to Sean in every way. He is going out to work on the bus every day just like everyone else.

- David is a creature of habit, and has settled in to the work on the machines. However I would like him to have the opportunity of trying some other kind of work for a period to see how he would perform.

- Just a word of thanks for the excellence of her training in the workshop and all help received from the staff and other trainees.

- Social employment should be given premier thought.

- The work is all right. But I don't think an outside job would come out of it.

- I cannot express my gratitude enough for all the kindness, care and consideration given to my daughter since she first attended the Rehabilitation Centre in Ballyfermot. The atmosphere is friendly, warm and free from stress. While at the same time those in charge contribute in every possible way to the maturation and development of the trainee. I cannot speak too highly of Mr. Brady and his team.

- Would like to have James do a small course on learning to read and write.

- Brendan is very happy with everything as it is but he has surprised me at times by doing things which I would have thought were far beyond him. This seems to suggest that he is capable of doing more difficult work but at the same time, he is not able to work under stress which makes him content with the present arrangement. I admit I don't know what could be done about this but he is certainly not working at his full potential at present. I would love to discuss this with someone if it could be arranged.
- On Jim's report from working conditions I am satisfied. Thank You.
- I would like to meet the people involved in the workshop where Anthony is working. We have not been invited to any kind of meeting with the workshop staff and as they are a busy and work like environment I would not like to interfere. Only once since Anthony started in Rehab. have we had a E.H.B. doctor call. Anthony is very happy with the work he is doing in the workshop and we have no complaints whatsoever.
- Because of the distance between my place of employment and Rehab. it is not possible for me to make formal contact with the staff. I have attended on social occasions and will continue to do so. I wonder are there facilities such as clubs, etc. that George could join. I feel that he could benefit greatly from greater social contact and activity.
- We feel that she has benefited a lot by being in the workshop. The staff have been very helpful in working with us in Sh... House to do what is best for her. We would hope that this contact would continue.
- Not enough liason between trainees' Counsellors, Welfare Officers and Placement Officers.

I would like to know if John has any chance of getting a full time job when training is over, and could you tell me when training is over. John doesn't seem to think he will get any kind of job when it is, could you please give me more details about job chances.

I would like him to do some woodwork as he says it is what he would like to do. Also I think he would be good at assembly.

I would prefer that better contact be kept between the trainee's workshop and his home. It is very hard to assess how the trainee is doing when one never hears from officers in the workshop.

I am satisfied with all the help Michael has received so far during his training in the workshop. He gets on well with the staff and trainees. I would like to see Michael go out into a fulltime job as soon as possible.

I would like to see more care taken and more interest in the trainees, and given a better chance in life.

Trainee has to get up every morning at 6.45am to be in her place of work in time. In my opinion that is a bit too early for a young girl to be getting up.

As I have never been asked to go to the Rehab. and have'nt met anyone who is connected with Mary, I found it really hard to answer some of the questions. I feel that if I were able to visit the Rehab., I would be in a better position to do so. When Mary was in Pleasant Wear, I was contacted and told of her progress, also to come and see for myself. I have never been to Ballyfermot or given any information.

- Without the workshop there would be nothing for Mary to do. Having said that, there is no contact at all between me and the staff. I've met other trainees at the very occasional Disco that is run in the C.I.E. Hall, which is great for them and they have such a good time. I think it is a pity there's not more social get-togethers for them and perhaps some sort of home work to keep them occupied.

- The staff of the workshop are doing a very good job for her. I wonder if it would be better to find out a trainee's best project and gear the last year of training to that, with the view to open employment of possible with each separate trainee.

Since nobody has ever been in contact with me regarding her, I think a report of some kind should be sent out and then maybe we could have a talk about it.

- She can do more - needs to be stretched a little, otherwise she can either stay in a rut or go backwards. I have had very little contact with the staff. I have not met any other trainee possibly because she lives so far from the workshop.

- I would hope that John learns something more than just packing things into boxes. I think he is intelligent enough to learn something better.

- John is happy with the work he is at now, but would rather be in the woodwork section.

- I would like to receive a report at least once a year on his progress.
If there is a Remedial Teacher available to help, I would like some information.
- I am quite satisfied with his progress in the workshop and he is very happy there.

We feel that there should be more liason regarding progress and opportunities.
- As I seldom have contact with the Personnel in the workshop I don't really know what is taking place apart from what John tells me. I would welcome an opportunity to meet with the social worker and remedial teacher, as soon as possible.
- My daughter has been and continues to be very happy at the workshop. The most important thing is for her to be occupied. She settled very well and very quickly there and has been more contented than she was for a couple of years beforehand. She does not adapt well to change or pressure. I would like to have more communication with the staff. Up to now I have hesitated to intrude as I realize after all that it is not school. I would like to know how the staff find her and her progress. She appears to get on well with the other trainees and talks a lot about them. She meets one or two of the girls at weekends, which is a great help as she is a rather lonely person and craves more and more company and social life than we can manage to provide for her.
- Suggest that employment positions reserved for disabled people in the Public Service be availed of.
- I find it a little difficult to answer some of the questions as I have never visited the workshop or in fact met any of the Officers or Instructors there. Michael always seems to be content and happy with his job.

He mixes well with trainees and staff. He would like to go to the Remedial teacher as he is backward in education. As we are members of the local Rehab. Committee for the past 12 years, we are keenly interested in the welfare of the trainees. We would suggest some more social activity. Also if possible to make some provision for trainees to attend their church on Holy days of Obligation, especially in the Winter where they would have to come out a second time.

(1) More help given in preparing trainee to be independent and to be able to look after him/her self when the parents are gone, like how to manage household bills, cooking and chores. (2) Cash registers brought in to show trainee how they are worked thus enabling he/she to procure a job in a shop or supermarket. (3) To show trainee to launder clothes properly and perhaps get a job in a laundry etc., also window cleaning, painting, carpentry, gardening etc. for the male trainee. (4) To show trainee to do arts and crafts (basket making, rug making, lampshades, knitting, sewing, jewellery making, patchwork quilts) artificial flowers, tweed picture making where there is a great demand etc. A market could be set up to sell products and make money. All these things would make life more interesting for the trainee rather than the monotonous work they are doing at present. (5) Calling all parents or guardians of trainees to a meeting in the workshop once or twice a year to discuss various problems and suggestions, thus helping to meet staff and be in closer touch with them.

We have had very little contact with anyone from the Workshop, so therefore we cannot comment. The only occasion would be Christmas parties or the anniversary party. The 45A bus is a total disaster and has been for four years. We have constantly complained to C.I.E. but to no avail.

- I am extremely pleased and grateful to the staff for the care and interest shown to Mary at the workshop.
- I would like to have a progress report regularly.
- She gets on well with the trainees and the supervisors are very fair.
- We are very happy with the staff at present in the Centre and the great atmosphere amongst the trainees since the new management took over. I would like to see more parents of the trainees taking more of an interest in the Centre.
- There seems to be a lack of commitment to getting John to and from work. I think that this can cause John to feel that his contribution at work is not of much importance and has a bad effect on his self esteem. A disabled person should have the same access to transport as his more able workmates who have free public transport every day. These comments do not apply to the period when Mr. Hogg was at Wicklow Rehab. as there was always transport during that time.
- I have called to the workshop on several occasions and seen people there but I find it hard to identify who is in charge and although I am not made feel unwelcome I would like someone to co-ordinate and inform me beforehand who is who. When I go there I feel very conspicuous and I don't like to interrupt the work. Likewise when I was in telephone contact it depended on who answered the phone as to whether I was able to make a personal contact with any superior. I am very anxious to know who is in charge - mainly a list of names for each service as I was unaware until this questionnaire that so many were involved. Certainly. I understand the difficulty in my sisters case, as she is deaf and therefore hard to communicate with,

but I feel that the welfare officer should have contacted me on some occasion as I specifically told them at Rehab. when I called that I live locally and was available at anytime for contact. I discovered for instance that my sister was travelling not by Rehab minibus but by CIE for many weeks when she joined the workshop and had great difficulty getting them to agree to include her in minibus travel. Likewise she still has no CIE pass for her weekends and her holiday travel and she is entitled to this. On Fridays when she comes to me (every second weekend) she walks even if it wet and came several times soaked to the skin. I know that the minibus is available to drop her at the Town Hall which is very close to our house. I don't know who to contact as her Placement Officer placed her, after three months and with much pressure from me to hurry it up and then disappeared into the wilderness of N.R.B., never to be seen or heard of again. Maybe someone will follow this up with a list of names not titles to contact.

• It is very hard to judge with John only attending for a short time, but certainly the help and co-operation from Mr. Brady is very enlightening and at all times he is ready to make himself available to you. John in our opinion seems to be gaining that little bit of confidence and if we can in any way help, we would only be too happy to do so.

- (a) There is a critical and urgent need for the provision of sheltered employment for trainees who are not suitable for open employment and for trainees who are suitable for open employment but cannot obtain it. Ireland and Greece are the only two member countries of the E.E.C. which have no provision for sheltered employment for handicapped persons.
 - (b) The range of skills for which training is provided in the general section of the workshop is very limited. Training is needed in a wider range of skills. (c) The time allotted for remedial teaching is much too short.
 - (d) The above comments are not to be taken in any way as a reflection on the staff of the workshop, who have always been most helpful.
-
- I thought when my daughter went to the workshop she would learn some domestic work, as she is unable to cook and I am not in very good health myself. It would be handy for her as if anything happened to me, at least she would know something about housework. I would not like to see her put into a home. I would like if you were more firm with the boys up there as I have been told that they are always talking about sex and she was'nt brought up to listen to that talk. I also think it only cheap labour in the workshop.

A P P E N D I X 5



**EASTERN
HEALTH
BOARD**

BORD
SLAINTE
AN OIRTHIR

RESEARCH DEPARTMENT
P.O. Box 41A
Garden Hill
1 James's Street
Dublin 8
Tel 538281

9th August, 1985

Dear Sir/Madam

We are doing a survey of former clients of the Rehab. Community Workshops and are sending out questionnaires to all those who have left the Workshops.

There are two questionnaires, one for you the client and one for the next of kin. We would be very grateful if you and/or your next of kin could fill in the enclosed questionnaires.

We would very much like to have both questionnaires completed but would also be very thankful if it is possible to complete only one of these questionnaires.

We enclose a stamped addressed envelope for returning the questionnaires.

Yours sincerely

Dr. Michael Delmonte

encs.

DR J H CULLEN, CLINICAL DIRECTOR

QUESTIONNAIRES FOR FORMER TRAINEES
OF THE BALLYFERMOT AND BRAY COMMUNITY WORKSHOPS

1. Name _____

2. Address _____

3. Age _____

4. Male ☐ Female ☐

5. Married ☐ Single ☐

6. Which Community Workshop did you attend:

Bray ☐ Ballyfermot ☐ Both ☐

7. How long ago is it since you attended the Bray or Ballyfermot Community Workshops:

Years ☐ Months ☐

8. For how long were you attending the Community Workshop:

Years ☐ Months ☐

Why did you leave (you may tick more than one box):

- a. Went for training elsewhere..... ☐
(state where)
-
- b. Placed in sheltered employment..... ☐
-
- c. Got a job..... ☐
-
- d. Completed training..... ☐
-
- e. Illness..... ☐
(state type)
-
- f. Placed in a day-care centre..... ☐
-
- g. Discharged..... ☐
(please state why)
-
- h. To look for a job ☐
-
- i. The work was boring..... ☐
-
- j. The work was too difficult..... ☐
-
- k. Did not get on with other trainees..... ☐
-
- l. Did not get on with the staff..... ☐
-
- m. Left voluntarily..... ☐
-
- n. Other..... ☐
(please state .)
-

10. Are you happy with the kind of work you did in general, in the Workshop:

Yes

☐

No

☐

11. Are you happy with the training you got in the Workshop:

Yes

☐

No

☐

12. Would you have liked to have changed more often the type of work you did in the Workshop:

Yes

☐

No

☐

13. Do you think that the type of work you did in the Workshop would help you get another job:

Yes

☐

No

☐

14. How often, on average, did you see your Placement or Vocational Officer:

a.

About once a month.....

☐

b.

About once every 3 months.....

☐

c.

About once every 6 months.....

☐

d.

About once a year.....

☐

e.

About once every 2 to 3 years.....

☐

f.

Less often.....

☐

15. Were you happy with the help given to you by the:

	Yes	No	Don't Know
a. Workshop Manager.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supervisors/Instructors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Welfare Officer/Counsellor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Remedial Teacher.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. E.H.B. Community Care Doctor or Nurse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Placement/Vocational Officers..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Did any of the following cause you problems:

	Yes	No
a. Getting to the Workshop.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing.....	<input type="checkbox"/>	<input type="checkbox"/>

17. Would you like to have had hot meals
in the Workshop:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

18. Are you now:

a. Working..... ☐

b. Unemployed..... ☐

c. Looking for a job..... ☐

d. In medical care..... ☐

e. In further training..... ☐

f. Other. (*please state*)..... ☐

**QUESTIONNAIRE FOR RELATIVES OF FORMER TRAINEES
OF THE BRAY AND BALLYFERMOT COMMUNITY WORKSHOPS**

1. Name of trainee _____
Address _____
2. What is your relationship to the trainee _____
3. Age of trainee _____
4. Sex of trainee Female ☐ Male ☐
5. Married ☐ Single ☐
6. Which community workshop did he/she attend:
Bray ☐ Ballyfermot ☐ Both ☐
7. How long ago approximately did he/she leave the workshop:
Years _____ Months _____
8. For about how long did he/she attend the Community Workshop:
Years _____ Months _____

Why did he/she leave (you may tick more than one box):

a. Went for training elsewhere
state where:

☐

b. Placed in sheltered employment

☐

c. Got a job

☐

d. Completed training

☐

e. Illness
state type:

☐

f. Placed in day-care centre

☐

g. Discharged
state why:

☐

h. To look for a job

☐

i. The work was too boring

☐

j. The work was too difficult

☐

k. Did not get on with other trainees

☐

l. Did not get on with the staff

☐

m. Left voluntarily

☐

n. Other reason
please state:

☐

Were you happy with the kind of work he/she did in general in the
Workshop Yes No

11. Were you happy with the training he/she got in the Workshop
Yes _____ No _____

12. Would you have liked him/her to have changed more often the type of work he/she did in the Workshop
Yes _____ No _____

13. Do you think that the work he/she did in the Workshop could help him/her get another job
Yes _____ No _____

14. How often, on average, did he/she see his/her Placement or Vocational Officer:

- | | | |
|----|--------------------------------------|--------------------------|
| a. | <u>about once per month</u> | <input type="checkbox"/> |
| b. | <u>about once every 3 months</u> | <input type="checkbox"/> |
| c. | <u>about once every 6 months</u> | <input type="checkbox"/> |
| d. | <u>about once per year</u> | <input type="checkbox"/> |
| e. | <u>about once every 2 to 3 years</u> | <input type="checkbox"/> |
| f. | <u>less often</u> | <input type="checkbox"/> |

15. Were you satisfied with the help given to the trainee by the:

	Yes	No	Don't Know
a. Workshop Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supervisor/Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Welfare Officer/Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Remedial Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eastern Health Board Community Care Doctors and Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. N.R.B. Placement/ Vocational Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Did any of the following cause problems:

	Yes	No
a. Getting the trainee to the Workshop	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing for trainee	<input type="checkbox"/>	<input type="checkbox"/>

17. Would you have liked him/her to have had a hot lunch in the Workshop

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

18. What is he/she doing now (you may tick more than one box):

a. Working

☐

b. Unemployed

☐

c. Looking for a job

☐

d. In medical care

☐

e. In further training

☐

f. Other

☐

please state:

19. Did you ever speak to the:

	Never	Rarely	Occasionally	Regularly
a. Workshop Manager				
b. Supervisor/Instructor				
c. Welfare Officer\Counsellor				
d. Remedial Teacher				
e. EHB Community Care Doctor or Nurse				
f. Vocational\Placement Officer				

20. Any extra comments regarding his/her work and training in the Workshop, his/her reasons for leaving the Workshop:

A P P E N D I X 6

28/11/85

Dear Sir/Madam

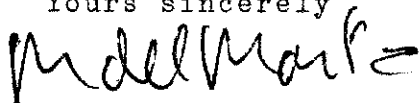
We are doing a survey, in collaboration with the National Rehabilitation Board (NRB), of people who one day may attend either the Bray or Ballyfermot Community Workshops run by Rehab. The NRB informed us that you are on a waiting list for one of these Workshops

There are two questionnaires, one for you, a possible client, and one for your next of kin. We would be very grateful if you and/or your next of kin could fill in the enclosed questionnaires.

We would very much like to have both questionnaires completed but would also be very thankful if it is possible to complete only one of these questionnaires.

We enclose a stamped addressed envelope for returning the questionnaires. All information received will be treated with the strictest clinical confidence.

Yours sincerely



Dr. Michael Delmonte

encls.

**QUESTIONNAIRES FOR THOSE WHO MAY ATTEND
THE REHAB COMMUNITY WORKSHOP**

1. Name _____
2. Address _____
3. Age _____
4. Did you ever attend the Bray or Ballyfermot Community Workshops,
run by REHAB for the disabled?
- | | |
|------------------------------|------------------------------|
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Bray | Ballyfermot |
| No <input type="checkbox"/> | No <input type="checkbox"/> |
5. Would you like to attend one of these Community Workshops?
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
|------------------------------|-----------------------------|-------------------------------------|
6. If "No", why not? State reasons _____
7. What do you think these Community Workshops are for?
- | | |
|---|----------------------------------|
| Training <input type="checkbox"/> | Working <input type="checkbox"/> |
| Other (Please State) _____ <input type="checkbox"/> | |
| (you may tick more than one box) | |
8. Which would you prefer:
- (a) to be trained in the Workshop for a job outside
the Workshop ☐
- (b) to stay on working in the Workshop for a long time ☐
9. Did you ever have an interview or meeting with the National
Rehabilitation Board (NRB) staff?
- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|
10. Are you satisfied with your contacts with the NRB staff?
- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

11. Are you happy with the choice of placements offered by the NRB?
Yes ☐ No ☐
12. Do you think you were involved enough by the NRB in the decisions being made about your future?
Yes ☐ No ☐
13. Did you ever have an interview or meeting with Eastern Health Board (EHB) staff (e.g., doctors, nurses, etc.)?
Yes ☐ No ☐
14. Are you satisfied with your contacts with the EHB staff?
Yes ☐ No ☐
15. Are you satisfied with the EHB services?
Yes ☐ No ☐
16. Would any of the following cause problems? Yes No
- | | | | |
|----|-------------------------|--------------------------|--------------------------|
| a. | getting to the Workshop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | housing | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | money | <input type="checkbox"/> | <input type="checkbox"/> |
17. If "Yes", please state why _____

18. Any extra comments on the service offered by the EHB?

19. Any extra comments on the services offered by the NRB?

QUESTIONNAIRES FOR RELATIVES OF THOSE WHO MAY ATTEND
THE REHAB COMMUNITY WORKSHOP

1. Name of likely attender _____
2. Address _____
3. Age _____
4. What is your relationship to the likely attender?

5. Did he/she ever attend the Bray or Ballyfermot Community Workshops run by REHAB for the disabled?
- | | |
|------------------------------|------------------------------|
| Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Bray | Ballyfermot |
| No <input type="checkbox"/> | No <input type="checkbox"/> |
6. Would you like him/her to attend one of these Community Workshops?
- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
|------------------------------|-----------------------------|-------------------------------------|
7. If "No", why not? State reasons _____
8. What do you think these Community Workshops are for?
- | | |
|---|----------------------------------|
| Training <input type="checkbox"/> | Working <input type="checkbox"/> |
| Other (Please State) _____ <input type="checkbox"/> | |
| (you may tick more than one box) | |
9. Which would you prefer:
- (a) for the Workshop to train people for jobs outside of the Workshop ☐
- (b) for people to stay on working in the Workshop for a long time ☐
10. Did you ever have an interview or meeting with the National Rehabilitation Board (NRB) staff?
- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

11. Are you satisfied with your contacts with the NRB staff?
Yes ☐ No ☐
12. Are you happy with the choice of placements offered by the NRB?
Yes ☐ No ☐
13. Do you think you were involved enough by the NRB in the decisions being made about his/her future?
Yes ☐ No ☐
14. Did you ever have an interview or meeting with Eastern Health Board (EHB) staff (e.g., doctors, nurses, etc.)?
Yes ☐ No ☐
15. Are you satisfied with your contacts with the EHB staff?
Yes ☐ No ☐
16. Are you satisfied with the EHB services?
Yes ☐ No ☐
17. Would any of the following cause problems?
- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. getting to the Workshop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. housing | <input type="checkbox"/> | <input type="checkbox"/> |
| c. money | <input type="checkbox"/> | <input type="checkbox"/> |
18. If "Yes", please state why _____

19. Any extra comments on the service offered by the EHB?

20. Any extra comments on the service offered by the NRB?