



TRAINING AND EMPLOYING THE HANDICAPPED

**REPORT OF A WORKING PARTY
ESTABLISHED BY THE
MINISTER FOR HEALTH**

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A great many handicapped persons are willing and able to work. Some require special training; others need special conditions of employment. The important thing is that no one should be denied the opportunity to work even if it requires a special effort by society to enable him to do so. The alternative of providing financial assistance, no matter how generous, to compensate the disabled person for his impairment is not a sufficient answer. It may be the only one in some instances, but for many it ignores the deeper psychological needs of the individual, the satisfaction derived from being a useful member of the community, the enhanced dignity of the worker. The purpose of this report is to help create the circumstances in which as many as possible of our handicapped citizens will be helped to achieve that dignity.

Members of Working Party

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Department of Health

Mr. John Bermingham, Secretary,
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Dr. Patrick J. Power, Chief Psychiatrist,
Our Lady's Hospital, Ennis

Mr. James Scott, Department of Health,
acted as Secretary to the Working Party.

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Preliminary

Appointment of Working Party

The Working Party was appointed by the Minister for Health and Social Welfare, Mr. Brendan Corish, T.D., in December 1973 and its inaugural meeting on Friday, 11th January, 1974, was addressed by Mr. Frank Cluskey, T.D., Parliamentary Secretary to the Minister for Social Welfare.

Procedure

The Working Party met on 22 days.

Members of the group visited the following training and employment centres in this country—

AnCO Training Centre, Ballyfermot, Dublin
Ballindine, Co. Mayo—site of proposed training centre of the Physically Handicapped and Disabled Drivers Association
Board for the Employment of the Blind, Dublin
Central Remedial Clinic, Dublin
Cherry Group Workshop, Ballyfermot, Dublin
Cork Polio and After Care Association:
—H.E.L.P. Industries Workshop, Togher, Cork
—Work Training Centres, Beech Hill, Montenotte, Cork
Eastern Health Board, Industrial Therapy Unit, Hanbury Lane, Dublin
Rehabilitation Institute's Training Centres at:
—Basin Lane, Dublin
—John Street, Cork
—Portland Row, Dublin
National Medical Rehabilitation Centre, Dun Laoghaire
Our Lady's Hospital, Cork, Industrial Therapy Unit
Ross Products Ltd., Killarney
Toghermore Re-ablement Centre, Tuam.

A number of members also visited the following centres abroad—

Actio Vincit Omnia, Private Workshop, The Hague

Physical Medicine Department, Westminster Hospital, Horseferry Road, London
Department of Social Employment, The Hague, Holland
Department for Employment:
—Ebury Bridge House, Ebury Road, London;
—Industrial Rehabilitation Unit, Garston Manor, Watford, England;
—Occupational Guidance Unit, Atlantic House, Farringdon Street, London;
R'Gravenhaagse Vereniging Dr. Schroeder V.D. Kolk 'Gravenhage, Holland
Municipal Workshop "Zichtenburg", The Hague, Holland.

The Working Party had discussions with representatives of the following organisations:

Cork Polio and General After-Care Association
Irish Wheelchair Association
Mental Health Association of Ireland
National Association for the Mentally Handicapped of Ireland
National Council for the Blind
National League of the Blind
Physically Handicapped and Disabled Drivers Association
Rehabilitation Institute Ltd., St. Michael's House Association of Parents and Friends of the Mentally Handicapped
Union of Voluntary Organisations for the Handicapped.

The following persons kindly accepted an invitation to give their views to a meeting of the Working Party:

Dr. Ciaran Barry, Medical Director, Central Remedial Clinic
Mr. Alec Brownlee, Manager, R.E.T.O.S. Ltd.
Dr. H. Counihan, Consultant Physician, St. Laurence's Hospital
Mr. T. Gillen, Special Schools Division, Department of Education
Mr. Michael Kenny, Manager, H.E.L.P. Industries
Mr. L. Mulcahy, Assistant Chief Inspector, Post Primary Schools,

Department of Education
Dr. B. O'Donnell, Chief Medical
Officer, Eastern Health Board
Mr. T. Ó Cuilleánáin, Deputy Chief
Inspector, Primary Branch, Department
of Education
Dr. J. Quill, St. Anthony's
Rehabilitation Centre
Mr. J. Quilligan, Placement Manager,
National Rehabilitation Board
Dr. T. F. Shine, Medical Adviser,
Department of Social Welfare.

**Written submissions were
received from the following:**

Cheshire Foundation of Ireland
Cheshire Home, Shillelagh
County Tipperary Association for
Mentally Handicapped Children
Eastern Health Board
Galway County Association for
Mentally Handicapped Children
Irish Wheelchair Association
Mental Health Association of Ireland
Midland Health Board
National Association for the Deaf
National Association of Cerebral Palsy
National Council for the Blind of
Ireland
National League for the Blind

National Rehabilitation Board Staff
Association
Prendergast, M. C., Miss
St. Dymphna's Training Centre, Dublin
St. Mary's Hospital, Baldoye
St. Raphael's Parents and Friends
Association, Celbridge
Sisters of Charity, St. Vincent's Day
and Residential School, Lisnagry
Southern Health Board.

**Acting on behalf of the Working
Party a group of technical
experts from AnCO visited the
following centres:**

Central Remedial Clinic, Clontarf,
Dublin
Rehabilitation Institute Ltd., Training
Centre,
—Cork
—Limerick
—Basin Lane, Dublin
—Northbrook Road, Dublin
—Portland Row, Dublin
—Pleasant Street, Dublin
R.E.T.O.S. Shannon Industrial Estate
Toghermore Re-ablement Centre,
Tuam.
St. Michael's House Workshop
Griffith Barracks, Dublin

Acknowledgement

The Working Party is very grateful to the many individuals and organisations mentioned above who were of such great assistance in helping us to complete our task. In particular we would like to thank Mr. James Scott who acted as Secretary to the Party and who organised its affairs in a very efficient way. Thanks are also due to the National Rehabilitation Board for making facilities available for meetings and especially to Mrs. K. Davie of the Board's staff for her kind help and attention.

Glossary of Terms

Activation

A process aimed at preparing the handicapped person physically and mentally for restoration or introduction to a working life. It includes the development of social habits, discipline and behaviour in order to facilitate his adjustment to a work environment.

Assessment

In the context of this report means an investigation and description of the work potential of the handicapped person.

Community Workshop

A centre serving a particular community which (i) provides activation training to fit the handicapped person for, if possible, open employment and (ii) provides sheltered employment for those handicapped persons unable to take up or retain employment in the open labour market.

Handicap

Any limitation, congenital or acquired, of a person's physical or mental ability which affects his daily activity and work by reducing his social contribution, his vocational employment prospects or his ability to use public services.

Handicapped Person

A person whose handicap comes within the terms of the foregoing definition.

Occupational Centre

In the context of this report means a centre where a handicapped person capable only of productive work at a rate below the minimum set for sheltered employment is occupied, usually on a non-residential basis.

Occupational Training

Is that part of the rehabilitation programme for a handicapped person specifically related to fitting him for employment.

Occupational Therapy

Is a therapeutic procedure and not a training process which aims to assist the recovery of a patient from a physical or mental illness by involving him in various occupational activities. The role of an occupational therapist may not, however, be confined to this work.

Rehabilitation

The development or restoration to the maximum extent of a handicapped person's physical, mental, occupational and social potential.

Chapter One

Present arrangements for training and employing the handicapped

Administration of the health services

1.1 The Department of Health, under the direction of the Minister for Health, is responsible for the central direction of health services. This responsibility includes the determination of national policy, the preparation of legislation and the financing of the services.

1.2 The organisation and provision of health services at local level is the responsibility of health boards. For this purpose the country is divided into eight areas (see illustration), each administered by a health board, which includes representatives of the main local authorities and of the medical and para-medical professions. The operation and planning of the health services in each health board area is carried out under three separate "programmes"—general hospitals, special hospitals and community care—with a Programme Manager in charge of each. At the moment community care services are being restructured. The intention is to divide each health board into a number of community care districts each under the direction of a Director of Community Care.

1.3 The cost of the operation of the health services is borne partially by central taxation and partially by local taxation. In accordance with Government policy the cost will shortly be transferred entirely to central taxation.

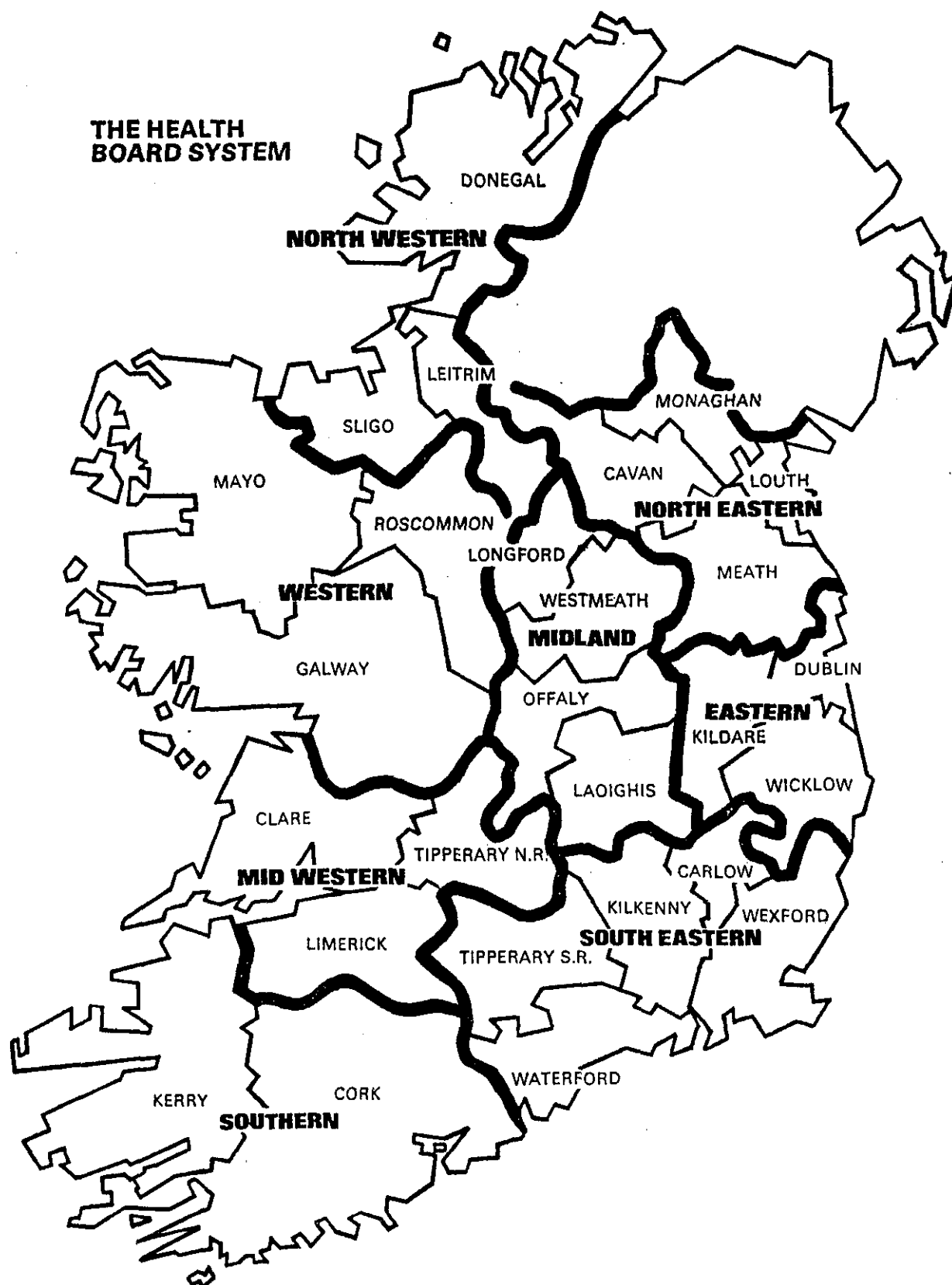
1.4 As well as the health boards there are many voluntary bodies involved in the provision of health services and these are supported in varying degrees from public funds.

General provisions for the handicapped

1.5 The provision of services for handicapped persons in Ireland, including occupational training, comes within the scope of the health services. The Industrial Training Authority (AnCO), which is the Government agency responsible for all industrial and commercial training, other than primary production in agriculture and professional training, may provide training for handicapped persons but to date it has not become involved in this activity to any significant degree.

1.6 Occupational rehabilitation is regarded as an integral part of the services provided for handicapped persons. The Health Act, 1970 (section 68) obliges health boards to make available services for the training of handicapped persons for employment suitable to their condition of health. For this purpose boards are empowered to maintain premises, workshops, farms, gardens and other facilities. A board may, instead of providing these facilities, pay other bodies for doing so. A health board may also provide the disabled person with tools and materials where he cannot afford the cost of them. The duties of the board extend to the making of arrangements with employers for placing disabled persons in suitable work.

1.7 Under regulations made in accordance with section 69 of the Health Act, 1970, a health board is enabled to pay a maintenance allowance to a disabled person over 16 years of age where the income of the person and the person's spouse is inadequate. Allowances are not payable to persons maintained at public expense in institutions. At the time of the preparation of this report the maximum allowance payable was £7.00 per week. The total number of persons in receipt of the allowance on 31 March 1974 was 26,820.



1.8 There are special provisions for handicapped persons requiring occupational training. To be eligible a person must be over sixteen years and be substantially handicapped in undertaking work suited to his age, experience and qualifications. A health board may contribute to the cost of his training for employment. The payment of training grants is not subject to a means test and the grant as at October 1974 was £14 per month per trainee. The training grants are paid direct to the body providing the training service.

1.9 A health board may also pay a special maintenance allowance to a disabled person undergoing training. In determining the amount of a maintenance allowance a health board has regard to the income of that person and of his spouse other than income from social assistance funds. The maximum rate of allowance as at October 1974 was £8 per week. This allowance is paid to persons who have to reside in lodgings or to voluntary bodies where persons are training at residential centres. The number of persons receiving accommodation allowances on 31 March 1974 was 190.

A health board may also pay a grant not exceeding £500 to a disabled person who has secured employment or has a prospect of employment to enable him to purchase motorised transport where such transport is considered essential. Forty such grants were paid in 1973.

National Rehabilitation Board

1.10 In 1967 the Minister for Health established the National Rehabilitation Board under the Health (Corporate Bodies) Act 1961. The Board consists of not more than 20 members, inclusive of the chairman and all members give their services in a voluntary capacity. The Board is charged with the function of supervising, operating, or arranging for the operation of services for the welfare of persons who are disabled

as a result of physical defect or injury, mental handicap or mental illness. The services include the following:

- (a) the co-ordination of voluntary bodies engaged in the provision of rehabilitation and training services for disabled persons;
- (b) the giving of medical treatment to disabled persons;
- (c) the provision of a service for the assessment of disability and the giving of vocational guidance to disabled persons;
- (d) the training of disabled persons for employment suitable to their condition of health;
- (e) the provision of a service for the placement of disabled persons in employment;
- (f) the making of arrangements with other bodies for training disabled persons.

Other functions include the furnishing to the Minister or to any health board of advice, information and assistance in relation to any aspect of rehabilitation services. The Board is also charged with the provision of courses of training for students of occupational therapy and speech therapy.

1.11 The Board is associated with the Sisters of Mercy in the operation of the National Medical Rehabilitation Centre at Dun Laoghaire, where highly specialised medical, para-medical and nursing care as well as occupational and recreational therapy are provided for persons suffering from a wide variety of physical disabilities. The Centre has a specially equipped unit for the care and treatment of paraplegic cases and it is also the headquarters of a national limb fitting service. The Centre pioneered work in medical and vocational assessment in this country. Persons with severe and complex disabilities may require the facilities of the Centre for full assessment. The College of Occupational Therapy administered

by the Board with an annual intake of about 25 students is located in the grounds of the Centre.

1.12 The Board is responsible for providing a hearing aid and educational advisory service for the deaf and hard of hearing. This service is based at the Board's headquarters, Clyde Road, Dublin. Teams consisting of teachers of the deaf and audiometricians regularly visit some 25-30 clinics throughout the country.

1.13 An important aspect of the Board's work is its assessment and placement service for handicapped persons. The assessment service is provided free on a national basis and operates under the chairmanship of a medical doctor. In the ordinary way an assessment is made by a placement officer with medical advice. Where necessary a comprehensive individual assessment is made by a team, which includes psychologists, adult placement officers, youth employment officers and welfare officers. The services of consultants in various medical disciplines may be called upon from time to time. Assessment is on a day basis and is followed by a case conference, which recommends, as appropriate, the disabled person for education, skilled training, direct placement or sheltered work. In the year ended 31 December 1973 approximately 300 assessments were made. Persons from the Eastern, North Eastern and Midland health board areas are assessed at Dublin. In other areas assessment is made locally by a visiting psychologist from the Board and the case history is referred to Dublin where the case conference is held.

The placement service

1.14 It operates from regional offices at Cork, Waterford, Limerick, Galway, Sligo, Mullingar, Dundalk and is supervised from the Board's headquarters in Dublin. Eighteen

placement officers including a placement manager are employed. The Board also operates a youth employment and advisory service for disabled youths up to eighteen years. An officer from the service visits schools for the handicapped or schools where handicapped students are catered for in special classes and provides career guidance and arranges for further education or employment as suitable. There are six youth employment officers at present employed, who operate in the Eastern, Southern and South Eastern Health Board areas while in other regions youth cases are dealt with by the adult placement officer.

1.15 The object of the placement service is to place people with a mental or physical disability in suitable employment. The adult placement officers and the youth employment officers co-operate closely with the health boards and the voluntary bodies catering for the various types of disability. Cases coming to the attention of medical officers of health boards are passed to the placement service as a matter of routine.

1.16 During the three years ended 31 December 1973 the total number placed in open employment was 2,040 adults and 292 youths. In the same period 224 adults and 68 youths were provided with sheltered work.

1.17 The National Rehabilitation Board also has an important advisory function in that all new proposals for rehabilitation services are examined by the Board and recommendations are made to the Minister for Health particularly in regard to the financial implications involved. Grants paid by the Board to voluntary organisations for the training and employment of the handicapped are subject to the approval of the Minister for Health.

1.18 The Board has set up a sub-committee in relation to children

suffering from spina bifida. This committee has representatives from the Board, Our Lady's Hospital, Crumlin, St. Laurence's Hospital, Dublin, the National Medical Rehabilitation Centre and St. Finbar's Hospital, Cork. A social worker and a secretary are employed by the Board to co-operate with the hospitals and to compile a register of all children suffering from spina bifida and to ensure the follow-up services will be provided as required.

Training and sheltered employment services

1.19 So that the contents of this report may be clearly understood it is important to distinguish between the training and the sheltered employment of the handicapped. Training in the context of this report refers to the training in skills of suitable handicapped persons leading on to employment in the open labour market. Courses of training normally have a fixed duration. Sheltered employment on the other hand refers to the employment for indefinite periods in special conditions of handicapped persons who are not suitable for open employment. Some of these persons will achieve a level of competence at their work which will eventually fit them, too, for open employment.

1.20 The present services for the training of handicapped persons have developed piece-meal rather than to an overall plan. To a considerable extent this training has been undertaken by voluntary bodies on their own initiative. While there has been support from public funds for these bodies in the form of training fees and capital grants, in the main they have been financed by voluntary contributions and by revenue from the sales of the output of the handicapped workers. Sixteen different centres operated by voluntary bodies catering for about 600 trainees have been approved by the Minister for Health for support

from public funds. These are listed in appendix A. The skills taught in those centres are varied and include secretarial work, light engineering, upholstery, woodwork, garment making, craftwork, domestic science, watch repairs, shirt-making, light assembly work, garage forecourt attendants, leatherwork and horticulture.

1.21 The health boards themselves do not operate training schemes but a considerable amount of work activation is carried on in the boards' psychiatric hospitals and this is described in paragraphs 1.29 and 1.30.

1.22 Many of the special residential homes and some of the day centres operated by religious communities and voluntary organisations for the mentally handicapped also have occupational activities associated with them but here again the emphasis has been on the therapeutic and activation aspects rather than on occupational training. The mentally handicapped are dealt with in more detail in paragraphs 1.34 *et seq.*

1.23 Some voluntary organisations operate sheltered workshops as well as training centres. Other organisations provide sheltered employment only and are not involved in training to any significant degree. Centres which are largely of a sheltered employment nature are listed in appendix C. All are assisted in varying degrees from public funds. In general the voluntary organisations involve local employer, trade union, business and professional interests in the operation of their activities.

1.24 In a small number of cases health boards contribute to the training of handicapped persons in universities, technological colleges, agricultural colleges and in trade apprenticeships. In the normal course

the assessment team recommends whether or not a disabled person has the basic educational standard to follow third level education.

1.25 The majority of training centres are run by the Rehabilitation Institute Ltd., which is a voluntary body set up initially to meet the rehabilitation needs of tuberculosis patients. The Institute now caters for all types of handicapped. A few training centres provide for specific handicaps. The Central Remedial Clinic (Dublin), for instance, caters mainly for physically handicapped adults. R.E.T.O.S. (Shannon) deals mainly with psychiatric cases and St. Michael's Training Centre (Dublin) is exclusively involved with mentally handicapped persons. Similarly some of the present sheltered workshops were set up over the years by those interested in specific handicaps but there is a number of organisations operating sheltered workshops in which all categories of handicapped are employed.

1.26 The main classifications of handicapped provided for under the various training and special employment arrangements are the mentally ill, the mentally handicapped, the physically handicapped and the blind. The following paragraphs outline the existing arrangements for each of these groups.

The Mentally Ill

1.27 Health services for the mentally ill are largely based on mental hospitals under the control of health boards. There are 23 hospitals with at present about 14,000 persons undergoing in-patient care. In addition there is a small number of private hospitals with about 1,000 in-patients. A considerable number of persons also attend all these hospitals on an out-patient basis. In 1973 the total number of persons seen at health board hospitals on an out-patient basis was 37,543.

1.28 The majority of persons receiving care for mental illness do not require training because they are persons with an acute episode of illness, who will return to their normal occupations as soon as they are well. A proportion of the chronic patients would not benefit from training because they are seriously disturbed or are geriatric patients, but many long-stay patients can benefit. Underlying present policy in regard to the care of the psychiatric patient is emphasis on community care and on the importance of returning the patient to active life as soon as possible. The Commission on Mental Illness which reported in 1966 made wide ranging recommendations with this in mind including the development of industrial training units to fit long-stay patients for work in the community. It was envisaged that return to work in the community would be further facilitated by the development of hostels which would act as half-way houses between life in the hospital and life in the community.

1.29 Industrial training is now carried out to varying degrees at almost all mental hospitals. The nature of the training given differs from one hospital to another but to a considerable extent it tends to be of an activation nature rather than training in the strict sense. Much of the work requires little or no skill and involves packing (foodstuffs, toys, minor hardware items such as screws and nails etc.) or assembling (e.g. small wooden, plastic and metal items). The more skilled activities in which limited training is given include boat building, carpentry, concrete products manufacture, cookery, garment making, horticulture, knitting, leatherwork, mats and toys manufacture, mosaic tiles (assembly) manufacture of ornamental lamps and lamp-shades, ornamental wrought iron work, rug-making, upholstery and the manufacture of wooden and tubular steel furniture.

1.30 Most of the industrial training units are located within the hospitals and are under the control of hospital staff, often a psychiatric nurse who has undergone some training in the teaching of occupational therapy. In some instances an instructor with industrial experience is employed. Sometimes the hospital authorities have an arrangement with a voluntary body to operate the unit within the hospital but the expense is generally borne by the hospital authority. There are also a few cases of special units outside the hospital operated by a voluntary organisation. Some industrial firms make available a small number of places in their factories for the training of persons from the local mental hospital.

1.31 Two of the centres operated outside of the hospitals by voluntary organisations are of special interest. They are Retos Limited, Shannon Industrial Estate and Ross Products, Killarney.

1.32 *Retos Ltd.* is a private limited company constituted in January 1967 under the guidance of the National Rehabilitation Board with the approval of the Minister for Health. Its purpose is to prepare and train persons suffering from psychiatric illness for re-entry to open employment. Trainees are selected from psychiatric hospitals within about a 50 mile radius of Shannon. In a special training centre organised on factory lines industrial work is carried out for manufacturers in the area, e.g. sub-contracting, pottery and woodturning, and there is strict adherence to the quality standards of the manufacturers for whom the work is carried out. The centre is organised to activate and train up to 150 persons at any one time. Two hostels providing accommodation for 13 male trainees and 21 female trainees have been established adjoining the training centre. These hostels help trainees to integrate into normal community and social life.

1.33 *Ross Products Ltd.* was set up by the Kerry Mental Health Association in 1971 primarily to meet the specific needs for the rehabilitation of patients from St. Finan's Hospital, Killarney. Activities at this workshop include the making of cardboard boxes and cartons, sewing vegetable sacks and making shoe heel blocks. The occupational therapy unit at St. Finan's Hospital operates as a preliminary training area for the Ross Products Workshop. The productive efforts of this workshop have been very successful and in recent years it has operated on a profitable basis.

Training Schemes for the Mentally Handicapped

1.34 Almost all the special institutions for the care and treatment of mentally handicapped persons are under the control of religious orders or voluntary bodies. These institutions include residential centres, five-day hostels, day care centres and day schools and the cost of operating them is mainly borne by payments from the Department of Health and from health boards. About 5,000 handicapped children and adults are cared for in the residential centres (which are listed in appendix B) and about 4,000 others attend day centres. In addition to the persons cared for by these special institutions a large number of mentally handicapped persons, mainly adults, are accommodated in the district mental hospitals because of the absence of suitable alternative accommodation.

1.35 In 1965 a Government commission which had examined the operation of the services for the mentally handicapped submitted recommendations for their improvement and development. It gave particular attention to the vocational assessment, training and placement in employment of the handicapped person. It recommended the development of sheltered

employment for those with moderate and severe degrees of handicap, who would not be capable of working in competition with normal employees. The following are a few examples of the type of training and employment centres now provided for mentally handicapped in Ireland. Substantial contributions from public funds are made towards the operational costs of these centres. The remainder of the expenses is usually recovered by receipts from the sale of goods and voluntary support.

1.36 *Cherry Group Sheltered Workshop, Ballyfermot, Dublin* is a private limited company established in 1970 for the purpose of providing training and employment for adult mentally handicapped persons and placing them where possible in open employment.

1.37 *Cork Polio and General After-Care Association* was founded in 1956. It is a private limited company, partly financed by public funds, for providing services for the physically and mentally handicapped. The Association undertakes the initial educational and vocational training of handicapped children at four special schools in Cork City. Following detailed assessment and training, handicapped persons either enter open employment or are transferred for long-term training to a factory operated by the Association known as H.E.L.P. Industries, where 120 handicapped people are at present receiving training and employment. The Association plans to extend the factory to provide places for a further 80 handicapped persons.

1.38 *St. Michael's House, Dublin* is a private limited company, established in 1955 for the purposes of helping mentally handicapped persons to become productive and socially acceptable members of society. The services provided by St. Michael's House include special

schools, special care units, sheltered workshops and a training centre. At present it has 600 mentally handicapped in its care. St. Michael's House Training Centre provides a two year course for adolescent boys and girls over the age of sixteen years who are in the high moderate or low mild category of mental handicap, for the purpose of preparing them for employment. The total number of trainees at the centre, which is in temporary accommodation, is 50, but plans are under consideration for better and more extensive accommodation.

1.39 *Peamount Hospital, Newcastle, Co. Dublin* caters for the treatment of tuberculosis patients and the sheltered employment of mentally handicapped patients. There are six industrial workshops at this hospital, which cater for 125 moderately handicapped males. The main type of work carried out at these workshops is the manufacture of mushroom baskets.

Workshops for the Physically Handicapped (other than the blind)

1.40 Only a relatively small number of physically handicapped persons are accommodated in workshops, compared with the numbers of mentally ill and the mentally handicapped. The fact that many of the latter groups tend to reside, in large numbers, in institutions facilitates the provision of workshops for them. The physically handicapped person is, in the normal situation, living at home. Providing sheltered work for him is therefore a special problem apart altogether from the fact that there is not the same public awareness of his needs. In some areas there are sheltered workshops providing for small groups of handicapped including the physically handicapped. They are operated by various religious communities, voluntary groups and bodies such as the Knights of Malta but the total

attendance at those centres would not exceed a few hundred.

1.41. *The Rehabilitation Institute Ltd.*, which has its headquarters at 30 Leeson Park, Dublin is the major voluntary body providing training for the physically handicapped. A proportion of the trainees are mentally ill or mentally handicapped. The training courses provided by the Institute are shown in appendix A. In addition the Institute operates sheltered employment centres, which accommodate both physically and mentally handicapped persons. These centres provide for 260 persons and are listed in appendix C. While the Institute receives considerable support from public funds most of its financial resources come from voluntary subscriptions.

1.42 *The Central Remedial Clinic* also makes an important contribution to the occupational training of the physically handicapped in its large modern workshop at Clontarf, Dublin. Other classes of handicapped persons are also provided for in this workshop.

Workshops for the Blind

1.43 *The Board for the Employment of the Blind* was set up in 1957 by the Minister for Social Welfare to provide training and employment for blind persons. It took over the work of the Richmond Institute which had provided sheltered work for blind workers since 1810. Responsibility for the Board has since been passed to the Minister for Health. The board consists of a chairman and six members. The board has large workshops at Rathmines, Dublin, where about 50 blind workers are employed and where a number of activities including basket making, upholstery and mattress making is carried on. A retail shop is associated with the workshops. The workshops have the character of a sheltered employment centre rather than a training centre as most of the

workers have been employed there for a considerable time and the turnover of trained personnel passing on to outside employment is very limited. A wage related to prevailing wage levels for industrial workers negotiated by the trade union concerned is paid to all employees. The Board is supported by grants paid by the Department of Health. During the year ended 31 December 1973 the total cost of operating the Board's centre was £191,264 of which £65,282 came from public funds and the remainder from receipts for goods sold.

1.44 *The National Council for the Blind* operates a scheme for the training of blind telephonists which trains about 12 persons annually. The Council also employs social workers who provide home training for the blind.

Payments to workers

1.45 Persons employed in training centres and sheltered workshops normally receive only a small payment which is usually of the order of £2 or £3 per week, (the blind workers referred to in paragraph 1.43 are an exception). Sometimes a meal may be provided free of charge and bus fares paid. The persons concerned may also receive a disabled persons maintenance allowance which amounts to £7 (since July 1974) per week. In some instances the local health board does not pay an allowance to those attending a workshop but pays an equivalent amount to the voluntary organisation concerned in respect of each person attending the workshop. This is then added to the worker's weekly wage.

Statistics

1.46 Comprehensive figures are not available as to the number of adult disabled persons in the country. There is, however, a number of sources of information of which the

main ones are (i) the lists of persons receiving disabled persons maintenance allowances from health boards (ii) the register of persons receiving invalidity and long term sickness benefits under the Social Insurance scheme and (iii) the total of mentally handicapped and mentally ill undergoing care. In addition there are probably thousands of unidentified handicapped persons living in the community, who are not in receipt of public allowances either because they are ineligible because of means or have not sought them. Some of these may be self-employed or in paid employment but may be working at a level, below their potential, because they have received no training or guidance to fit them into employment, suitable to their full potential. Taking all these persons into consideration we would estimate that there are altogether about 100,000 adult handicapped persons in the country as follows:—

In institutions

| | |
|--|--------|
| Mental hospitals (excluding short-term patients) | 12,000 |
| Mental handicap institutions (residential and day) | 3,000 |
| County homes and other institutions for infirm and handicapped | 10,000 |

In the community

| | |
|--|---------|
| On disabled persons maintenance allowances | 26,000 |
| On Department of Social Welfare benefits | |
| —long term disability benefits | 20,000 |
| —invalidity pensions | 8,000 |
| —occupational injuries benefits | 5,000 |
| Blind persons | 6,000 |
| Other handicapped persons (estimate) | 10,000 |
| | <hr/> |
| | 100,000 |
| | <hr/> |

There will be a certain amount of duplication in the above figures—e.g. some mental hospital patients are in receipt of long term disability benefits or invalidity benefits—but

we consider that the figure of 100,000 represents a reasonably valid estimate of the number of adult persons in the population with a long-term physical or mental handicap.

1.47 We have no way of knowing how many of these persons would be employable. Some longer-term mental hospital patients are too disturbed or are beyond working age. We would estimate that about 25% to 30% of long-term patients in mental hospitals might benefit from the activation and training arrangements that we recommend in the following chapters. It is probable that about 1,000 adult persons in mental handicap institutions might benefit from these arrangements. Most persons in county homes or in special institutions for the infirm or physically handicapped would not be suitable for restoration to work because they are either beyond working age or are otherwise too incapacitated for work. We suggest that about 700 of them might be suitable for rehabilitation. Most blind persons are elderly and not employable. We think it likely that not more than 500 blind persons would be of suitable age for training and employment and our enquiries suggest that perhaps 200 of these are in employment already.

1.48 This leaves us with the various other groups living in the community most of whom are in receipt of Department of Health or Department of Social Welfare benefits. Many of those in receipt of the disabled persons allowance, payable under the Department of Health scheme, are seriously handicapped persons who have never been in employment. Those in receipt of Department of Social Welfare benefits have all been employed previously. Our enquiries suggest that a large proportion of the latter group could be restored to a working life given a willingness on their part. However, because of the relatively small gap between Social

Welfare benefits and wages in available employment, particularly in the sparser and less industrialised areas of the country, there is no great incentive to them to seek the means of return to work. This is a problem, which has social and economic roots and is unlikely to be resolved to any significant degree by improved opportunities for the handicapped. Because of the deep-rooted human attitudes involved we take a rather pessimistic view and estimate that not more than 10,000 of the handicapped now living in the community are likely to benefit from occupational rehabilitation. We have had considerable difficulty however, in arriving at this figure because of the lack of precise information.

1.49 In summary then our estimates of the number of adult handicapped persons who might

benefit from preparation and training for work are as follows:

| | |
|---|---------------|
| Persons in mental hospitals | 3,000 |
| Persons in mental handicap institutions | 1,000 |
| Persons in county homes and other institutions | 700 |
| Blind persons | 300 |
| Others living in the community | 10,000 |
| | <hr/> |
| | 15,000 |
| | <hr/> |

We would emphasise that this figure is a crude estimate and that a more accurate picture of the situation can be obtained only through special social surveys.

1.50 By way of comparison the total number of places in one form or another now available for the preparation of handicapped persons for work is about 3,000.

Chapter Two

General Concepts

2.1 For the purposes of this study we have adopted the European Economic Community definition of handicap as—

any limitation, congenital or acquired, of a person's physical or mental ability, which affects his daily activity and work by reducing his social contribution, his vocational employment prospects or his ability to use public services.

2.2 Our terms of reference have given us the task of making recommendations on the training of handicapped persons. While training must be the most vital aspect of a policy aimed at enabling the handicapped person to work, it is not the only one, and we have considered it necessary to broaden our examination to cover the preliminaries to training as well as the subsequent facilities for employment. Medical treatment, physical and psychological preparation for work, occupational training and employment should all be part of a continuous and co-ordinated process if the comprehensive rehabilitation of the individual is to be truly effective. In the chapters which follow we have taken the various steps in the handicapped person's restoration to work and set out our recommendations.

2.3 We would like to emphasise that we saw our task in the main as concerned with clarifying the general principles and outlining the structure of the programmes for the training and employing of the handicapped. We have not attempted in all cases to deal in detail with the methods

and procedures to be adopted. **The urgent task is to create an effective and planned approach for the occupational rehabilitation of the handicapped** that can then be developed and adapted in keeping with experience, the outcome of studies here and elsewhere and social and economic circumstances.

2.4 We are aware that the European Economic Community is undertaking studies as to the most effective methods of training and we consider that the structure suggested by us will enable this country to benefit more fully from the outcome of these studies.

The voluntary bodies and the State

2.5 It will be evident from the summary of the existing training and employment services that they have been pioneered by voluntary bodies on their own initiative. The achievements of the voluntary bodies concerned have been remarkable when allowance is made for their slender means and, in many instances, the lack of expert guidance. Their valuable social contribution must be attributed to the hard work, persistence and imagination of relatively small groups of people conscious of a crying need and anxious to do something about it. But while voluntary bodies bring to their work a depth of dedication and resourcefulness they suffer considerable disadvantages. Small voluntary organisations often find it difficult to get the personnel and financial resources necessary to develop and maintain their services at a high standard. This is especially so where a relatively complex activity, such as training handicapped persons to the stage where they can work with the able-bodied, is involved. It becomes more difficult as the educational and technical needs of able-bodied workers themselves grow and change in a

rapidly evolving modern society. If the handicapped person is to surmount these growing barriers to his fuller integration into society the State must intervene on his behalf and provide the necessary expert direction and support to ensure that this is achieved. Apart from its obligation to handicapped citizens the State is in a position to marshal the organisational and financial resources required.

2.6 The aim of our recommendations is to create a clearly defined co-ordinated relationship between the State and voluntary agencies leading to optimum services for the handicapped. Our recommendations in the chapters that follow aim therefore to impose firmly on State agencies overall responsibility for identifying, assessing, training and securing employment for the handicapped. These agencies will be responsible for creating the organisational structure, for setting and maintaining standards and for providing financial support. The voluntary organisations will continue to have a major role in both training and the provision of sheltered employment within this organisational framework and in keeping with standards laid down by the relevant State agencies.

The administrative structure

2.7 If the desirable environment is to be created for the handicapped person, **it is important that his training and employment should be integrated as far as possible with that provided for able-bodied persons.**

2.8 We recognise, however, that for many handicapped persons this will not be possible. But even where the training and employment of the handicapped must be a segregated activity it should be, to the greatest

extent possible, under industrial management. As long as the handicapped person is working in a centre with a medical ambience there is, unavoidably, the tendency to regard him as a "patient". This encourages an approach and a regimen within the centre different from that which obtains where able-bodied persons are working. The environment should help the handicapped person to think of himself as capable of working in a less protected situation.

2.9 In the light of the recommendations that follow it will be clear that a considerable amount of central supervision, direction and evaluation will be necessary to create and maintain occupational training services of a high standard. **The National Rehabilitation Board is the main executive agency of the Department of Health for services for the handicapped and we recommend that it be assigned responsibility for the implementation of the recommendations of this report. Within the broad policies adopted by the Minister for Health it should have the central role in a new and more dynamic approach to the needs of the handicapped and ensure the co-ordination of the various steps in the rehabilitation process.** It should see itself as the arbiter of the effectiveness of these measures and the initiator of proposals for their improvement and development. In view of the importance of its role the Minister should examine closely the organisation and staffing of the Board with a view to putting it on the most effective footing possible and enabling it to avail itself of a broader range of expertise in the industrial, training and employment fields. This review should consider the desirability of creating posts in the National Rehabilitation Board of regional managers who would have the role of co-ordinating and supervising rehabilitation activities within their areas.

2.10 The membership of the Board should include persons drawn from the Departments of Labour and Education, AnCO, the voluntary organisations involved in the provision of training and employment services for handicapped persons, trade union and employer organisations. Advisory committees should be established to advise on the technical and organisational aspects of rehabilitation. There should also be provision for involving handicapped persons themselves in the formation of the Board's policies.

2.11. We feel that there is one area in which co-ordination of efforts in relation to training services for the handicapped is desirable. At present, public authorities and voluntary bodies engaged in the training of the handicapped for open employment are entitled to make application for assistance to the European Social Fund. Each year the different bodies concerned prepare separate applications (11 in respect of 1974) which are channelled to the European Economic Commission through the Department of Labour. While policy in relation to the scope of the Social Fund for the training of the handicapped is still being evolved by the EEC in consultation with the member states we feel that it would be appropriate at this stage to consider the need for a centralised system for processing the individual claims. There is much to be said for co-ordinating the various claims into one comprehensive application. Accordingly we recommend that, as the policy of the European Economic Commission is clarified, consideration be given to assigning the work of co-ordinating the claims to one central body. We feel that having regard to the expanded role proposed for the National Rehabilitation Board that organisation would be the appropriate one to undertake this work.

2.12 Our recommendations assign to An Comhairle Oiliúna (AnCO)

the provision of extended training facilities for the handicapped as well as courses of instruction for persons employed in occupational rehabilitation by other organisations in this field. It will also be a matter for AnCO to set training standards for the special training centres recommended in paragraphs 5.8 to 5.14 and, in association with the National Rehabilitation Board, to see that they are maintained. **AnCO's role will, therefore, be a vital one in preparing handicapped persons for the more skilled occupations.** AnCO already have the statutory power to undertake these functions in accordance with the Industrial Training Act 1967.

2.13 At local level the health board will be the body responsible for ensuring that potentially employable handicapped persons in its area are identified, assessed and put on the appropriate path to employment. We describe its role in chapter three. Within the health board area there will be voluntary groups working for the handicapped, some of them operating work activation units or community workshops such as we envisage in our recommendations. Close co-operation will be necessary between the health boards and these voluntary groups and we recommend that there should be a liaison committee in each community care district to facilitate the application of an effective policy locally.

Integration of different categories of handicapped

2.14 Our present training and employment centres for the handicapped tend to provide for specific groups of handicapped persons. This is understandable where the workshop is associated with a residential institution such as a mental hospital or a home for mentally retarded persons. The blind, too, have in the past been provided for as a special group. **We recommend that in future**

selection for training facilities be on the basis of aptitude for training and not subdivided according to the title of disability. Similarly we recommend that the sheltered workshops be available to those of various disabilities who require this facility. We appreciate that this will require considerable human understanding and consideration but we are satisfied that this arrangement is desirable. There will however be a continuing need for separate units at mental hospitals and centres for the mentally handicapped where work activation facilities are required.

2.15 We are aware from our discussions with various groups representing the handicapped that there may be some opposition to our proposal to integrate the different types of handicap. It is believed by some that the capabilities of handicapped persons vary to such an extent, according to their impairment, that it is not realistic to contemplate associating them either for training or employment purposes. **However, we believe that the main criterion, for admission to training or employment is that of "ability to do the job". Accordingly, diagnostic labels are of secondary importance to the question of the individual's abilities or potential, vis-à-vis the task required of him.**

We, therefore, envisage that the training centres and community workshops recommended by us will be providing a range of training or work opportunities, which will enable the handicapped person to undertake work best suited to his present abilities and which will provide the opportunity for him to achieve his maximum potential.

2.16 The view has also been expressed to us that the integration of physically handicapped persons with persons with mental disabilities

would impose a stigma on the former. We regret that such a view should be held and we reject the suggestion that any group of handicapped persons should be kept apart from others any more so that they should be kept apart from the community in general. It has for some time been a matter of public policy to integrate to the greatest extent possible services for the mentally ill with services for other ill persons. This is so in most advanced countries. There is a wide acceptance of that policy and our recommendations are in full accord with it.

2.17 Under the system outlined in this report no handicapped person should be placed at a disadvantage by association with other categories of handicapped persons. Many should benefit socially and psychologically from contacts outside their own narrow category. Elsewhere it has been accepted that all kinds of handicapped persons can be effectively trained and employed within the same workshop. In this country we have seen groups of persons that included the blind, the physically handicapped, the mentally ill and the mentally handicapped working together in one of our largest and most successful sheltered workshops. In our view this is the ideal situation. If each handicapped group were to remain apart and operate its own exclusive workshop it would be impossible to achieve the standards that we regard as desirable.

Motivating the handicapped

2.18 The success of efforts to provide employment for handicapped workers will depend largely on the motivation of the handicapped themselves and on the good will and support of employers and the community generally.

2.19 Motivating the handicapped person involves bringing him to a

state where (a) he accepts that he is capable of working and (b) he is prepared seriously to undergo whatever preliminary activation and training may be necessary. Unfortunately far too many handicapped persons think of themselves as permanently incapacitated for work. Furthermore the payment of weekly allowances to persons unable to provide for themselves because of physical or mental disability creates in some, at least, an absolute dependence on financial assistance of this sort and to discourage them from making an effort to fit themselves for employment. An effective policy for the integration of the handicapped person into the working community must counteract these attitudes by removing or reducing the psychological barriers and financial disincentives that have developed. The establishment of training services of high standard will, in our view, rapidly demonstrate to many handicapped persons that they need no longer think of themselves as incapable of work. But it will also be necessary to encourage the development of an appreciation that the quality of life and the dignity of the individual is enhanced by work and reduced by unnecessary dependence on State benefits. **Financial incentives will, however, be necessary to encourage persons to undertake training** and we recognise this need in the recommendations that follow.

The economics of rehabilitation

2.20 The paramount reason for helping a handicapped person to become a working citizen is of course a social and humanitarian one. A secondary, but important reason, is the economic one. Many handicapped persons will become productive citizens and the expense of maintaining them indefinitely in institutions or supporting them from public funds in their homes will be avoided or reduced. Training for open

employment is undoubtedly of economic value. Sheltered workshop activities may be of less value in economic terms but their social benefits are important. **In general while our recommendations will necessitate substantially increased State expenditure on the handicapped we believe they are likely to give rise to a net economic gain to the community.** We are supported in that view by a number of authorities.

2.21 Dr. Garret FitzGerald has written—

"It would be difficult to think of a more productive form of social investment, yielding such a high return in social and human terms, as well as providing an economic return through the reduction of unemployment benefit assistance payments and through the enhancement of the productive potential of the community, which is badly in need of the skills created by the rehabilitation service."¹

2.22 In a paper read to a seminar in 1969 on the economics of vocational rehabilitation Mr. P. R. Kaim-Caudle, Senior Lecturer, Department of Social Theory and Institutions, University of Durham, has stated —

"From the broader economic point of view, taking into account the effect on GNP and not merely public finances, investment is justified as long as the aggregate increase in earnings is greater than the expenditure on vocational rehabilitation. In Irish conditions expenditure on vocational rehabilitation per head is so small that even with a low success rate a higher level of

1 *The Economics of Rehabilitation in Disabled Persons Year 1968.*

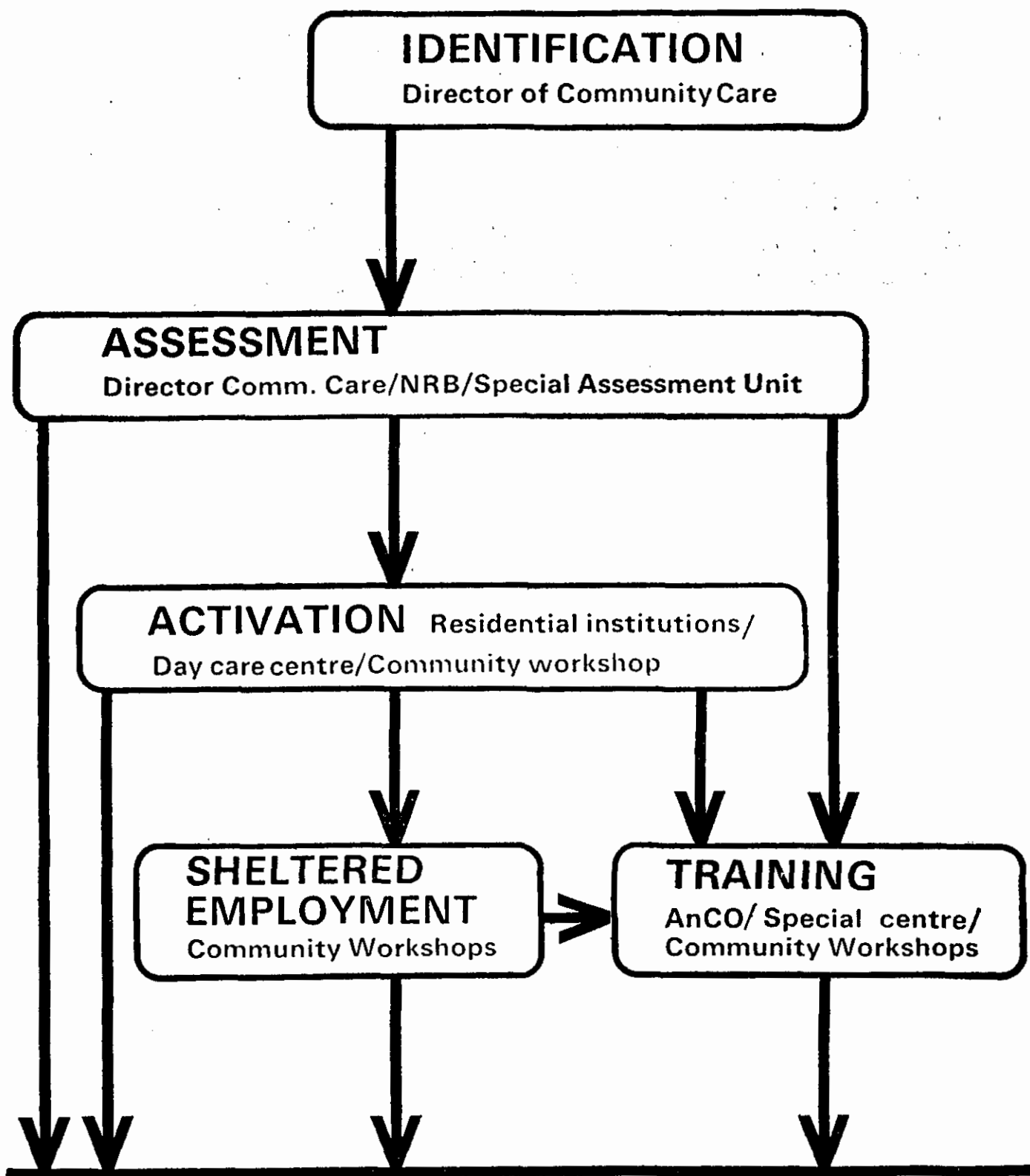
investment would be profitable from a narrow fiscal point of view."²

2.23 More recently on the basis of certain assumptions about the costs and benefits of successful rehabilitation Dr. Kieran Kennedy, Director of the Economic and Social Research Institute, Dublin, concluded that it was likely that the State would recover more than it

spends on rehabilitation—something that would be difficult to show for many other categories of State spending.³

2 *The Economics of Vocational Rehabilitation*. Paper read at seminar organised by World Commission on Vocational Rehabilitation, Galway, September 1969.

3 *The Economics of Rehabilitation in Public Affairs*, April 1974.



Chapter Three

Identification and assessment

3.1 In creating a planned and effective system for the training and employment of the handicapped it is obvious that the starting point must be the establishment of a method for identifying those who can benefit from it. We have estimated that there are at least 15,000 handicapped persons in the country who are potentially employable. The present arrangements for bringing such persons to notice are haphazard. While the National Rehabilitation Board has an assessment and placement service the extent to which it is used varies according to the interest and enthusiasm shown by local officials and voluntary organisations.

3.2 The first need therefore is to establish a procedure whereby every handicapped person regarded as potentially employable either in sheltered or open employment is brought to notice. This applies whether the person is being cared for in an institution or is living in the community.

3.3 Under the provisions of the Health Act, 1970 health boards already have an obligation to provide for the occupational rehabilitation of disabled persons. We consider that this obligation places the onus of identifying those suitable for occupational rehabilitation on the boards. In any event they have the necessary local organisation for doing so. Many of the handicapped will be in institutions operated by the health boards or in voluntary institutions where they are being paid for by the boards. Many of those living in the community will be in receipt of disabled persons allowances from

the health boards and will be in occasional contact with medical practitioners and others providing community services for the boards.

3.4 We recommend that the Director of Community Care Services should have the duty of ensuring that all persons in his area suitable for occupational rehabilitation are brought to notice. He should be notified of suitable persons by the various institutions, voluntary organisations, general practitioners, public health nurses, social workers, assistance officers and others. There should be formal and clear-cut procedures for notifications and the Director of Community Services himself should take the initiative in ensuring that all concerned are fully co-operating.

3.5 One of the Assistant Directors of Community Care in each area should be assigned specific responsibility for referral to the services for the handicapped and he would, in this connection, support and act on behalf of the Director of Community Care.

3.6 The identification of suitable persons will be facilitated by the fact that health boards will already have details of persons in receipt of disabled persons allowances under the Health Acts. Other persons, who had previously been in employment, will be in receipt of long-term benefits under the Social Welfare Acts. We recommend that where the latter group is concerned an agreed procedure should be established under which suitable cases can be brought to the notice of the Director of Community Care by the medical referees who periodically review the medical condition of those in receipt of disability benefits. We have already drawn attention in paragraph 1.48 to this particular group and to the special difficulties of getting some persons on long-term benefits interested in returning to employment.

3.7 There may be many handicapped persons living in their own homes who are not in receipt of public allowances either because they have not sought them or because they are not eligible. There will be other handicapped persons who are working but function at a level well below their potential in the absence of proper training or activation. These groups are the most likely to be overlooked. We recommend that the Director of Community Care should operate an active continuous campaign through his staff to ensure that every potential case for employment, or better employment, comes to notice. This campaign should be supported from time to time by national publicity undertaken by the Department of Health.

3.8 Each Director of Community Care should keep a register of handicapped persons in his area which should contain information regarding the individual's age, disability and social circumstances. The register would serve as a source of information regarding the occupational rehabilitation needs of persons in the area and facilitate a continuing review of these needs as well as help to prevent individual cases being overlooked.

3.9 We recognise that a sudden increase in the demands on the existing training and employment services for the handicapped could not be fully met. But an active campaign aimed at identifying those suitable for services would in the first instance provide necessary information as to the extent of the demand for them. Pending further development of the services, it would be necessary to decide which individuals should have priority treatment. We would emphasise that where the services are available there should be no delay in starting the handicapped person on the required programme of rehabilitation.

3.10 Doctors, nurses, social workers and others who are expected to bring to notice handicapped persons who might benefit from training should be given every opportunity by means of seminars, study visits etc. to acquaint themselves with the extent to which training programmes are capable of restoring handicapped persons to an active working life. It is particularly important that they be helped towards a deeper understanding of the emotional problems of the handicapped.

Assessment

3.11 Having identified the persons who are potentially employable, the next step is to have them assessed to determine their capability and to decide on a programme for them.

3.12 We recommend that the initial assessment be carried out by the Director of Community Services or appropriate medical officer and a placement officer from the National Rehabilitation Board. In most instances this initial assessment would be adequate to decide on the subsequent course of rehabilitation for the handicapped person

3.13 There will be some persons who will require a more comprehensive assessment. **The National Rehabilitation Board has already a role in the specialised assessment of handicapped persons and we consider that it should continue to be the body responsible for that service.** It will be the responsibility of each Director of Community Services to refer suitable persons for assessment by one of the Board's teams.

3.14 We consider that an assessment team should be constituted as follows: —

- (i) an experienced doctor or consultant;

- (ii) a psychologist;
- (iii) a placement officer or youth employment officer;
- (iv) a social worker;
- (v) a person involved in the training or employment of handicapped persons.

This is the minimum range of expertise that should be available. It does not follow that all of them would participate in each assessment. A report from a consultant is likely to be already available in some instances such as in the case of a person referred from a mental hospital. Furthermore it is not suggested that the individual should have to face the daunting experience of a collective interview by the team. Each one would see him separately and subsequently compare their conclusions. Assessment teams should operate on a regional basis.

3.15 In most cases a person referred to the team would be assessed in a day visit. In exceptional instances the team may consider that a prolonged assessment of the handicapped person will be necessary, involving continuous appraisal in a work situation over a period of weeks.

3.16 We have considered whether a special centre or centres should be established on the lines of the industrial rehabilitation units in operation in the United Kingdom. There is a strong case for doing so. The larger AnCO centres provide a range of different types of work and work situations. This is what is required where the investigation of the handicapped person is concerned – a comprehensive study of how he copes with different types of work and working conditions. Furthermore, the working environment created by AnCO for its trainees are those to be found in industry or in the normal

course of a trade. In our view, this is the ideal situation in which to test the potential of a handicapped person who will in most instances be in a category likely to achieve integration in the open labour market.

3.17 We recommend therefore that, in the first instance, a special assessment unit for handicapped persons be developed in association with an AnCO training centre in the Dublin area. In the light of experience a decision would be taken later about the establishment of similar units in the Southern and Western regions. This centre would provide on a national basis for up to 30 persons who would travel to it daily from their home, institution or lodgings. The requirement of travelling to work daily would contribute to the assessment process. While he is attending the unit the handicapped person should be paid an allowance by the health board, as well as having the cost of his lodgings met if he is away from his home area.

3.18 The training staff of the assessment unit would be provided by the selected AnCO training centre which should increase its staff if necessary. We would anticipate that six weeks would be the maximum period spent at the unit but some handicapped persons may not require investigation of that length. Where there are particular medical problems involved part of the assessment investigation might more appropriately be carried out at the National Medical Rehabilitation Centre. During the assessment period, the assessment team would, in the light of reports provided by the trainers and others involved, decide what the strategy should be for securing employment for the handicapped person. We would emphasise that only a small proportion of handicapped persons requiring assessment would undergo

assessment at a unit of this type and we believe that the total number involved would be unlikely to exceed a few hundred persons per annum.

3.19 At the end of the assessment process, whether it be carried out by the Director of Community Care and placement officer or following a more intensive investigation, a decision in one of the following terms would be made about the handicapped person:

- (i) he is suitable for immediate employment in the open labour market;
- (ii) he is suitable for training for open employment under the aegis of AnCO (see paras. 5.8 to 5.14);
- (iii) he is suitable for training for open employment but because his particular disability slows the training process it would best be given in a special training centre (see paras. 5.15 to 5.20);
- (iv) he is suitable for training in semi-skilled and unskilled work in a community workshop with a view to open employment. (See chapter six);

(v) he has certain abilities which he should be given an opportunity of developing in a suitable educational centre (see par. 5.23);

(vi) he requires work activation as a preliminary to training or employment. (In some instances he would have undergone this activation before being assessed) (see chapter four);

(vii) he is not at present suitable for employment in the open labour market but is fit for work in sheltered employment in a community workshop (see chapter six);

(viii) he is not at present suitable for any form of employment or training.

3.20 Where the strategy adopted for a particular person falls short of placing him in the open labour market his position should be subject to periodic re-assessment to ensure that his potential as a worker is developed to the highest degree possible.

Chapter Four

Activation and Education

4.1 **Before considering the training of a handicapped person one must consider whether or not he is psychologically and physically prepared for training.**

Often the problem to be overcome is not so much the functional restrictions imposed by his particular handicap but the attitude which it has produced in him towards society and work. This is especially the case where the handicapped person has never worked or has not worked for a considerable time. Through no fault of his own he may believe that he has nothing to contribute to society and that his fate is to remain an inactive member of it. Even where his attitude is otherwise and he is anxious to become a useful citizen he may through long-term invalidism have lost the physical and mental capacity for work as well as the social habits required for participation in normal society.

4.2 Thus for many handicapped persons a necessary prelude to preparation for work will be a process which we term *activation*. It will have two aims. Firstly it will seek to condition the individual psychologically and physically to the work habit so that he can benefit to the greatest extent from subsequent training. Secondly, where necessary, it will aim to develop his social habits and thus smooth the way for his integration into the working community. We would emphasise that this social conditioning is as important as work conditioning and we are satisfied that there is not at present a sufficient appreciation of this.

Organisation of activation measures

4.3 **For persons who are undergoing care in institutions**

the proper place for starting their activation is in a centre associated with the institution.

We consider that medical treatment should not be separated from physical, psychological and social activation. Treatment and activation are essentially linked and both should be seen as coming within the role of the hospital or special care institution.

Psychiatric Hospitals

4.4 **We are satisfied that psychiatric hospitals in general have not placed sufficient emphasis on the activation process.** On humanitarian grounds alone there is a need for a vigorous policy aimed at ensuring that no patient is maintained there who could be helped to live in the community. We believe that where district psychiatric hospitals are concerned from 25% to 30% of long-stay patients would benefit from a well directed activation policy leading to a return to work either in open or sheltered conditions. With the development of such a policy we would expect a gradual decline in the numbers of patients requiring activation.

4.5 All psychiatric hospitals have units at present which are usually referred to as industrial therapy units. The existing units to a considerable extent suffer from a lack of trained staff as well as from an absence of guidance on a national level as to how their activities might best be developed. **A vigorous policy should be implemented as soon as possible to improve the effectiveness of these units.** We recommend that in future they be called *work activation units* as this more accurately describes their role.

4.6 Each unit should have the following: —

—a person with experience at supervisory level in industry

capable of giving instruction in elementary manual skills and of organising work. He should be in charge of the unit.

—psychiatric nurses who would provide nursing support and social training.

—an occupational therapist who should have an important role.

All those employed in the activation unit should undergo special training and subsequent refresher courses. We deal with these courses in chapter nine.

4.7 The activation unit should provide a range of work of an unskilled nature such as light assembly, packing and woodwork. In provincial hospitals where the farming community provides considerable employment for patients we consider that the employment opportunities for some patients would be enhanced if their activation training were to be related to agricultural and horticultural needs. Since these hospitals have farms attached to them it should be possible to give patients an opportunity to become acquainted with such tasks as the use of milking equipment; sowing and planting and the operation of tractors and other farm machinery.

4.8 It must be emphasised that at this stage there would still be a considerable therapy aspect as well as an occupational preparation aspect to the patient's regimen. The patient should be subject to continuous review by the hospital staff to determine the effectiveness and suitability of the activation programme. **The aim in the case of every patient would be to fit him into employment in the community** either directly from the hospital or by referring him through the assessment machinery that we have already described.

4.9 The contribution of psychiatric nurses to the activation arrangements recommended would, we consider, be considerably enhanced by the operation of arrangements that would give greater continuity of care to the patients. At present a nurse may spend four days on duty followed by three days off duty thus making it difficult for them to carry out the type of intensive socialisation programme which we consider necessary.

4.10 The activation unit should be in detached accommodation either in the hospital grounds or outside. This will help to simulate normal working conditions and to establish a daily routine based on normal working hours. The administrations of the hospitals must be prepared to recognise the importance of this and if necessary make special arrangements for the meal times etc. of the patients.

4.11 Where there are mentally ill persons undergoing care on an out-patient basis who require work activation we recommend that they should as far as possible be provided for at a community workshop (see chapter six) rather than in a unit associated with the hospital. The aim should be to use every opportunity to detach the patient from the hospital environment.

Institutions for the mentally handicapped

4.12 About 2,500 places are now provided for the adult mentally handicapped in special homes. At present all the larger institutions for the mentally handicapped have units which are variously described as occupational therapy units or industrial therapy units. Some of the voluntary organisations operate centres on a daily attendance basis. **In general they have the same defects as those associated with the mental hospitals and our recommendations as to their**

future development are similar to those made in relation to mental hospitals.

4.13 We would emphasise that, as in the case of the mentally ill, **the aim in regard to persons undergoing activation in special units for the mentally handicapped should be to prepare them for employment in the open market or in community workshops. They should not be retained indefinitely in activation units.** There will be many seriously handicapped persons who will not be able to go into open employment or to engage usefully in sheltered employment. Some of these will benefit from the services of an occupational centre. Since we do not regard these centres as coming within our terms of reference we are not making any recommendations in regard to them.

The blind

4.14 We deal with the training and employment of blind workers in chapter seven.

The deaf

4.15 While the incidence of deafness is highest in the elderly the main vocational problem in deafness arises in those cases when the onset is from birth or in childhood. We support the comprehensive recommendations of the Committee on the Education of Education in 1972. **We recommend that occupational assessment, guidance and placement services be available on a continuing basis until each deaf person is placed to the best advantage.** Emphasis should be on open employment but we recognise that some of them will not achieve this. The facilities of the community workshops described later in this report should be open to them.

4.16 It is relevant here to draw attention to the report on the "Young Adult Hearing Impaired Population of Ireland" published by the National

Association for the Deaf with the co-operation of the Department of Health and the National Rehabilitation Board. It draws attention to the need to review the range of employment opportunities for deaf persons. It points in particular to the high percentage of deaf persons unemployed and to the low wages of many who are employed. We recommend that the development of improved employment opportunities for the deaf should be fostered by the joint action of the National Rehabilitation Board and the National Association for the Deaf.

4.17 Hostels may be required to facilitate the transition to a working life of young deaf persons who have been trained in residential institutions.

Physically handicapped persons in general hospitals

4.18 **The general hospital no less than other institutions should regard itself as having a role in the return of the patient to working society.** It must not see its task as simply one of providing medical care and then sending the patient home or passing him on to some other agency. Every large general hospital should either have its own rehabilitation department or should be grouped with other hospitals sharing a suitably equipped and well staffed unit. There should be close co-ordination between the Director of Community Care and the general hospital so that he will be aware of persons returning to the community who are in need of continuing rehabilitation. We would expect that the National Medical Rehabilitation Centre, Our Lady of Lourdes Hospital, Dun Laoghaire would continue to be the main rehabilitation centre for those with spinal injuries, paraplegics from other causes, limb fitting cases and other serious disablements.

4.19 We do not consider ourselves qualified to make any detailed

recommendations in relation to these rehabilitation departments. For many physically handicapped persons these departments represent the starting point of the process of restoration to work. Obviously an important consideration is the availability of sufficient medical and para-medical expertise. There appears, in particular, to be a case for more consultants in the discipline of rehabilitation medicine and this is a matter which Comhairle na nOspidéal might consider. Apart from their clinical responsibilities consultants in rehabilitation medicine should see themselves with a role of stimulating interest in rehabilitation among their professional colleagues.

4.20 Greater emphasis on rehabilitation methods in the training of doctors at both undergraduate and postgraduate level would help not only to increase knowledge of the subject but to create a greater awareness among the medical profession of the possibilities of restoration to a working life of persons who have been severely incapacitated.

Handicapped persons in the community

4.21 Other than the groups we have mentioned there will be many handicapped persons living in the community who require activation. We consider that the best setting to provide activation for them is in the community workshops which we deal with in this report.

Standards for activation units

4.22 Activation units must function effectively if they are to achieve their aims. **It should be the responsibility of the National Rehabilitation Board to create organisational and operational standards for activation units and to constantly evaluate these standards.**

Need for educational facilities

4.23 **It is necessary to stress how important it is that the handicapped person should have at least the same educational opportunities as the able-bodied.** It is regrettable that there are some handicapped persons of normal intellectual capacity who for various reasons have not had an opportunity of receiving a basic education. This lack of education aggravates the handicapped person's disadvantages and makes it even more difficult to absorb him into employment. We are satisfied that the Department of Education, with whose officials we have discussed this problem, are fully conscious of this and that the policy of that Department is directed at improving educational opportunities at different levels for all categories of handicapped whether they are in institutions or maintained in their own homes. We fully support that aim and would urge that it be given a high priority in the further development of educational facilities.

4.24 So far as handicapped children are concerned there are special schools for educable children in institutions and in the community. The aim of the Department of Education is to provide further education for these children during a period following the completion of the basic educational programme. This education would be provided in association with the training given in the activation units already described and would complement that training and thus give the young handicapped person as comprehensive a preparation as possible for working life. Two pilot projects of this nature have been approved by the Department of Education one in Cork and the other in Galway. If experience shows that they prove beneficial we would urge that similar arrangements be extended to all centres in which young handicapped persons are receiving work training.

4.25 We are particularly concerned about the educational needs of handicapped children who are not living in institutions or attending day centres. The organisation of education for such children creates a special problem. To some extent they may be provided for under an arrangement whereby the Department of Education pays qualified teachers for instructing children in their own homes. Furthermore we understand that regional technical colleges and vocational schools are prepared to provide classes in particular subjects where there is a sufficient number of prospective pupils. In view of the special responsibilities of health boards for the rehabilitation of handicapped persons **we recommend that each Director of Community Care surveys the educational needs of handicapped children of all categories in his area with a view to initiating appropriate educational arrangements for them.**

4.26 Where educable handicapped children are concerned it is important that vocational guidance should be given from as early an age as possible. This guidance must be based on a

continuous assessment over a period of years of the most suitable education and training programme for the child. We recommend that this role be mainly the responsibility of experienced youth employment officers employed by the National Rehabilitation Board but other disciplines such as the teachers in the special schools and psychologists would have an important contribution to make in this area.

4.27 The educational opportunities for handicapped adults who have failed to receive a proper education during childhood also require development.

The Department of Education is conducting a pilot scheme in association with the Rehabilitation Institute whereby certain educational facilities may be provided at the Institute's workshops. In the light of experience we would recommend the extension of these arrangements to any other workshops where there are groups of adult handicapped persons who might benefit from them. Alternatively, as we have suggested in regard to young persons, arrangements might be made for special classes for adults at regional technical colleges or vocational schools.

Chapter Five

Training

Present arrangements

5.1 When the activation process has been completed it is to be hoped that many handicapped persons can be fitted into either open or sheltered employment. Some will have sufficient ability to undergo training to what was traditionally regarded as skilled or semi-skilled work and should be immediately transferred to the appropriate training centre so that the process of their development as workers is not interrupted.

5.2 At the beginning of this report we outlined existing arrangements for the training of the handicapped. To a considerable extent these arrangements are under the aegis of voluntary bodies. In chapter two we acknowledge their achievements and the public gratitude that is due to them. There are, however, inadequacies in the system which in no way reflect on the bodies concerned or those associated with them. These defects stem mainly from the absence of a national policy, and from inadequate support from public funds. Other countries are now giving a high priority to programmes directed at fitting their handicapped citizens into the employed population. The European Economic Community, in particular, is devising policies and developing assistance aimed at creating a better future for the handicapped. As a member of the Community this country must seek to develop its training facilities so that we can take full advantage of these measures. The recommendations that follow will help us to do so.

5.3 We have considered the existing arrangements for the training of handicapped persons in various occupations. We have been assisted

in our appraisal of these training centres by an expert team from AnCO which visited ten of the main centres and later submitted to us a general evaluation of their organisation and operation. We might stress that the views of the AnCO team were based on observations made during very brief visits to the centres concerned. Further and more detailed investigation was recommended by it. The following summary indicates the main shortcomings found by the team. Our own conclusions are in general accord with those of AnCO.

5.4 Among the findings of the AnCO team in relation to training were the following:

- (i) The type of training provided in many of the centres did not seem suited to the needs and abilities of the trainees.
- (ii) There was a need to seek other areas of potential employment besides the traditional areas such as woodwork, garment-making, secretarial work, upholstery and leather-work.
- (iii) Insufficient information was available to the management of the centres regarding the social and medical backgrounds of the patients.
- (iv) For many trainees, the prospects of placement in open employment were unfavourable and it appeared that the environment of a sheltered workshop would be more suited to these trainees than that of a training centre.
- (ii) It was felt that the training courses were dominated to a great extent by the demands of production. There was a need for more emphasis on teaching a skill or a trade to trainees. Training in social skills was neglected.
- (vi) The level of instruction varied greatly from centre to centre depending on instructors.

- (vii) The quality and variety of equipment in use in many of the centres could be greatly improved.

Future organisation

5.5 As a group handicapped persons represent a very wide range of physical and mental impairments. They include such disparate elements as, on the one hand, persons of high intellectual capacity with serious physical incapacity and, on the other hand persons of limited mental ability without any physical disability. **The underlying aim of future policy must be to provide training facilities, which will develop the full potential of every handicapped person. Because of the marked differences in their capacity for training it is clear that various strategies will have to be employed in order to achieve this.**

5.6 We consider that for the purposes of devising a national, planned training programme the handicapped should be regarded as falling into three broad categories, viz.

- those capable of being trained in skilled work in association with able-bodied workers;
- those whose handicaps are such that they would be at a disadvantage if trained with the able-bodied and who should be trained in special centres;
- those who require work training of a non-skilled nature and who should be provided for in a community workshop.

5.7 **As many as possible of the handicapped should be trained in association with able-bodied workers.** If their impediments to training can be successfully overcome handicapped persons should have access to the same facilities as able-bodied. Furthermore this arrangement

helps to break down the psychological barriers, overcome prejudices and ease the process of integration. A policy of association with able-bodied workers should be vigorously applied.

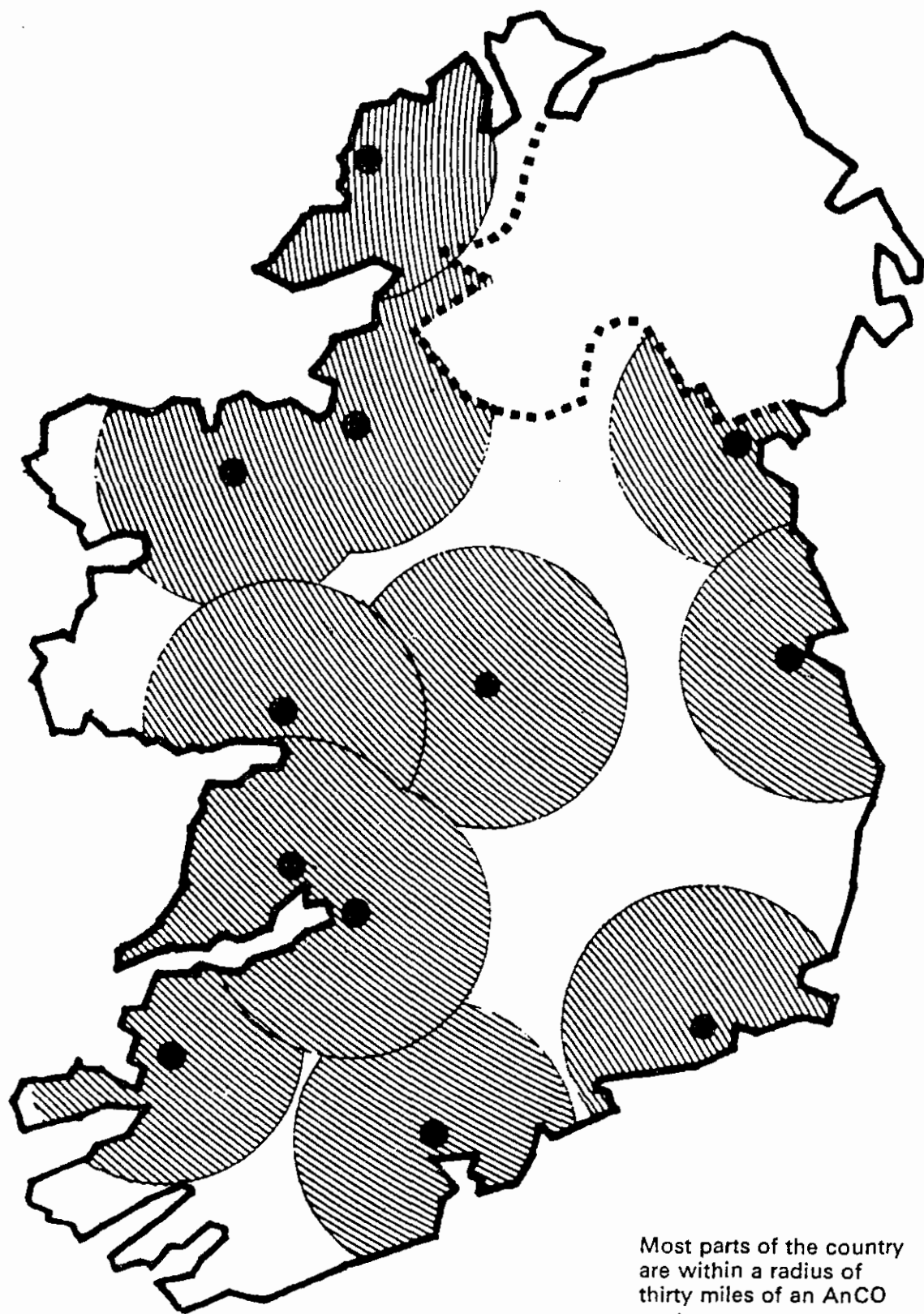
Training under the aegis of AnCO

5.8 **Training facilities at AnCO centres should be developed to the greatest extent possible for handicapped persons likely to be integrated into the open labour market.** It has been open to AnCO in the past to include handicapped persons among its trainees but the extent to which this has been done has been very limited. We recommend that it should now adopt a positive policy in regard to the training of handicapped persons.

5.9 We recognise that the policies of AnCO must be directed at meeting the requirements of the labour market and for that reason a suitable balance must be preserved between the numbers of able-bodied trainees and handicapped trainees. Handicapped persons should be granted entry to the courses only after undergoing one of the assessment procedures described in earlier paragraphs and this would ensure that their mental or physical condition was not likely to prevent successful completion of the course. While we are not in a position to give any firm figures as to the number of handicapped persons likely to be suitable for AnCO training we would estimate that it is not likely to exceed one hundred places initially. The present through-put of non-handicapped persons in direct training at AnCO centres is 3,500 a year.

5.10 AnCO training centres should be adapted where necessary to meet the special needs of handicapped persons. This would include the location of courses in ground floor accommodation, the provision of ramps for wheelchairs, free access

AnCO training centres



toilets and special tools, benches and machinery.

5.11 Trainees should live out and should not be provided with residential accommodation at the training centres. Travelling to and from the training centre should be seen as an important aspect of the rehabilitation process. Where trainees have not got their homes in the immediate area of the centre and where suitable lodgings are not available, voluntary organisations should receive support from public funds towards the provision of hostel accommodation for them.

5.12 Handicapped trainees attending AnCO centres should receive from public funds the same training allowances as other trainees.

5.13 The Council of AnCO should establish a special advisory committee consisting of representatives of AnCO and of suitable persons concerned with services for the handicapped. Handicapped persons should be included in the committee. The function of this committee should be to advise on the needs and techniques of training the handicapped and to maintain a continuous evaluation of the effectiveness of training policies.

5.14 In addition to providing training at its own centres, AnCO should, where appropriate, make arrangements with selected industrial firms or technological colleges to train handicapped persons.

Training in special centres

5.15 Hitherto with the co-operation of the trade unions and AnCO a very limited number of adult handicapped persons has been enabled to undertake apprenticeship training. This training is provided in the Rehabilitation Institute workshops in Dublin and Cork. **We consider that this very limited intake to craft trades should be preserved so**

long as the training standards satisfy the trade unions and AnCO.

5.16 The present engineering and woodwork centres of the Rehabilitation Institute should be integrated to form two special training centres—one of about fifty places in Dublin and one of about thirty places in Cork. The watch and clock repair centre operated by the Institute in Dublin has been notably successful in training craftsmen in this particular field and should continue to operate as a separate training centre.

5.17 The quality of the training given in these centres should be subject to the continued supervision and appraisal of AnCO. Trainees should be afforded the same opportunities for "off the job" training (e.g. attendance at vocational school classes) as if they were attached to AnCO training centres.

5.18 Trainees attending these special centres should be paid from public funds the same allowance as AnCO trainees. During their period of training the allowance payable to them should be appropriately reduced by any State benefits they may be receiving.

5.19 Health Boards should pay adequate training fees to the Rehabilitation Institute in respect of each person undergoing training. The question of further financial support should be a matter of negotiation between the Institute and the Department of Health or National Rehabilitation Board as appropriate.

5.20 The secretarial centres operated by the Rehabilitation Institute in Dublin, Cork and Sligo are educational activities rather than training centres and should continue on their present basis. Persons attending these centres should not be paid allowances unless they are away from home in which case the health board should pay the normal lodging allowance.

Adequate training fees should continue to be paid to the Rehabilitation Institute.

5.21 Other types of training now being carried out in Rehabilitation Institute training centres should be merged in community workshops (see chapter six).

5.22 Managerial and training staff employed in the special training centres should have such qualifications and experience as AnCO might

recommend and should be selected by open competition.

Educational training

5.23 In some instances it may be found that a handicapped person has artistic or intellectual abilities which he should be given an opportunity of developing at a suitable educational centre. We recommend that in such instances the health board should pay the educational fees involved with the addition of an allowance where the student lives away from home.

Chapter Six

Community Workshops

6.1 We recommend that community workshops be developed which would have a dual role—

- (i) the activation and training of handicapped persons and**
- (ii) the provision of sheltered employment for those handicapped persons who have difficulty in obtaining or retaining open employment.**

The activation role

6.2 There are some handicapped persons who require a programme aimed at fitting them psychologically, physically and socially for work. We have described in chapter four how such a programme should be organised for persons in residential institutions. The community workshop should provide a similar facility for those persons not being cared for on an institutional basis. Where there is any indication that such persons might benefit by activation they should have the opportunity of going into the community workshops and being trained in processes such as light assembly and packing.

6.3 As has been already emphasised, the preparation of the handicapped person for employment should include training in social skills so that he can adapt easily to working life. It should be possible to use some of the accommodation of the workshop for social functions for the handicapped after normal working hours. Activities of this sort would be a valuable complement to the day-time training and would contribute to the process of integrating the

handicapped person into the community.

6.4 All handicapped workers should be subject to continuous assessment. **The aim would be to fit as many persons as possible into open employment after they have completed the activation process. Some might be found suitable for further training and should pass on to one of the training centres described in the previous chapter. Those not suitable for open employment should continue to be employed in the community workshop.** It would be hoped, however, that many of these would eventually develop their work capacity to the extent that they would be able to get outside employment.

6.5 A proportion of the total places in the community workshop should be reserved for those requiring activation and training.

The sheltered employment role

6.6 We recommend that those who continue to be employed in community centres should be capable ultimately of achieving a level of productivity not less than one third of that of an able-bodied worker under similar conditions. This is necessary for a number of reasons. If the handicapped persons are to be employed in a realistic working environment, even though sheltered, some minimum standards must be set in regard to work output. Furthermore since we recommend in paragraph 6.24 that the workers be paid a reasonable wage it follows that the operation of the workshops should be placed on as economic a basis as possible. It is not suggested that all community workshops can be operated on a profit-making basis, nor are we suggesting that the success of a workshop would be judged solely by its ability to make a profit. But it will be obvious that **it will be**

in the interests of the handicapped worker as well as of the economy that the workshop should be conducted in accordance with business principles.

6.7 Before a final decision is taken as to whether a worker is capable of maintaining the minimum standard of production, every opportunity should be given to him to establish his suitability. The onus should be on the workshop manager and his supervisory staff to ensure that the worker is assigned to tasks best suited to his abilities and a decision to reject a worker as unsuitable for continuous employment in the workshop should be taken only after every feasible possibility of developing his work potential has been attempted.

6.8 The workshop management should be provided with a report on each person referred to it by the assessment team so that it will be aware of the particular medical and other circumstances of the individual. As often as may be necessary the worker should be referred back to the assessment authorities for a report on his continued suitability for employment in a sheltered situation. However, no opportunity should be lost to secure outside employment for him and this should not necessarily depend on the previous intervention of the assessment authority.

6.9 Dr. Heering the distinguished Dutch expert in the training of handicapped persons, in a survey carried out for our National Rehabilitation Board has described the ideal characteristics of a sheltered workshop. This description conforms with our own views:

Sheltered employment must have a dynamic character or it is just an alternative to giving allowances to keep the handicapped quiet, pretending to offer them help which is really only a poor substitute for it. Sheltered employment is not just keeping handicapped people busy,

as a kind of pastime. Essentially it is a means of activating their bodies and minds, so as to restore – or create for the first time – the feeling of usefulness, of being integrated in society, of participating in normal activities, of leading as normal a life as anyone else, of building up self-confidence and work motivation and of so stimulating their physical and mental forces. At the same time, and going along with it, sheltered employment should help them to socially adjust themselves, to adapt to work, work environment and work discipline, and to develop their working capacities as a necessary condition for a satisfactory performance in any sort of employment, sheltered or not. . . . An industrial atmosphere should prevail in sheltered employment. It includes tempo, accuracy, punctuality, efficiency. An extra advantage is the economic benefit that may follow.

6.10 We cannot say with certainty how many persons need to be provided for in this way but given an active occupational rehabilitation policy it is certain that a substantial increase in existing places in sheltered workshops will be necessary. At the moment less than 1,000 places are provided in various centres throughout the country. (There are several hundred other places associated with mental handicap institutions which are largely of the character of activation or occupational units for residential patients and do not fit into our concept of the community workshop.) Dr. Heering suggests that Irish needs based on Dutch experience would amount to between 9,000 and 15,000 places. On the other hand the total number employed in sheltered workshops in the United Kingdom amounts to only 14,000 persons and to attain this level of development we would require only about 1,000 places. We have already estimated that the total number of handicapped persons of working age in this country likely to be suitable

for restoration to work is about 15,000. Many of those will, hopefully, pass into open employment from hospitals and other institutions. **For those who will require activation or sheltered employment in community workshops we think it would be reasonable to envisage eventually having 5,000 places, that is about five times the present number of places.**

6.11 Unduly small workshops will not in our opinion be effective units. Dr. Heering's views are of value in this regard:

A constant effort is needed to keep abreast of modern industry, because technical obsolescence condemns sheltered employment to poor economic results and does harm the good will for the handicapped. A rather large set-up is imperative. Although at the start the size may be smaller, as soon as possible a total of seventy-five handicapped workers should be the aim, as the minimum required for guaranteeing good economic, technical and social results. Also, private firms are usually more interested in larger workshops, if sub-contracts are concerned, because big quantities of farmed out production reduce the overhead costs. . . . The various units or sections of the undertaking should be concentrated as much as possible on the same premises, to allow efficient control.

In general we agree with these views of Dr. Heering but with the reservation that our population spread would justify even smaller workshops in the more sparsely populated areas.

6.12 We would emphasise that our estimate of the number of places likely to be required in community workshops is very tentative. We put forward the figure of 5,000 mainly to give a broad indication of the likely extent of our needs. It assumes a

dynamic policy in relation to providing work for the handicapped. It should in the first instance be the responsibility of each health board to establish the number of handicapped persons in its area likely to be suitable for work training or sheltered employment. **It will be necessary on a national level to carry out a systematic study aimed at identifying the best locations for workshops**

The study should be the responsibility of the National Rehabilitation Board and should take into account not only the local incidence of handicapped persons but also the social, economic and communication factors that would influence the most suitable choice of centre.

6.13 In our view community workshops should normally be located in larger centres of population and should be closely associated with industrial estates. In the past a number of workshops for the handicapped have failed largely because of their location. It should not be open to any organisation to establish a sheltered workshop and to expect support from public funds unless it conforms with a national plan.

6.14 The work of organising and operating community workshops is, we consider, particularly suitable for voluntary organisations. While in some circumstances it may be necessary for a health board to operate a workshop of its own as a general rule voluntary organisations should be encouraged to undertake this work. Capital grants or contributions to rent should be paid to voluntary organisations to assist them in developing existing centres and in establishing new workshops.

6.15 We recognise that there are some excellent workshops in operation at the moment. In particular we would refer to the Central Remedial Clinic, Dublin; Cherry Group Sheltered Workshop Dublin;

H.E.L.P. Industries, Cork; the various centres of the Rehabilitation Institute; Retos Ltd., Shannon Airport; Ross Products Ltd., Killarney and St. Michael's House Centres, Dublin. They have established their value and, where necessary, should be further developed or re-organised as community workshops in accordance with the general recommendations made by us in this report. There are other smaller workshops operated by various voluntary organisations throughout the country which might form the basis for development as community workshops for their areas but a decision on this should be a matter for the National Rehabilitation Board.

6.16 Where there is a number of small workshops already operating in one area we recommend that the voluntary organisations concerned should integrate their activities. As we have already pointed out unduly small workshops cannot be effective units and consequently we recommend that as a general rule they should not be supported from public funds.

6.17 **We reiterate our earlier recommendation that the community workshops should be open to all who can benefit from them irrespective of their form of handicap.** (See paragraphs 2.14 to 2.17.)

Management of workshops

6.18 The committee of management of each workshop should include persons drawn from local business interests, trade unions and professional groups. Persons with special technical or management expertise should also be invited to serve on the committee as well as appropriate social workers.

6.19 Where the workshop operates under the aegis of a single voluntary body local representatives of other voluntary bodies concerned with the

handicapped should also be invited to join the committee of management.

6.20 The handicapped workers themselves should have representation on the management committee or, alternatively, there should be a liaison committee consisting of members of the management committee and the workers employed in the workshop.

6.21 The manager of the workshop should desirably have a background in industry and the experience and skills sought should be related to the requirements of an industry of similar size.

6.22 Supervisory staff should be carefully selected. They should have a background at floor level in industry or be experienced craftsmen. They should be persons with a particular understanding of and commitment to the handicapped person as well as having the ability and patience to train workers who, in some instances, may have to overcome major impairments.

6.23 **It is important from the handicapped person's point of view to emphasise that he should be working in an environment which simulates to the greatest degree possible a normal working environment.** Medical involvement in the direction of the workshop might serve to give it the characteristic of a health institution and this must be avoided. At the same time situations may arise, particularly in regard to handicapped workers, who are at the work activation stage, where medical or other professional advice and support may be necessary. This can be achieved by referring the worker to his general practitioner or to the appropriate consultant. Social workers employed by the health board should however have continuing contact with the community workshops and should be represented on their management.

Workers' pay

6.24 The handicapped person must be provided with an incentive to work. As we have suggested earlier in this report the payment of weekly allowances to disabled persons may, in some instances, have developed an absolute dependence on this form of income and removed the incentive to seek employment. If handicapped persons are to be encouraged to take up employment they must be offered financial terms which are more favourable than those offered for passively accepting their disability. We have already recommended that those undergoing training in AnCO or other training centres should be paid allowances on the same basis as able-bodied trainees. **Workers in community workshops should also receive reasonable payment for their work. In principle it should be such as to encourage them to participate in their community workshop but not such as to discourage them from moving on into open employment when the opportunity presents itself.**

6.25 Accordingly we recommend as follows: —

- (i) a person undergoing activation and training in a sheltered workshop should receive a weekly payment which would be related to and be a proportion of the appropriate AnCO allowance. He should also be entitled to the same conditions applicable to AnCO trainees in regard to travelling allowances, income tax, additions for dependents and credited contributions for Social Welfare purposes;
- (ii) a person admitted directly to sheltered employment in the workshops should be regarded as undergoing training during his first year and conditions

similar to those at (i) should apply

- (iii) any other persons in sheltered employment should receive a weekly payment which would be related to and be a proportion of the average minimum pay fixed by the Joint Labour Committees. (Blind workers at present employed by the Board for the Employment of the Blind should be excluded from this recommendation. See paragraph 7.12.)

6.26 We recommend that the authorities of the workshop be paid from public funds a subvention in respect of each worker up to an amount not exceeding the payments set out in the previous paragraph.

6.27 Each community workshop should as far as possible operate an incentive scheme which would supplement payments in the light of the worker's performance.

Working at home

6.28 In some circumstances handicapped persons capable of working at a reasonable level may, because of their particular disabilities or the remoteness of their home, not find it possible to attend a community workshop. **We recommend that such persons be helped to work in their own homes.** Health boards are already empowered to provide tools and materials to handicapped persons. Publicity should be given to this provision. As an alternative the community workshop might deliver and collect suitable assembly work at the handicapped person's home.

Residential accommodation

6.29 The concept of the community workshop assumes that it will be convenient to the persons for

whom it provides work. Thus in the normal situation the worker will travel to work each day. This is desirable since it contributes to his rehabilitation. In some circumstances it will, nevertheless, be necessary to provide accommodation for him. There is already a policy in the psychiatric and mentally handicapped services of providing hostel accommodation to facilitate the handicapped person's return to normal society. Some of these persons will be employed in the community workshops. It may also be necessary to provide accommodation for other handicapped persons, perhaps on a five-day basis, where the community workshops are not convenient to their homes. Some of this accommodation might be made available by voluntary organisations. In other instances, special arrangements for accommodating the handicapped persons might be made with private householders. **In all instances we would expect that the handicapped worker would himself pay for his lodgings but it would be the responsibility of the workshop management to ensure that the charges imposed on him were reasonable.**

6.30 We recommend that housing authorities allocate some houses in new housing estates convenient to community workshops for hostel use by handicapped workers.

Central control

6.31 The National Rehabilitation

Board should, within the general policy laid down by the Minister for Health, be the executive agency responsible for the approval and supervision of community workshops and the provision of financial assistance to them.

6.32 It is vital that community workshops should have available to them the best technical, management and marketing advice. We have considered whether some special agency should be set up to provide this guidance but we have come to the conclusion that the existing State agencies such as AnCO, the Industrial Development Authority, An C  ras Tr  chtala and the Irish Productivity Centre are in a position individually to assist when required. We recommend that each of these organisations make their services and advice available to the management committees of community workshops if and when required.

6.33 It would not be in the interest of the workshops that they should be in competition with each other in seeking work or in marketing produce. We recommend accordingly that the National Rehabilitation Board establish a liaison committee representative of the various workshops to ensure that competition between them is avoided. It should be possible to come to some arrangement as to the particular range of work to be done in each centre so as to avoid unnecessary and harmful duplication.

Chapter Seven

The Blind

7.1 Blindness may date from birth or childhood or may occur later in adult life. The incidence is highest in the elderly. The blind are a readily identifiable group of the handicapped with special educational and employment problems. There are special provisions for the blind in these areas. We review these provisions and suggest future policies in this chapter.

Activation and Education

7.2 **Education is vitally important for the blind child and this should be accompanied from the earliest age possible by vocational assessment and guidance.** At present the special schools for the blind are co-operating with the Department of Education in the development of prevocational services of this sort. We welcome this development as an essential starting point to the integration of the young blind person into the working community.

7.3 The two special schools for the education of the blind are located in Dublin and if blind children are to receive a formal education they must go to one of them. Some families understandably prefer to keep their children at home and these children may consequently receive little education. We recommend that the Department of Education give special consideration to the manner in which the education of these children might be assisted.

7.4 When blindness starts in adult life the first problem is one of social adjustment and personal independence. The number involved in early adult life is small and does

not, at present, justify a special centre in this country. The Royal National Institute for the Blind at Torquay has always welcomed blind persons from Ireland. The service given is excellent and we recommend that this generous help should continue to be availed of. However, while some prevocational assessment takes place at this centre, it is essential that facilities for full vocational assessment and training for open employment should be available to such persons on their return.

Training and Employment

7.5 **The emphasis for every blind person should be on preparation and training for open employment.** It is recognised that some will not achieve this but it should nevertheless be the aim in each case until it has been shown to be unattainable.

7.6 At present the principal provision for the sheltered employment of the blind is the sheltered workshop operated by the Board for the Employment of the Blind at Rathmines, Dublin. Associated with the workshop is a retail shop which sells the produce of the workers as well as a limited range of other goods—mainly imported basket work. As has been indicated in paragraph 1.43 the workers receive pay related to prevailing wage levels for industrial workers which is negotiated by the National League of the Blind.

7.7 The workshop has a number of unsatisfactory features as follows:

- (i) it operates almost entirely as a sheltered activity and does not purport to train workers for absorption in open employment. Thus, while there are probably several hundred blind persons throughout the country who are potentially employable in the open market and could benefit

by activation and training arrangements, the Board's functions make very little contribution towards the situation. About 50 blind persons are employed indefinitely in the workshop. The annual intake of new workers has been very low because of the Board's limited resources;

- (ii) working conditions in the workshop are poor. The accommodation lacks reasonable facilities. Equipment is inadequate. The range of work carried out is limited and there is an emphasis on traditional blind crafts even when they are unprofitable;
- (iii) desirable improvements and developments in the workshop have been hampered by the Board's shortage of finance arising from large operating deficits and inadequate support from public funds.

7.8 We are satisfied that the present unsatisfactory state of this workshop is in no way due to the Board of Management. It has been restricted in its role by the terms of its establishment. For a considerable time it has had to operate its affairs with a dire shortage of funds which has ruled out the possibility that its operations could be put on a more viable basis. Additional problems have arisen from the shortage of some raw materials and considerably increased purchasing costs. We would like to pay tribute to the Chairman and the members of the Board for the manner in which they have coped with this very difficult situation and for the considerable time and energy they have given to the Board's affairs. We would also note the satisfactory working relations which exist between the Board, the management, the workers and their trade union.

7.9 In principle we consider that the interests of blind workers would be best served in the long run by providing for the future training and employment of blind workers in association with other handicapped persons in the various centres we have already recommended in this report.

7.10 There is no compelling reason why the training and employment of most blind workers should not be associated with that of other handicapped persons. Apart from other considerations this association would provide a wider range of training and work opportunities for them. There is no medical or social reason why the blind should be provided for in special centres of their own. The establishment of special centres in the past stemmed from the fact that traditionally there has always been particular concern for blind persons. At a time when there was little or no concern for the occupational rehabilitation of other handicapped persons there was sufficient interest, mainly generated by the organised blind themselves, to give rise to special provisions being made for them.

7.11 Every effort should be made to extend the range of training for blind persons and to secure more employment opportunities in the open labour market for them. In general more research is necessary as to the types of work best suited to the blind. Traditional craft work should be phased out where it is not economically viable. While the avoidance of irksome work is necessary in relation to all handicapped persons we feel that it has a special relevance where the blind are concerned.

7.12 We recommend that the Board for the Employment of the Blind should be gradually phased out and eventually abolished.

The present blind employees of the Board should have a special unit provided for them within a conveniently located community workshop in the Dublin area to which they should be transferred. They should retain their existing conditions of employment and should be represented as a group on the management committee of the workshop.

7.13 The rights of the present administrative and other sighted staff of the Board should be protected and we would recommend that they be offered suitable employment in other areas of the services for the handicapped or be suitably compensated.

7.14 **New blind workers employed in training centres or sheltered workshops should have the same conditions as other handicapped persons.** However, in view of the special provision for the blind in the past they should, for an initial period,

have priority of admission to training and employment facilities. With the development of these facilities the need for priority would end.

Administration

7.15 **We recommend that an Industrial Officer for the Blind with a special interest in their training and employment needs should be appointed under the aegis of the National Rehabilitation Board.** He should be available to work with blind persons during their initial period of employment in order to help them adapt to their new situation.

7.16 **We recommend that the National Rehabilitation Board should establish an advisory committee on the occupational rehabilitation of the blind** including representatives of the National Council of the Blind and other bodies involved in the training and employment of the blind as well as representatives of the blind themselves, including the representatives of National League for the Blind.

Chapter Eight

Facilitating open employment

Facilitating open employment—

8.1 The ultimate objective for handicapped persons undergoing rehabilitation should be integration into open employment.

Not all of them will achieve this but many will do so given the proper dynamic approach towards their preparation and training. However the extent of the success in restoring them to a normal working life will depend basically on the good-will of the public and of employers in particular. Probably everyone will subscribe to an assertion that society has a moral responsibility to its handicapped members. The sincerity of that assertion will be tested by the attitude displayed towards employing them.

8.2 We recognise that commercial and industrial enterprises operate on business principles. **For that reason some inducements will be necessary to cushion employers against the risk that they may suffer a loss by employing a handicapped worker.** While the main inducement should be the fact that the handicapped person has been thoroughly prepared for employment, some other material incentives will be necessary. We recommend therefore that grants be made available to employers for the provision of facilities such as the installation of ramps for wheelchairs, the adaptation of machinery and tools and the provision of special toilets for handicapped worker's.

8.3 We also recommend the subsidisation from public funds of the wages of a handicapped person during a short trial period of

employment. This would give the employer an opportunity further to appraise the worker's suitability.

8.4 We believe that the public sector (the Civil Service, local authorities, health boards and public enterprises) should set a headline in relation to the employment of the handicapped. We recommend the following measures:

- (i) the upper age limits for open competitions for recruitment grades in the Civil Service and other public authorities should be raised to enable persons, whose education has been delayed by handicap, to compete;
- (ii) selected posts in the public service should be designated as carrying special preference for handicapped persons;
- (iii) there should be an extension of the practice operated by some public authorities under which a small number of posts are filled on a part-time basis by persons recuperating from mental or physical disability as a final step in their rehabilitation.

8.5 Where persons at (iii) above are concerned continuing support and guidance will be necessary during the period of employment in order to give the handicapped person self-confidence. It is not enough to leave the individual to his own resources or to the care of his work supervisors, who may have little or no awareness of his special problems or the way to deal with them.

8.6 It is hardly necessary for us to stress the importance of the placement service for the handicapped. It is now operated by the National Rehabilitation Board. We have considered whether it

should more appropriately be integrated with the National Manpower Service. We accept that there is a strong case for doing so. The Service is organised on a national basis with close contacts with employers and a comprehensive knowledge of the needs of the labour market. Furthermore because of its larger establishment of placement officers it can probably offer more opportunities for advancement to its personnel than can the National Rehabilitation Board. On the other hand we have stressed throughout this report the importance of the co-ordination and continuity of the various stages of the rehabilitation of handicapped persons. **The placement officer has an extremely important part in the rehabilitation process starting at the initial assessment of the handicapped person and continuing until he is placed in employment. In the circumstances we have come to the conclusion that the desirable degree of co-ordination might not be achieved if the placement services for the handicapped were to be operated under the aegis of the National Manpower Service.**

8.7 While in our view it would not be of advantage to integrate the two services, there are definite advantages in having a close working arrangement operating between them. This would be facilitated by having the placement officers from the

National Rehabilitation Board located at the local offices of the National Manpower Service. In this way there could be a mutual sharing of information regarding employment opportunities and mutual assistance in exploiting these opportunities.

8.8 The initial training of the placement officers for the handicapped should continue to be carried out in association with the National Manpower Service. The further training given under the aegis of the National Rehabilitation Board should be reviewed from time to time and placement officers should be encouraged to attend further suitable training courses in such fields as occupational rehabilitation and industrial organisation and practice.

8.9 We are aware of dissatisfaction in the placement service about levels of remuneration but it is not part of our remit to make recommendations on such a matter. We feel it proper to point out, however, that the function of the placement officer requires considerable initiative, an energetic application to work, a commitment to and an involvement with the handicapped and a capacity to arouse a similar attitude in others. In particular he should have the potential to apply analytical appraisal to the available job opportunities. These are special qualities. **The conditions offered should be such as to attract and retain persons of that calibre.**

Chapter Nine

Staff selection and training

9.1 The success of efforts to integrate the handicapped person into working society depends to a great extent on the quality of the personnel assigned the task of activating and training him. They in turn must rely on the adequacy of their methods and on the knowledge and support which they receive from continuous education, research and evaluation.

Staff Selection

9.2 **All managerial, supervisory and training staff in activation units, training centres and community workshops should be selected by open competition and after thorough assessment not only of their technical qualifications but of their temperamental suitability for working with and guiding handicapped persons.**

Staff Training

9.3 We have, in an interim report, submitted to the Minister for Health on 25 June, 1974 indicated our views in regard to the training of trainers and supervisors dealing with the training or sheltered employment of the handicapped. So that our present report will be a comprehensive one we repeat these recommendations here. They were:

- 1 **We are convinced from our examination to date of the occupational training needs of handicapped persons that trained trainers and supervisors are essential, if our training centres and sheltered employment activities are to be fully**

effective. The European Economic Community has recently adopted an action programme in regard to the training of the handicapped which designates the training of trainers as one of the special areas for financial support from the Social Fund. We assume that it would be the Minister's wish that this country should start benefiting from that provision as soon as possible.

- 2 **We recommend that a special course for the training of trainers and supervisors involved in the training or sheltered employment of the handicapped be undertaken by the Industrial Training Authority (AnCO).** We have had the valuable assistance of that authority in devising a suitable course. (See appendix E.) We recommend that the agreement of AnCO should be sought to the initiation of this course as soon as possible.
- 3 The duration of the course should be four/five weeks and it should be broken up into sessions of one week with three weeks between each session. In our view this arrangement will contribute to the effectiveness of the teaching as well as reduce any inconvenience to workshops which have personnel undergoing the course. The number of courses should be determined by the numbers requiring training.
- 4 Initially, priority in the allocation of places on the courses should be given to personnel from (i) centres approved by the Minister for Health for the training of handicapped persons and (ii) from sheltered workshops which are likely to

succeed in integrating a significant number of persons into open employment.

5 The cost of the courses, including the payment of salary and travelling and subsistence expenses of participants, should be borne from public funds.

6 We have not got a firm figure for the number of persons likely to be suitable to undergo this course but it is probable that it is of the order of 200.

9.4 We understand that the Minister for Health and AnCO have accepted our recommendations and that a series of courses is being initiated.

9.5 There will be a need for regular refresher courses and seminars for all personnel involved in the rehabilitation of the handicapped particularly in order to impart new knowledge.

A great deal of mutual benefit could be acquired by bringing together doctors, ancillary medical personnel, placement officers, trainers and others concerned with the handicapped.

Chapter Ten

Research

10.1 In order to have and maintain an up-to-date effective training service for the handicapped a process of continuous research and development in training techniques is essential and should be developed by AnCO.

10.2 While the "mix" between voluntary and public bodies in the area of training is desirable on many grounds, it has the disadvantage that standards of training may vary widely from centre to centre. There may also be a reluctance to experiment with new techniques because of the disruption and cost involved. In addition, it is possible that some centres may not possess the resources or expertise to carry out accurate evaluation of either the programmes which they are currently employing or new programmes which they might like to introduce. Accordingly, one function of a research and development unit would be to provide information on new training techniques to centres at

all levels of rehabilitation (as envisaged in our report) and make available expert advice in regard to their programmes.

10.3 The provision of expert advice does not imply that the research and development unit would require elaborate staff of its own. Its task here would rather be to inform itself of where relevant expertise is available and to channel it, as far as possible on a consultancy basis, to the centre where it is required.

10.4 A second function of the research and development unit should be to gather detailed practical information in relation to the placement of various groups of handicapped persons. For example, the unit might investigate the costs and benefits to an employer of placing a small group with a particular handicap in a particular type of employment. The unit would then have the task of disseminating on a national basis this factual information to employers with similar openings. It would be hoped that many employers would come forward with offers of work for the handicapped if they were aware of instances of successful placement elsewhere and of the costs and the benefits involved.

Epilogue

Public provision for the training and employment of the handicapped has, in the past, been entirely inadequate. It should now be recognised that our social policies will have to give a much higher priority to this particular need. Our recommendations will, if implemented, necessarily involve a greater financial contribution from public funds. Because we have not been specific in regard to the level of the State's financial provision for the developments proposed it is not possible to give an estimate of the additional cost involved. It will be significant. While the

main reason for helping the integration of the handicapped person into the working community must be based on social and humanitarian considerations it can, nevertheless, be justified in economic terms. Furthermore, membership of the European Economic Community brings with it the benefit of financial assistance for our training and rehabilitation services from the European Social Fund. Thus, we would expect that the developments in the training of handicapped persons envisaged in this report would qualify for substantial support from that Fund. Indeed the availability of such assistance will enable more rapid progress to be made in the implementation of the measures we propose.

Summary of main findings and recommendations

Number of handicapped persons

1.46 It is estimated that there are altogether about 100,000 adult handicapped persons in the country.

1.49 It is estimated that the number of adult handicapped persons who might benefit from preparation and training for work is about 15,000. It is emphasised that an accurate picture of the situation can be obtained only through social surveys.

General principles

2.3 Medical treatment, physical and psychological preparation for work, occupational training and employment should all be part of a continuous and co-ordinated process if the comprehensive rehabilitation of the individual is to be truly effective.

2.6 The aim of the recommendations in the report is to create a clearly defined co-ordinated relationship between the State and voluntary agencies leading to optimum services for the handicapped. The voluntary organisations will continue to have a major role in keeping with standards laid down by the relevant State agencies.

2.9 The National Rehabilitation Board should within the broad policies adopted by the Minister for Health be the main executive agency concerned with the application of rehabilitation policies. Its present organisation and staffing should be examined closely with a view to putting it on the most effective footing.

2.10 The membership of the Board should include persons from the Departments of Labour and Education and from other interests involved in the training and

employment of the handicapped. Advisory committees should be established.

2.11 The National Rehabilitation Board should co-ordinate claims from the various bodies seeking support for handicapped services from the European Social Fund.

2.12 An Comhairle Oiliúna (AnCO) should have the main role in the provision of training for the handicapped.

2.13 Health boards should have the initial responsibility for identifying potentially handicapped persons and putting them on the path to employment. Committees should be established to co-ordinate the work of health boards and local voluntary groups.

2.14 Selection for training and sheltered employment should be on the basis of aptitude for training and not according to the title of disability.

2.15 Financial incentives will be necessary to encourage persons to undertake training.

Identification

3.4 The Director of Community Services should have the duty of ensuring that all persons in his area suitable for occupational rehabilitation are brought to notice.

3.5 One of the Assistant Directors of Community Care in each area should be assigned specific responsibility for the services for the handicapped.

3.6 An agreed procedure should be established whereby persons in receipt of long-term benefits under Social Welfare Acts are brought to the notice of the Director of Community Care.

3.7 There should be an active continuous campaign supported by

publicity to bring all potentially employable handicapped persons to notice.

3.8 Each Director of Community Care should keep a register of handicapped persons in his area.

3.10 Medical and para-medical staff should be given every opportunity of learning the extent to which training programmes can restore the handicapped to work.

ASSESSMENT

3.12 The initial assessment should be carried out by the Director of Community Care, or appropriate medical officer, and a placement officer from the National Rehabilitation Board.

3.13 Those requiring more comprehensive assessment should be seen by a team from the National Rehabilitation Board.

3.14 The composition of the team is recommended.

3.17 In exceptional cases a prolonged assessment will be necessary. This should be done in a special assessment unit to be developed at an AnCO training centre in Dublin.

ACTIVATION

4.2 The development of the handicapped person's social habits are as important as work training.

4.3 For persons in an institution treatment and activation are essentially linked and both should be seen as coming within its role.

Psychiatric hospitals

4.4 From 25-30% of the present long-stay patients in psychiatric hospitals would benefit from a well-directed activation policy.

4.5 There should be a vigorous policy to improve the effectiveness of

existing industrial units in psychiatric hospitals. In future they should be called "work activation units".

4.6 Each unit should be in charge of a person with experience at supervisory level in industry.

4.7 Activation units should provide a range of work of an unskilled nature.

4.8 The needs of the patient should be subject to continuous review.

4.9 The contribution of psychiatric nurses would be enhanced by the operation of arrangements that would give greater continuity of care to the patients.

4.10 Normal working conditions should be simulated for the activation unit.

4.11 Psychiatric hospital outpatients requiring activation should be provided for as far as possible at community workshops.

Centres for the mentally handicapped

4.12 In general activation units in these centres should be developed along the same lines as those in psychiatric hospitals.

4.13 Persons should not be retained indefinitely in activation units.

The deaf

4.15 Occupational assessment, guidance and placement services should be available on a continuing basis until each deaf person is satisfactorily placed in employment.

4.16 The development of improved opportunities for the deaf should be fostered by the joint action of the National Rehabilitation Board and the National Association for the Deaf.

4.17 Hostels may be required for young deaf persons entering employment.

Physically handicapped persons in general hospitals

4.18 The general hospital should have a role in the return of the patient to working society. There should be well-equipped and well-staffed rehabilitation departments associated with general hospitals.

4.19 There appears to be a need for more consultants in rehabilitation medicine.

4.20 There should be greater emphasis on rehabilitation methods in medical training.

Standards

4.22 The National Rehabilitation Board should have the responsibility to create organisational and operational standards for activation units.

EDUCATION OF HANDICAPPED

4.23 The development of educational facilities for handicapped persons should be given a high priority in the development of education services generally.

4.24 Further education for children in special schools should be extended.

4.25 The educational needs of handicapped children not living in institutions or attending day centres require special attention. Directors of Community Care should survey the needs in their area.

4.26 Vocational guidance should be given from as early an age as possible.

4.27 The education opportunities for adult handicapped who failed to receive a proper education require further development.

TRAINING

5.7 As many as possible of the handicapped should be trained in association with able-bodied workers.

Training at AnCO Centres

5.8 Training facilities at AnCO centres should be developed to the greatest extent possible for handicapped persons likely to be integrated into the open labour market.

5.10 The training centres should be adapted where necessary to meet the special needs of handicapped persons.

5.11 Handicapped persons attending AnCO courses should receive the same training allowances as other trainees.

5.13 The Council of AnCO should establish a special advisory committee. Handicapped persons themselves should be represented on it.

5.14 Where appropriate AnCO should make arrangements with selected industrial firms or technological colleges for the training of handicapped persons.

Training in Special Centres

5.15 The Rehabilitation Institute should continue to provide apprenticeship training for a limited number of adult handicapped persons so long as the training satisfies the trade unions and AnCO.

5.16 The present engineering and woodwork centres of the Institute should be integrated to form two special training centres – one of about 50 places in Dublin and one of about 30 places in Cork. The watch and clock repair centre operated by the Institute should continue as a separate training centre.

5.17 The quality of training in these centres should be subject to the

continued supervision and appraisal of AnCO.

5.18 Trainees should be paid the same allowances as those attending AnCO centres.

5.19 Health boards should pay adequate training fees to the Rehabilitation Institute.

5.20 The secretarial centres operated by the Institute might continue on their present basis but should be regarded as educational activities rather than training centres. Adequate training fees should be paid to the Institute.

5.22 Managerial and training staff should have such qualifications as AnCO might recommend.

5.23 In some instances handicapped persons with artistic or intellectual abilities should be given the opportunity of developing at a suitable educational centre.

COMMUNITY WORKSHOPS

6.1 Community workshops should be developed for (i) the activation and training of handicapped persons, and (ii) the provision of sheltered employment for those who have difficulty in obtaining or retaining open employment.

6.2 The community workshops should provide training and activation in unskilled processes for those not in residential institutions.

6.4 All workers should be subject to continuous assessment. Those not suitable for open employment should continue to be employed in the community workshop.

6.5 A proportion of the total places in the workshop should be reserved for those requiring activation and training.

6.6 Those retained in the community workshop should be

capable of achieving a level of productivity not less than one third of that of an able-bodied worker under similar conditions.

6.7 Before a final decision is taken as to whether a worker is capable of maintaining the minimum standard of production every opportunity should be given to him to establish his suitability.

6.8 No opportunity should be lost to secure outside employment for persons in community workshops.

6.9 Industrial conditions should prevail in the community workshop.

6.10 It is estimated that about 5,000 places may eventually be required in these workshops.

6.11 The aim should be to have a minimum of 75 places in the workshop but a smaller number would be justified in the more sparsely populated areas.

6.12 Each health board should carry out a survey of the number of handicapped persons in its area likely to be suitable for work training or sheltered employment. The National Rehabilitation Board should carry out a study to identify the optimum location for workshops.

6.13 The workshops should normally be located in larger centres of population and should be closely associated with industrial estates.

6.14 As a general rule community workshops should be operated by voluntary organisations.

6.15 The principal existing sheltered workshops should be developed or reorganised as community workshops. The future role of some smaller workshops should be a matter for decision by the National Rehabilitation Board.

6.17 Community workshops should be open to all who might benefit from them irrespective of their form of handicap.

6.18 The committee of management of a workshop should include persons drawn from local business, trade union and professional interests.

6.19 When the workshop operates under the aegis of a single voluntary body it should invite representatives from other voluntary bodies to join the management committee.

6.20 Handicapped workers should have representation on the management committee.

6.21 The manager should have a background in industry.

6.22 Supervisory staff should have experience at floor level in industry or be experienced tradesmen.

6.23 Medical involvement in the direction of the workshop should be avoided.

6.24 Workers in community workshops should receive reasonable payment for their work. It should be such as to encourage them to participate in the community workshop but not such as to discourage them from entering open employment.

6.25 A basis for payment is recommended related to (i) AnCO allowances in the case of persons undergoing activation and training, and (ii) minimum pay levels fixed by Joint Labour Committees in the case of persons in sheltered employment.

6.26 The workshop should receive for each worker a subvention from public funds up to an amount not exceeding the recommended payments.

6.27 The workshop should operate an incentive scheme which would allow it to supplement the minimum wage.

6.28 Suitable handicapped persons unable to attend community workshops should be provided with work at home.

6.30 Housing authorities should allocate some houses for hostel use by handicapped workers.

6.31 The National Rehabilitation Board should be the agency responsible for the supervision of the system.

6.32 Technical, management and marketing advice should be given by the relevant State agencies.

6.33 The National Rehabilitation Board should establish a liaison committee representative of the different workshops to avoid unnecessary competition in seeking work and marketing produce.

THE BLIND

7.3 The Department of Education should give special consideration to the educational needs of blind children not attending special schools.

7.4 The services for the social adjustment of the adult blind given by the Royal National Institute for the Blind at Torquay should continue to be used.

7.5 There should be emphasis on preparation for training and employment in the case of every blind person.

7.9 The best interests of the blind would be served by providing for the future training and employment of the blind in association with other handicapped workers.

7.11 Every effort should be made to extend the range of blind training and

to secure more open employment for them.

7.12 The Board for the Employment of the Blind should be gradually phased out and eventually abolished. The present blind employees of the Board should have a special unit provided for them within a conveniently located community workshop in Dublin. They should retain their existing conditions of employment.

7.13 The rights of the present administrative and other sighted staff of the Board should be protected.

7.14 For an initial period new blind workers should have priority of admission to training and employment facilities. They would have the same conditions as other handicapped persons.

7.15 The National Rehabilitation Board should appoint an Industrial Officer for the Blind.

7.16 The National Rehabilitation Board should establish an advisory committee on the occupational rehabilitation of the blind.

FACILITATING OPEN EMPLOYMENT

8.2 Grants should be made available to employers for the provision of facilities such as ramps, toilets and other special provision for the handicapped.

8.3 The wages of a handicapped person should be subsidised from

public funds during a short trial period of open employment.

8.4 There should be further special concessions for handicapped persons seeking employment in the public service. Certain conclusions are recommended.

8.6 The placement service for the handicapped should continue to be associated with the National Rehabilitation Board.

8.7 There should be a close working arrangement between the National Manpower Service and the placement service of the National Rehabilitation Board.

8.9 The conditions offered to placement officers should be such as to attract and retain persons with the special qualities required.

STAFF SELECTION AND TRAINING

9.2 All managerial, supervisory and training staff should undergo special training under the aegis of AnCO.

9.3 The contents of a special course are recommended.

9.5 There will be a need for regular refresher courses and seminars to impart new knowledge.

RESEARCH

10.1 Research into the techniques of training the handicapped should be developed by AnCO.

WORKING PARTY ON OCCUPATIONAL TRAINING OF THE HANDICAPPED

Signed:

Joseph A. Robins (Chairman)

John Bermingham

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Desmond Farley

Brian Glanville

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8 October 1974

APPENDICES

- APPENDIX A Training courses for the handicapped, operated by
voluntary bodies and approved by the Minister for Health
- APPENDIX B Residential institutions for the mentally handicapped
- APPENDIX C Sheltered employment and industrial therapy units
- APPENDIX D Payments approved by the European Social Fund in
respect of 1973 and 1974
- APPENDIX E Course designed for the training of supervisors and
instructors concerned with the occupational training of
the handicapped

APPENDIX A

TRAINING COURSES FOR THE HANDICAPPED OPERATED BY VOLUNTARY BODIES AND APPROVED BY THE MINISTER FOR HEALTH

| | Centre | Course Provided | Places available | Duration of Course |
|--|---------------------------------|-------------------------|------------------|--------------------|
| Rehabilitation Institute | 15 Upper Basin Street, Dublin | Light engineering | 20 | 9 months—2½ years |
| " | " | Leather work | 30 | 12–24 months |
| " | 1 Northbrook Road, Dublin | Watch and clock repairs | 12 | 24 months |
| " | " | Secretarial | 28 | 9/10 months |
| " | Portland Row, Dublin | Woodwork | 20 | 30 months |
| " | 29 Pleasants Street, Dublin | Garment making | 22 | 18 months |
| " | Camden Quay, Cork | Secretarial | 12 | 1/10 months |
| " | 46 Upper John Street, Cork | Woodwork | 30 | 30 months |
| | | Upholstery | 24 | 18 months |
| | | Garment making | 16 | 18 months |
| " | Dornden Garage, Merrion, Dublin | Forecourt attendants | 14 | 6 months |
| " | Harmony Hill, Sligo | Secretarial | 12 | 9/10 months |
| " | Corrib Castle, Galway | Garment making | 20 | 18 months |
| | | Secretarial | 12 | 18 months |
| | | Upholstery | 12 | 12 months |
| " | Lifford | Shirtmaking | 25 | 12 months |
| " | Coolamber Manor, Co. Longford | Upholstery | 12 | 12–24 months |
| | | Confectionery | 52 | 18 months |
| | | Domestic science | | 18 months |
| Polio Fellowship | Park House, Stillorgan, Dublin | Horticulture | 3 | 2 years |
| Toghermore Re-ablement and Training Centre | Tuam | Woodwork | 30 | 24 months |
| | | Boot and shoe | | 24 months |
| | | Upholstery | | 18 months |
| St. Patrick's Hospital | James' Street, Dublin | Assembly | 14 | . |
| Association of Parents and Friends of Mentally Handicapped | St. Michael's, Ballymun, Dublin | Carpentry | 50 | 18–24 months |
| | | Needlework | | 18–24 months |
| | | Assembly | | 18–24 months |
| Re-employment Training Organisation | Shannon Airport | Assembly | 50 | 9 months |

APPENDIX B

SPECIAL RESIDENTIAL INSTITUTIONS FOR THE MENTALLY HANDICAPPED

| Institutions | Administered by | Grades | Sex | Age limits for acceptance |
|---|---|------------------------------------|-------------------|---|
| Stewart's Hospital, Palmerstown, Co. Dublin | Committee of Management | Moderate, severe and some mild | Males and females | $\frac{1}{2}$ year to 16 years—not absolute |
| St. Augustine's, Obelisk Park, Blackrock | Brothers of St. John of God | Mild | Males only | 1–12 years |
| St. Mary's, Drumcar, Co. Louth | do. | Moderate and severe | Males only | 6–12 years |
| St. Raphael's, Celbridge | do. | Moderate and some mild | Males only | 6–12 years |
| House of Our Lady of Good Counsel, Lota, Co. Cork | Brothers of Charity | Mild, moderate and some severe | Males only | 7–12 years |
| Holy Family School, Renmore, Galway | do. | Mild | Males only | do. |
| Kilcornan House, Clarenbridge, Galway | do. | Moderate plus some mild and severe | Males only | 14 years and upwards |
| St. Michael's Unit, Belmont Park | do. | Moderate | Males only | Adults only |
| St. Vincent's, Cabra, Dublin | Sisters of Charity of St. Vincent de Paul | Moderate, severe and some mild | Females only | 3 to 12 years |
| St. Joseph's, Clonsilla, Co. Dublin | do. | do. | Females only | Over 13 years |
| House of Holy Angels, Glenmaroon | do. | Mild and some moderate | Females only | 4–12 years |
| St. Vincent's, Lisnagry, Limerick | do. | Moderate and some severe | Females only | Under 16 years |
| St. Anne's, Corville, Roscrea, Tipperary | Sisters of the Sacred Heart of Jesus and Mary | Moderate and severe | Males and females | Children |

APPENDIX B—continued

| Institutions | Administered by | Grades | Sex | Age limits for acceptance |
|---|---|--------------------------------|-------------------|---------------------------|
| Bon Sauveur Hospital, Carriglea, Dungarvan, Co. Waterford | Bon Sauveur Sisters | Moderate | Females only | Adults |
| St. Patrick's, Upton, Inishannon, Co. Cork | Rosminian Fathers | Moderate and severe | Males only | Adults |
| St. Clare's Special Care and Training Centre, Castlebar, Co. Mayo | Western Care Association | Severe | Males and females | Children |
| Camphill Village Community, Duffcarrig, Gorey, Co. Wexford | Camphill Village Community of Ireland | Mild, moderate and severe | Males and females | Adults |
| St. Peter's Home, Castlepollard | Midland Health Board | Mild, moderate and severe | Males and females | Adults and children |
| St. Michael's Group Home, Raheny | St. Michael's Home | Moderate and severe | Males and females | Adults |
| St. Francis' Group Home, Castlebar | Western Care Association | Moderates | Males and females | Children |
| St. Teresa's Home, Blackrock, Co. Dublin | Sisters of Charity of St. Vincent de Paul | Mild and some moderate | Females only | 4-12 years |
| St. Mary's, Delvin, Co. Westmeath | Sisters of Charity of Jesus and Mary | Mild, moderate and severe | Females only | 1-8 years |
| Moore Abbey, Monasterevin, Co. Kildare | do. | Mainly moderate | Females only | Adults only |
| La Sagesse Convent, Cregg House, Sligo | Congregation of the Daughters of Wisdom | Moderate, severe and some mild | Males and females | 5-11 years—not absolute |
| Drumbeg, Inver, Co. Donegal | do. | Moderate and severe | Females only | Adults only |
| Queen of Angels School, Montenotte | Cork Polio and General After-care Association | Mild and moderate | Males and females | 5 years and upwards |

APPENDIX B—continued

| Institutions | Administered by | Grades | Sex | Age limits for acceptance |
|---|--|---------------------------|-------------------|---------------------------|
| St. Elizabeth's, Beech Hill, Cork | Cork Polio and General Aftercare Association | Severe | Males and females | do. |
| Tracton Park, Montenotte, Cork | do. | Severe | Males and females | do. |
| St. Paul's School, Montenotte, Cork | do. | Moderate | Males and females | do. |
| Peamount Hospital, Newcastle, Dublin | Board of Governors | Mild, moderate and severe | Males only | Adults only |
| St. Patrick's, Kilkenny | Irish Sisters of Charity | Severe and moderate | Males and females | 3 to 10 years |
| Sunbeam House, Bray, Co. Wicklow | Protestant Child Care Association | Mild and moderate | Males and females | Up to 10 years |
| St. Mary of the Angels, Whitefield, Beaufort, Co. Kerry | Franciscan Missionaries of Divine Motherhood | Moderate and severe | Males and females | Children |

APPENDIX C SHELTERED EMPLOYMENT AND INDUSTRIAL THERAPY UNITS

| Miscellaneous Sheltered Workshops | No. of Places | Industrial therapy units for the mentally handi-capped | No. of Places | Industrial therapy units at mental hospitals | No. of Places |
|--|---------------|---|---------------|--|---------------|
| <i>Rehabilitation Institute</i> | | St. Michael's, Goatstown, Dublin | 63 | Our Lady's Hospital, Ennis | 100 |
| Galway (Mervue) | 30 | St. Michael's, Belcamp, Dublin | 26 | St. Brendan's Hospital, Dublin | 255 |
| Navan | 20 | St. John of Gods, Celbridge | 40 | Hanbury Lane, Dublin | 85 |
| Dundalk | 30 | Peamount Hospital, Newcastle, Dublin | 125 | St. Ita's Hospital, Dublin | 320 |
| <i>Goldenbridge, Dublin</i> | 20 | Stewart's Hospital, Dublin | 80 | St. Loman's Day Centre, Dublin | 25 |
| Naas | 40 | | | | |
| Carlow | 40 | Congregation of the Daughters of Wisdom, Dunbeg, Donegal | 30 | St. Loman's Hospital, Dublin | 100 |
| Limerick | 65 | | | Crumlin Day Centre, Dublin | 30 |
| Leitrim | 15 | St. Joseph's Hospital, Clonsilla, Dublin | 105 | Newcastle Hospital, Co. Wicklow | 65 |
| Central Remedial Clinic, Dublin | 100 | Brothers of Charity, Clarenbridge, Galway | 106 | St. Loman's Hospital, Mullingar | 176 |
| H.E.L.P. Industries, Cork | 125 | St. Michael's, Ferrybank, Waterford | 58 | St. Fintan's Hospital, Portlaoise | 184 |
| Ross Products, Killarney | 50 | St. Martin's, Lady Lane, Waterford | 10 | St. Brigid's Hospital, Ardee | 30 |
| R.E.T.O.S. Shannon | 98 | Bon Sauveur Sisters, Carriglea, Dungarvan | 28 | St. Columba's Hospital, Sligo | 30 |
| Cherry Group, Dublin | 58 | Sligo Parents and Friends Association, Cregg House, Sligo | 29 | Louth Infirmary | 32 |
| Knights of Malta, Drogheda | 18 | | | St. Canice's Hospital, Kilkenny | 14 |
| National Association of Cerebral Palsy, Dublin | 14 | | | St. Luke's Hospital, Clonmel | 24 |
| Polio Fellowship, Stillorgan, Dublin | 14 | | | St. Otteran's Hospital, Waterford | 52 |
| | | | | St. Senan's Hospital, Enniscorthy | 180 |
| | | | | St. Patrick's Hospital, Castlereagh | 25 |
| | | | | St. Brigid's Hospital, Ballinasloe | 55 |
| | | | | Castlebar Mental Hospital | 60 |
| | | | | St. Finan's Hospital, Killarney | 130 |
| | | | | Our Lady's Hospital, Cork | 184 |
| TOTAL | 737 | | 700 | | 2,156 |

APPENDIX D

Payments from the European Social Fund

Under the European Social Fund provisions grants are available, subject to certain conditions, towards the operation and management of training courses for the handicapped including the training of instructors. The following grants were approved by the Commission in respect of the years 1973 and 1974:

1973

| | |
|---|-----------------|
| National Rehabilitation Board | £21,323 |
| Rehabilitation Institute, Ltd. | £80,721 |
| St. Michael's House | £6,000 |
| R E.T.O.S. Ltd. | £19,000 |
| Eastern Health Board | £50,142 |
| Cork Polio and General After-care Association | £3,957 |
| Central Remedial Clinic | £2,256 |
| Cherry Group Ltd. | £1,049 |
| | <hr/> |
| | £184,448 |

1974

| | |
|---|-----------------|
| National Rehabilitation Board | £99,926 |
| Rehabilitation Institute, Ltd. | £130,821 |
| St. Michael's House | £8,440 |
| R.E.T.O.S. Ltd. | £27,179 |
| Eastern Health Board | £55,827 |
| Cork Polio and General After-care Association | £10,588 |
| Central Remedial Clinic | £14,406 |
| Cherry Group Ltd. | £4,430 |
| Western Health Board | £42,115 |
| South Eastern Health Board | £9,108 |
| | <hr/> |
| | £402,840 |

APPENDIX E

Description of a course designed for the training of supervisors and instructors concerned with the occupational training of the handicapped

INTRODUCTION

Following discussions by AnCO with rehabilitation training centre managers and personnel, and from observations of work carried out in sheltered workshops and training centres, training needs were identified in four areas.

| | |
|-----------------------------|--|
| Instructing | The imparting of skill and knowledge to others. |
| Supervising | The management of work and personnel, and supervising the use of tools, equipment and materials. |
| Medical appreciation | A broad appreciation of terms used and implications of disabilities with respect to training problems. |
| Practical | Appreciation of workshop process outside the instructor's own discipline. |

The latter is not covered on the proposed course, but modules of practical work to cover several areas to suit particular needs are available on the completion of the course and are described in the detailed syllabus.

COURSE DESCRIPTION

This course is designed for supervisors/instructors who are, or will be, directly involved in the supervising and training of both mentally and/or physically handicapped persons.

COURSE OBJECTIVES

At the end of the course, participants will:

1. Have a basic understanding of learning and teaching industrial skills as applied to rehabilitation training.
2. Be qualified to carry out supervision and practical instruction in a training, industrial and sheltered environment to acceptable industrial standards.
3. Have a broad appreciation of the characteristics, symptoms and care of the various types of mental and physical handicaps normally encountered in a rehabilitation training or sheltered workshop.
4. Be capable, if required by their duties, of devising and manufacturing jigs, fixtures and other work aids to safeguard or facilitate workers.

DURATION

The course to be of four modules, each of one week's duration. A period of three weeks to elapse between modules.

During this period, practical application of input received during each module to be carried out by the participant in his own work situation. Participants to be visited by the course tutors during these periods to give additional practical input as necessary.

Additional input on skills development to be available as optional modules following the completion of the course.

OUTLINE SYLLABUS

Job of Instructor/Supervisor
Workshop Management
How to give a job demonstration
How to prepare a job demonstration
How people learn
Method Analysis
Operating Knowledge
Hazards
Fault Analysis
Visual Aids
Jigs, Fixtures and Devices
How to plan a job talk
How to give a job talk
First Aid
Psychology
Motion Economy
Workshop Layout
Psychiatry for the Layman
Communications
Social and Personnel Welfare
Fault Diagnosis
Records
Method Study
Production Planning
Discipline and Control
Costing and Budgeting
Motivation
Human Relations
Quality Control
Mentally Subnormal
Epilepsy
Physical Handicaps
Training the Blind
Training the Deaf
Vocational Assessment

MODULE I

Introduction and Course Content.
Role of Instructor.
Workshop Management.
Giving a Job Demonstration.
Preparing a Job Demonstration.
How people learn.
Method Analysis.
Operating Knowledge.
Hazards.
Fault Analysis.
The Mentally Subnormal.
Epilepsy.
Training the Deaf.

PROJECT I

MODULE II

Role of the Supervisor.
Visual Aids.
Jigs—Fixtures and Devices.
Planning Job Talks.
Giving Job Talks.
First Aid I.
Psychology.
Motion Economy.
Workshop Layout.
Psychiatry for the Layman I.
Physical Handicaps.

PROJECT II

MODULE III

Communications.
Social and Personnel Welfare.
Fault Diagnosis.
Job Demonstrations.
Psychiatry for the Layman II.
Records.
Psychology II.
First-Aid II.
Method Study
Training the Blind
Physical Handicaps

PROJECT III

MODULE IV

Production Planning.
Discipline and Control.
First Aid and the handicapped.
Job Talks.
Psychology III.
Costing and Budgeting.
Motivation.
Human Relations.
Psychiatry for the Layman III.
Quality Control.
Course Evaluation and Summary.
Vocational Assessment.

PROJECT IV

Optional Skills Development modules.

COURSE DESCRIPTION

Session JOB OF INSTRUCTOR/SUPERVISOR

AIM To define the role of an instructor/supervisor, listing his duties, function and responsibilities in both an instructing and supervising capacity with a bias towards the general welfare of his trainees.

Topics to be considered: needs of the organisation, needs of instructor, needs of the trainees, attitudes to trainees and parents, management and industry, assessment, storage and dispensing of medication, qualities of the instructor and the physical welfare of trainees.

Session WORKSHOP MANAGEMENT

Note To be given by a guest speaker functioning as a Manager of a training centre, or sheltered workshop for the handicapped.

AIM To familiarise the instructor/supervisor with aspects of management of a training centre or workshop for the handicapped.

Content to include: planning, organising, co-ordinating, controlling, costing, leadership, selection, the instructor/supervisors role in management. Factory Acts, pattern in securing contracts, financial constraints.

Session HOW TO GIVE A JOB DEMONSTRATION

AIM 1 To equip the instructor/supervisor with a full knowledge of the formal approach to job demonstrations, and to detail some of the ways that this approach might be adapted to suit particular situations.

2 To allow him the opportunity to carry out a job demonstration under supervision.

Content to cover: training environment, sequence, key points, distractions.

Session HOW TO PREPARE A JOB DEMONSTRATION

AIM To familiarise the instructor/supervisor with the factors to be provided for when preparing for a job demonstration.

Content to include: objectives, subject matter, aids, equipment, location, duration. Key points.

Session HOW PEOPLE LEARN

AIM To list for the instructor/supervisor the ways in which people acquire skill and knowledge and how to exploit these to a training advantage.

Content to cover: the senses, planned experience, learning and training sequence, practice, learning by example.

Session**METHOD ANALYSIS****AIM**

To qualify the instructor/supervisor to analyse an operation and break it into small parts for learning purposes and work planning.

Content to include: purpose of analysis, preparation, procedure, key points, validation, practical application of input, pitfalls in analysing work.

Session**OPERATING KNOWLEDGE****AIM**

To qualify the instructor/supervisor to isolate the knowledge required to carry out an operation and to classify this knowledge into small parts for learning purposes.

Content to include: knowledge analysis procedure, plant and equipment, machine parts, safety, quality, induction.

Session**HAZARDS****AIM 1**

To list for the instructor/supervisor, the procedure and methods of identifying hazards, their avoidance and nature as related to any workshop situation and the benefits to be gained from hazard avoidance.

2

To allow him the opportunity to carry out hazard analysis under supervision.

Content to include: hazard analysis, job hazards, environmental hazards, classification of hazards, nature of hazards, benefits from hazard analysis and practical application of input in a workshop situation.

Session**FAULT ANALYSIS****AIM 1**

To identify the faults that can occur when carrying out work.

2

To allow the instructor/supervisor to carry out fault analysis under supervision.

Content to cover: causes of faults, effects, responsibilities, action to be taken, prevention, recognition, museum of faults.

Session**VISUAL AIDS****AIM**

To list for the instructor/supervisor the various types of visual aids normally used in the training situation and to evaluate each in regard to its proper use.

Content to include: use of chalkboards, felt boards, magnetic board, posters, charts, films, impromptu visual aids, transparencies.

Session

JIGS, FIXTURES AND DEVICES

AIM

To examine the uses of jigs, fixtures and devices as work-aids and to discuss the factors to be considered when devising them.

Content to include: definitions, costs, design, purpose, manufacture, materials for devices. Examples and set project.

Session

HOW TO PLAN A JOB TALK

AIM

To equip the instructor/supervisor with a sound knowledge of the essential aspects to be considered when planning job talks.

Topics to include: aims, introduction, participation, treatment of subject matter, summary, testing, lesson plans, practicals.

Session

HOW TO GIVE A JOB TALK

AIM 1

To qualify the instructor/supervisor to give theory lessons to a workgroup using the correct delivery and sequence.

2

To allow him the opportunity under supervision, to speak to a group.

Points to be covered: sequence, delivery, visuals, treatment, mannerisms, classroom control, practicals.

Session

FIRST AID

AIM

To list the instructor/supervisor's duties, procedure and methods of applying first aid generally and related to the handicapped.

Content to include: emergency treatment of burns, electric shock, bleeding, fractures, the principles and application of artificial resuscitation. All topics to be related to variations/exceptions when dealing with different disabilities.

Session

PSYCHOLOGY

AIM

To give an appreciation of the scientific study of behaviour as related to mental and physical handicaps.

Topics to include: factors that influence the behaviour of the handicapped, stress or distress, fears and anxieties, inner conflicts, relationships with others, degrees of insight or the lack of it, the instructor/supervisors role in relation to the handicapped, aptitude testing.

Session**MOTION ECONOMY****AIM**

To give the instructor/supervisor an appreciation of the principles and application of motion economy as related to any work situation.

Content to cover: definition, classification of movement, mental and physical fatigue and their avoidance, minimum and maximum work areas, comfort at work.

Session**WORKSHOP LAYOUT****AIM**

To list the main factors to be taken into account when laying out a work area.

Topics to include: product and process layout, criteria of a good layout, preparing a layout, advantages of a good layout, pitfalls in layout design. Case studies to reinforce techniques outlined.

Session**PSYCHIATRY FOR THE LAYMAN****AIM**

To give a broad appreciation of what is now known about subnormal and psychiatric conditions and the recommended care and therapy as related to the workshop situation.

Topics to include: types of disorders normally catered for in rehabilitation and sheltered workshops, and the recommended care and therapy, control and administration of medication in the workshop, effects of medication and the workshop, the role of the instructor/supervisor in relation to the mentally ill and handicapped. Case histories-terminology, i.e. glossary.

Session**COMMUNICATIONS****AIM**

To evaluate the two-way process of imparting information to others and receiving information from others, both with as little distortion as possible.

Topics to include: barriers and breakdowns in communications, verbal and non-verbal communications, group communications, listening, methods of transmission.

Session**SOCIAL AND PERSONAL WELFARE****AIM 1**

To equip the instructor/supervisor with an appreciation and list of the social, medical and educational agencies in operation in the community as applied to the handicapped.

2

To introduce him to the factors affecting the personal welfare of handicapped trainees.

Topics to be considered: social, medical and educational agencies, appraisals of aptitudes, hygiene, social training, entitlements, health aids.

Session

FAULT DIAGNOSIS

AIM 1

To equip the instructor/supervisor with the ability to diagnose faults in workshop plant and equipment in the most logical way, and to classify the avoidance procedure.

2

To allow him the opportunity to carry out fault diagnosis under supervision.

Content to cover: definition of faults, fault diagnosis and practical application of input. Case studies to be evaluated.

Session

RECORDS

AIM

The main principles of record keeping to be outlined for the instructor/supervisor, and their necessity, requirements and value to be discussed.

Topics to be discussed: purpose of records, what to record, methods of keeping records, benefits to be gained. Practicals on examples from Rehabilitation workshop.

Session

METHOD STUDY

AIM

To equip the instructor/supervisor with the principles of method study and their application in the workshop situation.

Content to include: definition, basic procedure, purpose, application, selection of study units, installation, maintenance.

Session

PRODUCTION PLANNING

AIM

To give a broad appreciation of factors to be considered when planning production.

Topics to cover: types of production—job, batch, flow, jobbing, mass, constraints, costs.

Session

DISCIPLINE AND CONTROL

AIM

To equip the instructor/supervisor with a knowledge of the accepted methods of disciplining and controlling a workgroup.

Topics to be covered: Rules and regulations, enforcement, co-operation with workers, housekeeping, disciplining workers.

Session**COSTING – BUDGETING****AIM**

To list the main considerations to be taken into account when costing work to be carried out in workshops for the handicapped.

Content to include: types of costs, composition of total costs, prime costs, overheads, allocation and recovery of costs, budgeting.

Session**MOTIVATION****AIM**

To equip the instructor/supervisor with various aspects of motivation relating to the work situation.

Content to include: human needs in relation to work, incentives, methods of influencing trainee behaviour, occupational outlets to satisfy work and personal needs.

Session**HUMAN RELATIONS****AIM**

To introduce the instructor/supervisor to the basic principles of group behaviour and of the application of these to the management of human resources for rehabilitation, sheltered and industrial work.

Topics to be considered: individual differences in people and handicaps, safety of workers, working environment, group behaviour, relationships, conflicts.

Session**QUALITY CONTROL****AIM**

To list for the instructor/supervisor, the purpose and requirements of quality control, and its relation to costing.

Topics to be considered: purpose, requirements, quality standard, control stages, installation of inspection criteria, sampling, cost of quality.

Session**THE MENTALLY SUBNORMAL****NOTE**

There will be three sessions dealing specifically with the mentally subnormal to be given by a doctor, a psychologist and a workshop manager.

AIM

To give an understanding of the causes and effects of mental subnormality and the problems encountered during training.

TOPICS TO INCLUDE

Problems encountered during adolescence. Hygiene. Safety. Ability to absorb information. Skills development. Medication. Travelling and social problems.

Session**EPILEPSY****AIM**

To give an understanding of epilepsy – its symptoms. Recommended procedures when dealing with an epileptic trainee.

TOPICS TO INCLUDE

Medication. Safety. First-aid. Selecting suitable employment. Problems likely to be encountered in industry.

Session**PHYSICAL HANDICAPS AND TRAINING****AIM**

To give an understanding of the correct type of buildings, toilet facilities, work place, etc., required by the physically handicapped.

TOPICS TO INCLUDE

Barriers and transport. Accommodation and allied problems. Paralytic and orthopaedic problems. General medical problems, chest, heart, etc.

Session**TRAINING THE BLIND****AIM**

To give an understanding of the special problems relating to the blind.

TOPICS TO INCLUDE

Types of suitable employment. Methods of imparting information. Methods of skill training. Transport. Workshop layout. Safety.

Session**TRAINING THE DEAF****AIM**

To give an understanding of the special problems relating to the deaf.

TOPICS TO INCLUDE

Suitable employment. Transport. Safety. Related personality problems. Communicating with the deaf.

PROJECTS**AIM**

- 1 To help the instructor/supervisor relate input from each module to his/her own work situation.
- 2 To allow the opportunity to reinforce these skills through experience in the actual work situation.

PROJECT 1

Time: 3 weeks

- 1 Method analysis to be carried out in the workshop situation and an indication to be given on how the job might be broken into easily learnable units for training purposes.
- 2 Hazard analysis to be carried out.

PROJECT II Time: 3 weeks

- 1 Layout of participants, own workshop to be evaluated and improvements to be suggested.
- 2 To survey a particular job and develop a simple work-aid to safeguard or facilitate workers.

PROJECT III Time: 3 weeks

- 1 To develop a system of record-keeping for a particular situation in the workshop.
- 2 To survey a sample of trainees/workers and establish what educational, social or medical agencies can best cater for their individual needs.

PROJECT IV A training need in the workshop to be identified and a training programme to be developed and implemented to fill that need.

NOTE This need may be in relation to new trainees having to be trained to carry out existing work, or in relation to work on a new product, demanding the use of machinery, job analysis, workshop layout, records, and the implementation of training.

SKILLS DEVELOPMENT

On the completion of the instructor/supervisor training course additional input of a practical nature to be available as an optional course.

The aim of this is: To equip the instructor/supervisor with the practical ability and knowledge of the use of machines, tools, equipment and materials likely to be met within rehabilitation and sheltered workshops.

One-week or two-week modules on skills development in the following areas to be run at AnCO training centres.

Woodwork practice
Industrial sewing practice.
Plant maintenance.
Spot and electric welding techniques.
Sheet metal work.
Metal fabrication.
Record keeping.
Stock control—Stores procedure.

Input on any one, or a combination of several, to be arranged to suit the particular needs of the instructor/supervisor as applied to his workshop situation.