

## Staff Training In The Health Services

By R. N. Lamb  
Personnel Officer

Nobody would now dispute that it is part of the function of public bodies to develop systems for training their staffs. The staff structure of a health board is complex compared with that of many other employments and comprises large numbers of people. It will be a lengthy task to settle upon all that needs to be done in staff training and then to set about doing it.

The final aim of all a health board's actions is welfare of the clients, those who are sick or deprived. Those who, from time to time, suffer the further disability of being puzzled by some of the regulatory provisions governing our services must not be forgotten.

The training function would aim to make the organisation for delivery of service as effective as possible. The different parts would be helped to understand and fulfil their roles. Individual employees would be helped to understand the system and how to make it work and to keep clear the channels of service to the client. Even those in posts having no direct contact with the needy and the sick share equally, although indirectly, the obligation to keep things going well.

This Board took the first steps towards developing a system of training by setting up a training sub-section in the Personnel Department in 1974, with the intention of expanding its scope and elevating it to a full training unit as its workload warranted. Those steps faltered in the face of the 1976 embargo on staff increases, the money famine and, last year in particular, the diversion of effort to cope with intensive recruitment under the "job creation".

Included in the training moves to date have been induction courses for new clerical officers and clerk typists, courses in industrial relations, in job-costing, in communication for maintenance staff, refresher courses for public health nurses, courses in interviewing techniques, courses for catering staff and for hospital attendants and "tutorials" for clerk typists, clerical officers and assistant section officers. Also, the related operation of staff appraisal and counselling was, in co-operation with the Finance Officer, introduced into the Finance Department. Whilst this in itself is a valuable development, the lengthy process of consultation and setting up also impeded the training programme.

The courses mentioned amount to no more than a very modest start. Some, the "tutorials", remained too closely associated with pending competitions, for promotion, to be seen as anything but preparation for the interviews. This was unintentional but, to date, unavoidable. The aim was, and remains, to set up a regular pattern of courses through which staff of all kinds would move, from entry onwards, at selected intervals. The "tutorials", for example, would come to be much more clearly seen as staff development courses.

The board also assists employees with the fees for a wide range of third level courses and allows study leave and examination leave. In 1977, employees were released to attend about eighty courses, conferences and seminars.

Personnel Department is now able to resume its efforts to develop staff training because extra staff has been allocated to it as part of the 1977 job creation. A section officer, an assistant section officer and a clerk typist will form a staff development and training unit which will fall within the area of responsibility of a senior executive officer. An application for a clerical officer for the unit has been included for 1978.

The unit's brief on training will be, in the terms of the submission to the Department of Health for the extra staff, — "Resume development in training which had been restricted by the employment embargo. Get from each employment area, including Personnel, a forecast of training needs in order of priority over, say, five years, work into a programme and get the programme, including follow up, into operation."

The unit is viewed as an embryo training department and it is here that it is intended to build up the knowledge, skills and contacts necessary to develop a full training function that will undertake to compile the content of courses, prepare material and arrange and conduct courses.

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Because of the great variety of staff employed by the board, the wide differences in pre-entry training and the differing training needs related to the different tasks, the system of training finally created will be very complex indeed. The board will not, of course, aim to provide all, or even most, of the training directly through its own training unit.

There is a wide range of agencies interested or involved in training relevant to board's staff, for example the universities, professional institutes, such bodies as the Council for post-Graduate Medical and Dental Education, Board Altranais, the Institute of Public Administration and many others. There is, particular to health services, the Health Staff Development Committee, to advise on staff development and training needs. The health board training unit will, naturally, take considerable guidance from that Committee. It will be examining training needs in relation to staff broadly classified as follows: building and maintenance, catering, clerical and administrative, domestic, medical and dental, nursing, para-medical, portering, others.

The professional post-graduate training needs of professional staffs will, in the main, be identified by respective professional and statutory bodies. There will be a need for what may, broadly speaking, be described as training in aspects of management for them which it will be the business of the board to identify. And there may well be areas of need for professional or technical training related to circumstances peculiar to a particular health board, which would be identified by professional heads within the board's services and provided or arranged by the board.

The training needs of other kinds of staff will be identified through various initiatives of staff and management. It is evident now that the views of groups of staff are essential to a useful definition of the kind of training they need.

The training programme would

# Staff Appraisal and Development

By John Byrne,  
Training Officer,  
Personnel Department.

It is up to an organisation to pay attention to the human beings who work for it. The quality of human skills and the depth of the workers' self-understanding will determine the whole style of the organisation and its level of achievement — which for a health board means the levels of service to the people, particularly the sick and the needy.

As part of the overall staff development programme of the Personnel Department it is proposed to introduce Staff Appraisal for the Board's staff. Initially the scheme will be applied to the clerical staff, but ultimately it is hoped to extend it, where appropriate, to the board's professional, technical and other staff. The scheme has already been introduced on a pilot basis in the Finance Department.

Discussions have taken place with representatives of the clerical staffs' union who have been consulted at each stage of the pilot scheme in the Finance Department.

## WHAT IS STAFF APPRAISAL?

Staff Appraisal is a system of assessing performance at work. It aims to achieve a high level of

be built up over time, probably a long time, with the help of those various in-puts and brought into operation piecemeal, using the appropriate available agencies and, very much to be borne in mind, subject to such financial ups and downs as the future may hold and to some improvement in the deplorable accommodation at present available to Personnel and other departments.

work performance by cultivating and using correctly the talents of staff. It is concerned with people, what they do, their job satisfaction, their efficiency and the development of the organisation within which they work. It is a planned system of two-way communications between supervisors and subordinates on job-related matters. The emphasis is on discussion and a shared approach to solving problems.

It is basically a formal and regular way of doing what a good supervisor should be doing anyway, but often finds difficult due to day-to-day pressures — understanding the work of the members of the staff and assisting and encouraging them in their work performance and personal development.

## HOW DOES IT WORK?

A supervisor holds an appraisal interview with each subordinate once or twice a year. At the interview the supervisor (appraiser) and subordinate (appraisee) discuss the subordinate's work performance. The emphasis is on a frank exchange of views so that the appraisee will get a clear picture of the appraiser's opinion of his ability and gain insight into his own motivation. The appraiser, too, may discover that weaknesses disclosed were due to lack of attention on his part. Difficulties can be ironed out and training needs identified.

The results of the interview are recorded on a carefully prepared appraisal form.

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## THE APPRAISAL FORM

Before the interview takes place a job description is prepared which is agreed both by supervisor and subordinate. The appraisal form is then designed, setting out the agreed requirements of the job which in turn becomes the job holder's objectives. It contains a sheet describing appraisee's career to date, academic qualifications obtained, and present courses of study. There are also pages where appraiser can indicate his rating of appraisee. A typical form could provide spaces for rating ability under the following job-related headings:

### Application:

Volume of work,  
Willingness to work and with minimum supervision,  
Ability to work under pressure.

### Quality of work:

Technical knowledge,  
Use of discretion,  
Neatness of work,  
Method.

### Dealing with Queries:

Promptness, clarity and tact in dealing with:  
Personal callers, Telephone calls and Letters.

### Attitude Towards:

Office colleagues,  
Public,  
The organisation.

The appraisal form also contains an action plan showing agreed action to be taken by appraisee and appraiser and indicating training needs.

The appraisal form is signed by appraiser and appraisee and sent to the next higher officer.

If the appraisee disagrees with the appraiser's rating or feels he has not been fairly assessed he can indicate this on the form and discuss the matter with a senior officer.

## TRAINING OF APPRAISERS AND APPRAISEES

The interview is the key to the success of an appraisal system. It must be carefully and skillfully carried out. Obviously the appraiser must be trained if he is not already a skilled interviewer. Before the system is introduced

all appraisers should undergo a training course which would consist of lectures and simulated interviews at which they would play the roles of both appraiser and appraisee.

It is equally important that the appraisees should clearly appreciate the purpose of the appraisal system and how the interview is conducted. In addition to general talks outlining the system, answering queries, etc., an individual meeting is held with each appraisee to discuss his or her job.

## WILL APPRAISAL FORMS BE TAKEN INTO ACCOUNT WHEN ASSESSING CANDIDATES FOR PROMOTION?

A decision on this cannot be taken until the scheme has been extended to all sections of the Board. Before any decision is taken there will be very full discussions with the staff and its union representatives to ensure that the system is fair and acceptable to the staff.

## OBJECTIONS TO STAFF APPRAISALS

Members of the staff who have no experience of staff appraisals or have heard disturbing rumours of how it operated in other organisations, may have misgivings about the scheme, and may fear what looks like a "big brother" approach. Objections are likely to be:

- (1) The appraiser may not like you and give you an unfair rating.
- (2) The appraiser may favour a particular subordinate and overrate him.

These objections don't really stand up. If a supervisor is biased in his appraisal, he will be biased in dealing with staff whether staff appraisal is in use or not. With staff appraisal, the bias is brought out into the open and the appraisee has the opportunity of challenging it. Without staff appraisal the subordinate may never appreciate the supervisor's bias and may get a bad name without ever having an opportunity of defending himself.

- (3) Appraisal forms will be held in Personnel Department who will thus have a dossier on each member of the staff and perhaps make arbitrary decisions on the ratings in the forms.

Appraisal forms will be held by the head of the department, who will thus, from discussions with the appraisers and at times appraisees, have a fairly clear view of the quality of staff in his department.

- (4) If an appraisee is rated highly he may get a swelled head.

If a person is doing a good job of work he is entitled to be told that. This objection displays a poor view of the common sense of the average staff member.

- (5) If an appraisee is rated poorly he may become despondent thinking he is no good and will never be promoted.

It is up to the appraiser and his senior officers to help the appraisee who is performing poorly to improve and to realize his strengths and potentials. The emphasis is on staff motivation and looking to the future and not dwelling on the past.

## STAFF APPRAISAL



# Students View of the School of Public Administration Course

by Sylvester Byrne.

## COURSE OUTLINE

### INTRODUCTION:

The School of Public Administration is a subsidiary of the Institute of Public Administration. The School is funded by the Department of Finance to conduct a one year, full-time course in Public Administration. The course is open to administrative employees of Government Departments, Local Authorities and Health Boards.

### AIM:

The aim of the course is to give those who wish to compete for the higher levels of the public service a good grasp of the environment and scope of public administration, an introduction to the kinds of academic knowledge relevant to administration, and a grounding in skills of expression, both oral and written.

### ENTRY:

Each year, during May, applications are invited from public servants with two years experience of administration. Applicants are usually Clerical Officers in Local Authorities and Health Boards, and Executive Officers in the Civil Service. A psychology test is held initially. Those passing the test are called for an interview at which the candidates' reactions under pressure are assessed. Further candidates are eliminated at this stage. A final interview, by representatives of the Institute and the Department of Finance, is held to select the list of prospective students. Approval is then obtained from the departments or organisations to release the students on full-pay for the nine month period, October to June.

### SUBJECTS

The subjects of the course include the following:

1. Public Administration – the organisation and management of the public service, the theory of management, and management techniques and skills.
2. Politics – the political and electoral system in Ireland.
3. Social Administration – social policy and administration, health, education, income maintenance, and personal services.



Sylvester Byrne is a Computer Programmer and was successful at the recent interviews for promotion to Asst. Section Officer. On completion of his one-year course he was presented with a Certificate in Public Administration and was awarded two prizes. One was for obtaining first place in the School of Public Administration for the year 1976/77, and the other prize was for achieving the highest marks in the subject of Public Administration. He was one of the few non-graduates attending the School.

4. Economics – economic theory and statistics, applied economics, and the Irish economy.
5. Statistics – descriptive and sampling.
6. Local Government – the theory of regional and local government, local authorities, regional policy, the I.D.A. and disadvantaged areas.
7. European Economic Communities – evolution and history, the institutions, Ireland's accession, direct elections and enlargement, Common Agricultural Policy, and the regional and social funds.
8. Law – the legal system and administrative law in Ireland.
9. History – Ireland since the famine, with special emphasis on administrative history.

Other subjects included Irish, effective speaking and writing, and French.

### PRESENTATION:

The course is presented by a combination of formal lectures and seminars. History, French and Law are presented in the normal fashion with weekly lectures. All the other subjects are presented in a seminar or modular form. Each module consists of three days and during this time group discussion, projects, assigned reading and class presentations take place. The modular system is very effective, as it allows for concentration and in-depth analysis of a subject or a particular aspect of a subject.

### ASSESSMENT:

Through the modules and lectures the students are continuously assessed. More formal assessment takes place through exams., essays, projects, tests and other assignments. It is usual to have at least one essay or project to complete each week. Although each student who completes the course received a certificate, no matter what marks he achieves, a progress report is compiled at the end of each term outlining results achieved, attendance and other comments. These reports are sent to the student's personnel department.

### LECTURERS:

During the year students have an opportunity to hear lectures by many distinguished people. Included in these are Prof. Kaum-Caudle of Durham University; Basil Chubb of T.C.D.; Charles McCarthy, author of many books on Trade Unionism; Seamus O Cinneide; Prof. Michael MacGréil of Maynooth; Kadar Asmal of T.C.D.; and speakers from various government departments, the I.D.A., AnCo, C.I.E., the E.E.C. and many more.

### HIGHLIGHTS

Having just completed the course in July, it is difficult to assess its complete value. The things one remembers most at this stage are the things one enjoyed most. For me this was the various projects that had to be undertaken throughout the year. This way of teaching introduced a new dimension to education. It was a far cry from the old style of learning by heart everything that was put before you. For the first three months, however, this old style was to the fore, as we learned all those things that we should have known before we came.

Having digested most of the basics, we then set about assessing them and

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putting what we learned to practical use. Our first opportunity was in Law. Here we were required to study at first hand the hierarchy of Courts in our legal system and to choose one court case, following it through stage by stage, giving an assessment of what we had seen.

We had a rare opportunity in our Politics course, of seeing a General Election in progress. This subject led to many heated debates in the classroom on the merits and failings of our political system and our political parties. We visited Dail Eireann and the Seanad to see debates in progress, and towards the end of the year followed the General Election count in one of the many counting stations.

In history we were taught the work of historians and archivists. Our project here was very interesting and entailed selecting a subject and sifting through primary historic evidence to write a report which would shed new light on the subject. Our tutor endeavoured to give each student a subject which related to their department or organisation. Since I worked in the Health Board, my subject was con-

cerned with Health. I had to spend many days in the archives department of U.C.D., studying a 1926 unpublished report on the prevalence of Venereal Disease in Ireland. The papers which I sifted through were those of Gen. Mulcahy, the then Minister for Public Health. The report which emerged from my studies revealed some very interesting insights into the moral attitudes of the time.

The most interesting project, from my point of view, was in Local Government. Each student was assigned to one of the counties in the western half of the country, which are designated as disadvantaged areas. I was assigned to County Mayo for the three week period. As one who had never lived outside Dublin, this was an experience. During the three weeks I had interviews with people from all areas of Local Government in the County, from the Assistant County Manager to Chairman of the Louisburg Development Association. A highlight of this project was a tour of the multi-million pound Asahi chemical plant in Killala. I was shown the vast impact such an industry was having on the area and the people who live there.

The course ended in what was a fitting climax – a two week course in the Gaeltacht area of Donegal. If going on a one year course removed us from our working environment, the Gaeltacht trip removed us from our whole environment. The peace, tranquility and slow pace of life is something which cannot be described – it must be experienced.

A one year course cannot provide all that is required to be known of Public Administration. A great incentive is given, however, to achieve further education in this field. For those who complete the day course, exemption is given for Year I and II of the night course, leading to a Diploma in Administrative Science. This particular course has been re-vamped recently and students who complete the diploma course are now eligible to attend a special one year course in Trinity College. Successful students are then awarded a degree in Public Administration. The inclusion of these incentives adds much greater value to the day course and will, no doubt, lead to stiffer competition for those who wish to gain access to the School of Public Administration.

### SCHOOL OF PUBLIC ADMINISTRATION COURSE

# Looking Back After 12 Years

—M. HANRATTY  
O. & M. Officer

attended the School of Public Administration's full-time course from September, 1965 to June, 1966. This was the second year during which this course, which is specifically tailored for persons wishing to make their career in the administration of the public service, was run. I was offered a place on the course after a series of interviews, aptitude tests and I.Q. tests. The Dublin Health Authority gave me special leave with pay to enable me to attend.

My fellow class-mates, twenty in number, were a motley crew. About half were executive officers in the Civil Service, one from practically each Department. There were a customs and excise officer, an income tax

officer and two officers of local authorities. In addition, there were a number of recently qualified university graduates, (day students) and two overseas students, one from Nigeria and one from Malaya.

The principal subjects covered by the course were public administration, economics, sociology, social administration, political theory and administrative law. In addition short intensive "sub-courses" were held in such techniques as speed reading, effective speaking, good writing, etc. All subjects were treated at an advanced level, with a good balance between theory and its practical application. During the course the class designed and carried out a survey of the political and

social attitudes of Dublin people, the results of which were published. At the conclusion of the course the students sat an examination and the successful students were awarded a certificate.

The list of lecturers at the school at that time is impressive including Dr. Martin O'Donoghue, Dr. Garret Fitzgerald, and Dr. David Thornley, who have made their mark in the political field and the now Bishop Jeremiah Lewman who has become no less successful in his own "profession". Specialist lecturers on certain subjects were brought from Great Britain and the U.S.A.

I am often asked if the course was worthwhile, or if it made

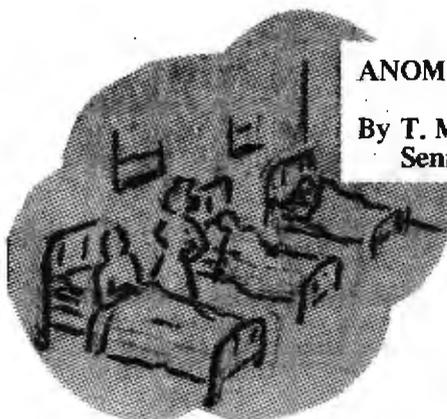
Exceptions to basic rules are always troublesome and so we have our tribulations in defining eligibility for health services due to the many anomalies in the Health legislation that have arisen over the years. The major area of difficulty is met in determining the eligibility of persons who claim "limited eligibility" when applying for hospital services under the Health Act.

In the Board's own hospitals the assessment of eligibility is undertaken on the spot by the Chief Clerk of the hospital, but as the bulk of applications come from patients in the voluntary general hospitals and the private hospitals in the Dublin area the examination of entitlement in respect of these applications is carried out in the I.S.A. Department which is a unit within the General Hospital Programme. An average of 3,000 applications from the extern hospitals are dealt with each week and, as it is a mandatory function of the Health Board to make available hospital services for eligible persons, it follows that the Board must ensure that only entitled persons are given access to the provisions of the Health Act. While hospital admission staff accept applications on prima facie evidence of entitlement, the applications are transmitted to the Health Board (I.S.A. Department) for authoritative adjudication.

The statutory basis for "limited eligibility" is defined in the Health Act 1970 as amended by the following statutory instruments:

- Health Services Regulations 1971
- Health Services (Limited Eligibility) Regulations 1971
- Health Services Regulations 1974
- Health Services (Amendment) Regulations 1976
- Health Services (Limited Eligibility) Regulations 1976

The categories of persons coming within the scope of "limited eligibility" were described in the last issue of Contacts.



## ANOMALIES IN THE HEALTH SERVICES

By T. McManus  
Senior Executive Officer

In deciding on eligibility one is likely to find it necessary to apply the criteria of more than one of the above-mentioned statutory instruments to obtain a definition for the particular case being dealt with. In consequence, there are several categories of persons with limited eligibility and it is as a result of the various composite definitions that the anomalies come about. Many of the anomalies are quite apparent from a reading of the legislation but some come to light only from the practical application of the statutory rules. The increasing number of married women entering employment has added to the complexity of the situation and created further anomalies.

The following anomalies have been identified to date. The list should not be taken as being comprehensive, as with the variety of considerations arising from a combination of criteria when examining applications for service, it is likely that many more anomalies will be noted.

### ANOMALIES

#### Manual and non-manual employments

All insured manual workers are eligible irrespective of income. The insured non-manual worker loses eligibility when his/her remuneration exceeds the "limit" (£3,000 p.a.). This creates a distinction in the insured category because of the means test for the non-manual worker.

There is no statutory definition for manual employment and this leads to problems in classifying employments.

#### Insured non-manual workers

Eligibility is decided on remuneration and not income. Other sources of income are not included. Problems arise with the inclusion of overtime, allowances, commission etc. as part of remuneration. Remuneration is based on current year. Applicant may have considerable income from sources other than employment and this income is not taken into account.

#### Non-insured persons

Eligibility is decided on income. Income is from all sources and includes income of spouse. Income is in respect of previous tax year. The non-insured person is at a disadvantage with the insured worker as all his income determines his eligibility.

#### Income or Remuneration

Income for the non-insured person and rate of remuneration for the non-manual insured person determines eligibility. No allowance is made for marital status or dependants.

#### Dependants

Dependant is not defined in the health legislation. Problem arises when a married woman is the main earner and also with dependency of children in marital separation.

#### Carry-over period of entitlement on ceasing to be eligible

An insured person has a carry-over period. The non-insured person has no carry-over period of entitlement.

There is a different carry-over year for male and for female. The year follows the Social Welfare Contribution year.

## **Voluntarily Insured Contributor (Social Welfare) on 31/3/1974**

This class of voluntarily insured person carries forward his voluntary insured status. As there is no limitation to the remuneration of the voluntary contributor, this gives him an advantage and thereby creates a distinction within the non-manual insured category.

## **Voluntarily Insured Contributor on date of application for health services**

A worker on ceasing to be compulsorily insured has the option to continue in insurance as a voluntarily insured contributor without any limitation on income. This gives him a decided advantage over the non-manual insured person.

## **Pensioners**

A non-eligible insured person on retiring at age 65 becomes eligible thereafter, without limitation of income, provided he does not re-enter employment. This pensioner category places him in a more favourable position than the non-manual insured worker and the non-insured person with a "limit" on income.

## **Married women in insurable employment**

An employed married woman can have her eligibility determined:

- (a) as a dependant of her husband or
- (b) as an insured person in her own right.

The combined income is not taken into account as is done in the case of the non-insured person.

The insured married woman who is not eligible because of remuneration in excess of limit may be eligible on husband's entitlement.

Non-eligible insured women resigning employment for maternity reasons may become eligible by virtue of not being in employment. The problem arises if the resignation is not of a permanent nature.

# **Future Whooping Cough Epidemics ?**

At a recent Board meeting, the visiting committee to Cherry Orchard Hospital drew attention to a report of Dr. O'Herlihy, Medical Superintendent, regarding the increase in cases of polio and whooping cough. Dr. O'Herlihy reported:

'The two most significant features during 1977 were the re-appearance of polio for the first time in four years and a marked increase in whooping cough cases.

Five cases of polio - all young children - were admitted in 1977, none of whom had been vaccinated against polio.

There were 306 cases of whooping cough admitted last year, which is the largest number of whooping cough admissions for well over 40 years and treble the figure for 1976 (106); and the reason for this is the increasing number of infants who are not being vaccinated against whooping cough. If this trend continues we can expect epidemics of whooping cough in the next few years. I might add that I still consider the hazard of whooping cough greater than that of the vaccination.

Another disturbing tendency is the increasing number of children who are not receiving any vaccinations, e.g. against diphtheria, tetanus and polio; and if this trend continues we can expect to see the re-appearance of polio and, possibly, diphtheria in increasing numbers in the coming years."

## **BOARD REPORTS**

At the monthly meeting of the Health Board in February the question of representation on Comhairle na nOspideal was raised. In the course of the discussion the point was made that general practitioner interests should be considered when defining

the need for consultants in any area which is, of course, the main function of the Comhairle.

In a similar context, the Board requested details of the membership of the boards of the major hospitals in its functional area. It is of interest to note that payments in respect of services provided for eligible patients in voluntary hospitals and joint board hospitals (St. James's and James Connolly Memorial) in 1978 are estimated by the Department of Health at £51,680,000.

On the psychiatric services front, Professor Ivor Browne, Chief Psychiatrist, has submitted a major report which will be coming before the Health Board in due course. A main feature in the report is the emphasis on the development of alternatives to the accommodation and treatment of patients in the large psychiatric hospitals. The report is currently under examination by a sub-committee of the Board with the assistance of Mr. Keyes, Programme Manager, Professor Browne and other officers. The sub-committee has met the Clinical Directors, the Director of the Psychology Services, representatives of the social workers and nursing staffs at the several levels all of whom have, of course, detailed experience of the operation of the services and the implementation of changes over the past years.

## **Converting non-eligibility to full eligibility**

A person with income or remuneration in excess of the limit for eligibility may be considered to have full eligibility because of family circumstances.

## **Hardship**

A non-eligible person may be given "limited eligibility" if undue hardship arises. The problem is in assessing hardship.

## **Assistance towards cost of medicines and drugs**

All insured persons, irrespective of income, are entitled to this service. The non-insured person ceases to be entitled to the service when income reaches the limit for eligibility.

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any practical difference to the performance of my duties as an officer of the Health Board. I have no hesitation in answering that attending this course was a milestone in my life which has not only considerably affected my career but has extended far beyond the work situation to virtually all aspects of my life. Before the course I was carrying out my clerical officer duties in a reasonably efficient and diligent manner, but without any clear idea as to where and to what extent my simple tasks contributed to the then Dublin Health Authority's objective of public service. My physiological needs were being met only too inadequately on a clerical officer's salary and my psychological needs were receiving little assistance by way of job satisfaction. I was in danger of falling into a rut out of which it might have been difficult to get had the situation continued much longer. The course changed all that. I was encouraged to take a broader view of public and social administration, to see the complementary roles of the various units (government depts, semi-state bodies, local authorities, health boards) engaged in providing public services. I was encouraged to believe that I had a contribution to make in the service of the public and to examine whatever tasks I might be given to perform in this light. I was encouraged to realise how

important people are in the public service, both those we work with and those we serve. I was encouraged to study the theory of public administration and related subjects, not as an end in itself, but with a view to its practical application day to day. On completion of the course my attitude to and my interest in my work had altered significantly, for the better I trust. My interest was awakened in a whole new range of subjects such as administrative and organisation theory, human relations, group psychology, sociology, etc.

My principal criticism of the course was that it was geared more towards the civil service and central administration than towards local and public administration. Many of the executive officers and university graduates were prospective candidates for administrative officer and third secretary posts and certain aspects of the course tended to be a preparation for these competitions. However, the course syllabus was under development at that time and the slight imbalance may have been redressed since.

What has happened to me personally since 1966? Initially there was an amount of frustration in the cold realisation of returning to my mundane duties and in what I saw as a lack of opportunity to make use

of my newfound knowledge. However, I feel the course helped me to accept this frustration and to realise that its greatest benefit did not come in opportunity to introduce or practice new techniques and procedures but in fostering an attitude of mind which provided my approach to whatever duties I was assigned. Since then a good deal of promotion has come my way and I believe that this was due in considerable measure to the stimulus provided by the course. I have retained my interest in the many subjects studied on the course while tending obviously to concentrate on those which were of special interest to me. I have remained in close touch with many of my fellow students and apart altogether from the friendships involved these contacts are very often of considerable value in my work.

In conclusion I would have no hesitation in recommending attendance at this course to any officer who wishes to prepare himself for a career in the public service. It is especially helpful for officers with 1-5 years experience but in my own case I had almost 10 years experience at the time of my attendance. Competition for places is keen but success is extremely worthwhile. I have no doubt the presence of graduates of the school throughout the public service will make a contribution to its efficiency, effectiveness and development. The Eastern Health Board should continue to obtain its share of the benefits of this course.

## CREDIT UNION

The Board of Directors for 1978, following elections and appointments at the Annual General Meeting held on the 11th January and the first meeting of the Board which was held on 18th January, is as follows:

President	Miss Peg Bennet
Vice President	Mr. C. Murphy
Hon. Sec.	Miss T. Egan
Hon. Treas.	Mr. S. De Largey
Asst. Hon. Treas.	Miss E. Noone

Members: Mrs. Sadie Murphy, Miss M. O'Donnell, Mr. T. Carroll, Mr. J. Molony, Mr. B. Mooney, Mr. J. Shelly, Mr. Joe Smullen, Mr. G. Irwin, Miss E. Moriarty, and Mr. John Broe.

Supervisors appointed were Mr. R. Keane, Mr. Jim Scribbens, and Mr. D. O'Brien.

Members were appointed to the following sub-committees - Credit, Membership, Slow & Bad Payers, Premises.

Some of these sub-committees need the back-up of a large number of voluntary workers on a long and short term basis. If anyone feels they can help they could leave their names, addresses, etc. at the credit union office.

If you are specially asked to volunteer please do. Your colleagues need you.

## MEDICAL CARD GUIDELINES

New guidelines for the issue of medical cards are in operation from January 1978.

	Income
Single person living with relatives	£22.50
Single person living alone	£26.00
Husband and wife	£37.50

These income limits may be increased as follows:

(a) for each child under 16 years	£3.50
(b) for each child over 16 years with no income and living at home	£5.00

In addition, the income limits may be increased by any expenses for rent, rates, etc. in excess of £3.50.

**OBITUARY**  
**HAROLD DOUGLAS THORNTON**

It is with sorrow that I record in Contacts the death on 17th October 1977 of Harold Douglas (Chick) Thornton. His death brings to an end a practice of analytical chemistry extending over fifty years.

Born in Greystones in 1905 he entered the Royal College of Science for Ireland in 1923 and after graduation in 1927 joined Dublin Corporation as Analytical Chemist in the Sewage Works laboratory.

After a short period he was transferred to the City Laboratory under the late B. G. Fagan, Public Analyst. Here he spent the next forty years. His natural flair for classical analytical chemistry and his intuition in dealing with unknowns were fully exploited. As far back as the 1940's he was interesting himself in heavy metal traces in foods.

On the retirement of B. G. Fagan in 1956 Chick who was then Assistant City Analyst was appointed Dublin Region Public Analyst on the recommendation of the Local Appointments Commission. During the 1960's he was appointed Chairman of the Food Advisory Committee by the Minister for Health and played a large part in bringing into Irish food legislation, the additives and contaminants regulations as we now know them.

In 1966, Chick retired from the City Laboratory at the age of 61 and on invitation went to the Civil Engineering Department of U.C.D. (in the old College of Science Buildings) as a special lecturer in "Water and Effluents" and gave invaluable assistance in setting up a water and effluents laboratory where he remained until he died. There he was most active in promoting the need for stronger Irish legislation to safeguard our waterways against pollution. As a keen angler and member of An Taisce and of the National Water Committee of the Institute of the Civil Engineers of Ireland and of the Water Pollution Advisory Council of the Minister for Local Government and the Institute of Water Engineers and Scientists he played a big part in sowing the seed of the Water Pollution Act of 1976.

As a devoted family man, he will be sadly missed by his wife, family, and grandchildren and by all others, friends and colleagues who were fortunate to have shared some of his journey through life with him. To all who knew him he gave much.



**COULD YOU BE A FOSTER PARENT?**

There are fifty children now in the care of the Health Board who need long-term foster parents. There is an even more pressing need for parents who are prepared to foster children on a short-term basis, — in fact, there are only fifteen such parents in the whole of the Health Board's area.

To tackle this problem the Board created three new posts of social worker, and invited existing staff to transfer to them. Sister Maeve O'Sullivan, Mrs. Deirdre McTeigue and Mr. Charles Delap accepted the invitation and set off to England and Scotland and studied the foster care service there.



Our picture shows Sister Maeve O'Sullivan, Mr. Charles Delap and Mrs. Deirdre McTeigue in their office in James's Street.

They are now in the throes of mounting a publicity campaign to recruit foster parents. Initially they are concentrating on Community Care area No. 5 (Dublin south-west). They will visit clubs in the area, advertise in parish magazines, arrange announcements in churches and get coverage as far as possible in the media.

Two public meetings have been arranged. The first one will be on 9th March at 8 p.m. at Sevenoaks Convent, Sarsfield Road, Ballyfermot, and the second one will be held in the Clarence Hotel on 14th March at 8 p.m.

The purpose of these meetings is to explain all about fostering. Social workers and parents who have fostered children will speak about their experience.

Anyone who wants to know more is invited to attend. There is no obligation to become involved, but if you are interested you will be given an application form.

Later, you will be invited to smaller group meetings for further information. A social worker will call to your home and discuss the problems involved with you so that, over a period, both of you can assess your suitability for fostering.

**YOU WILL FIND A CAR STICKER ENCLOSED WITH THIS ISSUE. PLEASE HELP THE CAMPAIGN BY EXHIBITING IT.**

# PAN-ASIAN CONFERENCE ON MENTAL RETARDATION – BANGALORE

By V. Molony  
Director of Mental Handicap

I travelled to India at the beginning of November 1977 on invitation from the Secretariat of the Asian Conference on Mental Retardation. This was held at Bangalore in south India. The Conference itself was run on a Pan-Asian basis – 13 Asian countries were represented there.

India itself was a revelation to me. It is an enormous country – a sub-continent really. There are something like 23 different languages spoken there. The language common to all communities however is English and Hindi. My first impressions were of a friendly out-going people, much like the Irish. They were extremely interested in religion and politics. Bombay, where I spent a week, was a city of 6 million people and all the contrasts of any great country were seen there – great wealth and great poverty existed side by side. The people seemed to accept this. Their acceptance was based on a philosophy of life which held that every individual is re-born; at re-birth the unpleasantness of the previous existence would be remedied.

The Conference in Bangalore was well organised. I shared the platform with a number of well-known international speakers. These included Jean Vannier, George Lee of the International Society for Mental Handicap in Great Britain and Mr. Mutters of the German Society for Mental Retardation. At the Conference I had the very great honour of being asked, having given my lecture, to repeat it twice more during the conference. What was of special interest to the developing countries was the fact that the programme which we carry out at the St. Joseph's Mental Handicap centre in St. Ita's Hospital, Portrane, is a programme which is based on equipment which is freely available in practically all settings. This held for the Third World countries as well as for our own.

After the Conference I visited Delhi and went to see the Taj Mahal at Agra. I had heard so much about this building that I felt I might be disappointed when I saw the real thing. This was not so however. The building itself was far beyond my expectations. I noted in my visits to many historic sites in India that the State has begun to take a deep interest in the preservation of their historic buildings. Many buildings of note that had fallen into disrepair have been restored.



Dr. Molony pictured in Bangalore with Mrs. Vasanthi A. Pai, President of the Asian Federation for Mentally Retarded.

Everywhere in India the craft work was of an extremely high calibre. This was particularly true of the silver work and wood carving. The State runs craft centres where all the native handicrafts are sold at fixed prices. The items which can be purchased at these centres were of extremely good value.

The final week of my stay was spent in Kashmir. The hotel was in the mountains at a height of 9,000 ft. and excursions were available up to the snow-line at 11,000 ft. This was done on horseback. The holiday season in this part of the country is from August–October and January–March. In the Autumn season one goes there for sunshine and the Winter season is for skiing and winter sports.

One of the things I had not realised about India is that in the area of manufacture and export it stands 10th among the nations of the world.

For a person from the western world, one of the questions that you ask yourself is how you can be of help to the general population. I felt that the provision of money was not what was needed; rather the making available of whatever expertise we had in a particular field was what was most beneficial to the population. While in India I gave a total of approximately 10 lectures and helped where possible in advising the parents of handicapped children. This was my contribution towards the people of a nation who made me extremely welcome and showed a hospitality that indeed rivalled the hospitality for which Ireland is known.

## OCCUPATIONAL THERAPY IN THE COMMUNITY

Three Occupational Therapists have recently taken up duty in the Community Care Programme.

They have been assigned initially as follows:

Mrs. Freda Roche  
Community Care Area 2  
11/13 Clonskeagh Road,  
Dublin 6.  
Tel. No. 961666.

Miss Eithne Wilson  
Community Care Area 1 and Area 3  
(Temporary Address)  
St. Broc's,  
Clonskeagh Road,  
Dublin 6.  
Tel. No. 971056.

Miss Mary Patterson  
Community Care Area 6  
Community Care Offices,  
Upper Grangegorman,  
Dublin 7.  
Tel. No. 309390.

They will work in Welfare Homes and Day Centres where they will initiate appropriate occupational therapy programmes.

They will also visit elderly and disabled persons in their own homes and assess their needs and provide appropriate facilities to enable them achieve maximum independence.

This new addition to the range of Community Care Services has been welcomed enthusiastically by the persons availing of service and by the staffs in the Homes and day centres.

Sr. Bride O'Grady,  
Crumlin Social Service Centre,  
Armagh Road,  
Dublin 12  
has for a number of years been providing occupational therapy services in the Crumlin area in association with the Community Care Team based in Old County Road.

We welcome them and wish them every success.

## ASTRA NOTES

The embattled city of Dublin in 1920 is the setting for Sean O'Casey's tragic story of the "Shadow of a Gunman". It is a theme all too familiar in the Ireland of 1978 and so is a most topical choice of vehicle for Astra who will present this work in mid-March.

I will have achieved a personal ambition in seeing Astra complete the world famous O'Casey trilogy "The Plough", "Juno" and now the "Shadow of a Gunman". The play will be produced by Paddy Kavanagh and we hope will be as successful as his previous Astra productions.

In addition to the "Shadow" and in light-hearted vein Anthony Booth's one act play "None the Wiser" will be performed by an all-female cast also under the direction of Paddy Kavanagh.

Rehearsals are in full swing but as yet none of us are any the wiser of what is going on except to say that these ladies can be said to have 'fetching habits'.

An innovation will be a new starting time for Astra performances. Heretofore they have commenced at 8 p.m. From now on curtain will rise at 7.45 p.m. thus allowing plenty of time for our patrons to catch their buses home among other things, one of which develops in me an enormous thirst which can only be quenched at the shrine of Baéhus.

*Arann na Naomh*  
*Our off-shore island correspondent,*  
*Claire Gill, reports on activities in*  
*Holy Aran.*

Whether Aran can keep its reputation for sanctity with the summer invasion of the 'Pale Bearloiri' is one question, but the Minister for Health would surely be pleased if he knew about the positive health programme in Inishmoir. We are holding keep-fit classes to finance the Easter Week Folk-School. It opens with a football match and includes a sponsored walk for the lifeboat, fancy dress ceile, craft exhibition and literary evening with Aran writers and writings.

Two new books are being published this month. One of special interest is by P.O. Conaile, on the nationwide problem of excessive drinking. Everyone in the nursing and medical fields is aware of the tragedy resulting from the expensive misuse of leisure. The local Garda are organising a campaign to provide alternative recreation for our people, and already held a poster competition for the national school students of Carna, also a monthly ceile for the daoine mean-aosta. There are general prizes for poetry, essays and stories relating to saibhris an fairrige and rescue adventures. If our Folk-School succeeds we hope it will be an annual Easter Week event.  
Failte roimh chairde an Gaeltacht uilig.



## ASTRA THEATRE GROUP

presents

### "THE SHADOW OF A GUNMAN"

by Sean O'Casey

and preceded by the one-act comedy

### "NONE THE WISER"

by Anthony Booth

*in the Assembly Hall, St. James's Hospital*

*7, 8, 9, 14, 15 March 1978 commencing 7.45 p.m. each night*

*Subscription 75p*

*Proceeds in aid of hospital patients.*



### MARGARET POWER

When one thinks of Frank Carney's play of exorcism "The Righteous are Bold" the name of Margaret Power immediately springs to mind, for in portraying the exacting role of Nora Geraghty she established herself as an actress of what the late Ellen Terry referred to as \*star quality\*.

Margaret has resigned from the Eastern Health Board to take up a post in the world of commerce. I am sure that with me you wish her every success in these pastures new.

Happily the Board's loss is not ours for our Margaret, we sincerely hope, will remain a staunch member of the group and will add to the many roles she has played with great panache.

### ST. Ita's News by Dr. M. Conway

#### SPORT

GAA—The Psychiatric Hospitals G.A.A. league and championship 11th annual convention was held in Portrane in January. Delegates from fourteen hospitals attended. Dr. McGuinness, Medical Superintendent, and Mr. Hannon, Chief Nursing Officer, welcomed those present. The following officers found themselves elected: Richie Graham (Sec./Treas.) and Barry McGill (Chairman) both of Portlaoise. The competitions are run off very successfully and St. Ita's are the best so far in the series - having won the league and championship three years in a row. So new entrants are expected to make the series more competitive. The competitions are sponsored by the P.N.A., the I.T.G.W.U. (Connolly Cup) and Antigen Ltd., (Antigen Cup).

#### BASKETBALL

Another basketball blitz took place in the main dining hall at St. Ita's and proved a resounding success. Something like 15 teams took part.

#### St. Francis Hostel, Raheny.

This new hostel is now in operation. It is attached to St. Ita's. The consultant is Dr. Nolan, the community nurses are Breda Duggan and Tom Lavery who have been joined

by Noeleen Farrelly who was previously in the typing pool at St. Ita's.

#### Tom Beegan

Tom, a psychiatric nurse and noted footballer, has transferred to the staff of St. Loman's, Ballyowen.

#### Paddy McClean

We wish Paddy, who is on our male nursing staff, a speedy recovery. He is a former Irish international boxer and he has been unwell for some months. The medical, nursing and various staffs at St. Ita's send their good wishes.

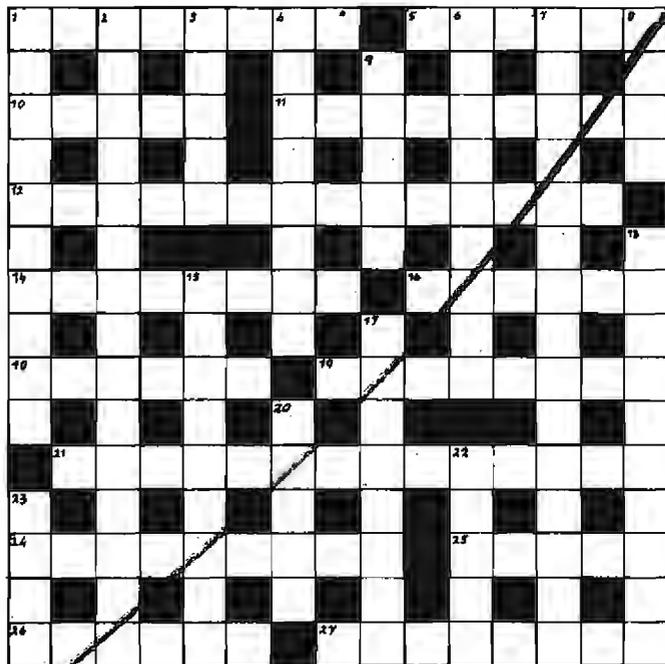
#### Recent deaths

On the sadder side - the staff of St. Ita's extend sympathy to Dr. P.F. Brennan and his family on the death of Ruth, their young daughter, who was killed in an accident recently. We also extend our sympathy to the relatives of Sheamus (Shamie) Mullen, formerly of our farm staff, and to the relatives of Mrs. Smith, an ex-member of our household staff, both of whom died recently.  
May they all rest in peace.

#### Alan Savage

We welcome back to St. Ita's Alan, who returned as Assistant Cook. And speaking of cooks, for the past while back our catering has been of a high standard. At a recent buffet sponsored by a drugs firm, the catering under Ernst Kumnig was outstanding.

# CROSSWORD 13



Name .....

Address .....

Entries to: **CROSSWORD; CONTACTS**, 1 James's Street  
 £3 to first correct solution opened 31st March 1978.  
 (Prize sponsored by **ASTRA** and **St. James's Social Club**)

**ACROSS:**

1. Make bags of th'cases (7).
5. Fit to drink from vessel and can (7).
9. After drink bachelor has dance (5).
10. Confusing detail was destroyed (4,5).
11. Oh, get on any scramble after building to overdo painful effects (4,2,3,5).
13. Former legal offence is illegally exact (6).
14. Loss of memory muddled men in Asia (7).
16. Put blood orange initially for use as medicine (7).
18. District revolutionary is clumsy (6).
21. Secure the door if you want to escape (4,1,4,3,2).
23. The bespoke overcoat was like the sleepers on Procrustes' bed .... (4,2,3).
24. Live and be still present in a false character (5).
25. Information real mixed up is common (7).
26. Adorns speeches without commercial (7).

**DOWN:**

1. Dumps get rid of plenty (5,5).
2. It's sheer ecstasy to finish leave (8,7).
3. Change our name to charm (7).
4. Greeting found in sisal utensil (6).
5. Sounds like best sin in the beginning (8).
6. "The Road ..... Pier" (Orwell) (2,5).
7. Trade moves around where executives gather (8,7).
8. We hear you are a jug (4).
12. Los Angeles trial report stops the presses (6,4).
15. F. and loud but confused and uncertain (8).
17. The chosen or the chooser (7).
19. A very loud can is pleasant (7).
20. Made groovy music? (6).
22. Fools come up in fog (4).

**Solution to CROSSWORD No. 12**

**ACROSS:** 1-Defeated, 5-Aghast, 10-Riots, 11-Piping hot, 12-As happy as Larry, 14-Get along, 16-Crease, 18-Aching, 19-Daylight, 21-Small of the back, 24-Blue veins, 25-Tripe, 26-Exhort, 27-Pell mell.

**DOWN:** 1-Dorian Gray, 2-Froth at the mouth, 3-Aesop, 4-Emptying, 6-Gun barrel, 7-As hard as granite, 8-Tote, 9-Spasm, 13-Death knell, 15-Long liver, 17-Bad taste, 20-Louis, 22-Extol, 23-Able.

**Winner: Kevin Cross, Hospital Services.**

....and then there was the female whose car got snowed up in Wexford and who arrived back in Dublin by train, where she's lived for the past four years, to find she hadn't a clue what bus to get home.

**St. James's Social & Sports Club**

We held our annual general meeting on February 9th and elected the following committee: Brendan Carr, Eddie Matthews, Anne Marie Nelligan, Tim Lyne, Sister Eileen Sweetey, John Bruton, John Farrell, Phil O'Rourke. **GENTLE REMINDER**—your membership fee (50p) for 1978 is now due. We ask you, please, for your support and invite you to participate in the club's activities during 1978.

*Phil O'Rourke*

Editor: J.F. Reynolds, 1 James's St.  
 Asst. to Editor: K. Dolan.  
 Reporters: Dr. M. Conway, St. Ita's;  
 Rosario Browne, Naas; Teresa Downes,  
 James's St.; Con Healy, 56 Dame St.;  
 Canice Mansfield, Bill Tisdall, Emmet  
 House. east coast print

## A Tree

*A lone tree stands within the walls,  
 Its branches gaunt and bare,  
 Arms outstretched to heaven,  
 Its posture that of prayer.  
 Pleading for survival,  
 The pain we cannot see.  
 As roots unseen are bleeding,  
 And life ebbs from that tree.*

*The prefabs grimly march on,  
 Obscuring grim clad loam,  
 And in the process slowly kill,  
 The tree, a living poem.  
 The tree it fondly muses,  
 On days so long gone by.  
 When children played around it,  
 And bird-song filled the sky.*

*As down the years it ponders,  
 Two hundred and a score,  
 Its life span halved by progress,  
 And soon to be no more.  
 Dear solemn tree I'll miss you,  
 My friend through all the years,  
 I've seen like you mans' folly,  
 The laughter and the tears.*

*A friend from out the forest,  
 That's what you meant to me.  
 I hope that in the after life,  
 I'll meet with such as thee.  
 And sad it is to ponder,  
 On progress, at such cost.  
 When left on empty feeling,  
 Of joys forever lost.*

*by Our Gardener  
 The Potting Shed*