

Second report of the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons.

Contributors

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SECOND REPORT OF THE STANDING COMMITTEE ON THE REHABILITATION AND RESETTLEMENT OF DISABLED PERSONS

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STANDING COMMITTEE ON THE REHABILITATION AND RESETTLEMENT OF DISABLED PERSONS

To :

THE RT. HON. G. A. ISAACS, M.P.,
Minister of Labour and National Service.

INTRODUCTORY

1. The Committee, who were appointed in January, 1943, made a report in September, 1946 (which was printed and issued by H.M. Stationery Office in November, 1946)* giving a general account of the steps which had been taken up to that time to implement the recommendations in the Tomlinson Report.† Some changes in membership have occurred, consequent on the changes in the departmental duties of the individuals concerned, but the Committee have continued their general co-ordination of developments on the same lines as hitherto. They feel that the time has arrived to bring their previous report up-to-date by giving an account of developments during the last two years.

National Health Service (England and Wales)

2. The National Health Service Act received Royal Assent on 6th November, 1946. The service became available on 5th July, 1948, which was the date declared by Order in Council under the Act. It provides for the establishment in England and Wales of a comprehensive health service including hospital and specialist services, general medical and dental practitioner services, various supplementary services, *e.g.*, maternity and child welfare, health visiting, and the provision of spectacles, dentures, artificial limbs, surgical and other appliances, together with drugs and medicines. The Hospital and Specialist Services are administered by 14 Regional Hospital Boards on behalf of the Minister of Health. They are responsible for all the hospitals in the service with the exception of the 36 hospitals designated as teaching hospitals which have Boards of Governors directly responsible to the Minister. General practitioner services are arranged by Local Executive Councils of which there is one for every county and county borough separately, or in a few instances jointly. The Act provides for the Minister to be advised on general matters relating to the services by a Central Health Services Council and by advisory committees constituted to advise on particular services. Reports of the Health Services provided, including the medical rehabilitation services, will be published annually by the Chief Medical Officer of the Ministry of Health in his annual report.

National Health Service (Scotland)

3. The National Health Service (Scotland) Act, which was passed in May, 1947, and whose main provisions also came into force on 5th July, 1948, provides for the establishment in Scotland of a comprehensive health service similar to that provided under the corresponding Act in England. Arrangements for general practitioner services are administered by Local Executive

(*) Report of the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons. H.M.S.O. 1946. (4d. By post, 5d.)

(†) Report of Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons (Cmd. 6415). (9d. By post, 10d.)

Councils, hospital and specialist services are administered by Boards of Management under five Regional Hospital Boards, and Medical Education Committees advise the Regional Hospital Boards on the provision of facilities for teaching and research. Under the provisions of the Act the Secretary of State is advised on matters relating to the provision of health services generally by a Scottish Health Services Council and by Standing Advisory Committees set up to advise on particular services. The Annual Report of the Department of Health for Scotland will deal with the services provided.

The National Insurance Acts, 1946 and 1948

4. On 5th July, 1948, also, the National Insurance Acts came into full operation. Under the National Insurance Act, 1946, the rate of sickness benefit was increased and for the first time allowances for dependants became payable to sick people. The rates are now the same as for unemployment benefit. The National Insurance (Industrial Injuries) Acts, 1946 and 1948, which replace the Workmen's Compensation Acts, have introduced a flat rate of benefit during initial incapacity resulting from industrial accident or disease and provide benefit for the prolonged or permanent effects based on the loss of physical or mental faculty caused by the injury or disease instead of on the loss of earning capacity. Disablement benefit for minor injuries is a gratuity and for other cases a pension payable so long as the disablement lasts. Under the 1948 Act the special hardship allowance payable to a person awarded an industrial pension or gratuity who has to give up his regular occupation and to take up one of a lower standard by reason of his disablement has been increased in amount and provision has been made to disregard a period of trial or rehabilitation or training in determining when a person is capable of following a particular occupation.

Medical Rehabilitation

5. Since the date of the previous report there has been a gradual closing of many of the country emergency hospitals and instead, the development of rehabilitation facilities at many general hospitals in the towns. This has been achieved by expanding existing facilities for physiotherapy and the provision of prefabricated hatted accommodation for use as gymnasia and occupational therapy departments. Because of the rapidly changing circumstances it has not been practicable to repeat the surveys. When the Regional Hospital Boards have had time to make a review of these services it is likely to show that accommodation and equipment in most parts of the country are fairly satisfactory but that many centres cannot operate fully because of the shortage of medical and medical auxiliary personnel.

Bridge of Earn Fitness Centre, Perthshire

6. In Scotland the Fitness Centre set up at Gleneagles, Perthshire, by the Department of Health in 1943 to provide residential rehabilitation treatment originally for coal miners and later for any male civilian patients, was transferred in May, 1947, to Bridge of Earn Hospital. On 5th July, 1948, the hospital came under the control of the Eastern Regional Hospital Board but it will continue to draw patients from all parts of Scotland.

Survey of Facilities for Civilian Rehabilitation in Scotland

7. In order to take stock of the work of rehabilitation now being carried out in Scottish hospitals and in order to lay sound foundations for a comprehensive rehabilitation service for the future, the Department of Health undertook a survey of existing facilities for civilian rehabilitation in Scotland. The survey

was carried out by Dr. J. J. R. Duthie who was a member of the Scottish Medical Advisory Committee's Sub-Committee on Rehabilitation. Visits were made to the principal voluntary and local authority hospitals in Scotland and Dr. Duthie also had discussions with Medical Officers of Health, general practitioners and Disablement Resettlement Officers of the Ministry of Labour and National Service (D.R.O.). The field work of the survey was completed in the Autumn of 1947.

8. Dr. Duthie's main recommendations which have already been discussed with the voluntary bodies may be summarised here. Rehabilitation is an integral part of treatment as a whole and must start as soon as the patient is admitted to a hospital ward. The effect of a long period on the hospital waiting list is to prolong the disability far beyond the period of waiting. There is a primary need for sufficient hospital beds to eliminate the waiting list. In too many hospitals only essential medical treatment is given and there is a marked need for the greater use of diversional therapy and social welfare work. For this purpose the co-operation of voluntary associations might advantageously be sought. On the physical aspect of rehabilitation, greater use could be made of systematic maintenance exercises as a routine measure for patients confined to bed. In the existing physiotherapy departments greater emphasis might be placed on active forms of treatment given under adequate and informed medical supervision. A considerable increase of accommodation for ambulant patients and convalescents is needed both in general and separate convalescent hospitals, with supervision and organised daily programmes of a progressive nature. Separate accommodation should be reserved for children and provision made for education. The arrangements for the treatment and resettlement of the tuberculous should be reviewed with a view to some grading of the hospitals for the primary and advanced cases and the establishment of training workshops recognised by the Ministry of Labour and linked with the homebound workers' scheme.

Special Centres for Cardiac Cases

9. The proposed experimental centre by the L.C.C. for cardiac cases at the Northern Hospital, Winchmore Hill, did not materialise since only one application for admission was received. Experience has shown that in view of the small numbers involved medical rehabilitation can be provided by hospitals and special centres for this purpose are not required. The need is for continuous liaison between the health and employment services so that the individual's employment can be adjusted according to the development of his condition. It has been suggested that the Enham-Alamein Village Settlement might be convenient for an experiment in respect of the more severe cases and the suggestion is under consideration. The need of many cardiac cases seems to be employment of a sheltered nature and the facilities of this kind which are being provided for severely disabled persons generally will be available for cardiac cases. An arrangement exists between the Disabled Persons Employment Corporation and the Cardiac Assessment Clinic of the Royal Manchester Infirmary for the submission of selected cases for employment at the Remploy factory at Salford and for their subsequent study.

Tuberculosis

10. On 5th July, 1948, responsibility for the diagnosis and treatment of tuberculosis in England and Wales was transferred under the National Health Service Act, 1946, from County Council and County Borough Councils to the Regional Hospital Boards. But under this Act these Councils, as Local Health Authorities, are required to make arrangements for the prevention of tubercu-

losis and for the care and after-care of persons suffering from it. The carrying out of these arrangements will be administratively co-ordinated with the diagnosis and curative work of the tuberculosis specialists under the Regional Hospital Boards so that the principle will be maintained of integrating the action and supervision of the hospital or clinic with the social and physical welfare of patients and their families. Among the functions of the after-care organisation of a Local Health Authority with regard to the tuberculous is that of guarding the patient as far as possible against the risk of relapse through returning to work of an unsuitable kind or under unfavourable conditions and to do this may sometimes involve the need of training for an appropriate occupation. It is therefore the concern of Local Health Authorities to help suitable patients to obtain the benefit of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act when these are appropriate or possibly, when necessary, to supplement the working of the official scheme. The Authorities also have powers in connection with their care and after-care service to provide facilities for industrial rehabilitation and sheltered employment, or to have recourse to such facilities otherwise provided as are to be found, for instance, in existing tuberculosis settlements. The substantial development of new facilities of this kind by Local Health Authorities themselves will take some time.

11. The scheme of maintenance allowances for the tuberculous referred to in the previous report ceased as from 5th July, 1948, when it was replaced by other arrangements within the framework of the new social legislation as a whole. Under these arrangements persons who suffer loss of income through undertaking treatment for respiratory tuberculosis and need financial aid over and above such statutory payments as national insurance benefit and family allowances are able to receive assistance through the National Assistance Board in accordance with regulations under the National Assistance Act, 1948, which makes special provision for such persons.

12. The National Health Service (Scotland) Act, 1947, makes provision for the prevention, diagnosis, and treatment of tuberculosis in Scotland on terms similar to those of the corresponding Act in England. In Scotland the local health authorities are the County Councils and the Town Councils of large burghs.

13. It was mentioned in the last report that arrangements had been made for close collaboration between the Tuberculosis Authorities and the Local Offices of the Ministry of Labour and National Service in finding employment under suitable conditions for those judged fit to undertake it. During 1947 a review over a period of three months (1st April to 30th June, 1947) was undertaken at selected Local Offices of all cases of pulmonary tuberculosis in which the D.R.O. had received medical guidance from the Tuberculosis Officer. In all 573 cases were reviewed. Of these 277 were placed in employment or found work during the period—252 in full-time work and 22 in part-time work in open employment, while 3 were placed in sheltered employment. The occupations entered included those of book-binder, forester, traveller, centre lathe-turner and cabinet maker but many were fit only for light sedentary work of an unskilled nature.

14. One of the chief difficulties in the way of the employment of tuberculous subjects is the problem of infectivity and following the review certain problems of infectivity were referred to the Standing Advisory Committee on Tuberculosis. Discussions with this Committee showed that these are complex problems from a medical standpoint and do not lend themselves to categorical advice. The problem continues under study.

15. During the discussions the opinion was expressed that the existing facilities for the employment of the tuberculous under sheltered conditions were inadequate. Special emphasis was placed on the importance of obtaining good working conditions as workshops differ considerably in their welfare and general amenities. It becomes more and more evident that the closest co-operation between the medical and industrial officers concerned is needed if satisfactory resettlement of the tuberculous is to be achieved. In addition to the existing co-operation between Tuberculosis Officers and D.R.Os. it is hoped that the new Medical Interviewing Committees referred to in para. 35 will also help in dealing with some tuberculosis cases.

16. With regard to sheltered employment the Disabled Persons Employment Corporation have taken over a factory in South East London and 72 persons suffering from tuberculosis were employed there on 16th August, 1948. Some of the factories which the Corporation are in process of establishing in different parts of the country are to be used especially for the employment of the tuberculous and the present programme of the Corporation includes factories of this kind at Birmingham, Bristol, Caernarvon, Cardiff, Glasgow, Hull, Jarrow or South Shields, Leeds, Liverpool, Portsmouth, and Sheffield. The Ministry of Labour and National Service have made arrangements with the Papworth Village Settlement to provide financial assistance in respect of patients who can work not less than 3 hours daily until they attain the capacity for a full week's work or when they have reached what is commonly known as the colonisation stage. Arrangements for financial assistance have also been made with the British Legion Village—Preston Hall (see para. 63) and in respect of a workshop under the control of the Middlesex County Council and connected with the Edmonton Chest Clinic.

Hearing Aid

17. An electric hearing aid was designed for the Government by the Electro Acoustics Committee of the Medical Research Council in conjunction with the Post Office Research Department, and the Ministry of Supply has arranged for the initial production. Arrangements are being made for clinics at a number of hospitals where patients will be diagnosed and the aids will be issued at a smaller number where accommodation and equipment are available. The issue of aids has already begun. No charge will be made to the patient unless damage to the aid results from his carelessness. The rate of issue will be increased as more aids become available.

Psychiatric Services

18. Discussions between the Ministry of Health and Ministry of Labour and National Service have continued with the object of improving the facilities for helping persons with psychiatric disabilities who apply at the Employment Exchanges for work. Throughout the country efforts are being made to improve the co-operation between the Employment Exchanges and the psychiatric out-patient clinics, but the work of the latter is often hampered by the shortage of psychiatric social workers.

19. In-patient accommodation for diagnosis and rehabilitation of patients with neurosis plus employment difficulties, along the lines suggested in the previous report, is now available at the industrial neurosis unit of 100 beds (70 men, 30 women) at Sutton Emergency Hospital. This unit was opened in April, 1947, under the charge of Dr. Maxwell Jones and serves the London and South Eastern Region. Arrangements have been made for the D.R.Os. in this area

to refer neurotic disabled persons, about whom they are in difficulty, to psychiatric out-patient clinics together with any relevant information about the individual's work record. If the psychiatrist decides that the individual is a suitable candidate for the unit at Sutton, he forwards his psychiatric report to the hospital and it rests with the hospital to decide finally regarding admission. This screening process helps to ensure that only suitable patients are accepted. In addition applications are received direct from clinics in the same Region and from the Ministry of Pensions ; applications from the latter may come from any part of the country.

20. The aim of the hospital is to arrange suitable employment for all their patients before they are discharged. The average length of stay is two to three months. The staff of the unit comprises psychiatrists, social workers, a full-time D.R.O., a vocational psychologist, and five instructors (hairdressing, tailoring, plastering, bricklaying, gardening). In addition to the workshops in the hospital full use is made of local employers' establishments and over 30 have given active help. There is also close co-operation with the Waddon Government Training Centre. Experience has shown that this testing in a real work environment is an invaluable aid to vocational selection. During the first year ended 31st March, 1948, approximately two-thirds of the 180 cases discharged were placed. It is too early to discuss results, but a careful follow-up study by personal visits to each case six months after discharge is being carried out. The impression gained, however, is that even with this unpromising material, which includes some of the most difficult types of unemployed neurotic, much can be done to settle these men and women by the combined efforts of a team of workers.

21. The work of this unit is regarded as a social experiment and is closely related to the whole problem of unemployment among disabled persons. The experience gained is being used in planning the non-residential centres referred to in paras. 51 and 52 which are being established in various industrial areas.

Rehabilitation of Miners

21A. The rehabilitative treatment of coal miners with the object of restoration of capacity and return to the Coalmining Industry has continued at the special Centres under the auspices of the Miners' Welfare Commission. The number of cases admitted to the Centres in 1946 was 2,622 and 2,860 in 1947. Of the cases discharged as fit for work during the twelve months ended 30th June, 1947, follow-up six months after discharge showed that 87.3 per cent returned to work in the Mining Industry (57.2 per cent to full pre-accident work, and 30.1 per cent to lighter work) while another 4.2 per cent returned to work outside the Mining Industry. As the Centres are intended for the more serious cases associated with long term disability and the average age of the men was 40, these results are exceptionally good. The Minister of Fuel and Power, after consultation with the organisations concerned, established a National Joint Pneumoconiosis Committee with four specialist Sub-Committees to review all aspects of the pneumoconiosis problem amongst miners and prepare a plan for future action. Representatives of the Ministries concerned, the National Coal Board, the National Union of Mineworkers and the Medical Research Council (Pneumoconiosis Research Unit) sit on the Main Committee and the various Sub-Committees. One of the Sub-Committees which is under the chairmanship of a Ministry of Labour official is concerned with the question of Industrial Rehabilitation, Vocational Training and Employment of men suffering with the disease.

Increase of Rehabilitation Personnel

22. There is a serious and increasing shortage of physiotherapists due to an insufficient number of teachers and accommodation for new schools. The existing schools of the Chartered Society of Physiotherapy, 33 in number, have a waiting list of two years so that there is no shortage of students. To remedy the shortage of teachers the Ministry of Health have instituted a four months' course of full-time study in anatomy, physiology, and physics for which there had previously been no provision. In 1946 two courses of twenty to twenty-five students were held in London and Leeds. In 1947 the shortage of applicants made it necessary to confine the course to one in London for twenty-five students and it is intended to repeat the course in 1949 provided sufficient candidates are forthcoming. Negotiations are proceeding with a view to opening three more Schools of Physiotherapy in provincial centres. There is an equally serious shortage of Occupational Therapists but three more training schools have been opened in the last two years and again there are plenty of potential students.

23. In 1945 the Royal College of Physicians (Lond.) and the Royal College of Surgeons (Eng.) instituted a Conjoint Diploma in Physical Medicine for which an increasing number of medical practitioners have entered during the past two years. Some hospitals have appointed full-time physical medicine specialists in charge of rehabilitation departments and others are waiting until more specialists are available.

24. A scheme adopted by the Ministries of Health and of Labour and National Service in co-operation with the Ling Physical Education Association resulted in the qualification during 1945-1946 of 113 ex-Physical Training Instructors from the Forces as Remedial Gymnasts in a six months' intensive course organised by the Ministry of Health at Pinderfields Emergency Hospital, Wakefield. As the supply of Remedial Gymnasts was insufficient to meet demands a further six months' course for 50 students was started in March, 1948. The Chartered Society of Physiotherapy have also co-operated in the organisation of this course. Those students who qualified were available at the end of August, 1948, for service in rehabilitation departments and centres.

25. In general it may be said that whilst there is still a great shortage of medical and ancillary personnel steps taken in the past two years should result in improvement in the position in the near future.

Rehabilitation and National Insurance Benefits

26. In considering regulations to be made under the National Insurance Act, 1946, for sickness benefit, the Ministry of National Insurance have taken the opportunity to review the position concerning payments of sickness benefit to persons who make saleable articles in the course of rehabilitative treatment in hospitals or elsewhere. By administrative arrangement the Approved Societies have in the past disregarded earnings of this kind of up to 10/- a week in considering whether a person was incapable of work for the purposes of sickness benefit. The Ministry of National Insurance have made provision under the National Insurance (Unemployment and Sickness Benefit) Regulations, 1948, for the disregard, in considering whether a person is incapable of work, of earnings from work undertaken under medical supervision as a part of treatment whilst a patient in, or of, a hospital or similar institution, up to a maximum of 20/- a week. The National Insurance (Industrial Injuries) Act, 1946, provides for the payment of injury benefit during incapacity for work resulting from industrial accident or disease, but as the Act does not contain any pro-

vision corresponding to that in the National Insurance Act for modifying the test of incapacity, the Ministry propose to apply the sickness benefit rule by administrative arrangement.

Artificial Limbs, Wheel-Chairs and other Appliances

27. The war-time scheme for the provision of artificial limbs for civilians on a contributory basis, which was operated by the Ministry of Labour and National Service in conjunction with the Ministry of Pensions, was brought to an end on 31st January, 1948. From its inception in October, 1942, until it ended, approximately 6,000 artificial legs and 1,200 artificial arms were supplied. In addition 457 artificial legs and 165 artificial arms were supplied through the Ministry of Pensions to children under schemes operated by the Education Departments.

28. To cover the interval between the end of the war-time scheme and the commencement of the National Health Service Acts and the National Insurance (Industrial Injuries) Act as well as to meet requirements hitherto not provided for, such as motor-propelled chairs, an Interim Scheme on Appliances was introduced from 2nd February, 1948. This Scheme, which was applicable to registered disabled persons, was non-contributory and was operated by the Ministry of Labour and National Service with the close co-operation as before of the Ministry of Pensions. Under the Interim Scheme the numbers of applications received were 1,361 for artificial limbs, 408 for wheel chairs and 70 for special employment aids. Altogether 484 had been admitted by the end of August, 1948.

29. The limbs, as heretofore, were supplied through the Ministry of Pensions and provision was also made for the supply of surgical boots, walking calipers, leg irons, etc. Arrangements were made whereby all patients supplied with artificial limbs through the war-time and Interim Schemes received instruction in the use of their limbs at one of the Ministry of Pensions Limb Fitting Centres. These Centres are situated in large towns throughout the country. Provision exists for walking training at each of these Centres and certain Centres also have Arm Training Schools. The same provisions in regard to training in the use of artificial legs and arms apply to children as to adults.

30. It is the general practice at the Limb Fitting Centre that whilst a patient is undergoing his training the Limb Surgeons and Instructors observe the patient's reactions and capabilities and how these are affected by the disablement in question. On conclusion of the training the Limb Surgeon advises the D.R.O. as to the patient's physical capabilities with an artificial limb. On discharge from the Centre at the completion of training the patient is able, when it is needed, to attend one of the Ministry of Labour Vocational Training Centres for instruction in a new occupation.

31. The Ministry of Pensions has a Research Department with a Drawing Office and Experimental Workshop at Roehampton for the purpose of improving and testing new designs and inventions relating to artificial limbs and designing appliances for the use of patients engaged in particular trades who need them in order to continue their occupations. Liaison is maintained by the Ministry of Pensions with the Ministry of Labour in relation to the supply of suitable appliances, samples of which have been issued to a large number of Ministry of Labour Training Centres.

32. It is of interest to state here that the Ministry of Pensions, between 3rd September, 1939, and 30th June, 1948, provided nearly 41,500 artificial limbs, of which 23,125 (18,300 legs, 4,825 arms) were for Service casualties and 2,556

(2,051 legs, 505 arms) for Civilian air-raid casualties. The remainder of the 41,500 includes those mentioned above and approximately 3,430 railway and County Council cases through the Roehampton Committee, and 3,179 for Allied and Commonwealth personnel, or cases from other Government Departments.

The D.R.O. Service and Resettlement of the Disabled

33. The Disablement Resettlement Officer (D.R.O.) Service of the Ministry of Labour and National Service was strengthened in May, 1946, by the appointment of 49 District D.R.Os. (D.D.R.O.) to assist the local D.R.Os. both in the general conduct of their work and in dealing with difficult problems of resettlement among individual disabled persons. A reference was made in the last report to the improved arrangements being made for D.R.O. training courses. During the period covered by this report considerable attention has been paid to that matter. Through close collaboration between the Health Departments and the Ministry of Labour and National Service a syllabus has been arranged part of which is undertaken under medical auspices in a hospital and part consisting of visits to industrial and other institutions.

34. Developments have also taken place in the arrangements for obtaining medical guidance to assist the D.R.O. in the resettlement of the disabled. The hospital interviewing procedure has been revised with a view to getting hospitals to notify to connected Exchanges all cases of residual disability and increased responsibility has been placed upon almoners for supplying information to patients on general resettlement facilities. A simpler form of hospital medical report has been introduced for which the Ministry of Labour and National Service pays a fee to the hospital.

35. Under a joint scheme in which the Health Departments and the Ministry of Labour and National Service are co-operating, Medical Interviewing Committees are being set up experimentally at selected Hospitals with suitable medical personnel, facilities and accommodation, to interview and examine disabled persons, to assess the effect of the individual disability upon working capacity and to advise the D.R.O. on the medical aspects of the training and employment of the applicant concerned. These Committees are designed to consist of a member of the Medical Staff of the hospital interested in the problems of rehabilitation and resettlement and a doctor with industrial experience. The Committee may arrange for specialist advice, X-ray examinations, consultations with the patient's own Medical Adviser, and for a Service medical history to be called for. Cases may be referred to a Committee by the D.R.O. on his own initiative when he requires medical guidance or by a general practitioner or hospital when they consider that the D.R.O. would be assisted by the Committee's advice in resettling a patient handicapped by some residual disability. As this experiment is only now beginning, no estimate can yet be made of the number of cases to be referred to the Committees or of the assistance which the D.R.Os. will derive from Committee's reports in successfully resettling disabled persons.

36. A further development in obtaining medical guidance on the resettlement of the disabled has been the appointment on a part-time basis of Regional Medical Advisers to assist the Ministry of Labour and National Service on medical questions. The first three experimental appointments were made in the autumn of 1946 to the Northern and North-Western Regions and in Scotland. Three additional appointments were made in 1948 and others will be made later.

Preparatory Training for Long-stay Hospital Patients

37. Attention was paid to the development of facilities for preparatory training in hospital for patients who are likely to remain under treatment for some time. The Committee in October, 1947, considered a report on the work of a co-ordinating Voluntary Advisory Panel which had been set up in the South-West Region under the auspices of the Ministry of Labour and National Service and agreed that other Regions of the Ministry should be informed of this initiative and invited to consider the position in their Regions. Pre-vocational study courses are provided by Education Authorities and various voluntary bodies. The services of technical officers of the Ministry of Labour and National Service are available to any hospital contemplating making available training courses in the hospital. The D.R.Os. are ready to advise on employment opportunities and vocational training courses and special arrangements can also be made to enable a patient with higher educational qualifications to start a course of study under the Further Education and Training Scheme.

Vocational Training

38. The general arrangements made by the Ministry of Labour and National Service for the training of the disabled outlined in the previous report have continued. As a result of Agreements which have since been concluded with the industries concerned training can now be given in a number of additional occupations among which are :—

Dental Technicians ; Ophthalmic Optical ; Paper and Board Making ; Printing and Allied Trades ; Retail Distribution ; Silk Screen Printing ; Silversmiths, Jewellery and Allied Trades ; Thatching ; Surgical Instrument Making ; and Vehicle Body Building.

39. As a result of the general curtailment of building, which has necessitated the cessation of training of able-bodied persons for the Building Trades, the number of Government Training Centres has been reduced to thirty-four. Disabled persons may, however, still be trained for employment in building occupations if this is the most satisfactory form of employment for them and sufficient building training facilities have been maintained to meet the needs of the disabled. Classes which had been established in other occupations at the Centres which have been closed, have been transferred to the Centres which are remaining open.

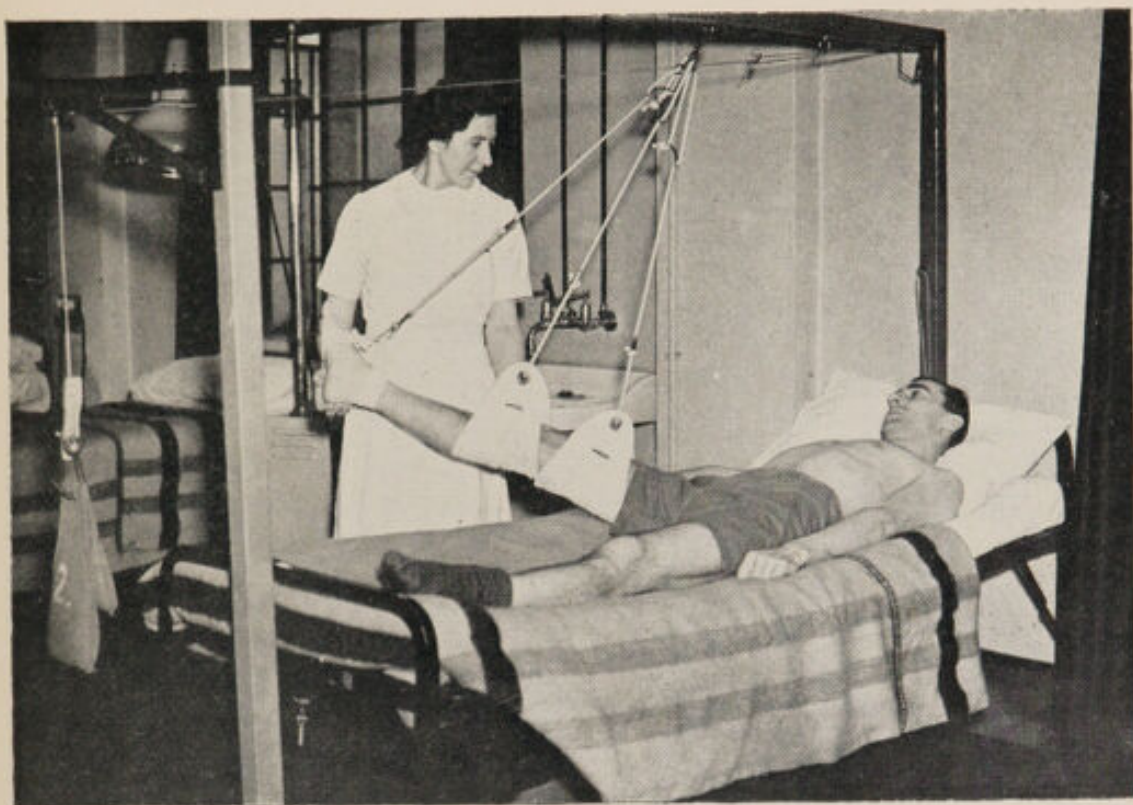
40. The man-power situation has also made it necessary to restrict to disabled persons training schemes for the following occupations :—

Building ; Basket-making ; Boot and Shoe Repairing ; General Clerical ; Furniture Trades ; Hairdressing ; Radio Repairs ; Storekeeping ; Display Work ; Retail Distribution (other than food).

41. Apart from the Building Trades there has been no sudden change in placing opportunities and only minor curtailments of training facilities have been necessary. Placing difficulties are, however, beginning to appear in a few trades and may in the near future reduce the number of training places for disabled persons.

42. In view of the limited opportunities for employment in a skilled capacity and because many disabled persons who are unemployed and classified as capable of undertaking ordinary employment are not suitable for employment in skilled occupations, the policy of restricting training under the Act to skilled occupations has been modified. Although it is still considered that, in general,

REHABILITATION IN HOSPITAL



Exercise in bed after fracture of pelvis



Postural exercises out of doors for chronic chest conditions

BRIDGE OF EARN FITNESS CENTRE



Occupational Therapy : the work is graded from light finger and hand movements to heavy muscular work



Outdoor Gymnasium Class

RESIDENTIAL FITNESS CENTRES
FOR INJURED COAL MINERS



A view of Oakmere Hall, Cheshire

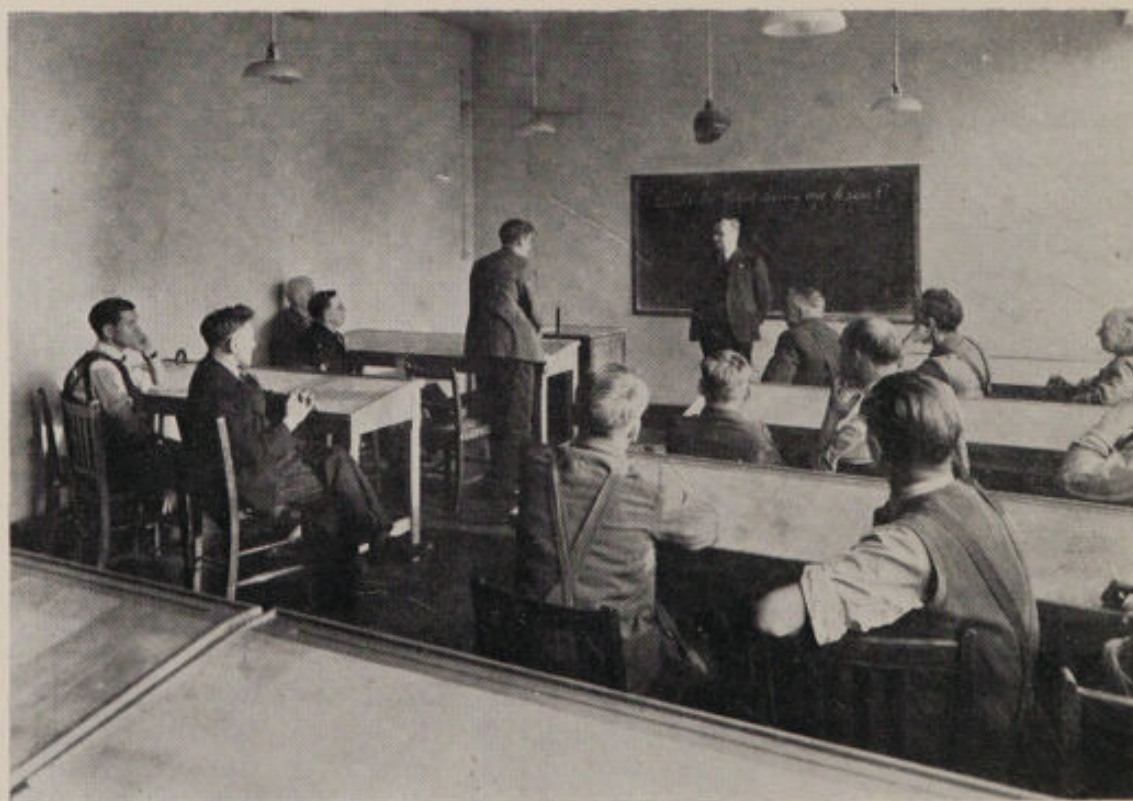


Exercise to strengthen thigh and trunk muscles

INDUSTRY
REHABILITATION



A case of fracture of right leg. The leg movement on the sewing machine provides repeated flexions of the leg



A group discussion on topical subjects under the direction of the Education Officer

TRIAL
TION UNIT

Men with fractures dismantling telephones. Special devices have been fitted to the bench to give flexion to joints or muscles

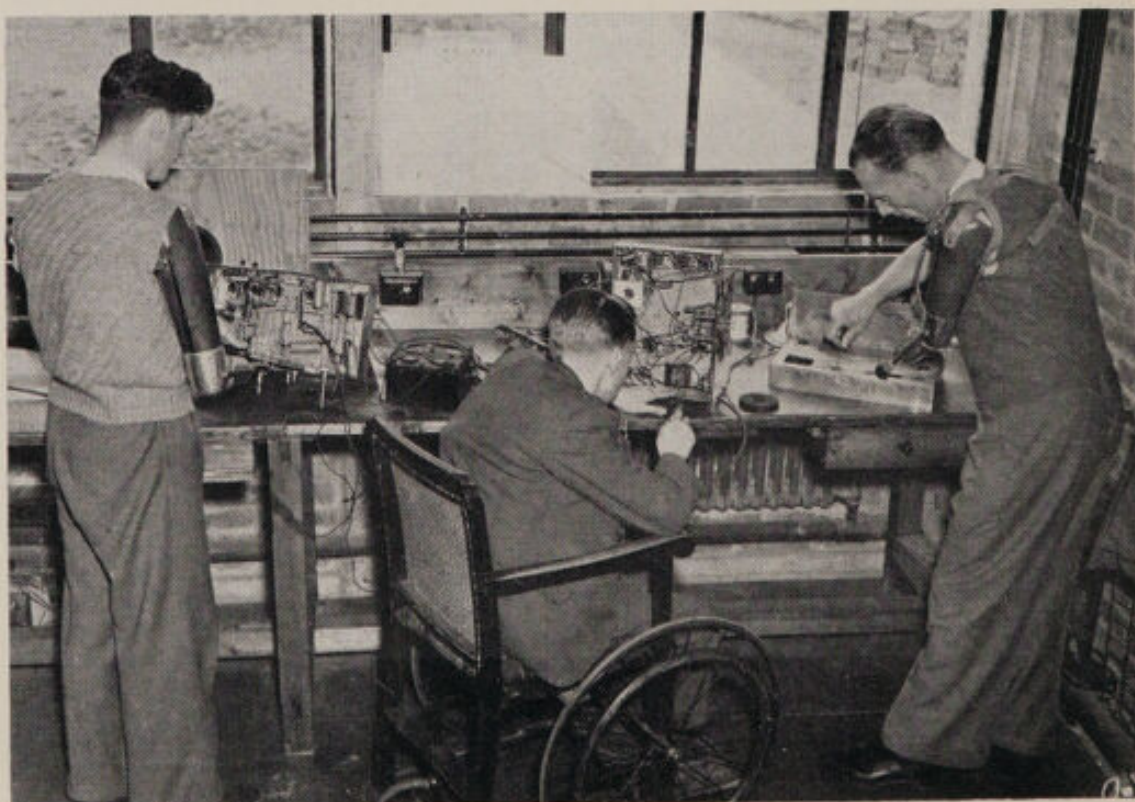


Making rustic furniture. This is part of the outdoor gardening work for those who need general toning up

VOCATIONAL TRAINING

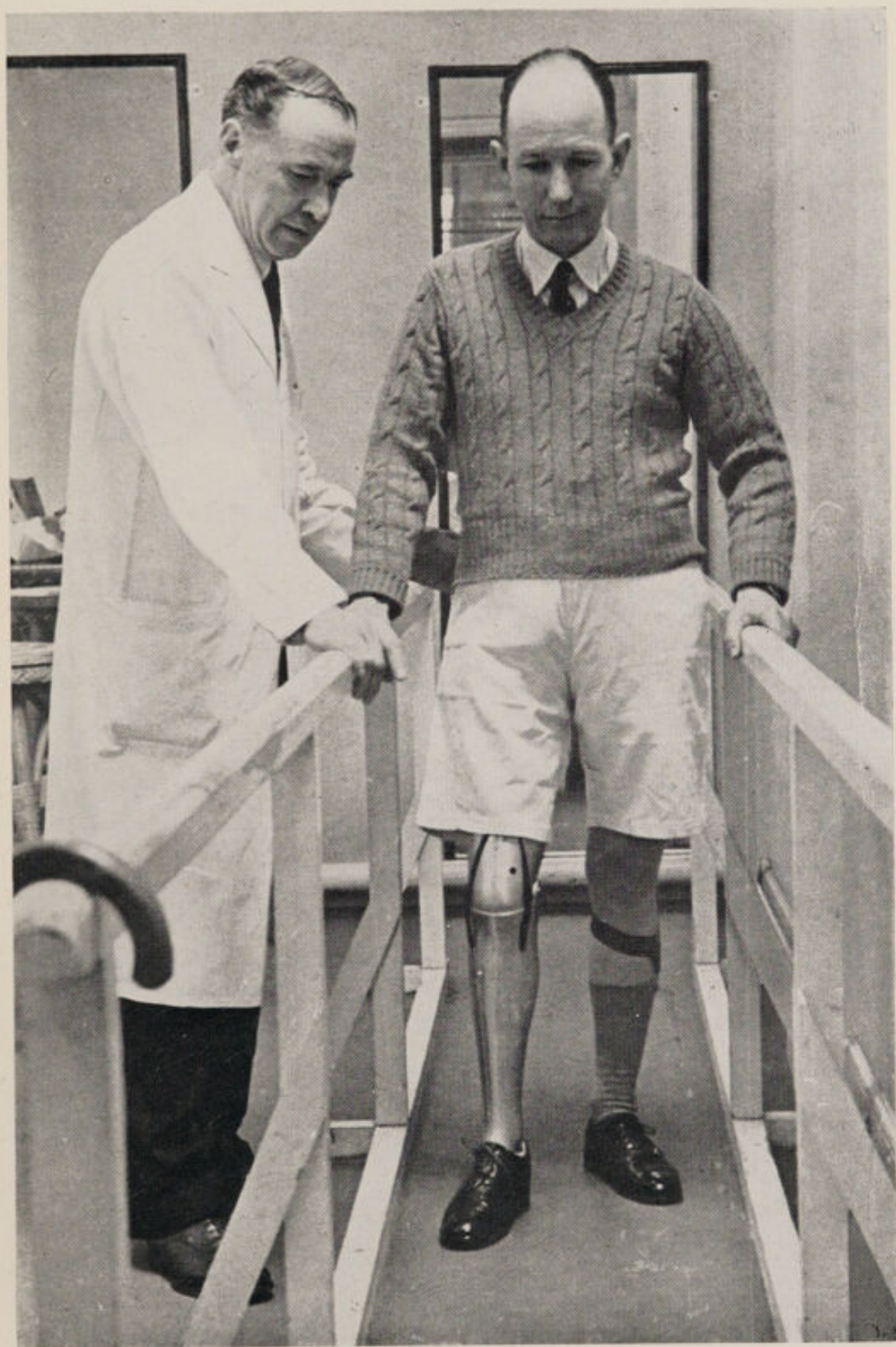


Left leg amputation.
Training is given in
carpentry



Trainees learning Wireless Maintenance

TEACHING AND TRAINING IN THE
USE OF LIMBS



First steps taken by a patient with an artificial leg

REMPLOY FACTORIES



Top : Light Engineering Section,
King's Norton



Left : A view of the Chesterfield
Factory



Bottom : Cardboard Box Manu-
facture, Longton

employers should recruit and train at their own expense labour for semi-skilled occupations, it is recognised that in some cases owing to the nature and extent of the disability, the cost of training a disabled person for this type of employment may involve the employer in additional cost as compared with the cost of training a person who is not disabled. Accordingly financial assistance may be granted to the employer provided that the employment offers a reasonable prospect of an assured future for the individual. Short courses in semi-skilled occupations may also be given in Government Training Centres to meet local demands for such labour where it is not practicable for the training to be given at the employer's establishment.

43. Increased facilities have been provided for training at the three Residential Establishments (Queen Elizabeth's College, Leatherhead ; St. Loyes College, Exeter ; and the Finchale Abbey Training Centre for the Disabled) of the more seriously disabled who are considered fit for employment under ordinary conditions. The total number of places which are at the disposal of the Ministry of Labour and National Service at these three Establishments has been increased from 287 to 412. An arrangement has also been made between the Ministry of Labour and National Service, the Ministry of Agriculture and Fisheries and the Merchant Seamen's War Memorial Society, for the training of British Disabled ex-Merchant Seamen in agriculture at the Society's " Springbok " Village Settlement in Surrey.

44. In addition to this extension of facilities at establishments conducted by voluntary organisations 120 places at the Letchworth Government Training Centre and Hostel attached to it have been reserved for disabled persons who need to be trained under residential conditions.

45. In September, 1946, the Ministry of Labour and National Service came to an arrangement with St. Dunstan's whereby blinded ex-servicemen and women training in that establishment come within the Ministry's Vocational Training Scheme and receive personal allowances and holidays with pay in accordance with the conditions of the Scheme. St. Dunstan's continue to bear the whole of the cost of training, but a grant in respect of each trainee's personal allowance is now made to St. Dunstan's by the Ministry.

46. In the past the training of the civilian blind for open employment has been mainly the concern of Local Authorities although the Ministry of Labour and National Service has contributed to the cost of training since 1946 ; but from 1st June, 1948, the training of adult blind persons has been put on the same footing as that of other disabled persons under Section 2 of the Disabled Persons (Employment) Act. Training of the blind under the Vocational Training Scheme at the moment is restricted to courses in telephony and shorthand and typing, but it is intended to develop training in industrial occupations of the kind particularly suitable to blind persons in employers' establishments and possibly in special classes in Government Training Centres where basic training would be provided on the lines of St. Dunstan's workshops. On the professional level the Ministry of Labour and National Service will be responsible for providing financial help for the training of blind persons in physiotherapy at the National Institute of the Blind Training School. Training for other professions will be given as appropriate to individual blind persons on the same basis as for other disabled persons.

47. The number of disabled persons who have completed vocational training courses since the inception of the Vocational Training Scheme in 1941 is 30,277. On 23rd August, 1948, 3,446 disabled persons were undergoing training courses, and a further 2,869 had made application and were waiting

admission to courses ; the number undergoing training has fallen since the last report although the number awaiting admission to courses is still considerable. This is in part due to the fact that many of those waiting for vacancies are either suitable for, or willing to consider, training only in trades for which there are limited opportunities of employment and for which the waiting lists are usually long. The desirability of correcting this position and achieving a more rapid absorption into training is recognised and a review of the waiting lists is being undertaken to see whether any of those waiting for courses to which there is no immediate prospect of admission are suitable for and willing to undertake some other course.

48. Arrangements have been made between the Ministry of Labour and National Service and the Service Departments for training of patients while still in the Services who are undergoing " long-term " treatment at the Queen Victoria Hospital (Plastic Surgery and Jaw Injury Centre), East Grinstead, Sussex. These patients are not retained in hospital during the considerable periods which must elapse between operations and it is clearly desirable that they shall be usefully occupied in preparing for the future. The trainees continue to receive their service pay and training allowances are not paid. So far seven men and one woman have started vocational training at Government Training Centres under these arrangements.

49. Up to the end of August, 1948, a total of 3,689 awards had also been made under the Further Education and Training Scheme to disabled persons for training in occupations of a professional, technical, or executive character.

Industrial Rehabilitation

50. The work of the Egham Industrial Rehabilitation Centre has developed satisfactorily and since it opened at the end of 1943 up to 23rd August, 1948, the number of men admitted was 4,321. Of these 1,903 were found on completion to be suitable for placing in selected employment without a course of training (about 50 per cent. of these were considered to be able to follow their previous occupation) and 1,833 to be in need of a course of vocational training ; 471 terminated the course prematurely and 114 were undergoing the course.

51. The extension of the industrial rehabilitation service has not materialised in the way which was envisaged in the last report. The establishment of an additional Residential Centre at Wightwick Hall, Wolverhampton, will be proceeded with as soon as necessary alterations to the premises can be undertaken. With this exception, such Civil Resettlement Unit Premises as were available and suitable for Industrial Rehabilitation Centres on the lines of the Egham Centre were found to be required for other more urgent purposes. After a prolonged and fruitless search to obtain other premises it was decided to utilise some of the accommodation which had become available at Government Training Centres as a result of the curtailment of building trade training to establish twelve non-residential and one partly residential Industrial Rehabilitation Units at the following Centres :—

Felling-on-Tyne, Hull, Leeds (Dewsbury Road), Sheffield, Cardiff, Swansea, Leicester (Humberstone Lane), Birmingham (Holyhead Road), Coventry, Liverpool, Manchester (Denton), Glasgow (Hillington), Edinburgh.

By the end of August, 1948, the Centres at Felling-on-Tyne, Birmingham and Coventry had opened.

52. This development is a completely new experiment which will need the most careful watching. The situation of the new Units in large industrial areas may turn out to have advantages offsetting to some extent those which can be

offered by a Residential Centre in rural surroundings. For instance, close touch can be maintained with the local Employment Exchanges, industry, and hospitals, and the location of the Unit inside the Training Centre will ensure the appropriate workshop atmosphere. Each Unit will cater for men and women and will provide 100 to 120 places. The course at the new Units will be broadly on the lines of the course given at the Egham Centre, but as an experimental measure a small proportion of persons may be accepted who have no obvious disablement but who have proved difficult to settle in employment and in whose cases the psychiatric approach in its widest sense will have an opportunity of showing its value.

Rehabilitation of the Blind

53. The Minister of Labour and National Service has recognised under Section 3 of the Disabled Persons (Employment) Act, the residential Home of Recovery for the Blind conducted by the National Institute for the Blind at America Lodge, Torquay, for the purpose of providing in approved cases courses of industrial rehabilitation for adult blind persons to fit them for employment or training. The Home provides accommodation for about 30 persons and the course lasts from one to three months. Vocational guidance is a special feature and recommendations for training and employment are given at the Centre.

Register of Disabled Persons

54. Registration of disabled persons in the Register of Disabled Persons which was started at Local Offices of the Ministry of Labour and National Service on 25th September, 1945, has continued and the total of registrations on 16th August, 1948, was about 905,000. A Table giving an analysis of the registrations according to type of disability as at 19th April, 1948, is given in Appendix I. As this return is only obtained at half-yearly intervals it is not possible to give a detailed analysis for a later date but experience shows that the relative proportions of the various types of disablement do not vary to an appreciable extent. Registration may be for any period from one to five years according to the circumstances of the case; consequently renewals began in September, 1946, and continue concurrently with new registrations, while other registrations lapse, giving an average net increase in the total Register of between 7,000 and 8,000 a month.

The Quota Scheme

55. The standard percentage for determining an employer's statutory obligation in respect of the employment of registered disabled persons has continued at 3 per cent. since 1st September, 1946. Out of the total of 905,000 registered disabled persons about 887,000 were classified as capable of work under ordinary industrial conditions; and of this latter figure the number employed in ordinary employment was estimated to be 825,000 or 93 per cent. If all these were employed by firms with a quota obligation they would represent just over 5 per cent. of the total number of workers in the quota field, that is the field covered by employers of 20 or more workers. Probably however some of the registered disabled persons were employed by firms with less than 20 workers and others were working on their own account. The number employed in the quota field was thus probably somewhat less than the 825,000. No precise estimate can be made of the proportion of registered disabled persons who were actually employed in the quota field but it must be in excess of the standard percentage of 3 per cent., probably between 4 and 5 per cent.

The unemployed on 16th August, 1948, numbering 62,079, represented under one-half of one per cent. of that field. Nevertheless the continuance of a relatively high figure of unemployment among registered disabled persons has been a matter of considerable concern.

56. The whole position has been kept under constant review by the Ministry of Labour and National Service in consultation with the National Advisory Council on the Employment of the Disabled. In March, 1948, the Council expressed the opinion that the standard percentage should remain at 3 per cent., since in view of the broad position stated above and of other factors, *e.g.*, high proportion of unemployed in the Development Areas, an increase would not materially reduce unemployment among the disabled. They felt that the remedy lay in a closer study of the personal composition of the unemployed total and they suggested that the local Disablement Advisory Committees should be asked to co-operate in this. The Minister of Labour and National Service accepted this recommendation. A memorandum has been issued to Committees inviting them to make a survey of the composition of the disabled unemployed in their areas and to consider what special steps might be taken to secure additional openings. The Minister also sent a personal letter to every Chairman. This survey is now in progress. The Council also felt that the success of the Disabled Persons (Employment) Act depended largely on the creation of employment opportunities and that particularly in the four areas of heaviest unemployment (North-Western, Northern, Scotland and Wales) the Government should press on with schemes of industrial development to the maximum possible extent.

The Designated Employment Scheme

57. The employments of passenger electric lift attendant and car park attendant have remained designated as specially suitable for disabled persons since 1st September, 1946. The question of designating further employments has been considered by the Ministry of Labour and National Service and in consultation with the National Advisory Council on the Employment of the Disabled. The Tomlinson Committee recommended particularly that designated employments should not be regarded as the proper employment objective for disabled persons, but should be only for those who were not particularly suitable for higher grade work. The designation of a number of low grade employments might create the impression that the disabled are capable of performing only menial tasks. It is most important to avoid any such impression which is contrary to the basic principle of the Disabled Persons (Employment) Act, *viz.* that with careful assessment of the individual and proper selection of employment the vast majority of the disabled are able to hold their own in ordinary industry on normal terms. On the other hand it is considered that the inclusion of higher grade jobs would not be a practicable proposition even if it were possible to obtain the willing co-operation of both sides of Industry. With these considerations in mind the Council were opposed to the designation of any further employments and the Minister has accepted this view.

Advisory Council and Committees

58. The period of appointment of the National Advisory Council on the Employment of the Disabled was for three years which ended in December, 1947. The Council were re-appointed for a further period of three years up to December, 1950. The Council have three Committees dealing with (i) Training, Industrial Rehabilitation and Employment under ordinary conditions, (ii) Employment under sheltered conditions and other matters affecting the

severely disabled, and (iii) matters involving Medical aspects or arrangements ; regular meetings of the Council and of the Committees are held. Towards the middle of 1947 Viscount Ridley felt compelled for reasons of health to resign the Chairmanship of the Council and he was succeeded as Chairman by Major Sir Brunel Cohen. A list of the present members is given in Appendix II.

59. The period of appointment of the 280 local Disablement Advisory Committees, which were set up towards the end of 1945, was extended to mid-June, 1949. These Committees have rendered, and continue to render, valuable services not only by advising generally on the employment problem in their areas, but by making recommendations and reports on matters specifically referred to them under the Act.

Employment under special (sheltered) conditions **Disabled Persons Employment Corporation, Limited**

60. Good progress has been made in providing facilities under Section 15 of the Disabled Persons (Employment) Act despite the exceptional difficulties which the Disabled Persons Employment Corporation have experienced in obtaining suitable sites and buildings. It has proved impossible in most cases to find suitable existing buildings in which to set up Remploy Factories and in consequence it has been necessary to seek for sites and erect new premises. The choice of sites has been restricted by the necessity for putting the factories in the areas having the largest problem of unemployment among severely disabled persons. With this necessary restriction suitable sites have been hard to find and the general shortages of building materials have also caused many delays.

61. The Corporation's present programme includes 118 Remploy Factories of which 25 are in operation. The ban imposed on industrial building at the end of 1947 delayed the building of some factories but special consideration has been given to the need for these factories and good progress is now being made. The building of 23 factories which had reached the steel erection stage was continued and permission has now been given to proceed with a further 21. In addition the Corporation have taken over accommodation which has become available in a number of Government Training Centres.

62. The products made in the Corporation's factories are not merely fancy goods but are articles of general utility produced for the ordinary commercial market. They cover a wide range of which the main lines are woodwork (domestic, office and educational furniture and agricultural equipment such as gates and beehives), saddlery and industrial leatherwork, bookbinding and repairing, light engineering and metal work, and cardboard box making. As additional factories are opened the range of products will be increased. A substantial number of orders are received from Government Departments but it is clear that orders from both public and private sources must greatly increase if the growing numbers of disabled persons employed are to be kept in steady work. At 16th August, 1948, the Corporation were employing 1,309 severely disabled persons and this figure was expected to be doubled by the end of the year.

Voluntary Undertakings

63. The number of voluntary undertakings approved by the Minister under the Scheme of Grants to Voluntary Undertakings employing Severely Disabled Persons is now 25, providing employment for more than 700 severely disabled

persons. Special arrangements have, as stated in para. 16, now been made with the Village Settlements at Papworth and Preston Hall for the training of persons recovering from tuberculosis who are able to work at least three hours a day. An indication has been given by Voluntary Undertakings that income from voluntary sources is tending to get less and this will no doubt necessitate a greater measure of financial assistance from the Ministry of Labour and National Service to some of these undertakings.

Local Authorities

64. After prolonged negotiations with the Local Authorities and other bodies interested in the training and employment of blind persons arrangements have now been made for financial assistance to be given by the Ministry of Labour and National Service. The whole cost of training adult blind persons will now be borne by the Ministry and a capitation grant of £80 a head will be paid to Local Authorities in respect of each blind person employed in an approved workshop for the blind provided that the expenditure of the Local Authority is not less than this figure.

65. The National Assistance Act, 1948, gives Local Authorities power and, where directed by the Minister of Health (or, in Scotland, the Secretary of State), imposes on them a duty to provide for the welfare (including employment) of blind, deaf, or dumb persons and others who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed. The Local Authorities must exercise their powers in accordance with schemes submitted by them and approved by the Minister of Health (or Secretary of State for Scotland). In the Committee stage of the Bill in the House of Commons the Parliamentary Secretary of the Ministry of Health gave assurances that "nothing in the Bill alters the Disabled Persons (Employment) Act and the relationships between local authorities and the Ministry of Labour in this matter" (*i.e.*, the employment of disabled persons) "remain unchanged." The Parliamentary Secretary added: "There will have to be the closest collaboration, consultation, and co-operation so that their functions do not overlap." The Health Departments have circularised Local Authorities suggesting that prior to the formulation of schemes they should open discussions with all other organisations actively concerned including local offices of the Ministry of Labour and National Service.

Home Workers

66. The Disabled Persons Employment Corporation have commenced Home Workers Schemes based on Remploy Factories for the employment of severely disabled persons who are home-bound. Difficulties have been encountered, particularly in the engagement of supervisors, and the Corporation have sought co-operation from the Women's Voluntary Service, who may be able to assist with Voluntary Supervisors. Schemes have now been started in connection with the Remploy Factories at Bridgend (covering also Aberdare and Cardiff), Bristol, South-East London, Halifax, and Edinburgh and developments are expected at other factories as soon as practicable. Altogether 84 Home Workers were employed by the Corporation on 16th August, 1948, some of them very satisfactorily. In addition to the Corporation's activities there is a Home Workers scheme in operation in connection with St. Loyes College for the Disabled at Exeter which covers a good portion of the South-Western area. Encouragement is being given to voluntary bodies to extend Home Workers Schemes where possible.

Employment on Own Account

67. The primary object of the Resettlement Grants Scheme, which is administered by the Ministry of Labour and National Service, is to assist men and women who need financial help to restart in business or occupation on their own account. It applies to those who had one-man businesses or were in work on own account which they had to relinquish as a direct consequence of their 1939 war service in the Forces, the Merchant Navy or the Civil Defence Services. This part of the scheme is available to both disabled and non-disabled persons but under subsidiary provisions of the scheme grants are also made to assist persons pensionably disabled by their war service and disabled within the meaning of the Disabled Persons (Employment) Act to set up on their own account for the first time where this is considered to be a better form of resettlement than any other available. The maximum grant is £150. The amount given varies according to the requirements of the business and the sum which the person concerned is considered able to contribute. There are no figures available to show the number of grants made to disabled persons re-starting in their former business or occupation, but up to the end of August, 1948, 5,668 grants had been made to disabled persons who were setting up on their own account for the first time.

Northern Ireland

68. The Health Services Act (Northern Ireland), 1948, was passed on 4th February, 1948. Under this Act the hospital and specialist services, including the supplementary eye services, are administered by the Northern Ireland Hospitals Authority and arrangements for general medical, dental, and pharmaceutical services are the responsibility of the Northern Ireland General Health Services Board. These two administrative bodies and the Northern Ireland Tuberculosis Authority mentioned below are independent units operating under statutory powers and require the approval of their actions by the Ministry of Health and Local Government only to a limited extent. Maternity Services, Child Welfare and other Services such as Home Nursing, etc., are the responsibility of Local Health Authorities.

69. The tuberculosis service in Northern Ireland remains under the direct charge of the Northern Ireland Tuberculosis Authority established under the Public Health (Tuberculosis) Act (Northern Ireland), 1946. The Authority works in close co-operation with the Northern Ireland Hospitals Authority.

70. The function of the Ministry of Health and Local Government is to co-ordinate the various Health Services and the Health Services Act contains provision for the appointment, as the Minister may see fit, of Advisory Committees on matters relating to any health service.

71. The Disabled Persons (Employment) Act (Northern Ireland), 1945, which is administered by the Ministry of Labour and National Insurance for Northern Ireland, follows very closely the Great Britain Act and reciprocal arrangements made under provisions contained in both Acts enable registration as a disabled person in one country to count in the other. In exercising its functions under the Act, the Ministry has the advice and assistance of a Central Advisory Council and nine District Advisory Committees. The steps which have been taken to implement the various provisions of the Act are substantially the same as in Great Britain. The Register, Quota and Designated Employments Schemes, the D.R.O. and placing Service, and the facilities for vocational and industrial rehabilitation are on similar lines. The standard percentage for the purposes of the Quota Scheme was initially fixed at 2 per cent. as in Great Britain and on the advice of the Central Advisory Council was raised to 2½ per cent. as from 14th October, 1946. This percentage is kept under review.

72. In view of the comparatively small number of severely disabled persons who are known to be in need of sheltered employment and who would be likely to take advantage of a scheme, and their distribution throughout Northern Ireland, no steps have as yet been taken to set up a Special Corporation, such as the Disabled Persons Employment Corporation, to handle the problem of their employment. The various voluntary undertakings engaged in this field, however, are being encouraged to extend and develop their employment facilities and there is close co-operation between the various Ministries and Local Authorities in the discharge of Statutory powers relating to the training and employment of the disabled.

73. The development of services in Northern Ireland hospitals to provide occupational therapy for patients has received more attention during the past year. Further improvements are being made and Hospital Authorities continue to co-operate closely with the Ministry of Labour and National Insurance. Good relations have been established between hospital staffs and Disablement Resettlement Officers.

74. A simple scheme of post-hospital occupational therapy for certain persons who have received treatment for psychoneurosis has been operated at the principal training centre of the Ministry. Plans are on foot for the future development of this Scheme and for its extension to other classes of the disabled.

Paraplegia

75. The Spinal Injury Centre at the Ministry of Pensions Hospital, Stoke Mandeville, continues to be used to the limits of its capacity for the treatment and rehabilitation of paraplegics. Until six months ago the Centre held 130 beds but, owing to shortage of staff, it has become necessary to reduce the beds to 108. Throughout their treatment in this Centre patients are encouraged to look forward to taking up remunerative employment and pre-vocational training in various crafts is provided at the hospital.

76. The reduction of beds at the Stoke Mandeville Centre necessitated the finding of accommodation elsewhere and arrangements were made with the Star and Garter Home, Richmond, to set aside certain wards for the treatment of 1939 war ex-service paraplegics. Treatment in these wards is under the supervision of the Neurologist at the Stoke Mandeville Centre. In addition to this, about 35 paraplegics, mostly of the "convalescent" type, are accommodated at Chaseley Paraplegic Home, Eastbourne, where also treatment is in the hands of the consultant neurologist.

77. As regards the employment of paraplegics who have left hospital, recent figures show that out of 382 men about whom there is accurate information, 272 (71 per cent.) are either fully employed or propose to take up employment very soon. These men are visited every six months by medical officers of the Ministry of Pensions who inquire into their health and treatment and refer questions of unsatisfactory housing to the British Legion. Thanks to the co-operation of Lord Roberts Memorial Workshops and the Enfield Clock Company, clock assembly work is being provided as a home industry for certain paraplegics who are unfit to go out to work. The settlement provided at Lyme Green Hall by the Joint Committee for Cheshire of the British Red Cross and Order of St. John now houses twelve single paraplegics. Several bungalows for married men have been completed and others are in course of construction. A Clinic has been built and is now fully equipped. All the pensioners are engaged for up to 5 hours a day learning either Clock or Boot and Shoe repairing. Qualified instructors are in charge of both sections.

Progress in construction of the paraplegic hostel at Osterley has been subject to the general building difficulties. Work is, however, steadily going on and it is hoped that the project will be completed towards the end of this year. In the event of there being an insufficient number of ex-Service paraplegics to fill the hostel it has been agreed to admit civilian cases.

78. In Scotland the Thistle Foundation has undertaken the building of bungalows in a special centre for very severely disabled cases including paraplegics. It is hoped also that the Veterans Association will build houses for disabled men in Glasgow. In these circumstances the suggestion of a second paraplegic hostel in the Glasgow area has not been pursued.

Employment of the Blind in ordinary Industry

79. At the beginning of June, 1948, the Minister of Labour and National Service announced that he had set up a Working Party "to investigate the facilities existing for the employment of blind persons in industry and in public and other services, and to make recommendations for their development." The Working Party meet under the Chairmanship of an Officer of the Ministry of Labour and National Service and the members represent the Health Departments, Voluntary organizations for the blind, employers of blind persons, and blind workers. The Working Party have met four times and have agreed on their programme of enquiry.

Epilepsy

80. A study of the problem of unemployment amongst epileptics indicates that persons suffering from the severest forms of epilepsy are virtually unemployable whilst those with epilepsy in a very mild form can readily obtain employment; in many of the latter cases the disability may not be known either to the employer or to fellow workers. Between these two extremes are many epileptics who should be capable of employment but who present special difficulties. There appears to be a general reluctance to employ known epileptics which to some extent is understandable since seizures may cause temporary dislocation of work and be very disturbing to other workers who are unfamiliar with the effects of the malady. In considering the general question of unemployment the National Advisory Council on the Employment of the Disabled recommended a special approach to employers which has now been put into effect. The results so far indicate that whilst some employers continue to show considerable reluctance to engage epileptics other employers are sympathetic and in about 10 per cent. of cases where the special approach was made a placing in employment was effected.

81. Many of those epileptics who cannot be employed in ordinary industry and who need sheltered employment should be absorbed into the sheltered workshops of the Disabled Persons Employment Corporation and Voluntary Undertakings as these become available and in the Corporation's Home Workers schemes. An interesting experiment has been carried out by the Corporation in the Remploy Factory at Salford. In this factory a special section has been set aside for a number of epileptics; results have so far shown an improvement in their condition and they are regarded as being satisfactorily employed. About 50 epileptics are now employed in Remploy factories.

Signed on behalf of the Committee,

H. H. WILES, *Chairman.*

E. HARRISON, *Secretary.*

11th September, 1948.

APPENDIX I (para. 54)

TABLE SHOWING NUMBER OF REGISTERED DISABLED PERSONS ON 19th APRIL, 1948

Type of Disablement	1914-1918 Ex-Service Men	Other Ex-Service		Non-Ex-Service		Young Persons Ex-Service and Non- Ex-Service	Total	Percentages
		Men	Women	Men	Women			
Amputation—one arm	5,156	4,003	12	5,931	620	107	15,829	1.8
Amputation—both arms	74	158	—	228	28	8	496	0.1
Amputation—one leg	11,975	8,859	21	10,873	1,259	170	33,157	3.8
Amputation—both legs	393	623	1	411	59	10	1,497	0.2
Amputation—others	2,017	4,915	39	6,862	1,233	102	15,168	1.7
Injuries of head, face, neck, throat, abdomen, pelvis and trunk	16,373	24,580	110	12,111	797	57	54,028	6.1
Injuries and diseases (except tuberculosis) of lower limb—hip, thigh, leg, foot	24,147	57,252	371	41,689	8,451	1,017	132,927	15.1
Injuries and diseases (except tuberculosis) of upper limb—shoulder, arm, forearm, hand	25,435	34,825	174	23,946	3,770	545	88,695	10.1
Injuries and diseases of spine (except tuberculosis)	1,112	10,694	135	10,321	2,034	190	24,486	2.8
Tuberculosis (Surgical)	238	2,054	97	3,904	1,687	402	8,382	1.0
TOTAL—SURGICAL GROUP	86,920	147,963	960	116,276	19,938	2,608	374,665	42.7
Arthritis and rheumatism—general	1,438	19,771	366	9,881	2,809	98	34,363	3.9
Diseases of the digestive system	1,860	46,234	162	18,843	1,042	46	68,187	7.8
Diseases of the genito-urinary system (except tuberculosis)	920	4,907	76	2,471	613	28	9,015	1.0
Diseases of the heart or circulatory system	5,472	22,093	271	16,668	3,536	460	48,500	5.5
Diseases of the lungs (except tuberculosis)	6,403	39,261	265	26,562	1,720	250	74,461	8.5
Diseases of the skin	136	5,405	67	3,057	553	32	9,250	1.1
Organic nervous diseases, e.g., epilepsy and disseminated sclerosis	767	8,798	220	9,320	3,046	564	22,715	2.6
Tuberculosis—pulmonary	2,726	20,744	645	10,659	4,746	293	39,813	4.5
TOTAL—MEDICAL GROUP	19,722	167,213	2,072	97,461	18,065	1,771	306,304	34.9
Neurosis and psychoneurosis	3,243	24,203	395	4,384	1,065	27	33,317	3.8
Other nervous and mental disorders	2,013	6,915	200	5,414	1,809	358	16,709	1.9
TOTAL—PSYCHIATRIC GROUP	5,256	31,118	595	9,798	2,874	385	50,026	5.7
Congenital malformations	57	612	11	7,331	3,358	536	11,905	1.4
Ear defects—total deafness	463	2,047	24	7,538	3,173	382	13,627	1.6
Ear defects—other than total deafness	3,396	13,869	153	6,850	2,611	232	27,111	3.1
Eye defects—total blindness	424	1,234	16	4,820	1,758	150	8,402	0.9
Eye defects—other than total blindness	6,242	18,373	106	20,416	3,085	641	48,863	5.5
Diseases and disabilities not specified above	3,244	16,749	345	12,004	4,003	532	36,877	4.2
TOTAL—OTHERS	13,826	52,884	655	58,959	17,988	2,473	146,785	16.7
GRAND TOTAL	125,724	399,178	4,282	282,494	58,865	7,237	877,780	100.0

APPENDIX II (para. 58)

FUNCTIONS AND MEMBERSHIP OF THE NATIONAL ADVISORY COUNCIL ON THE EMPLOYMENT OF THE DISABLED

1. The functions of the National Advisory Council, as laid down in Section 17 (1) (a) of the Disabled Persons (Employment) Act, 1944, are to advise and assist the Minister in matters relating to the employment, undertaking of work on their own account or training, of disabled persons generally.

2. The names of the members of the Council are as follows :—

Major Sir Brunel Cohen, K.B.E. (Chairman)	†§ Dame Anne Loughlin, D.B.E.
* Mr. E. M. Amphlett, M.C.	Mrs. E. R. McLeod
Lt.-Col. the Hon. J. J. Astor	† Mr. G. Middleton
* Brig.-Gen. Sir A. C. Baylay, C.B.E., D.S.O.	Mr. J. R. Oldfield
Mr. K. H. Brill	Brig. J. A. Oliver, C.B.E., D.S.O., T.D.
† Mr. H. L. Bullock	† § Mr. A. F. Papworth
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