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Contributors

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SERVICES FOR THE DISABLED

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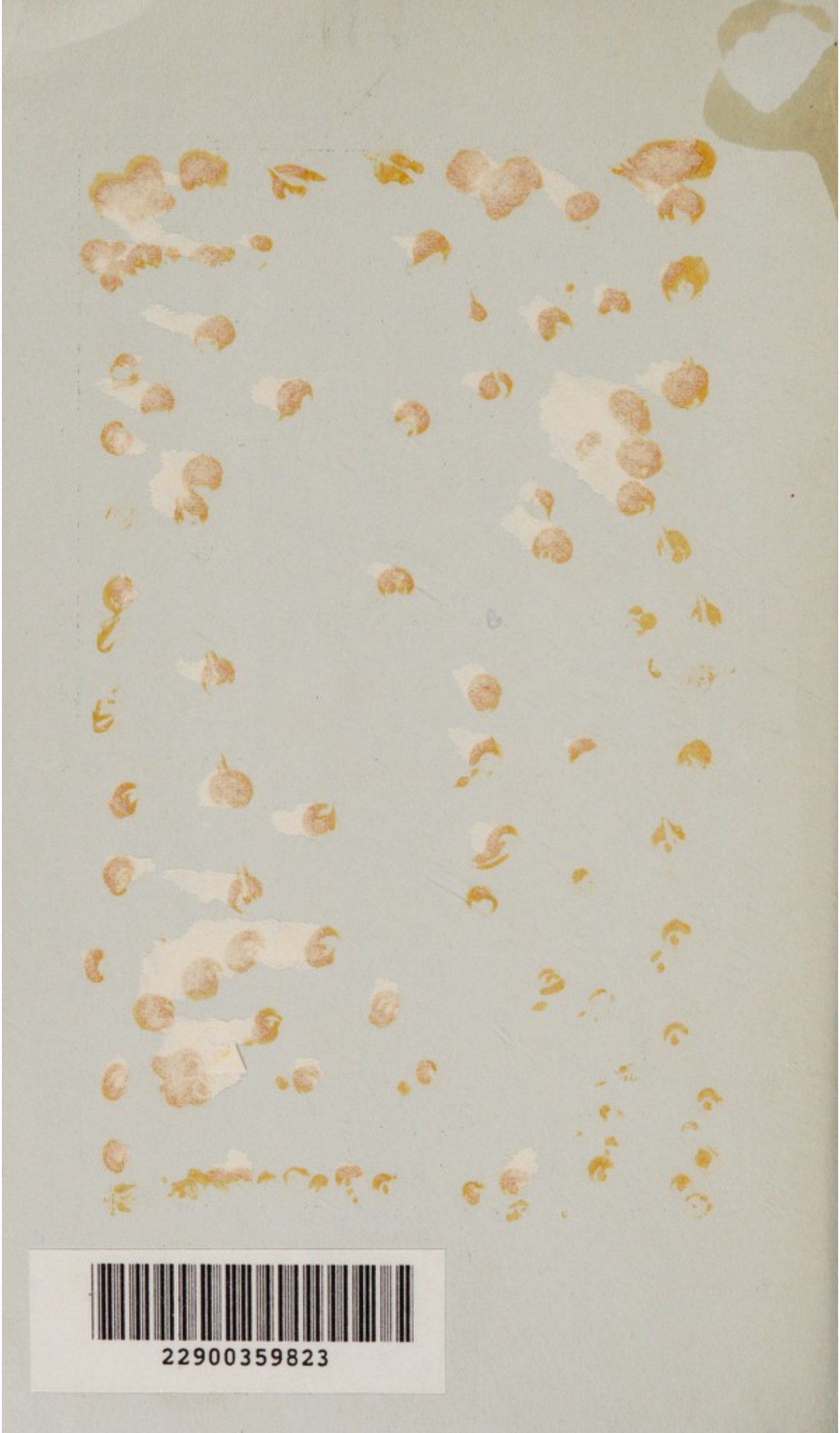

Services for the Disabled

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O.B., Truro — November, 1961

Her Majesty the Queen during a visit to the Lord Roberts Workshops at the Star and Garter Home, Richmond talks to a severely disabled watch-maker

STANDING COMMITTEE ON THE
REHABILITATION AND RESETTLEMENT
OF DISABLED PERSONS

SERVICES FOR THE DISABLED

An account
of the Services provided for the Disabled
by Government Departments, Local Authorities
and Voluntary Organisations in the
United Kingdom

LONDON
HER MAJESTY'S STATIONERY OFFICE
1961

First published July, 1955
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Contents

APPENDICES

The book contains twenty-five photographs illustrating various aspects of resettlement and rehabilitation.

ACKNOWLEDGMENTS

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The Richmond and Twickenham Times for the frontispiece showing Her Majesty the Queen during a visit to the Lord Roberts Workshops at the Star and Garter Home, Richmond.

Remploy Limited for " Preservation, identification and packaging of engineering parts ".

GLOSSARY OF ABBREVIATIONS

D.R.O.	Disablement Resettlement Officer
G.T.C.	Government Training Centre
I.R.U.	Industrial Rehabilitation Unit
L.A.	Local Authority
L.E.A.	Local Education Authority
L.H.A.	Local Health Authority
Y.E.O.	Youth Employment Officer

INTRODUCTION

Since the first edition of " Services for the Disabled " was published in 1955 there has been a number of developments. These arise mainly from the Report of the Committee of Inquiry on the Rehabilitation, Training and Resettlement of Disabled Persons (the Piercy Committee) in 1956, and the passing of the Mental Health Act in 1959. The Standing Committee on the Rehabilitation and Resettlement of Disabled Persons has therefore decided that it would be desirable to bring the book up to date. As Chairman of the Committee I have much pleasure in commending this edition of the book like its predecessor to all who are interested in what is being done to overcome the handicap of disablement and who need a handy guide to the many kinds of services available both from governmental and voluntary organisations.

On behalf of the Committee I should like to thank all those—Government Departments, voluntary organisations, and individuals concerned with the many different aspects of disablement—who have helped in any way in the preparation of this edition.

H. F. ROSSETTI

October, 1961

CHAPTER I

Historical Introduction

It is the object of this book to present a simple, concise and factual account of the provision now made in the United Kingdom for the rehabilitation and resettlement of the disabled. The problem of resettling the disabled in the community has only recently been tackled by Governments; little was done for the disabled in the United Kingdom as recently as the outbreak of war in 1914. Some voluntary organisations had begun their valuable work by the middle of the nineteenth century, but until the 1890's there was little in the way of services, voluntary or public, specifically related to the needs of the disabled.

In 1890 and the following years, provision was made for the compulsory education of blind and deaf children. In 1897 the Workmen's Compensation Act and in 1911 the National Insurance Act began to make national provision for the sick and for those injured in industrial accidents, but the problems of disability as such were not at issue. In 1900 Dame Agnes Hunt, herself a cripple from the age of ten, started the first convalescent home for cripples in England at Baschurch, later to become the Robert Jones and Agnes Hunt Orthopaedic Hospital: she also established the first after-care clinics in 1907. The Scheme of the Lord Roberts Workshops, now administered by the Forces Help Society, was a pioneer development when it was started for disabled soldiers during the Boer War. In the early years of the twentieth century the Lord Mayor Treloar Hospital and College for Cripples at Alton and the Heritage Craft Schools and Hospital, Chailey, were opened to provide not only treatment but also vocational training for crippled children to prepare them for employment. The major emphasis throughout this period was, however, on the alleviation of some of the hardships of the disabled and the provision of education for disabled children similar to that available to the able-bodied. The question of the medical rehabilitation and employment of the disabled was only to become of general interest as a result of war.

Two events in the field of medical rehabilitation during the 1914 - 18 war are outstanding. The first was the foundation by Sir Pendrill Varrier-Jones in 1915 of the Papworth Village Settlement, with its fresh approach to the problems of tuberculosis. The second was the establishment by Sir Robert Jones of a series of rehabilitation departments in the Military Orthopaedic Hospitals; these were designed to stop the serious loss of manpower caused by the unsatisfactory after-treatment of severe fractures and orthopaedic disabilities. Towards the end of the war the problem of training disabled ex-Servicemen, who could not return to their previous jobs, arose in an acute form. For this purpose Government Instructional Factories were established by the Ministry of Pensions in 1917; these became the responsibility of the Ministry of Labour in 1919 and have become the Government Training Centres of the present day.

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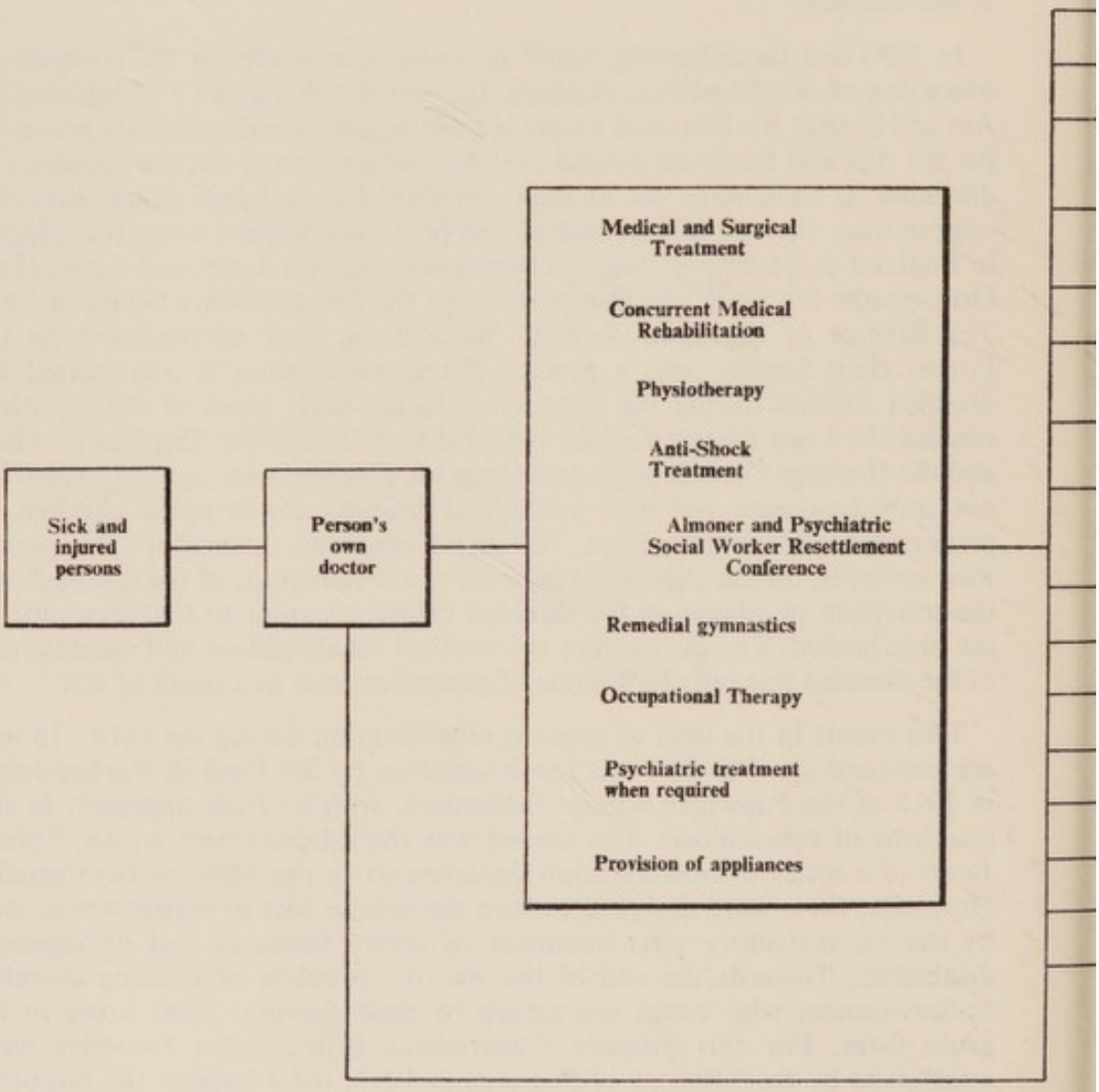
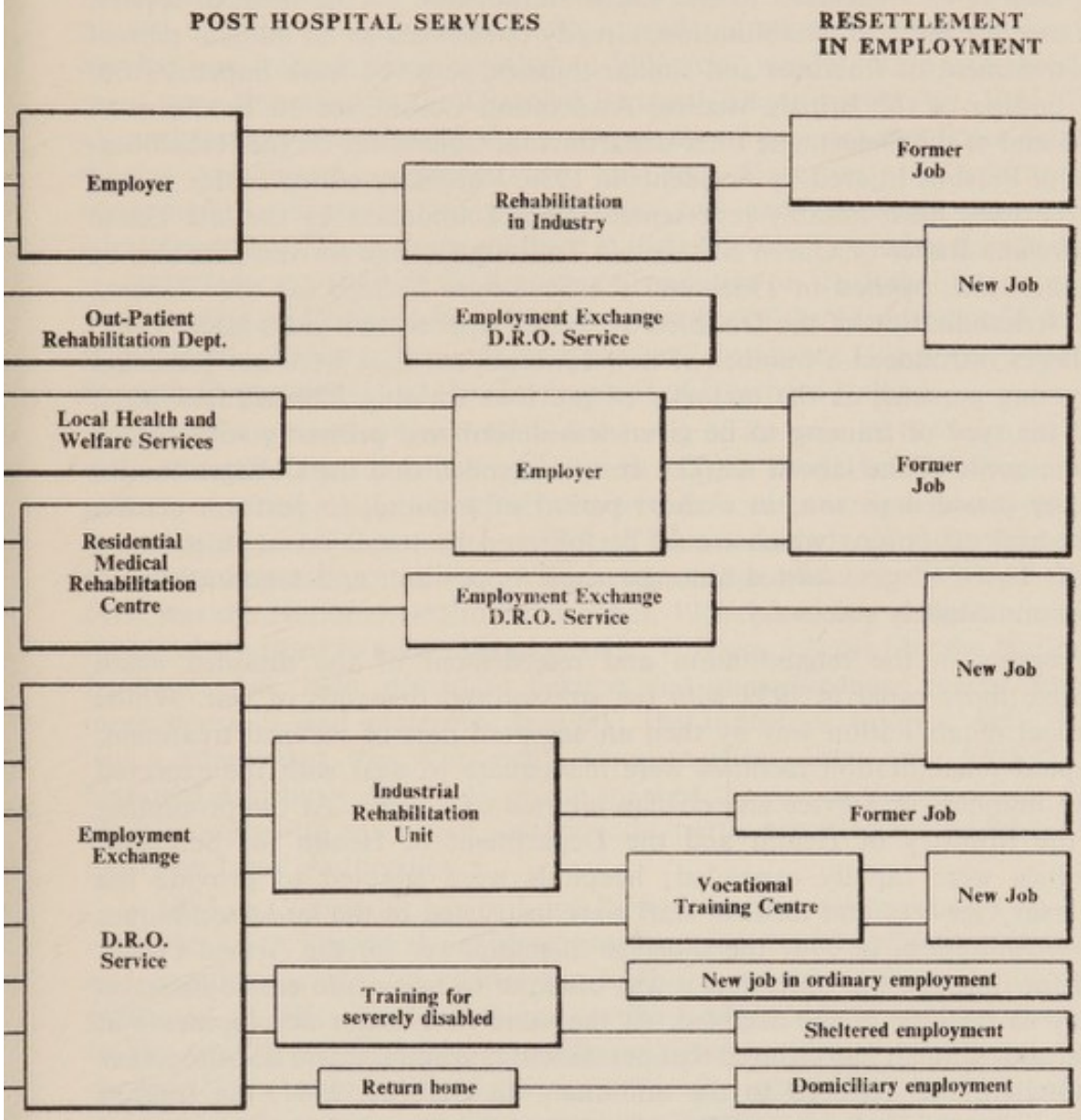
The broad avenues of progress from dis



Employment

to resettlement in suitable employment



In the period between the wars more liberal conceptions of public responsibility were replacing the old ideas which had found their expression in the Poor Law. In 1919 the King's National Roll scheme was introduced to encourage employers to employ a quota of disabled ex-Servicemen. The scheme was voluntary, but those employers who fulfilled their obligation were enrolled and received a preference in the allocation of Government contracts. New legislation included the Blind Persons Act, 1920, which began the process which was completed in 1938 of taking the blind out of the ambit of the Poor Law and made Local Authorities responsible both for their maintenance and welfare, and the Local Government Act, 1929, which transferred the responsibility for relief for persons needing assistance from the Boards of Guardians to the Local Authorities. In the medical sphere, the case for medical rehabilitation, already established as an integral part of the treatment of fractures and similar injuries, received fresh impetus from the finding of the British Medical Association Committee on Fractures in 1935 and of the Delevingne Inter-departmental Committee on the Rehabilitation of Persons Injured by Accidents in 1939. Voluntary efforts in this period are perhaps most notably represented in the foundation by the late Dame Georgiana Buller of Queen Elizabeth's Training College for the Disabled at Leatherhead, opened in 1935, and the St. Loyes College for the Training and Rehabilitation of the Disabled at Exeter, opened two years later. These Colleges introduced a number of new conceptions: they were not restricted to young persons, as the majority of previous training schemes had been, and the type of training to be given was determined primarily with regard to the needs of the labour market. It was intended that the Colleges should fit any disabled person, in a short period of training, to perform certain industrial operations which would be followed by employment in industry itself. The Colleges, started amongst some opposition and much criticism, were immediately successful.

Progress in the rehabilitation and resettlement of the disabled again became more rapid in 1939 with the stresses and demands of war. Whilst medical rehabilitation was by then an accepted part of medical treatment, hospital rehabilitation facilities were inadequate to deal with the expected large numbers of Service and civilian air raid casualities. At the prompting of the Ministry of Health and the Department of Health for Scotland, facilities were rapidly expanded; hospitals were adapted to provide the necessary services and medical staff were instructed in the latest techniques of rehabilitation. In 1941 the shortage of manpower for the Armed Forces and for industry was such that it was essential to bring into employment as many as possible of the disabled. At the same time major developments in medical treatment had ensured that permanent disability, where not altogether eliminated, was reduced to the minimum. In October, 1941, the Interim Scheme for the Training and Resettlement of the Disabled was inaugurated by the Ministry of Labour and National Service in co-operation with the other Government Departments concerned. The scheme provided for the advice, assistance and vocational training of any disabled person in order to bring into employment those who could be employed, and to assist in the

resettlement of both the newly disabled and those whose disability was of longer standing.

Following the introduction of this Interim Scheme, an Inter-departmental Committee for the Rehabilitation and Resettlement of Disabled Persons was appointed in December, 1941, under the chairmanship of the late Mr. George Tomlinson, Joint Parliamentary Secretary of the Ministry of Labour and National Service. The Committee's terms of reference were wide and permitted the consideration of the medical rehabilitation, post-hospital rehabilitation and resettlement of the disabled. The Report of the Committee, which was accepted in principle by the Government and presented to Parliament in January, 1943, contained recommendations for the provision of further permanent facilities for each of these purposes. The recommendations in respect of medical rehabilitation were considered when the National Health Service was framed; those relating to industrial rehabilitation and resettlement were embodied in the Disabled Persons (Employment) Act, 1944. The Committee also recommended the setting up of a permanent inter-departmental committee, representative of the Government Departments concerned, to supervise the preparations for, and the development and administration of the Scheme outlined in their Report. This led to the appointment, in January, 1943, of the Standing Committee on the Rehabilitation and Resettlement of Disabled Persons, representative of the Ministries of Education, Health, Labour, Pensions and National Insurance, the corresponding Scottish Departments and the Government of Northern Ireland.

The developments which followed the end of the war in 1945 are, in the main, described in the following chapters of this book. In 1946 began the pattern of social legislation which was to follow the war time Survey of the Inter-departmental Committee on Social Insurance and Allied Services and the recommendations of Sir William Beveridge (later Lord Beveridge). First was the National Health Service Act, 1946, providing a Health Service for all who wished to take advantage of it. This was followed by the National Insurance Act, 1946, providing sickness and unemployment benefit, retirement pensions and maternity benefits; the Industrial Injuries Act, 1946, which superseded the Workmen's Compensation Acts, and, finally, the National Assistance Act, 1948, which marked the end of the Poor Law and the beginning of a new social welfare code, partly provided by the State and partly by Local Authorities.

In 1953, a Committee under Lord Piercy's chairmanship was set up " to review in all its aspects the existing provision for the rehabilitation, training and resettlement of disabled persons ". The Committee, whose Report was published in 1956, found that the facilities for enabling disabled persons to get suitable employment were comprehensive and well-established, and needed little change or development; and that since 1944 there had been a widening and deepening of the concept of rehabilitation on the medical side. The Committee made a number of recommendations—those few which required legislation giving rise to the Disabled Persons (Employment) Act, 1958—but in general was impressed by the completeness of the statutory provision which existed for services for the disabled.

NOTE

What is said in the following chapters in respect of England and Wales, applies in general to Scotland and Northern Ireland. Northern Ireland has its own legislation in these matters which embodies the main principles of the corresponding legislation in Great Britain. The administrative arrangements are in some respects on different lines and some of the more notable differences are mentioned in the Text. By arrangement with the Ministry of Labour in Great Britain, persons resident in Northern Ireland may be offered some of the facilities in Great Britain which are not available to them in Northern Ireland.

CHAPTER II

Medical Services

As a result of the National Health Service Act, 1946, and the National Health Service (Scotland) Act, 1947, by far the greater part of medical treatment in this country is now provided through the National Health Service. The contribution of that Service towards medical rehabilitation is therefore of great importance, for its comprehensive services are freely available to all, without insurance qualifications. The value of the part played by voluntary and other organisations outside the Service is recognised, and the National Health Service makes substantial contractual arrangements with many of them and also makes direct use of their services in other ways. The magnitude of the scheme may perhaps be more fully appreciated, when it is known that at the end of 1959 in England and Wales alone there were over 20,000 general practitioners attending patients in the National Health Service and that in that year over 15,000 retail chemists dispensed over 214 million prescriptions. There were over 480,000 staffed beds in the hospitals and during the year over 4 million in-patients and over 12 million out-patients attended hospitals, in which they were served by over 7,000 consultants and many thousands of other medical and dental staff.

THE NATIONAL HEALTH SERVICE ACTS, 1946 AND 1947

By these Acts, the Minister of Health and the Secretary of State for Scotland became responsible for the provision of a complete medical service, with effect from the 5th July, 1948. The Service, which is designed for the prevention, diagnosis and treatment of illness and to secure improvement in physical and mental health, falls into three parts with different authorities responsible for administration. These are:

(a) the Hospital and Specialist services;

(b) the services of the Local Health Authorities (L.H.As.); and

(c) the general Medical, Dental and Pharmaceutical services, and the supplementary Ophthalmic services.

The Hospital and Specialist services

The chief activities of the Hospital service are the provision of hospital accommodation; medical, nursing and other services required at or for the purposes of hospitals; and the services of specialists. The Hospital service is a unified national service, and patients are under no obligation to use hospitals close to their homes should they not wish to do so; the organisation of the Hospital service into regions is primarily for convenience of management.

On the 5th July, 1948, all hospitals were made to vest in the Health Ministers, who were given power to disclaim those not required for the

Service. Until that time, there had been over one thousand independent voluntary bodies providing hospitals as well as a large number of Local Authorities (L.As.) with powers to provide hospitals of various kinds. Some hospitals such as nursing homes, institutions run by religious orders and other bodies with special associations were not taken over and continued their independent existence. Regional Hospital Boards have in many cases entered into contractual arrangements to send National Health Service patients to such institutions, when required, at an agreed fee.

The Hospital service is administered in Regional Hospital Areas, of which there are 15 in England and Wales, and five in Scotland, for each of which a Regional Hospital Board is responsible to the Health Ministers. Each of these 15 Boards in England and Wales is linked with a University and with one or more medical schools and Teaching Hospitals. Of the 15 Regional Hospital Areas in England and Wales, four are Metropolitan Hospital Areas which include London and the Home Counties. Hospitals (other than Teaching Hospitals) have been formed by Regional Hospital Boards, with the clinics and convalescent homes, into local Groups, each of which can meet the ordinary needs of a locality. These Groups are governed by Hospital Management Committees, responsible to the Regional Hospital Board. There is no standard pattern for these hospital Groups and some large hospitals are managed by Committees of their own, particularly so in the case of mental hospitals, some of which are very large. In some large towns there is only one Group, in others two or three: some Groups comprise only one type of hospital, others have various types. There is no standardisation and the Groups vary very much in size, being adjusted to local conditions, but the administrative system is common to all.

Some hospitals have been designated as Teaching Hospitals, and these share with the Universities the task of training students to become doctors and dentists, and enabling doctors to become specialists or to conduct medical research. These hospitals serve the public like any other hospital, but as special centres for medical training and study they draw their patients from a wider area than the ordinary hospital. These Teaching Hospitals can best fulfil their functions if they are neither an integral part of the University nor responsible to the Regional Hospital Board, although the connection with both must be close. They are therefore administered by a Board of Governors, responsible directly to the Minister, of whom one-fifth are nominated by the connected University, one-fifth by the Regional Hospital Board and one-fifth by the doctors and dentists teaching in the hospital, the remainder being appointed by the Minister after consultation with L.H.As. and other interested bodies. In this way, whilst the governing body is responsible only to the Minister, the close liaison with other interested persons is maintained. In Scotland, the Regional Hospital Board administers all hospitals in its Region, both teaching and non-teaching.

Under the Health Services Act (Northern Ireland), 1948, Hospital and Specialist Services similar to those in Great Britain are provided by the Northern Ireland Hospitals Authority, which is a statutory body constituted under that Act.

The services of the Local Health Authorities (L.H.As.)

The National Health Service Acts provide that, for the purposes of the Acts, each County and County Borough (in Scotland Large Burgh) Council shall be the L.H.A. for its own area. The Hospital service and the general practitioner are both in need of the services of auxiliary health workers such as the home nurse, the midwife and the health visitor, with their appropriate resources. It is accordingly provided that it shall be the duty of the L.H.A. to:

(a) arrange for the care of expectant and nursing mothers and children under five years of age;

(b) arrange for the provision of midwives in the authority's area;

(c) arrange with medical practitioners for vaccination against smallpox, and immunisation against diphtheria; with the Minister's approval arrangements may be made for vaccination or immunisation against other diseases;

(d) provide that ambulances and other means of transport are available for the conveyance of persons suffering from illness; in Scotland ambulance services are administered centrally;

(e) provide in their area for securing the attendance of nurses on persons who require nursing in their own homes;

(f) provide for the visiting of persons in their homes by health visitors, for the purpose of giving advice as to the care of young children, persons suffering from illness, etc.

In addition, L.H.As. have a power (but not a duty), with the approval of the Minister, to:

(a) make arrangements for the purpose of prevention of illness and for the care and after-care of persons who have been ill;

(b) arrange for providing domestic help in households where such help is required.

Whilst some of these services are of no direct interest in connection with the rehabilitation of the disabled, others are of the greatest importance. The patient confined to his room may need sick-room equipment, extra bedding, special food and care during convalescence apart from medical attention. Arrangements must be made for the transport to and from hospital, of the sick and injured, for the supervision and training of the mentally handicapped and for the education in parenthood of many adults. Such work, in part preventive, is of great importance to rehabilitation, and there are 62 County Councils and 83 County Borough Councils reinforcing the work of hospitals and family doctors by undertaking such services, aided by Government grants. In Scotland this work is carried out by 31 County Councils and 24 Councils of Large Burghs.

The duty of providing a service of home nurses and health visitors, laid down by the Act on L.H.As., had not previously been imposed on any authority. The service relieves both doctors and hospitals by enabling sick persons to be cared for at home, thus reducing the numbers of persons requiring admission to hospitals, and also by relieving the doctor of some

kinds of work. The more specialised services may, as a result, be applied more widely and more directly to those who cannot do without them: in this way the home nursing service makes a very real contribution towards the services of rehabilitation. The L.H.A. also has the power to provide domestic help in households where it is required, and the value of such a service where there are disabled persons in the house is clear. The service can also, to some extent, relieve the pressure on the home nursing service. Whilst the provision of such a service is not laid on the L.H.As. as a duty, it is being built up, and it is hoped that it will in time be available to all who need it. The domestic help is provided free to families who cannot afford to pay, but others are expected to meet a reasonable charge.

L.H.As. also have a power to make arrangements for the prevention of illness, and for the care and after-care of persons suffering from illness or mental disorder. This wide power, which the Ministers may convert into a duty, has been made a duty in respect of the service for the tuberculous. It is essential for the effective treatment and control of tuberculosis, with its special social and economic problems, that the medical care of the tuberculous patient should be combined with attention to the general welfare of the patient and his family. L.H.As. are now obliged to see that adequate schemes exist everywhere for this purpose, including health instruction in the home, the provision of health aids such as garden shelters, nursing equipment and arrangement for sheltered employment under healthy conditions.

Provision of services for the mentally disordered has also been converted into a duty. Through its mental welfare officers, the L.H.A. co-operates with family doctors and puts persons who need care and treatment into touch with the facilities available in hospitals and clinics. The L.H.A. provides a home visiting service both before and after hospital treatment, and training in special centres for mentally subnormal children and adults. Provision is also being made progressively for hostels for various types of mentally disordered patients not needing hospital care, and for social clubs and other recreational and therapeutic facilities.

It is the duty of the L.H.A. to provide special transport for the sick and injured, where necessary, free of charge. A service of ambulances or cars has now been arranged by every authority for the transport of those who are unfit to travel by ordinary means. This service is made available by the L.H.A. to take anyone in its own area to wherever it is necessary for him to go for medical care, nursing or dental treatment, and to take home again any patient who has been receiving treatment in its area, wherever he may live. In Scotland ambulance services are administered centrally.

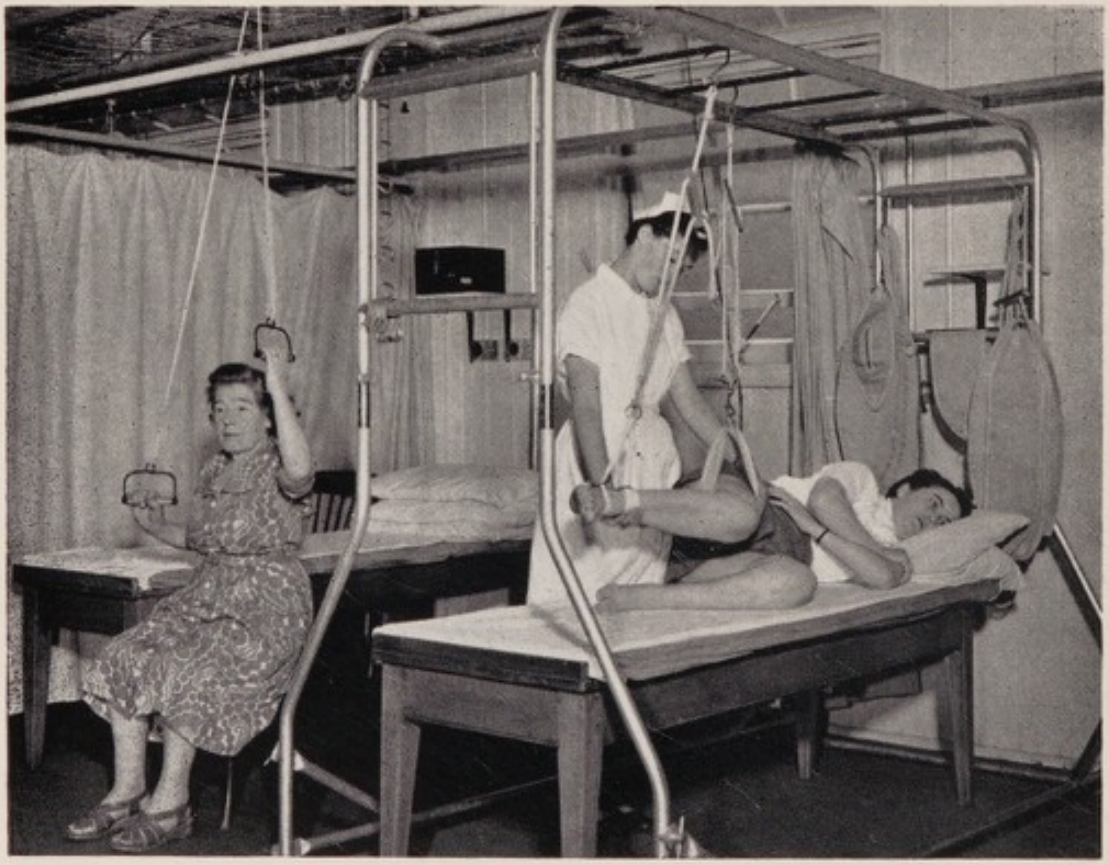
The General Practitioner service

The family doctor accepts personal responsibility for the medical care of his patients, and his main duty is to give them all proper and necessary treatment within his power. The service is, therefore, fundamental in the provision of all medical treatment. In addition to any treatment which the family doctor himself gives, which may include performing minor operations under anaesthetic, he can prescribe any necessary drugs, appliances and other medical necessities and can arrange for every kind of specialist care which he

Hospital rehabilitation class for children with poliomyelitis and other disabilities

First steps in lip-reading for a deaf child

Hospital exercises for arthritic patients



Sling and pulley exercises in hospital for muscle relaxation

is unable to give himself. Except in an emergency, patients are not normally accepted for advice or treatment by hospitals and specialists unless they have been referred by the family doctor. He also advises patients as necessary to enable them to take advantage of the services of the L.H.As. and performs vaccinations and immunisations by arrangement with that authority. The family doctor has, in addition, many other duties such as the giving of medical recommendations to secure eye tests by qualified persons and the issuing, where necessary, of certificates for insurance benefits and other statutory purposes.

The service is administered by 138 Executive Councils in England and Wales and 25 in Scotland, which exist in the area of every County Council and County Borough (in Scotland Large Burgh) Council, although in some cases one Executive Council covers two areas. These Councils are also responsible for the organisation of the Dental, Pharmaceutical and supplementary Opthalmic services in their areas. Any person aged 16 or over may choose his own doctor (parents or guardians choose for children under 16) and the doctor may accept the person as his patient or not as he wishes. A person may change his doctor if he wishes, and arrangements exist for anyone to use the services of another doctor within the service, if necessary, when temporarily away from home. In an emergency, if a person's own doctor is not available, any doctor in the service will give treatment and advice as necessary.

The Northern Ireland General Health Services Board, a body similar to the Executive Councils in Great Britain, administers the Medical, Dental and Pharmaceutical services in Northern Ireland. The supplementary Ophthalmic services are, however, controlled by the Northern Ireland Hospitals Authority.

MEDICAL REHABILITATION

(*Rehabilitation is equally applicable to both adults and children and the facilities available through the Hospital and Specialist services are accordingly common to both. For convenience, however, the services specially available for the rehabilitation of children are dealt with separately in Chapter III.*)

Not only injuries, but a variety of other conditions, both medical and surgical, result in loss of physical power; this loss, which is often accompanied by psychological disturbances, can often be quickly restored if the patient is given suitable rehabilitation treatment. Rehabilitation is, therefore, now regarded as part of the normal responsibility of medical practice in all its aspects, a fundamental change from what was, until recently, the generally accepted view of the scope of medical and surgical treatment. Such treatment was formerly directed almost exclusively towards the care or alleviation of pathological disorders, and relatively little attention was paid to the effect of disease or injury on functional capacity and ability to return to normal life and employment. There had been a quickening interest in the problems of rehabilitation in the 1914 - 1918 war which had largely died away after 1919, and in 1939 the existing facilities for rehabilitation in hospitals and elsewhere were very small. A great stimulus was given to the provision of services for rehabilitation during the 1939 - 1945 war by the need for manpower

both for the Armed Forces and for war industry, and by 1947 over three hundred hospitals were adequately staffed and equipped for this purpose. Some examples of the extent to which rehabilitation has entered into the treatment of special types of disability will give a clear indication of the importance which is now attached to it.

Chest complaints—bronchitis, asthma, pneumonia, empyema and conditions involving serious chest operations—can cause much disturbance to ordinary life and absence from employment. Breathing exercises with outdoor games and handicrafts can, however, expand the chest and strengthen the thoracic muscles so that not only is the period of convalescence shortened, but patients are able to undertake manual work which would otherwise be beyond their capabilities. Abdominal disorders often lead to weakness of the abdominal muscles and consequent inability to undertake strenuous work. This tendency can be counteracted by special courses of exercise which also reduce the risk of post-operative complications. These courses start in bed and are continued after the patient has left the ward, in the hospital gymnasium and occupational therapy department until there is full recovery of muscular tone.

In the field of mental illness there is wide scope for rehabilitation. Many patients benefit greatly from a well planned programme of occupation, recreation and physical training, for participation in such social activities is often as important as individual treatment in fitting patients for a return to active life in the community.

Diseases and injuries of the central nervous system such as poliomyelitis, spastic paraplegia, hemiplegia and peripheral nerve injuries, all benefit from the appropriate form of rehabilitation; weak or paralysed muscles can be stimulated and strengthened, impaired circulation improved, deformities and contractures prevented, and co-ordination developed. In dealing with injuries and infections of the hands and partial paralysis of the fingers as a result of nerve injuries, excellent results are obtained by a combination of surgical treatment and early rehabilitation. Special forms of physiotherapy, including finger exercises together with light occupational therapy, assist in the recovery of freedom of movement and delicacy of touch. Of those patients suffering from a fracture of the spine, combined with paralysis of the spinal cord, a large proportion are taught to use the muscles above the level of the lesion so effectively that they can get about freely in their wheel-chairs. The various forms of medical rehabilitation all play a part in this work.

These are some of many examples of the application of rehabilitation to special types of disability. Some others are the retraining of the blind and deaf, special courses of exercise appropriate to certain types of chronic heart disease, the treatment of chronic arthritis and special measures used in the treatment of pulmonary tuberculosis.

Rehabilitation is essentially an individual matter which must vary with the form of disability and the stage of recovery reached. It cannot, therefore, conform to a rigid pattern, and must be prescribed for each patient by the doctor with as much care as drugs or diet. A time-table will be prepared for each patient, indicating the allocation of time to be devoted to physiotherapy, gymnasium, occupational therapy or work in a curative workshop, outdoor

recreation and free time. In the early stages of rehabilitation a considerable portion of the time will be devoted to rest and complete physical relaxation. Various types of cases will be grouped together according to disability and graded according to progress, and throughout the course the patient will remain under close medical supervision so that, should it prove too strenuous, it can at once be changed.

The importance of rehabilitation was stressed soon after the inception of the National Health Service when, in 1949, Hospital Authorities were reminded of the responsibilities of the Service for the prevention of prolonged and ill-directed convalescence which could, after relatively minor disorders, cause much absenteeism and lead to permanent disability neurosis. Attention was drawn to the fact that whilst the problem of disability was essentially a medical one, it was not exclusively so: medical responsibility extended beyond diagnosis and treatment to the application of the necessary social aids and to the introduction of the patient to the services of retraining and resettlement should they be required. Hospital Authorities were therefore urged to review, organise and develop their rehabilitation services, and in particular:

(a) to nominate a responsible member of the medical staff at all the larger hospitals to supervise the rehabilitation services;

(b) to provide adequate facilities for physical rehabilitation, with separate departments for physiotherapy, remedial gymnastics and occupational therapy so far as accommodation and building resources permitted;

(c) to arrange for regular conferences between the medical staff, the almoner and Disablement Resettlement Officers of the Ministry of Labour for patients leaving hospital with disabilities and requiring advice on employment.

The content and scope of the services provided varies considerably according to the type of patient and the type and size of the hospital. Thus a large " acute general " hospital, having to meet the needs of both in-patients and out-patients with a wide variety of medical and surgical conditions, will provide a full and highly organised service: on the other hand, whilst most specialised hospitals need and provide some form of rehabilitation, some types, such as fever hospitals, have small need and provide only the simplest service. Apart from the treatment given directly by the medical staff, the essential elements of the rehabilitation service provided by hospitals are physiotherapy, occupational therapy and the provision of artificial limbs and other appliances. In some instances provision of correspondence courses for in-patients may be appropriate. A case-work service is also provided by the almoners who help with social problems and with certain aspects of resettlement. This service is described in more detail below.

In Scotland the position is similar to that in England and Wales, with broadly the same types of medical rehabilitation being offered. Specially noteworthy examples of developments in Scotland since 1945 are the work at the Astley Ainslie Hospital, Edinburgh, at the Fitness Centre at Bridge of Earn Hospital (see Chapter III) and at the non-residential Rehabilitation Centre for Miners at Uddingston, Lanarkshire.

Physiotherapy

This treatment includes massage, electro-therapy, individual and group remedial exercises and is provided in the National Health Service only through the Hospital service. By restricting the service to the hospitals, where it is provided on the prescription of and under the supervision of specialists, the best use of the limited resources available is ensured and the wasteful use of the treatment as a palliative is avoided. Patients not yet ready to attend the physiotherapy department are given massage, electrical treatment and exercises in the hospital wards: when well enough to attend that department, they are given further treatment including massage, electro-therapy, wax baths and individual exercises with and without assistance. Whenever possible, patients are encouraged to aid their recovery by joining in group games and exercises. Group activities have been of great value, not only to the young and active, but in particular to middle aged women and older people of both sexes who had previously tended to regard themselves as permanent invalids. In psychiatric hospitals, physiotherapy, remedial exercises and group games are increasingly helping to make selected patients alert, co-operative and fit to join in community life. In fully equipped hospitals, there is a gymnasium and the staff includes either a remedial gymnast or a physiotherapist with training in the conduct of remedial exercises. In 1959, there were 1,381 hospitals with physiotherapy departments and nearly 26 million treatments were given, over one-third of them to in-patients.

Occupational Therapy

Occupational therapy may be specific or general, i.e., directed towards restoration of particular functions or aimed at maintaining general physical and mental well-being. Specific occupational therapy includes activities carried out while the patient is still in bed, although able to exercise fingers and hands, and for this purpose handicrafts are most commonly used. When patients can leave their beds a much wider field of activities is available, extending to those which exercise the limbs, legs, feet and body. The most modern tendency, although there is still much use for rug making and weaving, is to encourage workshop activity such as woodwork and metal work, and for it to be carried out in a more realistic industrial atmosphere. The individual processes are also separated as much as possible, so that a patient may concentrate on that portion of a job which is of most benefit to him, instead of performing a job from beginning to end and in the process doing much that is of no particular therapeutic value to him. There have been special developments on these lines at, for instance, the Luton and Dunstable Hospital and the Accident Hospital at Birmingham, where many of the patients work in special industries. In such hospitals as these the occupational therapy department is in fact a workshop and work is undertaken in an atmosphere very closely resembling that of a factory: instruction is given under medical supervision by skilled tradesmen rather than by the ordinary occupational therapists. In psychiatric hospitals some diversional occupation is necessary but even so it can be actively therapeutic and is therefore directed to that end, so that it is often the first and even the chief factor in restoring mental health. In a hospital for subnormal patients, occupations can have the

effect of training the patients in habits of industry and the use and co-ordination of muscles, of giving the unstable high-grade patient a steadying interest and in certain hospitals it is the means of introducing the patient to something approaching industrial conditions so that he is ready to take his place in industry on his discharge. In 1959, occupational therapy was provided at 876 hospitals; over 4 million patients received treatment, about half a million of them as out-patients.

Almoners and Psychiatric Social Workers

The almoner helps the doctor in the investigation and treatment of a patient's illness by dealing with its social and economic aspects. In psychiatric hospitals the psychiatric social worker has comparable functions but her link with the local health authority is of particular importance in the after care of the mentally ill. The almoner undertakes the social investigations needed to understand factors in the personal and family background of the patient which may be relevant to medical diagnosis and treatment. At the same time, she initiates such action as is necessary to minimise personal anxieties and other problems which may impede recovery. In many hospitals the almoner makes unofficial contacts with local employers so that she can advise them when a patient can return to work which will not hinder full recovery. The almoner is also a natural point of contact with the Disablement Resettlement Officer of the Ministry of Labour, who is concerned with the resettlement of those whose cases are likely to present employment difficulties. She is too, a link with the health and welfare services of the L.A. where these also have a contribution to make. Almoners have an expert knowledge of the various agencies and institutions, both public and voluntary, which can help patients on discharge from hospital, and deal with many problems concerned with the adjustment to home life, such as advice on after-care arrangements, help in the home and contact with social welfare organisations.

The provision of appliances

Since 1948 appliances of all kinds have been provided through the National Health Service. Most appliances are supplied direct by the hospitals, but patients who are recommended for artificial limbs, invalid chairs and tricycles are referred by the hospital to an Artificial Limb and Appliance Centre. Until 31st August, 1953, these Centres were the responsibility of the Ministry of Pensions but were then transferred to the Ministry of Health and Department of Health for Scotland. Any appliance required by a war pensioner for an accepted war disability is supplied through the Artificial Limb and Appliance Centre. By the end of 1959 about 130,000 artificial limbs had been provided under the National Health Service, and about 635,000 patients had been fitted with hearing aids. During 1959 alone, patients were supplied with about 22,000 invalid chairs and tricycles, 8,800 artificial eyes, 43,000 pairs of surgical footwear, 47,000 abdominal appliances and a large number of other appliances.

SPECIAL SCHEMES OF REHABILITATION

The great majority of patients are able to return to work immediately after discharge from hospital, or after a short period of convalescence, and do not require any further rehabilitation. Others attend hospitals daily as

out-patients for a combined programme of physiotherapy exercises and remedial handicrafts: many of these can resume normal work if the physiotherapy is available outside normal working hours, a provision which the Health Departments have urged Hospital Authorities to make whenever possible. For a smaller number of patients, however, it is desirable to give treatment in a residential unit providing, under resident medical supervision, facilities for remedial gymnastics, group exercises and gymnasium work as comprehensive as those at a large general hospital, but with other services, particularly nursing and the more passive forms of physiotherapy, on a much reduced scale. In this way the risk which would attend the patient's too early discharge is avoided, but the heavy expense involved in providing the full hospital service is reduced. In the National Health Service such a provision is made through residential centres designed to provide active rehabilitation. These centres are, broadly speaking, developments of convalescent homes, and have been available for some time, mainly for orthopaedic centres. Experiments are, however, being made in their use for the general range of medical and surgical patients. It has been found at the Garston Manor Rehabilitation Unit, that the average cost per patient per week is as low as £12 whereas at a general hospital the cost of full hospital service might be double or even treble that amount. Centres of a special type exist to provide rehabilitation for miners (see Chapter VI—The Disabled Miner), at Belmont Hospital, Sutton, for the rehabilitation of patients suffering from neurosis (see Chapter VI—The Mentally Handicapped), and at Roffey Park, Horsham, for those suffering from mental breakdown due to inability to withstand the strain of industrial life. An interesting Day Rehabilitation Centre has been doing pioneer work at the Camden Road Rehabilitation Centre.

Whilst the great majority of the patients of the general practitioner do not need any specific measures of rehabilitation and resettlement, other than those comprised in the normal medical treatment, the part played by the general practitioner in cases which do require such measures is of the greatest importance. The Ministry of Health has therefore arranged a number of courses open to general practitioners, as well as hospital doctors and Medical Officers of Health, giving an up-to-date account of the facilities for rehabilitation and the methods which can be used successfully.

THE PERSONAL ACTIVITIES OF DAILY LIVING

One of the first essentials of rehabilitation is that the disabled should be as independent as possible in the personal activities of daily living such as dressing, feeding and hygiene. Until recently, however, this important aspect of rehabilitation had received scant attention, except in the case of the limbless, the paraplegic and the blind. It is, perhaps, surprising that whilst so much has been done to secure employment for the disabled on equal terms with the able bodied, so little attention has been paid to the need to make them independent in their private lives. One reason for this neglect is the instinct of everyone to hasten to the aid of the disabled, without realising the frustration that dependence on the good will of others causes and that a greater kindness would be to help them to help themselves.

The majority of disabled people find ways of overcoming their handicaps by trial and error; this takes time and perseverance, and not all those with

similar disabilities are equally successful. In some instances appliances provided through the hospital service are required as described in paragraph 36. In others gadgets or " aids to living " of various kinds can be very effective. Pioneer work in this field has been done by voluntary organisations, such as the British Red Cross Society and the Central Council for the Care of Cripples, who have shown how to modify clothing, design aids to facilitate feeding, dressing and hygiene and carry out simple adaptations in the home, but there is still a need for further systematic study of the subject. More recently, it has been taken up by the hospitals; physiotherapists are adapting remedial exercises to teach patients such movements as those of dressing and the occupational therapy departments are making the necessary aids and showing patients how to use them. Welfare departments of local authorities have powers under section 29 of the National Assistance Act of 1948 to make the necessary adaptations in the home and to provide aids to living.

The Disabled Housewife

The rehabilitation of the housewife disabled by sickness or injury is a subject of particular interest. Hospital treatment for the restoration of physical and mental function has long been available to the housewife, as to other patients, but very little has been done until recently to help the permanently disabled housewife resume her work. This is surprising, for in a sense housewifery is the largest " industry " in the country (although it is not employment within the meaning of the Disabled Persons (Employment) Acts, 1944 - 1958) and the housewife has little choice of other work. Housewifery is also of great importance since the health and efficiency of school children and wage earners depend so much on a well run and happy home.

As a first approach to the problem such welfare services as home helps, day and residential nurseries and " meals on wheels " were provided to relieve the disabled housewife of the duties she could not undertake. In many cases even these were not sufficient, and it became necessary to keep some other member of the family away from work to help in the home. The modern approach is to help the disabled housewife to regain her independence by making the best use of her residual ability instead of leaving her to watch others doing her work. Recent developments have shown that many disabled housewives can resume all or most of their activities if their working tools and the layout of their homes are suitably modified. This is of great value to the morale of the patient and to the whole household; at the same time it saves the expense of supplementary help and releases for productive work those women who would otherwise be helping in the home.

The disabled housewife is now being aided, in her return to independence, by the occupational therapy departments of hospitals and the welfare departments of L.As. In some occupational therapy departments, domestic sections are being established for the assessment of residual function and the vocational training of disabled housewives and some L.As. are using their powers under section 29 of the National Assistance Act, 1948, to make any necessary structural alterations in the home.

The kitchen unit in an occupational therapy department is so designed as to be worked as easily as possible by housewives who may be confined to chairs, crippled by arthritis, or dependent upon one hand. All working

surfaces are on the same level so that sliding can replace lifting, and everything is within reach with the minimum of movement. Tin openers, mincers, potato peelers, whisks, graters and so on have an efficient and easily operated clamp so that they can be assembled and used with one hand. For the one-armed, there is also a device for holding pots and pans firmly when being used and washed. Housewives who are unsteady on their legs can take food and crockery from the kitchen unit to the dining table with the help of a firm trolley, which also acts as a walking chair. In the same way other modifications can be made to assist the disabled housewife according to her disability, such as long handled dustpans and brooms for those who cannot stoop, lever arms to facilitate turning taps, and so on.

After assessing the needs of a disabled housewife, the occupational therapist will visit her home and decide, in consultation with the patient, her husband and the welfare officer from the L.A., what adaptation is necessary. The modifications or provisions most frequently required are:— moving the cooker closer to the sink and fitting a board between them, so that pots and pans can be slid and not lifted; altering the position of cupboards and shelves to make them more accessible; providing appliances with a clamp if the patient is one-armed and providing a walking trolley if she is unsteady on her legs. Domestic appliances required are bought in the normal way and adapted in the occupational therapy department, and in most cases the alterations required in the home are inexpensive. When necessary, arrangements are also made to fit hand rails in lavatories and bathrooms, and to install ramps and widen doorways to facilitate the movement of a wheel chair. Experience so far suggests that for a modest expenditure much can be done for the rehabilitation of these disabled members of the community.

CHAPTER III

Some Special Services and Rehabilitation Facilities of Limited Application

THE SERVICE DEPARTMENTS

The Service Departments were among the first to appreciate the value of the progress made between the two world wars in the sphere of medical rehabilitation, and during the 1939 - 1945 war each initiated schemes for the rehabilitation of sick or injured personnel, in addition to the normal medical services provided.

The Royal Navy

Medical treatment in the Royal Navy is provided at Plymouth, Haslar and Portsmouth. Reciprocal arrangements between the three Services enable Naval personnel to be treated at Army or Royal Air Force hospitals where this is more convenient, and treatment can also be provided in National Health Service hospitals. Royal Naval hospitals have up-to-date facilities and equipment for treating all kinds of injury or disease. Each of the Naval hospitals has a physiotherapy and occupational therapy department. Each hospital also has an Instructor Officer, part of whose duty it is to assist with the rehabilitation of men about to be invalided and to maintain close liaison with the Port Resettlement Information Officer and the Disablement Resettlement Officer (D.R.O.) of the Ministry of Labour. The Admiralty has no separate Medical Rehabilitation Unit, but makes use of those belonging to the Royal Air Force.

The Army

In all Military Hospitals the rehabilitation approach with the accent on recovery of function governs treatment at every stage. Each major Military Hospital has a physiotherapy department, and a physical medicine specialist visits them regularly to assist with problem cases. Occupational therapy is provided in all hospitals.

As soon as patients are fit to be up, those with any significant disability are transferred to the Army Medical Rehabilitation Unit when all necessary treatment is continued in a stimulating atmosphere designed to secure co-operation and to build up the man's confidence in the future. The A.M.R.U. has on its full-time Medical Staff, Specialists in Physical Medicine and is visited regularly by an Orthopaedic Specialist and by other specialists as required. The treatment is divided into periods occupied by exercises and games, general and specific, by occupational therapy, as far as possible remedial in type, and, when necessary, by physiotherapy. Military training, education and recreation complete the day. In both Military Hospitals and in the A.M.R.U. standing arrangements exist for securing the services of the D.R.O. in cases about to be invalided from the Service.

The Army also maintains two Command Conditioning Centres, intended to build up in four or six weeks the physical standards of sub-standard recruits. These are a development of the Physical Development Depots for youths below the physical standard for enlistment which were initiated in 1937, modified in the light of experience gained during and after the war in the Physical Development Centres. These Physical Development Centres were created when it was realised that many of the men breaking down during army service would not have done so had they been given a physical build-up before the commencement of army training. While these Centres were functioning, 60,000 trainees completed courses and 85% were upgraded, the majority to A.1.

The Royal Air Force

The Royal Air Force Hospitals in the United Kingdom are at Halton, Wroughton, Ely, Cosford and Nocton Hall.

Royal Air Force Hospitals are staffed and supervised by the R.A.F. Medical Branch and provide facilities covering the main specialist fields of medicine and surgery. There are reciprocal arrangements for admission with other Service and National Health Service Hospitals.

Each hospital has its own physiotherapy department but, in addition to this, there are two R.A.F. Medical Rehabilitation Units which supplement the hospital service and where the majority of the physically disabled patients are treated. The majority of patients treated at these units are orthopaedic, but medical, surgical and neurological patients are also admitted from hospitals or direct from their unit.

Rehabilitation units were first provided for the R.A.F. very early in the 1939 - 1945 war, when shortage of aircrew and skilled tradesmen, and the long training period required by replacements, made speedy return to duty an urgent necessity. The Units were found to be so successful, full-time treatment at them materially lessening the period of incapacity, that they have been retained in peace time. Since the end of the 1939 - 1945 war, the M.R.Us. have continued to prove of value both in reducing the time of incapacity and in maintaining a high standard of result following injury or illness.

The present rehabilitation units of the R.A.F. are Headley Court, near Leatherhead and Chessington, Surrey. Headley Court was built in the grounds of a country house, largely as a result of gift to the R.A.F. in memory of the Battle of Britain, and is primarily for aircrew. Chessington is for all other R.A.F. personnel.

Both units provide the most up-to-date approach to in-patient rehabilitation based on remedial exercises, physiotherapy, occupational therapy (including workshops for skilled tradesmen) and hydrotherapy. An important element of rehabilitation is the building up of morale and the will to get well, and domestic and personal difficulties receive every care. In addition, the general design for living provides ample opportunity and encouragement for mental readjustment and relaxation, with a wide range of reading and diversional, intellectual and cultural activities both on and off the Units.

Where an airman or airwoman is unlikely to be able to resume his or her former trade, but has the capacity to perform other duties within the service, remustering to another trade with the provision of necessary training may be arranged. For those who remain unfit for further service there are arrangements for close liaison with the D.R.O. of the Ministry of Labour and the Resettlement Branch of Air Ministry (P5) R.A.F. Resettlement Clinics attended by the D.R.O., Air Ministry Resettlement staff, R.A.F. Medical Officers, Education Officers and other personnel with specific knowledge of the patient and his capabilities are held regularly to assess and make recommendations for subsequent training and resettlement. There is a close liaison with the Government and Voluntary Training Centres for disabled people in the area.

OTHER SPECIAL SCHEMES

Fitness Centre at Bridge of Earn Hospital, Perthshire

This centre was originally established during the war at Gleneagles Hotel for workers, mainly miners, in need of rehabilitation, and was transferred to the Bridge of Earn Hospital in 1948. It is now administered by the Eastern Regional Hospital Board, and provides facilities available for the whole of Scotland. The centre itself has 160 beds, living and dining rooms, gymnasia, an occupational therapy department and other ancillary accommodation; the treatment provided consists of graduated physical exercises, physiotherapy, massage, medical electricity, occupational therapy and indoor and outdoor games, with recreational facilities provided for the evenings. The range of occupational therapy carried out is from light handicrafts to heavy carpentry and concrete work. Patients are under specialist supervision whilst they are at the centre and special care is taken when they leave to ensure that they find work suited to their physical and other capacities. The hospital specialist, the D.R.O. and the patient's doctor are all consulted, as necessary, for this purpose.

Rehabilitation Schemes in Industry

In addition to the facilities for rehabilitation generally available, rehabilitation workshops have been set up by the following firms:—Austin Motor Company, Birmingham; Vauxhall Motors, Luton; Pilkington Brothers Limited, St. Helens; Steel, Peech and Tozer, Rotherham; Vickers-Armstrong Limited, Barrow-in-Furness; British Railways Locomotives Works, Swindon and Doncaster. Rehabilitation Centres have also been established by the Craig War Memorial Convalescent Home and Rehabilitation Centre, Skelmorlie; Stewarts and Lloyds Limited, Corby, Northants., and the Miners' Rehabilitation Centre, Uddingston, Lanarkshire.

CHILDREN AND YOUNG PERSONS

(In this section, the term " children and young persons " refers to those under the age of 18 who are physically or mentally handicapped. The minimum school leaving age for children in ordinary schools is 15, and for handicapped children in special schools 16. Secondary education may be provided up to the age of 19,

and there are also full-time courses of vocational training with general education, which in the case of blind young people may extend until they are 21.)

Medical Services

A Health Visitor, a state registered nurse with midwifery and public health training, normally visits all children within a few weeks of birth, and nearly three-quarters of the children are taken in their first year of life to an infant welfare centre, at which medical inspection and advice are available. If it is suspected that a child may have some disability, the parents are advised to consult the family doctor. He will arrange for a specialist to examine the child, if he considers it necessary, and if it is found that hospital treatment is needed, he will arrange for the child's admission.

The facilities for the rehabilitation of children in the Hospital service are not organised separately from those for adults, and children over twelve are generally admitted to adult wards. Facilities may, however, be provided in children's hospitals or wards or in self-contained children's units attached to general hospitals. Some hospitals for children admit those with any of a wide range of diseases, whilst others specialise in the treatment of a particular group of patients, e.g. orthopaedic cases or those suffering from diseases of the heart. The Hospital service provides special units, open to children from any part of the country, for the treatment of blind, deaf or mentally subnormal children, of spastics, of orthopaedic cases, and of children suffering from tuberculosis, from chronic rheumatism, from diseases of the heart or from crippling diseases of the bones and joints. Any hospital or unit for children may be under the general supervision of a paediatrician, though such special units as those for orthopaedics or tuberculosis will be the immediate responsibility of the appropriate specialist. For surgical treatment, children will normally be in the care of the same specialist as adults.

Most children needing hospital care for long periods are treated in self-contained hospitals or hospital units. These units make arrangements with Local Education Authorities (L.E.As.) or voluntary governors for the provision of education in the wards or elsewhere in the building. The units themselves are part of the hospital organisation and are normally under the supervision of a paediatrician from the Hospital Group, but the services they provide are closely co-ordinated with the provision of the education needed by the child. The importance of occupational therapy is also receiving increasing recognition, and it is used at some of the long-stay institutions for crippled children. Whilst primarily designed to assist progress towards recovery, occupational therapy may also prepare the patient for future employment.

Artificial limbs, surgical boots and shoes or other appliances needed by children will be ordered by a hospital on the recommendation of a specialist, and repairs and replacement of the appliance will also be arranged as necessary. A child having an appliance is seen regularly, sometimes by the specialist but otherwise by a nurse or orthopaedic physiotherapist, and instruction in the use of the appliance is given.

Educational Services

A duty to provide certain services either specifically for disabled pupils, or in which disabled pupils may share, is placed upon L.E.As. by the Education Act, 1944 (in Scotland, the Education (Scotland) Act, 1946) and Regulations made thereunder. They fall into the following main groups:

(a) medical inspection and treatment;

(b) special educational treatment;

(c) further education.

These services are designed to give the disabled pupil, at all stages, the combination of medical and educational treatment best suited to his needs.

L.E.As. have the duty of providing for the medical inspection (including dental inspection), at appropriate intervals, of all pupils in schools maintained by them; in addition to periodic general medical inspections, special medical examination may be arranged at any time if the parents, teacher, or school nurse consider it desirable. L.E.As. also have the duty of making arrangements for securing free medical treatment for such pupils. Much of the necessary treatment, particularly that of a specialist nature, is provided through the National Health Service, but a wide range of services such as dental clinics, minor ailment clinics, speech therapy and child guidance clinics is available under the school health service.

In England and Wales, the Handicapped Pupils and Special Schools Regulations, 1959, determine, *inter alia*, that the following categories of children require special educational treatment; the blind, the partially-sighted, the deaf, the partially-deaf, the delicate, the educationally sub-normal, the epileptic, the maladjusted (i.e., those who show evidence of emotional instability or psychological disturbance), the physically handicapped, and those with speech defects. In Scotland, similar categories with the exception of that relating to the delicate are also regarded as in need of special educational treatment, and in Northern Ireland the duty of providing special educational treatment for them is imposed upon L.E.As. by the Education Act (Northern Ireland), 1947. Every L.E.A. has the duty of finding out what children in its area require special educational treatment because of a disability of mind or body. The process of selecting these children is known as " ascertainment " and involves the co-operation of a number of interested people, those principally concerned being the child's parents, his teacher, the head teacher of his school and the School Medical Officer. A parent may request the L.E.A. to examine a child who is over two years of age. Parents must be given notice of any such examination, and have the right to be present. The School Medical Officer's advice with regard to the child must be communicated to the parents, and he may be required to issue a certificate showing the nature and extent of the child's disability.

When a Local Education Authority have decided that a child is handicapped they have the duty of providing education suited to his age, ability, and aptitude, having regard to his handicap, unless the child is suffering from a disability of mind such as makes him unsuitable for education at a school. This special educational treatment may be provided in the following ways:—

(a) Attendance at an ordinary school. Disabled children receive special attention from the teacher, and any extra help (e.g. speech therapy,

special apparatus, hearing aids) needed to enable them to keep up with their classmates. An increasing number of handicapped children are being catered for in special classes attached to ordinary schools. The number of children in such a class, and the qualifications of the teacher, must be the same as for a class in a special school for children with the same handicap;

(b) Attendance at a special school if the child's disability is too severe for him to attend an ordinary school. Provision is made in the Education Acts for requiring the attendance at special schools of children who need such special educational treatment: the nature of this treatment for certain defects, such as blindness and deafness, is such that they can normally be adequately dealt with only in a special school. Boarding special schools are provided for children who cannot otherwise receive appropriate special educational treatment;

(c) Attendance at a school provided in hospital premises, or part-time tuition by teachers sent by the L.E.A. for children who are in hospital;

(d) Tuition in their own homes, by teachers employed by the L.E.A., for children who are too seriously handicapped to attend any school, or temporarily unfit to attend school or awaiting a place in a special school.

The full cost of education (including the cost of maintenance if the pupil cannot have suitable education unless he is boarded), is paid by the Authority, no contribution being required from the child's parents. Any necessary facilities for the transport of handicapped pupils to and from school are also provided by the L.E.A. without cost to the parents.

There is contact between teachers, education officials, the School Medical Officer and the home through the School Health Service and the normal machinery for the "ascertainment" of handicapped pupils. A high degree of co-operation is usual. This contact may be supplemented by visits from the school nurse, who often combines her functions with those of Health Visitor. In addition, parents may visit the schools their children attend and consult with the staff on their children's difficulties. Quite a number of the schools have flourishing Parents' Associations.

Some disabled young people require, after leaving school, further education and training specially adapted to their needs, which can be given only in special residential establishments. The principal groups for whom provision is thus made are the blind and the crippled. The residential establishments concerned are provided by voluntary bodies, and assistance, usually to the full extent of fees for tuition and maintenance, is given to students by L.E.As. Under their general powers for providing further education, L.E.As. may provide courses suitable for the disabled. Hospital patients beyond school leaving age may take advantage of courses of further education, including those of a pre-vocational character, provided by L.E.As. These include instruction in hospital and correspondence courses, which are sometimes arranged through the Preparatory Training Bureau of the British Council for Rehabilitation. Long stay patients are put in touch with the L.E.A. by the hospital authorities.

Disabled young persons over the upper limit of compulsory school age who are considered, on leaving school, to be in need of and likely to benefit from the facilities provided, may be admitted to the Industrial Rehabilitation Units of the Ministry of Labour (see Chapter IV). For those who need employment, the Youth Employment Service facilities are open to all, disabled or able-bodied.

The Youth Employment Service

When children and young persons approach the age for leaving school and taking up employment, the Youth Employment Service provides facilities for advising them on their choice of a suitable occupation and for helping them to find satisfactory employment. This is a statutory service for which the Minister of Labour is responsible, and which is operated locally through more than eight hundred Youth Employment Offices; these Offices are administered in most areas by the L.E.As. and in the others directly by the Ministry of Labour.

Children and young persons usually become acquainted with the Service through their schools. Youth Employment Officers (Y.E.Os.) visit schools and give preparatory talks on the choice of employment to boys and girls in their last year at school. Later, arrangements are made for those leaving school to be interviewed by a Y.E.O. and to receive personal advice on the type of work best suited to their individual capacities. Parents or guardians are invited to be present at the interview. The Y.E.O. also assists schools to obtain suitable careers literature and films and the services of specialist speakers on particular careers.

The placing facilities of the Youth Employment Service are at the disposal of all up to the age of 18 who need help in finding jobs, whether on leaving school or subsequently. The Service also has certain responsibilities for keeping in touch with the young person after work has been found for him and until he reaches the age of 18. The objects of this after-care procedure are to ensure so far as possible that the placing has been satisfactory, and to provide young workers with opportunities both to discuss their progress and problems with a Y.E.O., and to receive any further vocational advice and assistance that may be necessary. Y.E.Os. carry out their duties at all stages in close co-operation with parents (or guardians), teachers, employers and all who are concerned with the welfare of young people. In dealing with handicapped boys and girls they co-operate particularly with the D.R.O. of the Ministry of Labour and with the many voluntary organisations which provide for the welfare of disabled persons.

In Northern Ireland a Youth Employment Service is about to be established.

CHAPTER IV

Employment Services

THE DISABLED PERSONS (EMPLOYMENT) ACTS, 1944 AND 1958

The Disabled Persons (Employment) Act, 1944, gives effect to those recommendations in the Report of the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons (the Tomlinson Report) which relate to the employment of the disabled. As an employment Act, it is not directly concerned with the medical and social aspects of disablement although closely linked with them. The Acts are designed to meet the specific need of the disabled person for work and the need of the nation for the disabled person's productive capacity. It is, as an employment Act, administered by the Ministry of Labour, which has the duty of helping disabled persons to take up employment.

The stated purpose of the 1944 Act is " to make further and better provision for enabling persons handicapped by disablement to secure employment, or work on their own account ". A disabled person is defined as one who " on account of injury, disease or congenital deformity, is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account of a kind which apart from that injury, disease or deformity would be suited to his age, experience and qualifications ". The Act makes special provision for the disabled in the following ways:

(a) it requires the Minister to maintain a register of persons who are substantially handicapped by reason of their disability in obtaining or keeping employment. (The " Disabled Persons Register ");

(b) It requires every employer who has a substantial number of employees to include amongst them a proportion of registered disabled persons. (The " Quota ");

(c) it empowers the Minister to reserve for the disabled certain kinds of work. (" Designated Employment ");

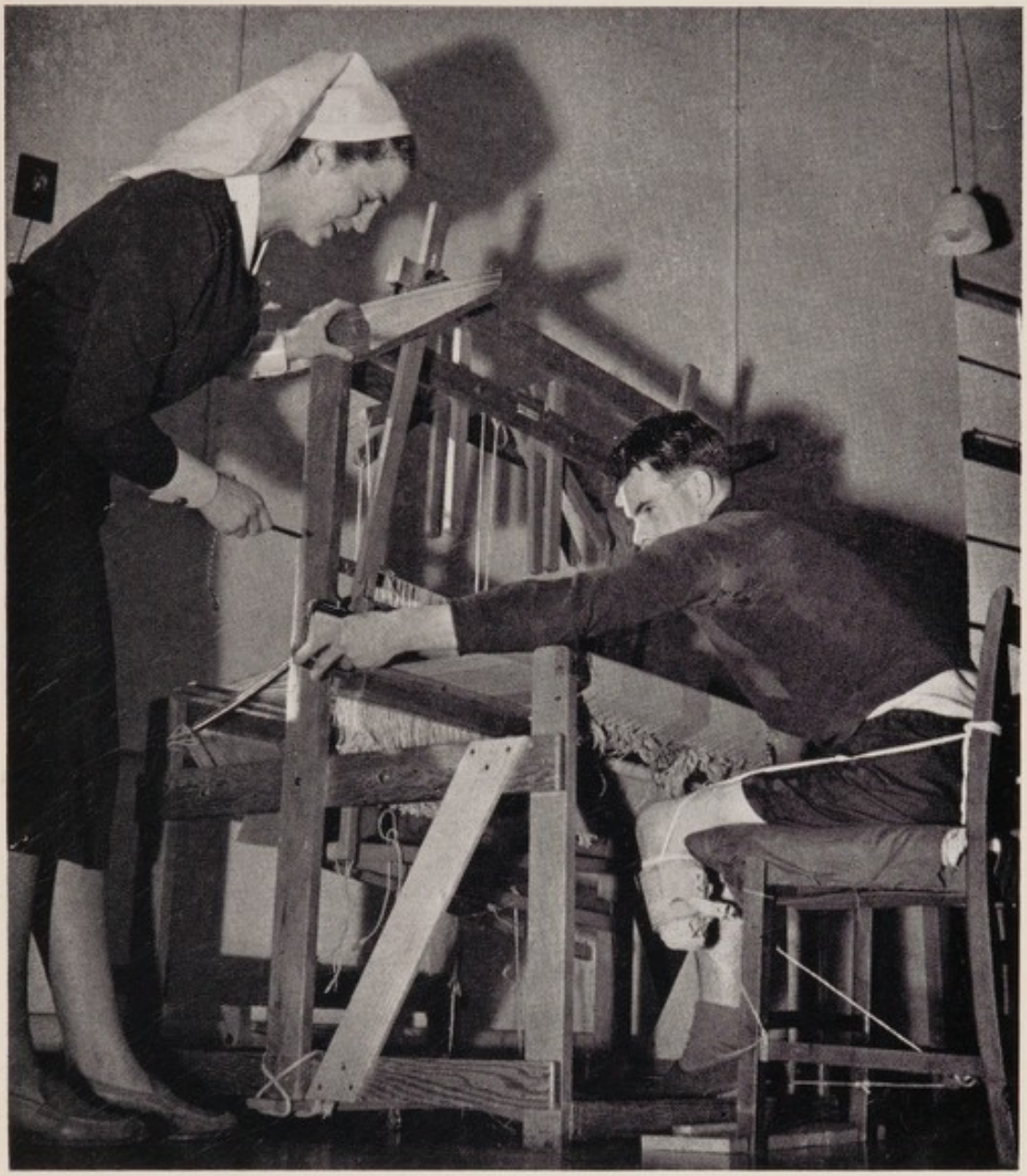
(d) it authorises the Minister to appoint officers to carry out the special purposes of the Act;

(e) it authorises the provision of sheltered employment for the severely disabled, i.e., for those who are capable of employment, but unable to compete with non-disabled workers under ordinary industrial conditions;

(f) it authorises the setting up of a National Advisory Council and of local Disablement Advisory Committees;

(g) it provides for courses of industrial rehabilitation to be given where this will enable the disabled person to bridge the gap between leaving hospital and going back to work or will tone him up again for work after a long period of idleness;

(h) it provides for vocational training to be given where needed.



Medical Fitness Centre—occupational therapy

Resettlement Conference in Hospital

The Disablement Resettlement Officer visits a patient in hospital to discuss employment prospects

Fencing match between paraplegics at the Spinal Injuries Unit, Stoke Mandeville Hospital

An amputee learns how to use a special appliance to enable him to do light assembly work

The Disabled Persons Register

A register of disabled persons is maintained, as required by the 1944 Act, and special employment provisions of the Act apply only to those disabled persons who are registered, though other services of the D.R.O., of the Industrial Rehabilitation Units and the Training Scheme are available to non-registered disabled. Mentally disordered persons can be registered as disabled. Registration is voluntary, and a person who wishes his name to be entered in the Register must make an application to that effect. For an application to be successful, the main conditions which an applicant must satisfy are:

(a) that he is disabled within the meaning of the Acts and that the disablement is likely to last for at least 12 months;

(b) that he is above the school-leaving age;

(c) that he is ordinarily resident in Great Britain and wishes to work in some form of remunerative employment or on his own account in Great Britain;

(d) that he has a reasonable prospect of obtaining and keeping such employment or work.

The effect of this last condition is that registration is restricted to those who are capable of work in the ordinary sense of the word, and therefore properly within the scope of an employment Act. If medical evidence is needed in connection with registration it may be in the form of a hospital report, a report from the applicant's doctor, or the applicant's pension papers. Medical examination may also be arranged by the Ministry. The Local Officer of the Ministry, acting on behalf of the Minister, may admit an applicant to the Register where the conditions are clearly satisfied, but cannot reject an application. Where an application is not accepted by the Local Officer, it is submitted for advice to a panel of one of the local Disablement Advisory Committees, which includes medical members. The period of registration varies with the severity of disablement and other circumstances, and may be anything from one year to a maximum of 10 years. Application for renewal of registration may be made when the period expires. A certificate of registration is issued to the disabled person, for his own use, on registration or renewal of registration. A registered disabled person may be removed from the Register if he fails at any time to satisfy any of the conditions of registration or incurs any of the disqualifications specified in the Regulations or at his own written request.

The Quota

Except in the case of certain classes of the severely disabled, the Acts do not aim at creating special employment for the disabled. Instead, it is based on the principle enunciated in the Tomlinson Report that " granted careful assessment of individual capacity and selection of employment, a large proportion of disabled persons are capable or can be rendered capable of taking their place in industry on normal terms ". One of the statutory provisions in the 1944 Act requires every employer of 20 or more persons to employ a quota, at present 3 per cent., of registered disabled persons. An

employer's quota is determined by applying this percentage to his total staff and this total staff is calculated irrespective of whether they are employed in different places or establishments, or whether they are industrial or non-industrial employees. An employer who has a quota obligation which he has not fulfilled, may only engage a worker not registered as disabled if he has a permit from the Minister to do so. No employer may discharge a registered disabled person without reasonable cause if this would leave him below his quota. The 1944 Act also requires employers to keep staff records open to inspection by officers of the Ministry.

The Government, as an employer, has accepted the same obligations as are imposed by the Act on employers generally, and employs a percentage of about 4½ per cent.; recruitment arrangements for the Civil Service have also been modified in favour of disabled persons. It was the view of the Piercy Committee, which inquired into the rehabilitation, training and resettlement of disabled persons, that the quota scheme had been of assistance in widening the opportunities of employment and in giving a measure of security and that in present circumstances its main value lies in its educational importance in demonstrating the wide range of occupations which can be successfully undertaken by disabled persons.

Designated Employment

To supplement the quota provisions the 1944 Act empowers the Minister after consultation with employers' and workers' organisations, to " designate " classes of employment if they " appear to him to afford specially suitable opportunities for the employment of disabled persons ". The effect of designation is to reserve future entry into the employment in question, except by special permit, for persons who are registered as disabled. The Piercy Committee also recommended the continuation of designation of the two occupations car park attendant, and passenger electric lift attendant, but they said that if at any time there should be need for more pressure on employers to employ disabled persons, such pressure should be applied through the quota scheme rather than by any extension of designated employment.

The Disablement Resettlement Officer (D.R.O.) Service

The resettlement of a sick or injured worker in employment is only one phase in a continuous process. The full process comprises the initial medical and surgical treatment, restoration to health, assessment of future working capacity, rebuilding of lost confidence, any necessary instruction in some new kind of employment, and establishment in a suitable job. Though of necessity the different phases must be treated separately, the process must be considered as a whole, and one requiring constant collaboration between the authorities responsible for the successive phases. Inevitably, the Employment Service overlaps to a degree with the later stages of the medical rehabilitation provided by the National Health Service. The link between the two is the D.R.O.

At every Employment Exchange of the Ministry of Labour there is an officer known as the D.R.O., who is engaged, in co-operation with other

officers, in carrying out the Ministry's policy for the resettlement of the disabled. His special duties include advising disabled persons and helping them to obtain suitable work, and any disabled person, employed or unemployed, can call at the local Employment Exchange and be sure of the help of the D.R.O. If individual capacity is carefully assessed and employment selected accordingly, most disabled persons are capable or can become capable with vocational training or rehabilitation, of taking their place in industry or other employment on normal terms. The D.R.O. is guided, in his attempts to find the most suitable employment for the disabled, by the principle that the most satisfactory form of resettlement for a disabled person is in employment which he can take and keep on his own merits as a worker in normal competition with his fellows.

An important part of the D.R.O.'s work is to keep in touch with local employers and to enlist their help on behalf of the disabled. He works in close liaison with his colleagues in the Employment Exchange and is informed of vacancies notified by employers, so that he may submit disabled persons to any suitable jobs. The D.R.O. follows up any cases where he considers such a review necessary including all cases of a first job after disablement. If this follow-up discloses difficulties in resettlement he will try to remove them, or to find alternative employment if they cannot be removed.

To enable the D.R.O. to ensure that disabled persons are not submitted for work which may be harmful to them, medical advice and guidance as to the employment capacity of a disabled person may be obtained either from hospitals on completion of treatment or through the Regional Medical Service of the Ministry of Health or Department of Health for Scotland. It is given on a standard form of report readily intelligible to the layman, and setting out the physical capacity of the person concerned, the functional assessment of the disability and any special conditions of employment which ought to be observed or avoided. For the exceptionally difficult cases where resettlement is not immediately effected, the D.R.O. may require a more detailed medical assessment of a person's abilities to make satisfactory resettlement possible. Medical Interviewing Committees, normally consisting of a hospital doctor and an industrial doctor, have been set up at many of the principal hospitals to provide this more detailed assessment: their meetings are usually attended by the almoner and the D.R.O. so that all aspects of the case may be considered.

To assist and advise those disabled persons calling to see him at the Employment Exchange is only a part of the D.R.O.'s duty. He also visits hospitals, sanatoria and other medical institutions to interview and advise patients about to be discharged with a residual disability who have an employment problem. Such a method of contact is ideal, for full medical advice is readily available from those who have been treating the patient. Some hospitals hold Case Conferences or Resettlement Clinics, which form an integral part of the hospital services, at which almoner, doctor and D.R.O. are called in together to consider the problems of these patients.

Sheltered Employment

Some disabled people, who are unlikely to be able to hold employment under ordinary industrial conditions because of the nature or severity of

their disablement, are capable of useful work if given more sheltered employment conditions. Apart from the provision for the blind (dealt with in Chapter VI), special facilities for the employment of certain classes of severely disabled persons have long been provided by many voluntary organisations, whose work has been, and continues to be, of great value in meeting the need for sheltered employment. The resources and scope of voluntary undertakings cannot, however, reasonably be expected to prove sufficient to meet the needs of severe disablement from all causes on a national basis. The Disabled Persons (Employment) Act, 1944, therefore empowered the Minister of Labour to secure the provision of special employment facilities for registered disabled persons " who, by reason of the nature or severity of their disablement, are unlikely at any time, or until after the lapse of a prolonged period, to be able otherwise to obtain employment, or to undertake work on their own account ". There are three ways in which these special facilities are provided:—

(a) By a non-profit distributing company specially set up by the Minister for the purpose (Remploy);

(b) By voluntary associations or bodies with workshops or other facilities of the requisite standard;

(c) By Local Authorities, using powers formerly exercised under the National Assistance Act, 1948 or the National Health Service Acts, but now under the Disabled Persons (Employment) Act, 1958.

Remploy Limited

In 1945, the Minister of Labour used his powers under the Act to set up in Great Britain a special Company to provide sheltered employment. This Company, originally known as the Disabled Persons Employment Corporation, is now known as Remploy Limited and its factories as Remploy factories. It is a public company incorporated under the Companies Act, 1929, required by its constitution to apply its income (including any profits) to promoting the object for which it was formed, and prohibited from paying any dividends to its members. Government loans are made to the Company to cover capital expenditure, and any loss on operation is met from public funds; it is an independent enterprise subject only to general policy and financial control exercised by the Minister in discharging his responsibility to Parliament. The Board of Directors is appointed by the Minister and includes Trade Union leaders and persons of standing who combine industrial and commercial knowledge likely to be of service to the Company with a close interest in the problems of the disabled; management is vested in four full-time Directors. The Company operates as a commercial concern engaged in ordinary productive and trading activities, but with the object of providing employment under conditions suitable to the severely disabled. It aims to meet its operating costs out of sales in the open market, and is not a charitable undertaking.

There are at present ninety Remploy factories throughout Great Britain, giving employment to over six thousand severely disabled persons. The location of these factories has been based on the need for sheltered employ-

ment facilities in different areas and not on economic considerations. In planning the provision to be made, the Company takes into account not only the numbers of registered disabled persons unemployed and needing sheltered employment in the area, but also of the existing facilities provided in that area by voluntary organisations and L.As. When the situation for a factory has been decided, it must be equipped for production, and supervisory and instructional staff must be engaged, before the practical capabilities of the labour force available can be adequately assessed. When the factory is open, the disabled employees, many of whom have never worked in a factory, must be trained for work which may be quite strange to them. These are some of the many difficulties in the provision of sheltered employment facilities on such a scale which have been, and are likely to continue to be, formidable.

It is essential that the Company should be able to employ some able-bodied or less severely disabled persons to fill key posts and to do work unsuitable for the severely disabled. The Company is, therefore, authorised to recruit up to 15 per cent. of its factory productive staff from the non-severely disabled. In practice the percentage is less and those recruited are, in the main, craftsmen and skilled workers who provide the core of the factory staff and give training to the severely disabled. Employees work a standard 42 hours' week at all factories but very exceptionally some may work for fewer hours until they are well enough to work the full hours. Standard scales of wages are paid to the severely disabled workers, irrespective of trade, with provision for periodical increases.

Remploy Limited produces for ordinary commercial sale, and a large part of the output of Remploy factories is disposed of by normal commercial means. The remainder is supplied to public bodies such as Government Departments, Nationalised Industries, L.As., Hospital Management Committees and Local Education Committees. The products and activities of the Company cover a diverse range, including preservation and packaging, book repairing and binding, cardboard box making, engraving, surgical belts and boots, industrial leather work, protective clothing, light engineering and metal work, packing-cases, upholstery and furniture making, furniture repairing, mattress making, stump sock and commercial knitting, brush making, watch, clock and instrument repairing.

Some Remploy factories are engaged on " sponsorship " schemes under which production is undertaken for firms in a variety of industries, the sponsoring firms supplying any necessary machinery, technical advice and training and undertaking to take back the finished products at an agreed economic price and Remploy Limited providing the factory space, labour and skilled management.

The Company operates a homeworkers' scheme, based on some of its factories, to employ severely disabled persons who are eligible for employment by the Company but who are unable, because of distance or disability, to travel to work. This scheme is not extensive, and expansion is limited by the difficulty of finding products easily made at home and readily saleable at an economic price in competition with factory-made products.

Grants to Voluntary Organisations and Local Authorities providing sheltered employment for the sighted disabled

The Ministry gives financial assistance directly to certain approved voluntary undertakings who provide sheltered workshops for severely disabled sighted persons registered under the Acts. The assistance takes the form of deficiency grants towards trading losses, grants towards capital expenditure, and training grants and allowances to cover any period of training necessary before a disabled person can be expected to earn wages. To qualify for help under these arrangements, an undertaking must satisfy the Minister that it provides adequate facilities for the employment of the disabled under normal industrial conditions, with a normal working week and satisfactory wages and conditions of employment, and that the work done is of substantial economic value. There are over 30 approved undertakings receiving assistance towards the costs of employment or training or both—including six (described in Chapter VI) which cater wholly or mainly for the tuberculous.

Local Authorities have long had a statutory duty to provide sheltered employment for the blind and a few provided sheltered workshops for the tuberculous as part of their arrangements for tuberculous aftercare. (See Chapter VI). Under the National Assistance Act, 1948 they were for the first time empowered to make schemes for the welfare of other handicapped persons, including the provision of employment facilities, subject to the approval of the Minister of Health or the Secretary of State for Scotland. The Disabled Persons (Employment) Act, 1958 transferred to the Minister of Labour the responsibility for approving such schemes for sheltered employment (whether for the blind or sighted disabled) and also responsibility for workshops for the tuberculous. A number of Local Authorities now admit sighted disabled to Workshops for the Blind, and a few have provided special workshops for non-tuberculous sighted disabled people either under their direct control or by making agency arrangements with voluntary organisations. The Ministry of Labour makes grants towards expenditure by Local Authorities on these services. It is hoped that they will be extended in future years.

Government Contracts

Remploy Limited, Workshops for the Blind, and other undertakings providing employment for the severely disabled under sheltered conditions, are treated as " priority suppliers " for Government contracts. This does not confer upon them any price preference. They may be offered contracts at a " fair price " fixed by the Purchasing Departments, or be asked to submit competitive tenders. In the latter case, if the prices quoted are not acceptable, they may be offered the contract or a part of it at a lower price based on tenders received from the trade. The Ministry of Labour maintains close liaison with the priority suppliers and the Purchasing Departments in all matters affecting Government contracts. A standing Committee was established in 1958, on which both sides are represented. Its purpose is to provide a regular channel through which priority suppliers can be kept informed of the requirements of public bodies and the latter can be kept informed of the nature and quantity of the work which priority suppliers are able to undertake.

Special Aids to Employment

The Ministry of Labour operates a very limited scheme for the loan of special aids to registered disabled persons who need them to take up or keep employment. Such a loan is only made when the disabled person is unable to provide the aid at his own expense and the employer is unwilling to provide it. The main object is to provide special pieces of equipment or attachments (e.g., a special seat or attachment to work a machine, a Braille micrometer for a blind person) which the disabled person needs by reason of his disability and which a non-disabled person would not need to do the same job. Those whose disability confines them to the home may be provided with ordinary tools or machines on loan. The D.R.O. makes a periodical follow-up in cases where aids have been loaned, to see what progress has been made by the users, whether the aids are still in use and whether repairs or replacements are necessary.

Grants to set up in business

Some disabled person who are unfit for ordinary employment, and for whom local sheltered employment cannot be provided, can work satisfactorily on their own account. Provision for assistance in this kind of case is made to some extent under home workers' schemes by Remploy Limited, L.As. and voluntary organisations, and also under the "special aids" scheme. In quite exceptional cases more substantial help may be given by the Ministry of Labour to assist a severely disabled person to start his own business. This is only done as a last resort where there is fairly conclusive evidence that it is the only practicable means of resettlement and that the disabled person will be able to run the business successfully, either alone or with the assistance of his wife or some other member of the family. The disabled person is expected to make reasonable use of any capital resources of his own and the extent of the assistance depends on individual circumstances. Money grants are not normally made, nor is continuing assistance given for the maintenance or expansion of a business. If assistance is given, a close and regular follow-up is made to ensure that it is put to the best use and that the recipient has any expert advice and guidance which he may need.

Advisory Council and Committees

The 1944 Act provides for national and local advisory bodies to be established. The national body is charged with the duty of "advising and assisting the Minister in matters relating to the employment, undertaking of work on their own account or training, of disabled persons generally"; the National Advisory Council on the Employment of the Disabled was set up in January, 1945, to discharge these functions. The Council, which is under the chairmanship of Lord Feversham, consists of five employers' and five workers' representatives, six doctors and fourteen other persons closely interested in the problems of disablement. The Council has appointed four Committees from among its members, which consider questions in greater detail than the Council itself and report to the Council: recommendations made by the Committees are subject to the approval of the Council. These Committees are the Blind Persons Committee, Medical Committee, Sheltered Employ-

ment Committee and Training and Employment Committee. Since its inception, the Council and its Committees have considered all the important aspects of policy arising under the Act. The Council also nominates one half of the membership of the Joint Panel on the Resettlement of the Tuberculous, a Standing Joint Committee established in 1949 to secure co-ordination between the medical and employment aspects of policy concerned with the tuberculous. The remainder of the membership of this panel is drawn from the Standing Tuberculosis Advisory Committee.

The provisions of the Act in regard to district advisory committees have been met by the establishment of Disablement Advisory Committees to give advice and assistance to the Minister on a local basis. There are about three hundred of these Committees throughout the country, attached to the more important Employment Exchanges, each consisting of an independent Chairman, an equal number of employers' and workers' representatives and a number of other persons. Generally there are five employers' and five workers' representatives and some five to ten other members, selected from among persons who, either as individuals or as members of an organisation or society, have a knowledge of disablement or are qualified to advise on its problems. The aim is to make these Committees balanced and representative bodies commanding confidence in their district. These Committees, like the Council, were originally appointed for three years and have been reconstituted from time to time.

The functions of Disablement Advisory Committees are both advisory and executive. They advise the Minister on both general and particular problems of disablement in their districts, making recommendations on any action they consider necessary to meet them. Their executive functions are to make recommendations and reports on specific matters referred to them under the provisions of the Acts in connection with admission to and removal from the Disabled Persons Register, quota obligations and applications for permits. Some of these matters may be considered by Panels which the 1944 Act requires the Committees to establish for this purpose. Members of a Panel need not be members of the Committee, although at least one Committee member is normally a member of each Panel. It is usual for a Panel to consist of five persons—an independent Chairman, an employers' representative, a workers' representative, a person with experience of or interest in the problems of disablement, and a medical practitioner. Service on Disablement Advisory Committees and Panels is voluntary and unpaid, except that medical practitioners nominated for service on a Panel are paid fees on a sessional basis.

Industrial Rehabilitation in Great Britain

In the process of rehabilitation, a distinction may be drawn between that part in which the medical aspects are of major importance and that later part in which resettlement and employment become the predominant interest. It is usually necessary for the medical part to have made some progress before it is possible to concentrate on the problems of resettling the patient in employment. A further distinction is that industrial rehabilitation is directed

to preparing a disabled person for the performance of a normal day's work under ordinary industrial conditions, and not to remedying specific disabilities.

The Ministry of Labour opened its first Industrial Rehabilitation Unit (I.R.U.) at Egham, Surrey, in 1943. This Unit was, to some extent, experimental; the experience in the techniques of industrial rehabilitation resulting from its operation was of considerable value when new Units were provided. Fifteen other I.R.Us. have now been set up, most of them sharing premises with a Government Training Centre; these are at Aintree (Liverpool), Birmingham, Bristol, Cardiff, Coventry, Denton (Manchester), Felling-on-Tyne, Granton (Edinburgh), Hillington (Glasgow), Hull, Leeds, Leicester, Long Eaton (Nottingham), Perivale (North-West London), Sheffield and Waddon (Croydon). Egham is a residential Unit providing 200 places: there are places for 100 at each of the other Units, of which Granton and Leicester are partly residential and the rest non-residential. Hillington has been temporarily doubled in size pending the opening of a combined Medical/Industrial Unit at Belvidere (Glasgow). Both men and women are accepted at all Units.

Any person over school-leaving age who has been sick, injured, or long unemployed, and is in need of a course of industrial rehabilitation in order to settle in work again, may apply for admission to an I.R.U. About 70 per cent. of those attending the Units are recommended by their medical advisers for a course on completion of medical treatment because they are not sufficiently re-adjusted to working conditions, physically and mentally, to withstand the strain of normal full-time employment. Most of the remainder have been advised by the D.R.O. at a Local Office of the Ministry to undertake a course. Some of these have been unemployed for a long time, and like those who have been recently disabled they often need help to regain full working fitness and confidence in their ability to do a day's work. Many of those who come to the Units will need to change their jobs, and it is an important function of the I.R.Us. to give expert advice on the most suitable form of employment to take up. Maintenance allowances are paid to those attending an I.R.U. course.

Each Unit is under the control of a Rehabilitation Officer, who is assisted by a team of specialists which includes a Doctor, a Vocational Officer, a Social Worker, a D.R.O. and a Chief Occupational Supervisor. The Doctor, who attends for a number of sessions each week, gives advice on the constitutional limitations of those at the Unit and the effect of these limitations on the work they can do both during and after their course. The special function of the Vocational Officer, who is an occupational psychologist, is to find out what type of employment is best suited to the talents and aptitudes of the men and women at the Unit. The Social Worker helps to solve any personal problems which may be impeding rehabilitation. The workshops (which include educational and clerical sections and often a garden) are under the control of Occupational Supervisors, who report on the progress made and aptitudes displayed there; the Chief Occupational Supervisor is in charge of workshop activities. Each member of the team has his own distinctive contribution to make, but it is only by close collaboration with one another that the work of the team becomes fully effective. The employment

problem of each person at the I.R.U. is discussed by the team at a " Case Conference ", at which the Rehabilitation Officer takes the chair, on two or three occasions during the course; assistance in finding a job which the team considers suitable is given by the D.R.O. Service on completion of the course.

The needs of different individuals vary considerably, and some need no more than a short course of carefully planned exercises to bring back the full use of an injured arm or leg. Others require a longer period of graduated exercise and workshop practice to restore full bodily function and at the same time create confidence by correcting the mental attitude towards work. For others again, the greatest need is skilled guidance as to the right kind of employment. No standardised course could hope to meet such divergent needs, and the arrangements at all I.R.Us. are sufficiently flexible to permit each course of rehabilitation to be designed to meet the particular needs of the individual. The average course lasts about eight weeks.

All those admitted to an I.R.U. are examined by the Doctor on admission, and as often thereafter as may be necessary: exercises in the gymnasium are carried out under the supervision of a Remedial Gymnast acting on the Doctor's instructions. The main work of rehabilitation is, however, undertaken in the workshops, which are equipped with a wide range of machines and tools to give the greatest possible variety of activities. This wide range of activities makes it possible to try a man on a number of jobs to determine the one for which he has the greatest aptitude, and in which he is most likely to obtain and retain employment. If the aptitude discovered calls for training in a skilled trade, arrangements can be made for such training on the conclusion of the rehabilitation course.

Perhaps the most important part that the workshops play in the process of rehabilitation is in reproducing industrial conditions. Men and women are able to accustom themselves in the workshops to the atmosphere of industry, and the tempo of their activities is gradually increased until in the final stages of their course they are doing a full day's work under industrial conditions without ill effect. Production work is used as much as possible to assist in creating the right industrial atmosphere, and orders for any type of work within the capacity and function of an I.R.U. are accepted from Government Departments, Regional Hospital Boards and commercial firms. Much work is also done on the production of aids for the disabled. It would be difficult to over-estimate the value of production work both from the therapeutic point of view and as a way of creating the atmosphere of purpose which is so essential to the process of rehabilitation.

About 18 per cent. of all those who enter I.R.Us. end their courses prematurely for medical or other reasons. Of those who complete a course, the proportion placed in employment or accepted for vocational training has varied between 79 per cent. and 62 per cent. in different years; the figure is to some extent dependent on the general employment situation.

Vocational Training

Statutory authority for the provision of vocational training is contained in the Disabled Persons (Employment) Acts and in the Employment and

Training Act, 1948. Under these powers the Minister may provide the training himself or defray or contribute towards the cost of its provision by others. The general principles of the Vocational Training Scheme were agreed with the British Employers' Confederation and the Trades Union Congress, and the Ministry consult representatives of both employers and Trade Unions concerned before establishing training courses and in keeping the training provided up to date. Such consultation has the dual purpose of ensuring that training is planned to meet the needs of industry and that the trainee is acceptable both to the employer and to the appropriate Trade Union. No applicant is accepted for a course of training unless there is a reasonable prospect that, as a result of such training, he will qualify for employment in the training trade or profession and be able to retain that employment under normal working conditions. A very high percentage of those trained are placed in their training trade, either immediately or within a short time of completing training.

Training may be given in Government Training Centres (G.T.Cs.) run by the Ministry of Labour or for the more severely handicapped in residential training colleges specially provided for the disabled by voluntary organisations. Disabled persons may also be placed for training in Technical or Commercial Colleges or employers' establishments. There are at present 15 G.T.Cs. situated near the chief industrial areas providing courses usually of six months duration, in over 40 skilled trades. More than half of those trained in these Centres are disabled. The residential training centres are Finchale Abbey Training Centre, Durham; Portland Training College, Mansfield; Queen Elizabeth's Training College, Leatherhead; and St. Loyes College, Exeter. Between them these four Colleges which are open only to disabled persons provide nearly 600 places and a range of 25 training trades.

Facilities at Technical and Commercial Colleges and employers' establishments are used to supplement the Ministry's own facilities and those available at the residential training colleges. Such courses are usually arranged on an individual basis for disabled persons who are not able to attend at a training centre or who need a type of course not available under the Ministry's own arrangements. Short courses of about three months training for semi-skilled employments are sometimes arranged at employers' establishments if they offer the only good prospects of permanent resettlement.

Trainees are paid maintenance allowances at rates varying according to individual circumstances. In general these rates are above those of unemployment insurance benefit but rather below the wages they can expect on entering employment. Daily travelling expenses are also paid where necessary.

All G.T.Cs. have workshops fully equipped with modern machine and hand tools; fully qualified instructors are in charge of each class which consists of 8 to 16 persons. Where possible, training is provided on actual production work and working conditions are similar to those which trainees will find on entering employment. Training courses for skilled occupations are intensive and vary in length from six months upwards. The curriculum can be adjusted, or the course extended for a disabled person who cannot progress as quickly as his able-bodied classmates. In some trades, such as building, hairdressing, radio and television servicing, instruction is con-

tinued for an agreed period with selected employers after completion of the initial course. It is usual in such circumstances for the Ministry to pay a training fee to the employer who pays the trainee wages during the period of further training.

Arrangements for training in agriculture and commercial horticulture are made by the Ministry of Agriculture, Fisheries and Food and the Department of Agriculture in Scotland. Training is given wholly by a selected employer and lasts for one year, with an extension to eighteen months if there is evidence that the disability makes further training necessary; it covers various branches of agriculture and commercial horticulture. Similar training is given for disabled merchant seamen at a special Agricultural Training Centre at Guildford, Surrey, administered by the Merchant Seamen's War Memorial Society Incorporated of Maritime House, London, S.W.4. This Centre, known as the Springbok Training Farm was purchased with money raised in South Africa for the benefit of disabled merchant seamen. Training for supervisory posts, which is only given to suitable disabled candidates who have completed their year's training with an employer or at Springbok, with conspicuous success, is provided in Farm Institutes in England and Wales and in Scotland by a short course at an Agricultural College.

Professional or Business Training Facilities

Arrangements exist for the provision of facilities for professional training for disabled persons (including the blind) with the ability and educational qualifications for training in a professional or comparable calling. Assistance in such training is provided only if it is both necessary for, and likely to lead to, satisfactory resettlement in employment in keeping with the applicant's age, experience and general qualifications. Disabled persons for whom assistance in undertaking professional training is approved have to follow the normal professional training arrangements in the same way as the able-bodied and have to make all the necessary arrangements for training. These must conform to the requirements of the professional bodies concerned and may in some cases involve becoming articled. The assistance given, subject to necessity, is in the form of a financial grant covering tuition and examination fees, the cost of some text books, and, if the training is full-time, a maintenance allowance, which varies with domestic circumstances, for the training period. The grants are available for study or training for generally recognised qualifications for most professions: they have been given for training in, for example, accountancy, agriculture, horticulture, auctioneering, estate agency and surveying, law, teaching and the medical auxiliary professions of chiropody, occupational therapy and physiotherapy. Grants have also been made for courses for University degrees where these were themselves the normal method of qualification for a profession.

Assistance may also be given to disabled persons, by similar grants to undertake a course of business training. This will consist of a 12 week general business course at a Commercial College.

NORTHERN IRELAND

The Disabled Persons (Employment) Acts of Northern Ireland, 1945 and 1960 have purposes and provisions similar to those of the Disabled Persons

(Employment) Acts of 1944 and 1958 in Great Britain. Arrangements made under these Acts in the interests of disabled persons by the Ministry of Labour and National Insurance for Northern Ireland have, in general, followed closely those adopted by the Ministry of Labour in Great Britain. In Northern Ireland the advice and assistance of a D.R.O. is available to disabled persons at each Local Office of the Ministry of Labour and National Insurance and a Central Advisory Council and nine District Advisory Committees have been established to advise and assist the Ministry in the administration of the Acts. The Ministry provides industrial rehabilitation at five centres and also provides vocational training for ordinary employment directly or indirectly at G.T.Cs., residential centres, technical colleges and similar establishments or in employers' works. There are also three voluntary institutions providing training for sheltered employment for a limited number of severely disabled persons and a residential training centre provided by a voluntary organisation. The cost of training in the four establishments is borne by the Ministry.

CHAPTER V

Other Social Services

NATIONAL INSURANCE PROVISIONS

The payment of compensation for accidents which occurred before 5th July, 1948 and for prescribed diseases resulting from employment which ceased before that date is still governed by the provisions of the Workmen's Compensation Acts. The Workmen's Compensation system, which was set up in 1897, placed a legal liability on the employer to compensate an employee for loss of earning capacity due to an industrial accident or disease. The employer could insure himself against this liability, but was not required to do so except in the coal mining industry. The Workmen's Compensation Acts have now been superseded by the National Insurance (Industrial Injuries) Acts, 1946 - 1960, which apply to industrial accidents and prescribed industrial diseases occurring on or after 5th July, 1948.

Certain industrial diseases such as pneumoconiosis may be delayed in onset and, in some cases of disablement and death not coming within the scope of the Industrial Injuries Acts, compensation may not have been recoverable because of the time limits imposed under the Workmen's Compensation Scheme. The Industrial Diseases (Benefit) Acts, 1951 and 1954, enable benefit to be paid out of the Industrial Injuries Fund in certain of these cases. In addition the Workmen's Compensation and Benefit (Supplementation) Act, 1956, provided for a supplementary allowance from the Industrial Injuries Fund to be paid to totally disabled persons who are entitled to Workmen's Compensation or to certain similar payments.

The National Insurance (Industrial Injuries) Acts, 1946 - 1960

The Industrial Injuries Scheme is on a basis quite different from that of Workmen's Compensation. It is a compulsory insurance scheme under which contributions are paid by the insured person, his employer, and the State; the contributions go to the Industrial Injuries Fund, from which benefits are paid. The scheme is administered by the Ministry of Pensions and National Insurance which has some 850 local offices in Great Britain; it applies, broadly speaking, to everyone working for an employer under a contract of service or apprenticeship. The scheme covers both personal injury by accident arising out of and in the course of insurable employment, and specified industrial diseases*; benefit is payable in respect of one of these diseases provided that the insured person was employed, on or after 5th July, 1948, in an occupation in relation to which the disease is prescribed. The 1946 Act under which the scheme was set up provides that adjudication, including the decision of medical questions, is in the hands of independent authorities.

* At 31st December, 1960 there were more than forty prescribed industrial diseases in addition to pneumoconiosis and byssinosis.

Although the scheme is a contributory one, the benefits are not dependent on any contribution conditions. The three main benefits provided are injury benefit, disablement benefit and death benefit.

Injury benefit is payable, for a period not exceeding six months commencing with the date of an industrial accident or the date of development of a prescribed disease, to persons who are incapable of work as a result of such an accident or disease. There is a standard weekly rate for adults, with increases for a dependent wife or other adult and for dependent children (children's allowances are paid in addition to any family allowances which may be payable). Reduced rates are payable to persons under 18 without dependants. Injury benefit is not payable in respect of the prescribed diseases of pneumoconiosis and byssinosis, disablement benefit being paid in these cases throughout the period of benefit.

Disablement benefit may be payable if there is still loss of faculty when injury benefit ceases, or if such loss arises later, or if there was no incapacity for work. Benefit is related to the degree of physical or mental loss of faculty which the claimant is still suffering as a result of the accident or disease, and not to loss of earning capacity; it can be paid whether or not the claimant is working and is payable in addition to any National Insurance benefit to which he may be entitled. Disablement is assessed by Medical Boards and Medical Appeal Tribunals by a comparison with the normal healthy man or woman of the claimant's age, and without regard for such special circumstances as the nature of his particular occupation. If the degree of disablement is assessed at one-hundred per cent., the benefit is a pension of the same weekly amount as the standard rate of injury benefit: Proportionate amounts are payable where the assessment of the degree of disablement is lower, and reduced amounts to persons under 18 without dependants. When the degree of disablement is assessed at less than twenty per cent., disablement benefit is normally paid as a gratuity based on the degree and period of assessment, but this does not apply to pneumoconiosis and byssinosis cases for which there are other provisions.

Increases of disablement benefit may be payable in certain circumstances. These are:

(a) Special Hardship Allowance for a claimant who is unable to resume his regular occupation or do work of an equivalent standard as a result of the injury or disease. The combined amount of disablement benefit and this allowance cannot exceed the one-hundred per cent. disablement benefit rate;

(b) Constant Attendance Allowance for a person in receipt of disablement benefit at the one-hundred per cent. rate who is so disabled that he needs someone to help him with the ordinary necessities of life. The amount of the allowance depends on the nature and extent of the attendance required;

(c) Unemployability Supplement for a person who is rendered permanently incapable of work or is only able to earn less than £52 a year, and is for some reason disqualified from the appropriate National Insurance benefits or able to obtain them only at a reduced rate;

(d) Hospital Treatment Allowance, to bring disablement benefit up to the one-hundred per cent. rate, during treatment as an hospital in-patient for the disablement.

Dependant's allowances may be paid with unemployability supplement and hospital treatment allowance. Unemployability supplement and constant attendance allowance may also be paid to persons who are in receipt of workmen's compensation under the old system.

Industrial Death Benefit is payable to the widow, children and certain other dependants of a man who dies by reason of an industrial accident or a prescribed disease. It may take the form of a pension, a gratuity or a weekly allowance for a limited period.

A supplementary scheme for colliery workers provides additions to most of the benefits under the Industrial Injuries Scheme; these payments are made from a fund to which colliery workers and the National Coal Board contribute.

The National Insurance Acts, 1946 - 1960

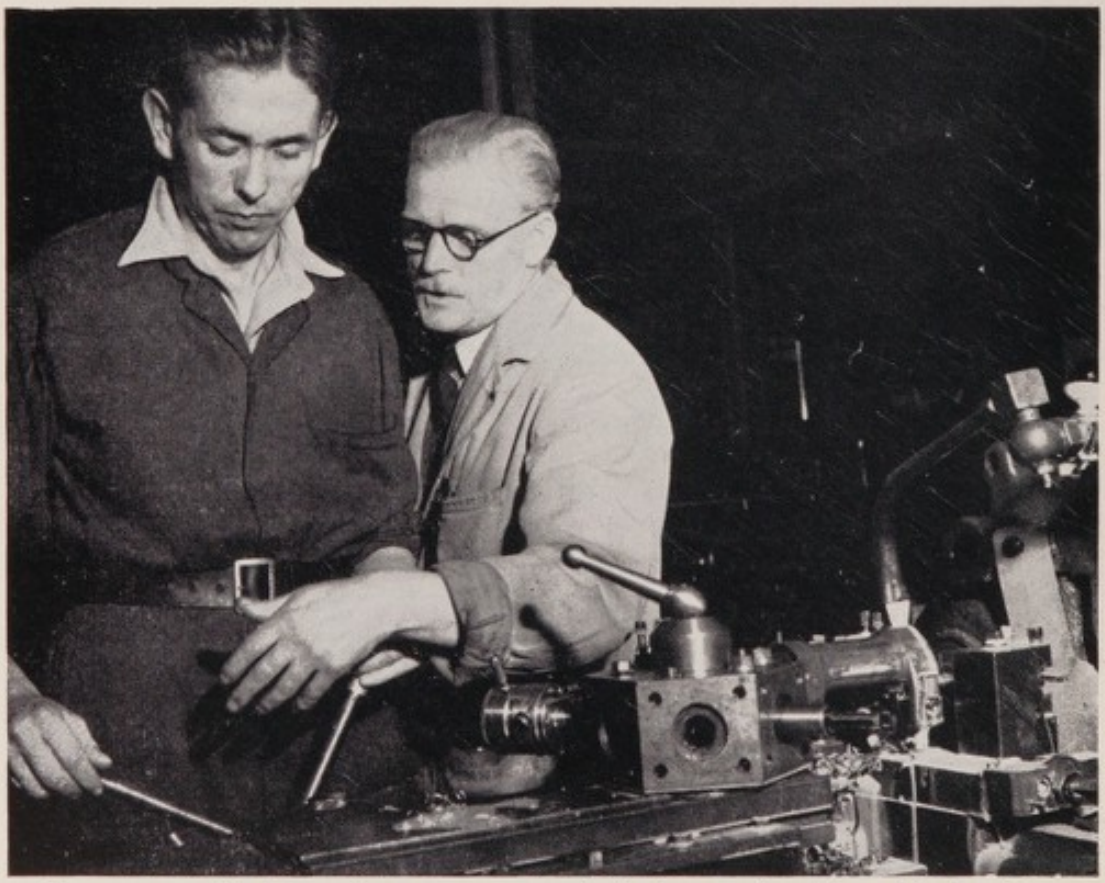
The main Act came into force on 5th July, 1948, at the same time as the National Health Service, National Assistance and National Insurance (Industrial Injuries) Acts. It established for the first time a comprehensive and unified scheme of social insurance covering practically the whole population of the country. The scheme, which is administered together with the Industrial Injuries Scheme by the Ministry of Pensions and National Insurance, provides cash benefits payable in various contingencies, those of most importance to the disabled being unemployment and sickness benefits. Later Acts have increased the amounts of benefits and have amended the provisions in various respects, but have not altered the main lines of the scheme: provision for a graduated retirement pension, in addition to the existing flat-rate pension, was made by an Act of 1959, but this of course is payable only to people over retirement age.

The scheme is based on insurance principles. It rests on the payment of weekly contributions by insured persons and employers, supplemented by the Exchequer; and its benefits are payable subject to the satisfaction of certain conditions—in particular, except for guardian's allowance, of conditions as to the previous payment (or crediting) of contributions. But where the conditions are satisfied there is a right to payment which is not dependent on the individual's resources or needs.

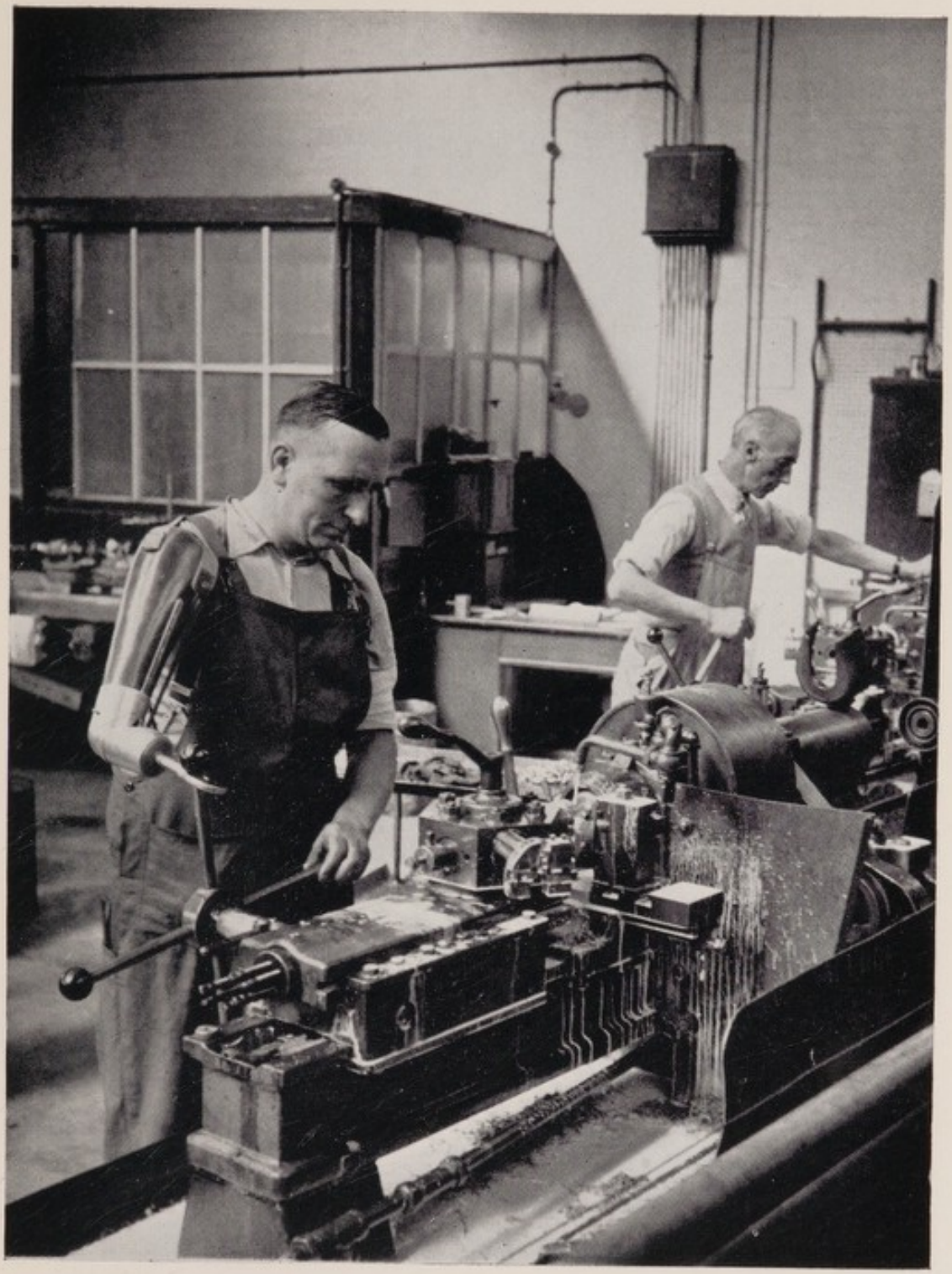
Nearly everyone in Great Britain between school-leaving age and retirement age is compulsorily insured under the scheme, apart from married women who may choose whether or not to be insured. (They must, however, be insured for graduated pension.) Insured persons are divided into three classes, employed, self-employed and non-employed persons; the rates of contributions and the benefits available for these classes differ. Unemployment benefit is payable only to people in the employed class who are capable of and available for work. It is payable for a period, varying according to the individual's insurance record, of up to nineteen months at the maximum; after that it cannot be paid until the person has re-qualified by a further period of work as an employed person. Payment of sickness benefit, which is payable to people in the employed and self-employed classes who are

Interview with the Disablement Resettlement Officer at an Employment Exchange

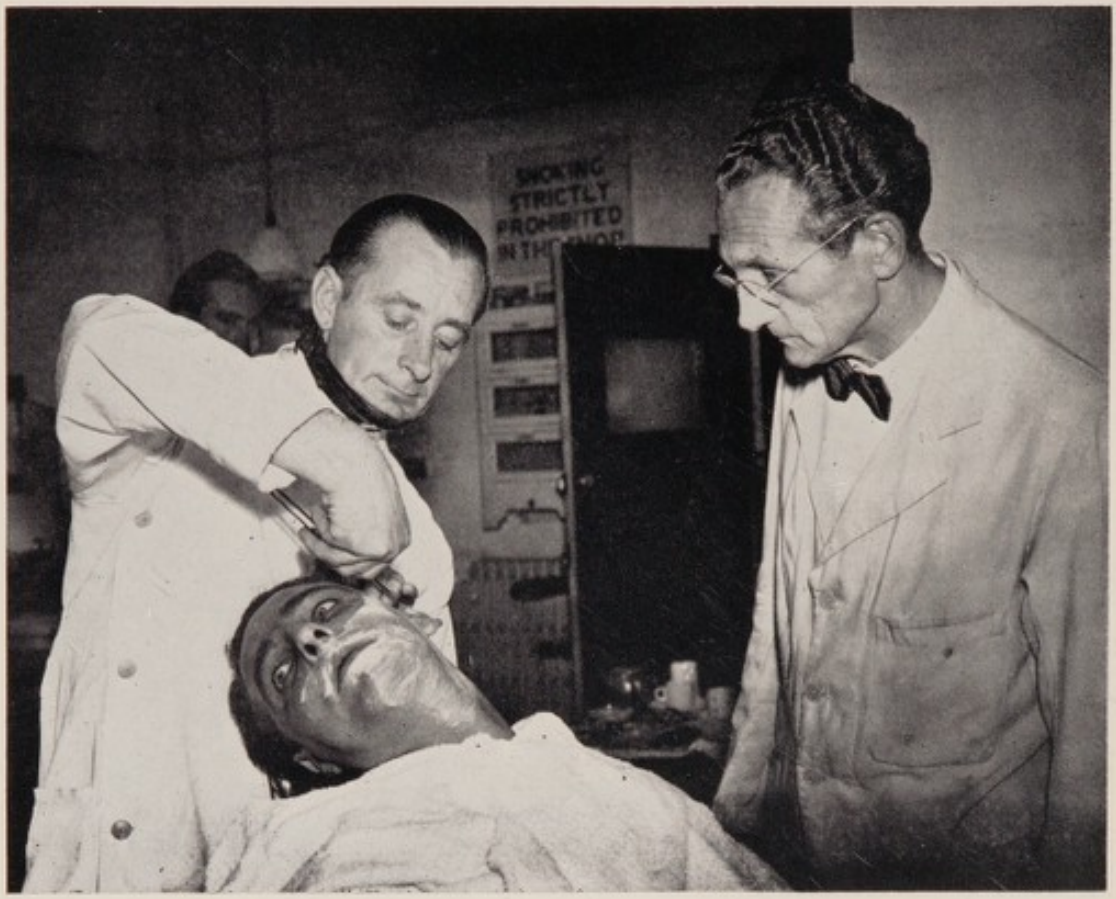
Industrial Rehabilitation Unit—preliminary assessment test



Government Training Centre—capstan lathe instruction for a blind trainee



Industrial Rehabilitation Unit—practical test in one of the workshops



Instruction in hairdressing for a disabled person at a Government Training Centre

incapable of work, is—subject to the satisfaction of a fairly easy initial contribution test—not limited in duration and can continue, if incapacity lasts, until retirement. But where that initial test is not satisfied, benefit is limited to one year, after which it is necessary to re-qualify by a period of work as an employed or self-employed person. Both unemployment and sickness benefit are normally payable at the standard rate for the main national insurance benefits (which is lower than the injury benefit rate under the Industrial Injuries Scheme). Reduced rates may be payable where the claimant's recent contribution record is deficient; the rates normally payable to married women and to persons under 18 are also lower. Increases of both benefits, as of injury benefit, may be paid for dependants.

People who are sick or unemployed are among those who are normally excused from the liability to pay contributions and their insurance position is then safeguarded by the crediting of contributions. Payment may also be excused during full-time attendance at an approved course of technical, vocational or rehabilitative training: this would normally include a course at an I.R.U. or G.T.C.

The provision in Northern Ireland for National Insurance (including Industrial Injuries Insurance) is similar to that in Great Britain, the schemes being administered by the Ministry of Labour and National Insurance, Northern Ireland.

THE NATIONAL ASSISTANCE ACT, 1948

Two principal services are provided under Parts II and III of this Act, and are administered respectively by the National Assistance Board and by L.As. who exercise their functions under the general guidance of the Minister of Health for England and Wales and the Secretary of State for Scotland. These services are:

(a) A scheme of national assistance grants paid by the National Assistance Board to those in need, and to those whose needs are not fully provided for by the National Insurance Acts or by any other sources; and

(b) Welfare services provided by L.As.:

(i) residential accommodation for the aged, infirm, mentally disordered and others in need of care and attention not otherwise available to them; and

(ii) arrangements for promoting the welfare of persons who are blind, deaf or dumb, or otherwise permanently and substantially handicapped.

The responsible L.As. are the County and County Borough Councils in England and Wales and the Councils of Counties and large Burghs in Scotland.

(a) *National Assistance Grants*

An application for an allowance from the National Assistance Board can be made by any person aged 16 years or over whose resources (including any benefits under the National Insurance Acts) are insufficient for his needs

and those of his dependants, if any. Persons involved in a trade dispute or in full-time employment are not eligible for assistance, except in case of urgency, but the full-time work disqualification is not applicable to disabled persons whose earning power is substantially reduced by disability and who are not employed under a contract of service. A person who is under pensionable age and available for work is expected to register for employment and apply for assistance through the local Employment Exchange; others obtain a simple application form from the Post Office. The local officer of the National Assistance Board will visit an applicant's home in all cases.

The question whether a person is in need and the extent of his need is determined by reference to statutory Regulations (the National Assistance Determination of Need Regulations) requiring Parliamentary approval and, being related to the cost of living, revised from time to time. These Regulations prescribe standard rates of assistance for persons living in various circumstances and a special rate, higher than the standard rate, for registered blind persons and for persons who have suffered a loss of income in order to undergo treatment for respiratory tuberculosis. The Regulations also lay down the way in which rent should be provided for and resources taken into account. Any resources which the applicant, wife or husband, and any dependent children may already have must be taken into account, but some part of certain kinds of income may be disregarded, including in particular the first 30s. of any disability or disablement pension and the first 30s. plus half the next 20s. (or, in the case of persons in the normal employment field, the first 15s.) of any part-time earnings. No account is taken of the resources of any other persons with whom the applicant may be living, but if he is the householder, a contribution towards the household expenses, not exceeding their share of the rent, is assumed to be made by any such self-supporting persons. As regards capital assets, no account is taken of the value of a house owned and occupied by the applicant, and the first £375 of any " war savings " (broadly speaking any increase since September, 1939, in a person's investments in certain Government funds) is also disregarded. Other capital assets between £125 and £600 are taken as representing a small income; if an applicant and his dependants have more than £600 between them, no assistance can usually be granted. The Board's officers have discretionary powers to increase the normal amount of an assistance grant in cases where there are special needs which would otherwise give rise to hardship.

Although assistance is not ordinarily payable for strictly medical needs, the National Assistance Board has power to make grants in respect of charges under the National Health Service where the patient (whether or not he is in full-time work) is in need of such help by national assistance standards. Persons in hospital who have no resources of their own may be provided with a small national assistance grant for personal expenses (a higher grant being paid to those with pulmonary tuberculosis than to others).

The Board is required to carry out its functions in such a way as shall best promote the welfare of those whom it assists and the Board's local officers therefore ensure that such persons are informed of any facilities available to them, and are put in touch, if appropriate, with the statutory or voluntary organisation best equipped to help them.

(b) *Welfare Services provided by Local Authorities*

(*i*) *Residential Accommodation*

L.As. have a duty to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention not otherwise available to them. The Mental Health Act, 1959, and the Mental Health (Scotland) Act, 1960, make it clear that mentally disordered persons may be placed in such accommodation. Arrangements for such medical and nursing care as might normally be provided for the residents if they were living at home are included in the facilities provided, but L.As. are otherwise precluded from providing accommodation for those who are ill. L.As. are required, in making such arrangements, to have regard to the welfare of the residents and to the need for suiting the accommodation to those who will live in it as, for example, in providing homes for the blind and homes for epileptics in need of " custodial care " but not of hospital treatment. The accommodation includes board and such other services, amenities and requisites as the L.A. considers necessary. The residents pay towards their maintenance, and the National Assistance Board will, where necessary, put a resident in a position to pay the minimum accommodation charge and have a small allowance left for personal expenses. Accommodation may be provided directly by L.As., or they may arrange to use premises managed by voluntary organisations. The aim is to provide homes for about thirty or thirty-five residents; these can be run economically, and a more " homely " atmosphere and greater individual care can be provided than in a larger institution. A few authorities are planning homes especially designed for handicapped persons, but most of the accommodation at present available to the disabled is provided by voluntary organisations.

(*ii*) *Welfare Services for the Handicapped*

L.As. are empowered by the Act to make arrangements for promoting the welfare of all persons substantially and permanently handicapped by illness, injury or congenital deformity. The Act repealed existing legislation which had placed such a duty in respect of the blind on L.As., and the Minister of Health and the Secretary of State for Scotland gave directions requiring L.As. to exercise their powers in this respect under the Act in relation to the blind, in order to preserve continuity. In July, 1960, following the passing of the Mental Health Act,the Minister of Health directed that all local authorities in England and Wales should be under a duty to exercise their powers in relation to the deaf or dumb and the general classes of the handicapped, and that the latter group should be extended to include the mentally disordered of any description. By 31st December, 1960, there were only two authorities who had not yet submitted schemes for the general classes for approval by the Minister, whilst there were eight still outstanding for the deaf or dumb. By the same date 84 authorities had submitted amending schemes to include the mentally disordered.

The welfare services for the general classes of the handicapped are mainly on similar lines to those provided for the blind including in particular:—

(a) maintenance of a register of handicapped persons;

(b) advisory visiting services;

(c) instruction in methods of overcoming the effects of disabilities;

(d) assistance to those who wish to engage in any handicraft, craft or other activity or employment in their own homes, social centres, etc., help in securing orders for their goods or services, and in disposal of goods produced;

(e) provision of social and recreational facilities, outings and holidays;

(f) the provision where necessary of hostels for workers for whom work or training is being provided under the Disabled Persons (Employment) Acts.

The emphasis in the welfare services for the deaf and dumb, of whom a register is also kept, is on social welfare as in (b), (c) and (e) above, and particularly in helping the deaf with the problems of communication and alleviating the isolation of this particular group of handicapped people. Although a small number of Local Authorities provide this service themselves and a few employ welfare officers with special experience in communication with the deaf, the majority employ as their agents the local voluntary associations for the deaf who have on their staff specialist welfare workers qualified to communicate with the deaf and help them in all aspects of their life.

The services required by handicapped persons vary according to the nature of the handicap and the degree of personal adjustment achieved, or likely to be achieved, by the individual. The guiding principle of the welfare service is to ensure that all handicapped persons, whatever their disability, have the maximum opportunity of sharing in and contributing to the life of the community. In this way their capacities are realised to the full, their self confidence developed and their social contacts strengthened. The provision of skilled advice and help is, in most cases, the pre-requisite to the achievement of this aim.

The Minister of Health's Advisory Council on the Welfare of Handicapped Persons which advised him about the guidance which was given to Local Authorities on the establishment of their welfare services for the handicapped, was reconstituted in 1957 as the Advisory Committee on the Health and Welfare of Handicapped Persons and now advises the Minister on special aspects relating to the health and welfare of the handicapped.

Northern Ireland

The National Assistance Act (Northern Ireland), 1948, and the Welfare Services Act (Northern Ireland), 1949, are the Acts corresponding to parts I and II, and part III respectively of the National Assistance Act, 1948, in Great Britain. The National Assistance Board for Northern Ireland exercises its functions in the same way as the National Assistance Board and is also under a statutory obligation to exercise them in such a manner as shall best promote the welfare of persons affected by them. The Welfare Services Act empowers Welfare Authorities to make arrangements for promoting the welfare of persons who are blind, deaf and dumb, or substantially and permanently handicapped by illness, injury or congenital deformity, or such

other disability as may be prescribed. Arrangements are made by County and County Borough Welfare Committees, which have functions in these respects similar to those of L.As. in Great Britain.

VOLUNTARY ORGANISATIONS

A large number of voluntary organisations in the United Kingdom provide a wide range of services for the benefit of those who are handicapped by disability. Some indication of the services provided is given in Appendix I to this book, whilst many of these organisations are listed in Appendix II. A voluntary organisation registered under the National Assistance Act and having among its principal objects the promotion of the welfare of handicapped persons, may be employed for such purpose by a Local Authority as their agent, if their scheme so provides, and the Local Authority may contribute to the funds of that organisation.

CHAPTER VI

Some Special Categories of Disabled Persons

EX-SERVICE PERSONNEL

Ministry of Pensions

The payment of pensions and allowances to members of the Armed Forces in respect of disablement due to war service was originally the function of the Service Departments, but these responsibilities were transferred to the Ministry of Pensions on its formation in March, 1917. The Ministry provided medical treatment in certain of its hospitals and centres and supplied artificial limbs and other appliances, as well as vehicles for severely disabled pensioners whose mobility was greatly restricted. It assumed similar responsibilities on the outbreak of the second world war but its scope was extended, first to cover members of the Home Guard, Merchant Navy and allied services, Civil Defence organisations and civilians injured by enemy action, and later to cover members of the Armed Forces disabled as a result of peace-time service after the end of the second world war. In 1948 a Welfare Service was set up to maintain closer contact with disabled pensioners and to ensure that they not only received all the benefits to which they were entitled but also were given advice or help on any problems or difficulties with which they needed assistance. In August, 1953, the Ministry of Pensions was amalgamated with the Ministry of National Insurance and under the title " Ministry of Pensions and National Insurance " the new Ministry continued to be responsible for the payment of disablement pensions and for the Welfare Service. But the functions of the former Ministry of Pensions in respect of the provision of medical and surgical treatment, artificial limbs and other appliances and vehicles (including motor cars, introduced in 1948) were transferred to the Ministry of Health for England and Wales, and the Department of Health for Scotland.

The amount of a disablement pension is determined by medical assessment of the degree of disablement; for this purpose the ex-Serviceman is compared with a normal healthy person of the same age without taking into account earnings or occupation. The degree of disablement is expressed as a percentage, 100 per cent. representing total disablement in respect of which full basic pension rate is payable. For smaller assessments of disablement down to 20 per cent., appropriate percentages of the basic pension rate are payable. Additions are made in respect of rank and for the wife and children of the pensioner, irrespective of the date of marriage or birth of child, and there is provision to pay an education allowance for children in certain circumstances.

Further, one or more of the following supplementary allowances may be awarded:—

(a) Constant Attendance Allowance to a pensioner assessed at 80 per cent. or more, who is 100 per cent. disabled from all causes and needs regular personal attendance mainly because of his war disablement. The amount of the allowance depends on the nature and extent of the attendance required.

(b) Unemployability Supplement to a pensioner so handicapped by his war disablement as to be unemployable. (Net earnings of not more than £104 a year do not disqualify a person from receiving this allowance).

(c) Comforts Allowance to a pensioner receiving either constant attendance allowance or unemployability supplement; and, at a higher rate, to a pensioner receiving both constant attendance allowance and unemployability supplement, or to one with very severe multiple disabilities who is able to work but receiving constant attendance allowance.

(d) Allowance for Lowered Standard of Occupation to a partially disabled pensioner whose war disablement prevents him from following his pre-service occupation and who has to take a less well paid job. The allowance plus the pension must not exceed the 100 per cent. pension rate.

(e) Severe Disablement Occupational Allowance for a pensioner who qualifies for a constant attendance allowance of 60s. a week or more and who, despite his handicap, is normally in employment.

(f) Clothing Allowance to a pensioner who regularly wears an artificial limb for an amputation due to service. The allowance can also be paid in any other case in which the pensioned disablement causes exceptional wear and tear of clothing.

(g) Age Allowance to a pensioner aged 65 or over whose disablement is assessed at 40 per cent. or more. The amount of the allowance depends on the degree of pensioned disablement.

Where the degree of disablement is assessed at less than 20 per cent., payment takes the form of a gratuity or a weekly allowance with or without a terminal gratuity. Appeals on questions of entitlement to pension or assessment of degree of disablement are dealt with under statutory rules by independent Pensions Appeal Tribunals.

For a pensioner receiving approved treatment which prevents him from working, an allowance appropriate to the 100 per cent. pension rate is payable in lieu of the current pension. In addition he can receive his own sickness benefit under the National Insurance Scheme.

The Welfare Service is operated by trained Welfare Officers from War Pensions Offices of the Ministry of Pensions and National Insurance throughout the country, assisted by members of War Pensions Committees and their voluntary workers. In addition to seeing that pensioners receive all they are entitled to by way of pension and other statutory benefits, the Welfare Officer is concerned with everything which will promote the pensioner's general well-being. Assistance is given in tackling social, domestic and

personal problems, either directly or in co-operation with other statutory and voluntary organisations. Medical Officers are available to advise on medical rehabilitation. For pensioners who are so severely disabled that they cannot undertake regular employment of any kind, a special service is available which arranges regular visiting and encourages participation in the War Pensioners' Homecrafts Service. The object of this is to provide interests and a means of self-expression through a wide range of crafts and hobbies. In order to assist those pensioners who have not found markets of their own, frequent Sales are arranged, mostly by War Pensions Committees. The Service is operated in conjunction with voluntary organisations such as the Joint Committee, Order of St. John of Jerusalem and British Red Cross Society. The help of voluntary organisations and individuals is also enlisted to provide companionship for the pensioner, to help in the house and garden and to provide entertainment, outings and amenities in the home.

All war pensioners have been provided with leaflets telling them about the various benefits available to them and of the help which can be obtained through the Welfare Service. Copies of these leaflets can be secured from any local office of the Ministry, which will also arrange for a pensioner to see a Welfare Officer.

MEDICAL SERVICES AND PROVISION OF APPLIANCES

In general, medical treatment for disabled ex-Service men and women is provided under National Health Service arrangements with priority of examination and treatment subject only to the needs of emergency and other urgent cases. Ex-officer pensioners requiring treatment for their accepted war disabilities are entitled to accommodation in single rooms and small wards, where available, free of charge.

The special war pensioner hospitals taken over by the Ministry of Health in 1953 have now been brought within the National Health Service, except for Queen Mary's (Roehampton) Hospital which is being transferred in 1961 and Leopardstown Park Hospital in the Irish Republic. They retain their special war pensioner character, and continue to provide priority of admission and special facilities as in the past.

In addition, the Health Departments maintain contractual arrangements for the treatment of war pensioners in certain hospitals and institutions outside the National Health Service.

War pensioner priority extends also to the Ministry's Artificial Limb and Appliance Centres. There are special rules as to eligibility for supply of tricycles and war pensioners may be provided with home nursing equipment through these Centres.

Ministry of Labour

The interests of the disabled ex-Service man are furthered by the Ministry of Labour in two particular ways. The first is the King's National Roll which was inaugurated by Royal Proclamation in 1919 and is a voluntary scheme designed to help ex-Service men disabled in the 1914 - 1918 war to find employment. Under the scheme, employers are asked to employ a percentage of these disabled ex-Service men, and those employing their percentage, or

undertaking to employ them if required, are entitled to a preference in the allocation of Government contracts. The Scheme still operates independently of the arrangements provided under the Disabled Persons (Employment) Act, 1944, although that Act provides that a 1914 - 1918 disablement pensioner shall be treated as "a disabled person and as one whose disablement is likely to continue for 12 months or more from the time of the entry of his name in the register" and may be registered under the Act without making application. The numbers of surviving 1914 - 1918 ex-Service men are, of course, diminishing but the scheme has served and continues to serve a useful purpose.

The Disabled Persons (Employment) Act, 1944 also provides that preference in submission to vacancies for employment is to be given to ex-Service men and women who are registered as disabled. This preference applies to men who have at any time served whole-time in H.M. Forces or in the Merchant Navy, and to women who have at any time served whole-time in certain of the Women's Services; disability need not have resulted from or occurred during such a period of service. Similar preference is exercised in selecting disabled persons for vocational training, industrial rehabilitation courses and sheltered employment, if such facilities cannot at any time be provided for all in need of them.

Voluntary Organisations

Many voluntary organisations provide especially for the needs of disabled ex-Service personnel, one of the oldest established being the organisation now known as the Forces Help Society and Lord Roberts Workshops. The Society provides for serving and ex-Service members of the Navy, Army, Air Force and the various Women's Services and maintains eight workshops in the United Kingdom at which disabled ex-Service men are trained and employed; the main workshop trades are furniture, basket-ware, brushes and decorated lacquer work. The Society has a Home and Training Centre at Woking, Surrey, where paraplegics and other very severely disabled persons received medical treatment and are at the same time trained in occupations which they can continue when they return home, such as invisible mending and clock assembly and repair. The Society's clock assembly and repair scheme, which is run in co-operation with the Enfield Clock Company, is also carried on for Service and ex-Service patients at Stoke Mandeville Hospital and the Star and Garter Home, Richmond, Surrey. Amongst the other activities of the Society are: a general welfare service; convalescent homes at Brookwood and Ryde, Isle of Wight; a Home for elderly disabled ex-Service men at Portsmouth; Cottage Homes at Wantage and Caversham; and schemes for employing disabled ex-Service men in need of out-door work as car park attendants in Liverpool and Edinburgh.

Complete responsibility for the rehabilitation, training, placing and life-long after-care of all men and women of the Armed Forces and Civil Defence Services blinded as the result of war service, is accepted by St. Dunstan's and the Scottish National Institution for the War Blinded. The Scottish National Institution is responsible for the majority of the war blinded residing in Scotland and St. Dunstan's for those in England, Wales and Ireland as well as a small number in Scotland. St. Dunstan's provides training for

professional and administrative posts, in physiotherapy, telephone operating, and for work in factories such as capstan lathe operating, inspection and assembly. Training is also given in poultry farming and shop keeping, and in the home worker's crafts of joinery, boot repairing, and mat, rug and basket making. St. Dunstan's ensures that each man receives training for the occupation best suited to his capabilities and desires, and, where suitable work is not available in the man's home town, it will acquire accommodation in another town and move the man and his family. St. Dunstan's has under its care a number of men who, in addition to their blindness, have other disablements such as injury to or loss of one or both hands. It has done much research to enable these men to undertake remunerative work successfully. The Scottish National Institution has set up sheltered workshops for many of its men where the traditional workshop crafts and certain newly introduced industries are practised. Some of its men have been trained and settled as physiotherapists, shop keepers, welfare officers, and home teachers.

The British Legion established its Poppy Factory in 1922 as an employment scheme for disabled ex-Service personnel. This factory now employs over three hundred persons, most of them very severely disabled, over half of them having been employed there for twenty-one years or more: accommodation is provided for a number of these employees and their families in a housing estate adjoining the factory. British Legion Disabled Men's Industries, Ltd., is a company which assists ex-Service men precluded by their disability from following employment outside their homes. Advice and some elementary instruction are given in the handicraft best suited to the individual, and a grant may be made for the purchase of any necessary tools and materials. The British Legion Village (Preston Hall) Maidstone, is a Village Settlement with its own industries for the rehabilitation, training and employment of ex-Service personnel suffering from tuberculosis and other chest diseases. A scheme for training taxi drivers in the London area is provided by the Legion, and about one hundred suitable disabled ex-Service men are trained for such employment each year. They may receive a Government Training Allowance from the Ministry of Labour.

Employment as attendants at car-parks, exhibitions, special events, etc. is provided for approximately 274 full-time and 79 part-time disabled ex-Service men by the British Legion Attendants Company Limited. In addition the Company employs 204 full-time and 122 part-time disabled ex-Service men as traffic wardens. These are some of the many activities of the Legion, which assists disabled ex-Service men in many ways and gives them special consideration in all its schemes. The British Legion (Scotland) is a separate organisation existing for the benefit of ex-Service men and women living in Scotland.

Another voluntary undertaking devoted to the disabled ex-Service man is the British Limbless ex-Service Men's Association, which operates through local branches in advising and helping the limbless ex-Service man in all problems connected with the loss of limbs. The Association maintains homes at Blackpool and Southsea, providing permanent residence for severely disabled limbless ex-Service men in need of nursing care and attention, with some beds available for convalescence.

The ex-Services Mental Welfare Society assists ex-Service and ex-Merchant Navy personnel suffering from psychoses and neuroses. The Society provides remedial treatment in its Homes, sheltered employment, pensions, relief and legal advice. It also maintains a Home for patients who are too old to work.

The Ex-Services War Disabled Help Department of the Joint Committee of the Order of St. John and the British Red Cross Society provides assistance in various forms for disabled ex-Service personnel. This may range from a friendly visit at home or in hospital, to help by advice, gift or loan, or, in the case of disabled pensioners of both world wars, financial help for relief of hardship or for resettlement. Financed by funds donated to the Red Cross and St. John during the wars, assistance is restricted to those whose need is due to war disablement and there is the closest co-operation with other ex-Service funds and with Government Departments to ensure that the maximum benefit may be made available. Assistance is given to meet the many needs arising from disablement, and covering such items as invalid foods, diversional handicrafts, invalid chairs, comforts and convalescence. Help towards resettlement is also given. Those whose disability either prevents them from working as employees or otherwise hampers them in the labour market, but who are unsuitable for any Government scheme for training or resettlement, may, in some circumstances, be assisted in setting up in business on their own account. These services are provided in England, Wales and Ireland, the Scottish Branch of the British Red Cross Society operating an independent scheme in Scotland.

THE DISABLED COAL MINER

As a result of the nature of his work, the coal miner is perhaps exposed to a greater risk of disablement than most other workers. Disablement in the mining industry is generally either respiratory or the result of injury, and special rehabilitation facilities exist to deal with both classes of disablement.

Injuries

In September, 1942, an Inter-departmental Committee which had been set up to consider the loss of mining manpower through injury and sickness recommended that, in so far as existing hospital services failed to meet the particular needs of coal miners for rehabilitation, special rehabilitation facilities should be provided for them. Such a special provision was justified by the heavy accident rate in the industry, non-fatal accidents being almost six times as numerous as in factories. At the request of the Ministry of Fuel and Power, the Miners' Welfare Commission accepted responsibility for providing such a service and in 1943 established seven rehabilitation centres for miners. In April 1951, this Scheme was merged with the National Health Service.

The centres provide specialised forms of physiotherapy, occupational therapy and gymnastics to fit the miners for heavy manual labour. Continuity of treatment and close co-operation of hospitals and centres is ensured by the appointment of medical staff of associated hospitals to serve at the centres. Records over a period showed that over 90 per cent. of miners with serious

injuries returned to work in the mines within a period of six months after discharge from the centres, and of these, 68 per cent. returned to their full pre-accident work, and 28.7 per cent. to lighter work in the mines, making a total return to the Mining Industry of 96.7 per cent. Only 1.6 per cent. required re-training or resettlement in new work and 1.2 per cent. either retired or went back to hospital for further treatment. A failure of only 0.5 per cent. in resettlement is in itself a tribute to the rehabilitation service.

Pneumoconiosis

Pneumoconiosis which in this context includes silicosis, is one of the prescribed industrial diseases and is defined by Regulation as " fibrosis of the lungs due to silica dust, asbestos dust or other dust and includes the condition of the lungs known as dust reticulation but does not include byssinosis ". For many years, the disease was more prevalent in the South Wales coalfield than elsewhere. It is not an infectious disease, and men suffering from it are no danger to their workmates, though in some cases infective tuberculosis may exist in addition to pneumoconiosis. Particular jobs in certain industries which entail appreciable exposure to dust or irritating fumes are unsuitable for those suffering from pneumoconiosis and a number of such jobs are legally prohibited to them. In addition to the avoidance of exposure to dust and fumes, they may have to avoid work requiring heavy and sustained physical exertion; work involving sudden changes of temperature; work in abnormal humidity, with bad ventilation or involving exposure to inclement weather conditions outdoors. Subject to these exceptions, and having regard always to the necessity of weighing the physical condition and capacity of the individual against the physical conditions and requirements of the job, it may broadly be said that persons with pneumoconiosis are able to work at most occupations. Moreover the disease does not detract in any way from their mental capacity so that they can be trained to do skilled work as well as other men of similar age and aptitude.

In order to consider the special problems associated with pneumoconiosis, the Minister of Fuel and Power established a National Joint Pneumoconiosis Committee in 1947. Representatives of the Government Departments concerned, the National Coal Board, the National Union of Mineworkers and the Medical Research Council (Pneumoconiosis Research Unit) sit on the Committee and its various sub-Committees. Since that time, and partly as a result of the activities of this Committee, there has been a considerable improvement. The number of unemployed pneumoconiosis cases in South Wales had reached a peak of 4,775 in February, 1948: in April, 1954, the total was less than one thousand, despite the fact that many thousands of new cases were diagnosed in this period. The principal special factors which, combined with the continuous placing efforts of the Ministry of Labour, resulted in this improvement were:

(a) Remploy factories, " Grenfell " factories and new factories provided by the Board of Trade;

(b) the option to remain at work under approved conditions; and

(c) the re-employment of men suspended under the Workmen's Compensation Acts.

The " Grenfell " factories are those erected in South Wales for letting at reduced rentals to firms undertaking to employ at least half of their labour force from the registered disabled. Ten of these factories, each of 25,000 square feet, were built following the recommendations of a Working Party under the chairmanship of Mr. David Grenfell, M.P., which investigated the employment in South Wales of ex-miners disabled by pneumoconiosis. These factors were intended primarily to help those with pneumoconiosis and were sited in areas with pockets of unemployed pneumoconiosis cases. A few other factories have been let in South Wales on analogous terms.

Prior to the 5th July, 1948, when the Industrial Injuries Act came into operation, a man certified to be suffering from pneumoconiosis was automatically suspended from underground mining employment and employment in certain specified processes on the colliery surface. Since that date, a man found to be suffering from pneumoconiosis unaccompanied by tuberculosis is not suspended. Pneumoconiosis Medical Boards have been set up and it is the practice of the Medical Board (but not a statutory duty) to send the miner a letter of advice telling him whether or not he can safely continue in the coalmining industry, and, if so, whether he should work underground in approved dust conditions or in a reasonably dust-free surface job. He is free to decide for himself what he is going to do and, whatever he decides to do, any disablement pension under the Industrial Injuries Scheme to which he may be entitled is not affected, and he is called up for periodic re-examination by the Medical Board.

Regulations were made by the Ministry of National Insurance on 4th June, 1951, under which men suspended under the Workmen's Compensation Act were enabled to return to the coalmining industry if they so wished and were passed as fit to return so far as their pneumoconiosis was concerned by a Pneumoconiosis Medical Board. If passed as fit they were advised by the Medical Board of the conditions under which they should resume work in the mines; they were also given a general physical fitness examination by a National Coal Board doctor. If, after these preliminaries, they were permitted to take up work in the mines, they were called up for periodic re-examination by a Pneumoconiosis Medical Board.

The Minister of Health, in agreement with the Pneumoconiosis Research Unit and the National Union of Mineworkers, has established a therapeutic hospital unit at Penarth in South Wales; this is equipped for the full investigation and treatment of both bed and walking cases and maintains a close liaison with the P.R.U. at Cardiff. In Scotland the Regional Hospital Boards have arranged for special pneumoconiosis sessions of chest clinics in each of the coalfields for the diagnosis of the disease and to provide consultant advice; an appropriate number of hospital beds are associated with these clinics.

THE BLIND

In Great Britain, a person may be voluntarily registered as blind under the National Assistance Act, 1948, if " he is so blind as to be unable to perform any work for which eyesight is essential ". There are over 100,000 persons so registered, of whom only a small proportion are totally blind. Many can

distinguish between light and darkness, and some may see comparatively well within a small area. It is also usual to find among blind persons a compensatory development of one or more of the other senses. As wide a variety of skills and abilities will be found among the blind as in any cross-section of the population; and the effects of blindness will vary widely according to the individual's natural abilities and degree of adjustment to his circumstances.

Educational and Vocational Training of Blind Children and Adolescents

There are 23 boarding special schools for the blind approved by the Ministry of Education in England and Wales. These provide for about 1,300 pupils and include 8 Sunshine Homes, established and maintained by the Royal National Institute for the Blind, for very young blind children up to the age of about seven, 2 schools for blind children with additional mental or physical handicaps (including deafness), two grammar schools for the blind for pupils up to the age of nineteen and the Royal Normal College and Academy of Music which provides education for selected pupils up to the age of twenty or twenty-one with specialisation after the age of sixteen on music, piano tuning or shorthand and typewriting. Teachers in all special schools for the blind are required, in addition to being qualified teachers, to obtain a special qualification for the teaching of the blind, either by means of a full-time course, or by in service training completed within three years of appointment to a special school for the blind.

Pupils leaving special schools for the blind at the age of sixteen may be trained at establishments approved by the Minister of Education which provide vocational training and education courses, mainly for sheltered employment but also for open employment, for students up to the age of 20 or 21. These establishments include one (Hethersett, opened by the Royal National Institute for the Blind in 1956) which has the object of providing for blind young people who need it, short courses of further education designed to improve their maturity together with assessment and vocational guidance to help them choose between open and sheltered employment and the various types of training available for each.

Rehabilitation of the Newly Blind

The first need of those who are blinded or become blind in adult life is instruction in adjusting themselves to blindness, which may be provided in their own homes or in a residential establishment. Nearly eight hundred welfare workers, known as home teachers, are employed by L.As. or voluntary agencies acting on their behalf in visiting the blind in their homes and assisting the newly-blinded to adjust themselves to their condition; more than one hundred of these home teachers are themselves blind. The Royal National Institute for the Blind provides residential centres for the rehabilitation of the civilian blind at Queen Elizabeth Homes of Recovery for the Blind (America Lodge and Manor House) at Torquay, and a centre for social rehabilitation at Oldbury Grange, Bridgnorth. In Scotland, a residential rehabilitation centre is provided at Alwyn House, Ceres, Fife, by the Edinburgh and South-East of Scotland Society for welfare and teaching of the blind. The courses are designed to re-establish self-confidence in everyday

activities and no attempt is made to teach a trade. Instruction is given in the reading and writing of Braille type and the use of a typewriter and there are workshops where practical methods of working without sight can be taught. During the course, the aptitudes, inclinations and employment capacity of each person are carefully assessed and this information is passed on, where appropriate, to the responsible L.A. or to the Ministry of Labour. Whilst most of the persons attending these courses intend to fit themselves for training or employment, some places are reserved for such persons as housewives who do not intend to take up gainful employment.

Vocational Training

Vocational training for the blind is provided, as for other disabled persons for the professions and for industrial, commercial or sheltered employment depending on the aptitudes and suitability of the individual. The cost of training is met by the Ministry of Labour and maintenance allowances are payable to those in training, other than those receiving wages. For the professions, the course of training and the examinations are normally the same as for the non-disabled. Special courses are available in music and the only approved training course in physiotherapy is that of the Royal National Institute for the Blind School of Physiotherapy. Training for industry and commerce may be in employers' establishments, at special centres or at a G.T.C., the aim being to provide training of the best possible quality. The Ministry of Labour and the Royal National Institute for the Blind have arranged for the training of blind persons in employers' establishments by specialist training officers. Training for sheltered employment is undertaken mainly in Workshops for the Blind.

Employment in Ordinary Industry

One of the most significant changes which has occurred with regard to the employment of blind persons during recent years is the development of opportunities for their employment in ordinary industry. Experience gained during the 1939 - 1945 war proved that suitable blind persons could be satisfactorily employed on a variety of jobs in ordinary factories. Specialist " Placing Services for the Blind " have been set up by L.As. and voluntary organisations for the blind to assist blind persons to obtain suitable employment in ordinary industry and commerce. Specialist Placement Officers of these Services work in close collaboration with Officers of the Ministry of Labour. They find jobs for the blind and submit suitable candidates; where blind workers are placed, they pay regular follow-up visits to ensure continued satisfaction on both sides. In addition to factory work blind persons are employed to an increasing extent as shorthand typists, telephonists and on executive and administrative work in commerce, industry and central and local Government service. The employment of blind persons in ordinary industry is based essentially on the principle that they can and should do a full week's work in return for a full week's wage.

Sheltered Employment

In the discharge of their responsibilities for the welfare of the blind, Local Authorities had been empowered to maintain or contribute to the

maintenance of Workshops and Homeworkers Schemes; these powers and responsibilities were continued by the National Assistance Act, 1948 and are now, since the passage of the Disabled Persons (Employment) Act, 1958, exercised under the general guidance of the Ministry of Labour. There are 67 workshops for the blind, of which about one-third are administered directly by local authorities and the remainder by voluntary organisations acting as agents of the local authorities. They provide employment or training for about 4,000 blind persons. About three-quarters of the employees are men: the main trades are basket, mat, brush and bedding manufacture. The Ministry of Labour pays the full cost of training adult blind persons in these workshops, and makes grants towards the expenses incurred by local authorities in running them or contributing towards the costs of the voluntary organisations. The workshops are subject to inspection by the Ministry of Labour.

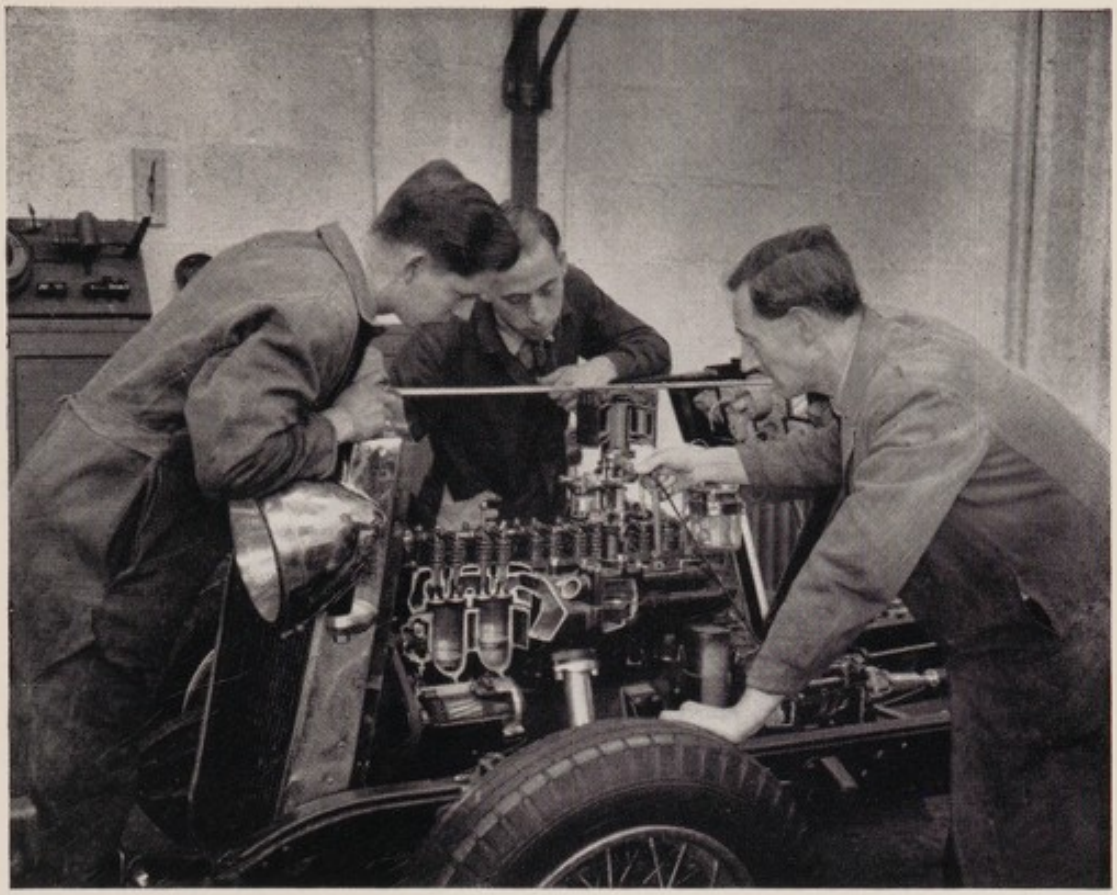
For the employment of those blind persons who for any reason cannot or do not wish to be employed either in ordinary industry or in a Workshop for the Blind, Local Authorities and voluntary organisations have developed home workers' schemes, providing at present for about 1,100 blind home-workers in Great Britain. These homeworkers are mainly in business on their own account and are assisted in such matters as the obtaining of raw materials, the advertising and marketing of products and in technical matters connected with the trade or profession practised. Blind home-workers usually receive weekly cash payments from the responsible Local Authority to augment their earnings and carry on the same types of trade as do the Workshops for the Blind. Some are, however, engaged in other occupations such as poultry keeping, piano tuning, shop-keeping and music teaching. The Ministry of Labour makes grants to Local Authorities towards the cost of administering homeworkers' schemes and providing tools, equipment and working accommodation.

Government Departments

In addition to such services as the Health Services, available to the blind in common with the general population, there are a number of Government services provided specifically for the blind and administered by various Government Departments. The National Assistance Board is responsible for financial assistance of the blind including blind old age pensions and supplementary allowances. The National Assistance Act, 1948, provides for a special higher standard of assistance for blind persons. The Ministry of Pensions and National Insurance is responsible for pensions and welfare for blind ex-Service men and women, and the General Post Office for wireless licences and special postage rates for embossed literature. The Ministry of Health in England and Wales and the Department of Health for Scotland are responsible for the general welfare of the blind of all ages.

Local Authorities

The duty of promoting the welfare of blind persons, which is laid on L.As. may be discharged by services administered directly or through voluntary agencies; the services cover welfare generally including the provision of special residential accommodation for those unable to manage at home. The



Government Training Centre—motor mechanic's class

Toy car factory for the employment of ex-coalminers disabled by pneumoconiosis

Full employment and wages for two disabled men in ordinary employment

A blind para. worker tends his farm

Full rate of pay for a blind man in ordinary employment

Remploy Ltd.—The manufacture of orthopaedic footwear

Remploy Ltd.—Preservation, Identification and packaging of engineering parts

general scope of the welfare services, which must be provided in accordance with a scheme approved by the Minister of Health or the Secretary of State for Scotland, is as follows:

(a) the examination of persons claiming to be blind, and the certification and registration of those found to be blind;

(b) the provision of home teachers to assist the blind in overcoming their disability and in all welfare matters as well as by instruction in simple diversionary occupations;

(c) assistance in placing suitable blind persons in ordinary employment; and

(d) the general welfare of the blind including the provision of embossed literature, social and handicraft centres, facilities for holidays, diversionary occupations and all recreational facilities.

Voluntary Associations

There are many local voluntary associations providing welfare services, some of them acting as agents for L.As. Such voluntary organisations as the Royal National Institute for the Blind, the Guide Dogs for the Blind Association, the National Library for the Blind, the British Wireless for the Blind Fund and the Jewish Blind Society provide services for the blind on a national basis, the services being largely those which L.As. would not ordinarily be justified in providing. There are several similar organisations and professional associations, among them the Braille Printing Department of the Edinburgh Royal Blind Asylum and also Pensions Societies which may financially assist blind persons with pensions, allowances or grants. The work of St. Dunstan's and the Scottish National Institute for the War Blinded is well known and is outlined in the section of this book on ex-Service personnel. In England, three advisory and consultative bodies known as Regional Associations co-ordinate the work of L.As. and voluntary associations. The work of these Associations includes the maintenance of central registers of blind persons, the provision of training courses for home teachers and research into certification of blindness. In Scotland, the Scottish National Federation for the Blind provides a similar service; and the Wales and Monmouthshire Regional Council represents Welsh interests in certain fields of voluntary work. There are two organisations of blind persons, the National League of the Blind (a Trade Union) and the National Federation of the Blind, and one for the deaf-blind, the National Deaf-Blind Helpers' League.

The Partially-Sighted

Persons with substantially defective vision may be registered as " partially sighted ", and many of the services provided for the blind by local authorities and voluntary organisations are now also made available to them. Partially sighted children, however, are now educated almost entirely separately from the blind. There are 26 Special Schools for the partially sighted with about 1,700 pupils of whom about half attend day Special Schools within reach of their homes.

THE TUBERCULOUS

In Great Britain, the Regional Hospital Boards are responsible for the diagnosis and treatment of pulmonary tuberculosis and the L.H.As. for

arrangements for the prevention of the disease and for the care and after-care of persons suffering from it. There are arrangements to ensure the close co-ordination of the activities of these two administrative authorities to ensure that the action and supervision of the hospital or chest clinic are integrated with the action taken to ensure the social and physical welfare of patients and their families. The main link between the authorities is the physician in charge of the chest clinic of the Hospital service, who acts in a dual capacity. He concerns himself with diagnosis and treatment as tuberculosis specialist for the area served by the clinic, and also, in association with the Medical Officer of Health of the L.H.A., with the preventive and after-care functions of that authority.

Institutional treatment, where it is necessary, may be given in a sanatorium or a general hospital. It is often for only a comparatively short period whilst the case is investigated and a programme of treatment decided upon. Many cases are found by means of Mass Radiography in the early stages and may not need more than a routine course of the special drugs now available for the treatment of tuberculosis. Some may be able to return to work at once or after a short period of rest at home. Those who need financial help while continuing to receive treatment at home may be entitled to a grant from the National Assistance Board; a special higher standard of assistance is provided for persons who have suffered a loss of income in order to undergo treatment for respiratory tuberculosis. There remain those cases, fewer than in previous years, who may require a longer period of treatment and whose work may need to be modified. They will most probably be given an opportunity of a more prolonged stay in a sanatorium where occupational therapy will be provided, not only to keep the patient occupied but also to fit him as far as possible for suitable employment on discharge. At the appropriate stage, the physician in charge must advise whether the patient may return to his former occupation and, if not, interest himself from a medical point of view in the patient's resettlement in some other occupation suitable to his ultimate condition and unlikely to involve the risk of relapse.

In the past, the rehabilitation and resettlement of the tuberculous has presented one of the most difficult of all disablement problems; but modern methods of treatment have greatly reduced the numbers of employable infectious cases and of those requiring prolonged rehabilitation or sheltered employment. Facilities for such cases are however still available, in village settlements and other workshops for the tuberculous, and in Remploy factories.

There are seven village settlements. Four are run by voluntary undertakings: these are Papworth, Cambridgeshire and Enham-Alamein, Hants. (neither of which now accepts infectious cases), British Legion, Kent, and Barrowmore, Cheshire. Three (Sherwood, Notts., Wrenbury Hall, Cheshire and Mount Industries, Hampshire) are run by Local Authorities. Most settlements offer long courses of rehabilitation, combined with industrial training, which may lead either to resettlement in open industry or to sheltered employment within the settlement. The Ministry of Labour gives financial assistance towards the cost of these courses and provides maintenance allowances for the trainees, and may also make grants towards the cost of the provision of sheltered employment, as in the case of other sheltered undertakings.

One Local Authority (Middlesex County Council) has provided a non-residential sheltered workshop for the disabled, and there are two small workshops provided by voluntary organisations. All receive financial assistance from the Ministry of Labour.

Non-infectious tuberculous cases may be accepted at any of the 90 Remploy factories. Of these, seven were originally established exclusively for the tuberculous, but some now accept other disablements and have therefore been closed to infectious cases.

In Northern Ireland, the treatment and care of the tuberculous are in the hands of the Northern Ireland Hospitals Authority and the arrangements follow closely those in Great Britain, with the exception, however, that there are no Remploy factories or Village Settlements to provide Sheltered employment. Rehabilitation and graduated employment are linked together, but on a minor scale only.

THE MENTALLY DISORDERED

Mental Illness

For the successful rehabilitation of the physically ill, proper attention must be given to psychological factors which are often important and which can interfere with the rehabilitation of those with physical disabilities. In some cases these psychological factors require psychiatric attention, especially when the personality is poor, or when the illness has been prolonged. There is also the problem of those whose symptoms and diagnoses are primarily psychiatric. The pattern of rehabilitation for those suffering from mental disorder varies according to whether they are suffering from mental illness or from incomplete development of mind. The mentally ill, including those suffering from neurosis may be treated at out-patient clinics, at special centres or units in general hospitals or at psychiatric hospitals. Rehabilitation is provided to help those who are recovering sufficiently to be able to return to their homes, and, in a somewhat different form, for those who may need the hospital as their permanent home. Similarly, for those who suffer from incomplete development, the pattern of rehabilitation will vary according to whether they may, with training and guidance, be enabled to live a sheltered life in the community or whether it will always be necessary for them to have hospital care. The major problem relates to the mentally ill, of whom there are, in England and Wales alone, some 70,000 to 80,000 new cases annually. About 80 per cent. of these may well be discharged within twelve months.

The Mental Health Act, 1959 distinguishes a further class of patient—the psychopathic. These are people suffering from behaviour difficulties leading, in the words of the Act, to " abnormally aggressive or seriously irresponsible conduct ". They are particularly difficult to treat and to rehabilitate, and need a form of re-education in living amicably with their fellows, part of which may well be training for employment.

The largest of the neurosis units is at the Belmont Hospital, Surrey, with 400 beds. Another unit of importance is at Roffey Park, near Horsham, which was started in 1944 to deal with patients who, although in employment, show signs of maladjustment. At the Cassel Hospital, Richmond, the treatment and rehabilitation of patients is provided by physicians and staff

with a psycho-analytic outlook. For those who do not require in-patient treatment there are over 400 adult out-patient clinics and 200 child guidance clinics and centres.

The rehabilitation of the mentally ill varies according to whether it is anticipated that the patients must make the hospital their permanent home or whether they will recover sufficiently to return to live in the community. The rehabilitation of the former must of necessity take the form of providing occupation and a social milieu which can be developed within an institutional environment. The rehabilitation of the patient who is expected to return to the community has two main aspects, the measures necessary to enable the patient to obtain employment and those necessary to enable him to fit in with his special environment, i.e., social resettlement.

The aim is to follow active treatment with a carefully organised convalescence before the patient leaves hospital so that in many cases he is able to resume his former employment without recourse to recognised schemes of resettlement. The modern practice of increased freedom within the hospital and the development of occupational, recreational and cultural activities have all helped towards this end and even those destined to remain in hospital permanently have been partially rehabilitated when they become active and agreeable members of a harmonious group. In cases where there are problems of employment, it is now usual for the D.R.O. to visit the hospital; a close liaison between this officer and the staff of the hospital as represented by the doctors, psychiatrists and psychiatric social workers is of great value, especially where there is knowledge and understanding of common difficulties. Hospital patients suffering from mental disorder are, like other hospital patients, eligible for registration as disabled persons provided that they are able to undertake employment or work on their own account. Gradually increasing demands are expected to be made on the Disablement Resettlement Services on behalf of the mentally disabled. Local offices of the Ministry of Labour have been asked to co-operate with local authorities and hospitals and general practitioners in carrying out those provisions which have as their object the return of mental patients to as full and normal a life as possible in the general community.

In addition to these in-patient services, arrangements have been in force for some years whereby persons who are attending employment exchanges and finding difficulty in employment can be referred by D.R.Os. to psychiatric out-patient clinics if there is medical evidence that the disability was due to, or complicated by, some psychiatric disorder. Some of those referred may need more investigation and better assessment than can be provided in one or two interviews, and the Henderson Hospital was set up to study what could be done for neurotics with special difficulties of this kind. The patients usually have histories of long periods of unemployment and anti-social behaviour with occasionally criminal records. They are a problem group with whose rehabilitation both psychiatrists and employment exchange officials have in the past experienced great difficulty. Treatment includes special attention to the social milieu within the hospital, special group techniques, co-operation with the G.T.C. at Waddon, and testing in real life work situations provided by local employers who co-operate in the

scheme. Results have been surprisingly good and a follow-up of some 100 patients six to nine months after discharge showed that 53 per cent. had worked full-time since leaving and that 67 per cent. had made a fair adjustment.

Apart from the problem of finding employment, the mental patient often has to face serious social problems. Because mental illness is often prolonged the patient may find on recovery that he has to face a situation, both domestic and economic, of great difficulty and, therefore, he may require skilled help and encouragement. The after-care of patients who have completed the in-patient part of their treatment will be the responsibility of the hospital service or the L.A. according to the type of patient and the availability of services in the area concerned. It is clear that good co-operation between the hospital and the L.A. services is essential. Individual case work is of the utmost importance and will consist of advice and help both to the patient and to friends or relatives in the various difficulties which have to be met. The most skilled personnel in this field are the highly trained psychiatric social workers. These are more often to be found in the hospitals from which they follow up the patient and establish contact with the general practitioners, the D.R.O. and the L.A., as well as with the family. In the future, however, there are likely to be more of them in L.A. work, and more and better-trained mental welfare officers who will carry out the bulk of the work, the P.S.Ws. acting as advisers.

The way in which the hospitals and the L.H.As. co-operate in after-care varies widely throughout the country. Sometimes the hospital social workers do work for the L.H.As. and in another case the converse takes place; in yet others there is joint use of staff. In Northern Ireland, after-care is in the hands of the Local Health and Welfare Authorities in co-operation with the Northern Ireland Hospitals Authority.

In rehabilitation for the community there will be need for hostels in which patients can live until they find their feet; these will be increasingly provided by L.As. Social clubs too can be helpful, especially to the lonely, and are being set up in increasing numbers. Voluntary bodies also help in a variety of ways. The two principal organisations in this field are the National Association for Mental Health and the Mental After-Care Association.

TREATMENT AND SPECIAL EDUCATION FOR MALADJUSTED CHILDREN

Treatment for maladjusted children is available at Child Guidance Clinics which both L.E.As. and hospital authorities have power to provide. It is generally accepted that whenever possible a maladjusted child should continue to live at home during treatment and attend an ordinary school, but for those who need it, L.E.As. also provide special education in one or other of the remaining ways described in Chapter III. At the beginning of 1961, there were 48 special schools for maladjusted pupils providing about 1,900 places. An expansion of this provision is planned.

Mental Subnormality

Many persons suffering from incomplete development of mind, termed subnormality, are able to live in the community and many are able to earn

their own living. Many others, however, particularly those suffering from severe subnormality, require permanent hospital care and this is provided at psychiatric hospitals and, to a small extent, at registered homes. It is difficult to assess precisely the full extent of the problem but there are well over 100,000 persons in England and Wales under various degrees of care, that is, in hospitals, homes or private guardianship.

The diagnosis of severe subnormality is easy to make in any social environment but mild degrees are difficult to assess because they depend so much on social considerations which cannot be considered separately from emotional and intellectual features. Accordingly the number who need to be in hospital care can only be determined in relation to the alternative provision open to them, the amount of unemployment, and the social service, vocational guidance and training they receive.

In the past the training of the subnormal patient in hospital was not always closely related to the type of work likely to be available to them on leaving. Farm labour and occupations such as shoe-making by hand were considered ideal, but as they are now highly technical or mechanised they may be much less suitable than routine monotonous jobs in a factory which may suit a person suffering from incomplete development of mind and may even enable him to work equally well or even better than normal employees. Research enquiries have shown how effectively persons suffering from a mild degree of subnormality can be helped to become useful citizens through the utilisation of new techniques of group treatment and the provision of incentives.

Many subnormal patients resident in hospital go out daily to paid employment as domestic workers at hostels, hospitals and private homes or as factory or farm workers. In several areas throughout the country there are hostels ancillary to the parent hospital but often remote from it. In these, patients are in the care of the hostel warden but go out to work on farms and in factories at agreed trade rates of pay. They pay for their board and lodging at the hostel, buy their own clothes and provide their own holidays. Others, under guardianship, hold resident posts or live with friends and travel daily to work. They are visited by social workers from the hospital or local health authority and are thus helped to maintain their stability and develop self-reliance. The local health authorities are responsible for those living in the community under guardianship and give advice and help to the person concerned, or his family, to help him maintain normal life and possibly to obtain employment.

Mention has been made of the need for skilled case work for the mentally ill. This is equally important for the mentally subnormal and co-operation between hospital and local authority is just as essential. The L.H.A. is required to provide social services for the mentally subnormal and, where necessary, training centres, hostels, clubs and anything else which may help them to make full use of their capacities. These schemes are operated under the care and after-care provisions of the National Health Service Acts, although other statutes may also be brought into play where necessary. Many mentally subnormal persons are enabled to live in their own homes by the help and advice of the mental welfare officer and occasional use of the authority's other services. The D.R.O. can also help in finding employment.

Special Education and Training

For educational purposes children suffering from mental subnormality are classified as either educationally sub-normal (E.S.N.) or unsuitable for education at school. Special education is provided by local education authorities for the former group in one or other of the ways described in Chapter III. There were at the beginning of 1961, 345 special schools for E.S.N. pupils, providing about 35,000 places. It is recognised that this provision is not adequate and new places are being provided at the rate of over 2,000 each year.

The training of those who are unsuitable for education at school is undertaken by the Local Health Authority, who provide and operate training centres for this purpose. There are three main types of these: for juniors (under 16), for adults (16 and over), and for all age groups. The number of such centres has been increasing rapidly and will continue to do so, but there is not so much provision for adults as for juniors at the moment. The centres dealing with adults cover all types from those who will never be able to undertake anything but handicrafts, to those who can eventually be placed in ordinary employment.

In Scotland, local health authorities have similar responsibilities for the training of adults, but their responsibility in relation to children under 16 is more limited since it is the duty of the local education authority to provide training and occupation centres (which are technically special schools), for children who are considered " ineducable " but " trainable " in educational terms. The local health authority's duty is therefore limited to those children regarded by the education authority as unsuitable even for training in one of their occupation centres.

In Northern Ireland, the care and training of persons suffering from incomplete development of mind is the responsibility of the Special Care Service of the Northern Ireland Hospitals Authority, with which the Local Education, Health and Welfare Authorities co-operate.

THE PSYCHOPATH

The psychopathic category overlaps to some extent with both mental illness and mental subnormality, but its main characteristic is a social or anti-social behaviour. The psychopath may be abnormally passive or abnormally aggresive. He is usually incapable of remaining in employment or of maintaining social responsibilities such as those concerned with a wife or children. He may be criminal, alcoholic or sexually perverse.

The Mental Health Act, 1959, provides for the compulsory admission to hospital, or to the care of the L.H.A. or some other person under guardianship, of psychopaths under 21, psychopathy being defined as " persistent disorder or disability of mind (whether or not including subnormality of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the patient, and requires or is susceptible to treatment". Compulsion ceases at the age of 25 unless the patient is in hospital and is considered to be likely (if released) to act in a manner which would be dangerous to himself or others, or unless he has been sent to hospital or received into guardianship under an order by the Court. Many, however, in this age group will continue to be treated in the community or in hospital without the use of these powers.

The Mental Health (Scotland) Act, 1960, does not distinguish a separate category of psychopathic disorder, but places similar limitations on the exercise of compulsory powers in relation to patients who would under the English Act be classified as psychopaths—in Scottish terms, patients suffering from mental illness which is a persistent disorder manifested only by abnormally aggressive or seriously irresponsible conduct.

The rehabilitation of the psychopath is a matter of considerable difficulty, requiring close co-operation and much hard work by all the services concerned. In general, provision during and after hospital treatment is the same as for the mentally ill, but not only are hospital and L.A. social workers involved, but often the Ministry of Labour, the National Assistance Board, the Courts, and various voluntary agencies. It may also be necessary in some circumstances, to consult the Co-ordinating Committee set up by the L.A. to prevent the break-up of families.

THE EPILEPTIC

There is considerable variation in the frequency and severity of epileptic seizures or fits. In some cases there is only momentary loss of consciousness without a fall or convulsions, whilst in the more severe forms unconsciousness is accompanied by convulsions; in these severe forms recovery from a seizure may be a matter of hours, and there is a possibility of self-injury. The diagnosis and treatment of epileptic persons is carried out within the general framework of the National Health Service. Epileptics are usually under the care of a general practitioner or may attend the neurological department of a hospital for examination and treatment, but there are a few special clinics dealing exclusively with epilepsy. There are also epileptic colonies for the care of epileptics who cannot be cared for at home; the majority of these colonies are outside the National Health Service as places of residence, but the Health Service provides all necessary medical treatment. Other epileptics who need special attention as mentally disordered persons are cared for in psychiatric hospitals within the National Health Service.

Treatment

The treatment of the disease is limited in most cases to the administration of drugs calculated to diminish the frequency of the convulsions. These drugs are not habit forming and modern versions do not dull the intelligence. Moreover, new drugs or combinations thereof are constantly becoming known. Neurological centres can provide a full examination of the brain and may throw light on the degree and nature of the disturbance and causes such as cerebral tumour or brain injury. It is important that prescribed treatment should be strictly followed, relapses frequently occurring if treatment is reduced or stopped without medical advice. Apart from this, the epileptic is advised to lead a normal active life with regular habits and no excesses and, where possible, an avoidance of emotional strain. Inactivity, mental and physical, is regarded as being more harmful than over-activity.

Schools and Colonies

A great many epileptic children with fits reasonably controlled by treatment are being educated in ordinary schools. For children who, owing to the

frequency or severity of fits, cannot be satisfactorily educated in this way, there are six boarding special schools, providing a total of about 750 places.

There are ten epileptic colonies and homes for adults, with places for about 3,000 men and women. With the exception of two colonies previously provided by the London County Council and now under a Regional Hospital Board, one operated by the Manchester City Council, one by the Surrey County Council, and one by the Leeds City Council, all the colonies belong to voluntary organisations and the balance of the cost of maintenance which the colonies cannot themselves afford is met by the L.A. of the area from which the patients come. Epileptic colonies date from the early part of the century when treatment was much less effective than it is today, and the object was to provide a home and occupation for people who might recover enough to return to the community but who were not expected to do so. Modern methods of diagnosis and treatment have resulted in far more patients now being rendered reasonably free from fits without ever entering a colony. A proportion of those who do so are likewise improved sufficiently to return to normal life. Colonists are occupied in the maintenance of the colony and of its farms and gardens, and a variety of workshops are provided although no specific trade and training is given at present.

Resettlement

It is generally accepted that a suitable and congenial occupation brings about a marked improvement in the condition of an epileptic, but finding such jobs is an extremely difficult task, whether undertaken by the D.R.O. or others. The main difficulties are the limitations which the medical report imposes on the range of employment and the attitudes of employers and employees.

In considering any employment for an epileptic it is essential to have precise medical information about the fits, i.e., the number, severity, duration, time of occurrence, periodicity, and whether there is any warning of an impending fit, the degree of mental retardation or of progressive deterioration and temperamental difficulties. The accuracy of the medical assessment is most important, to avoid the danger of placing epileptics too severely affected for any industrial employment in such employment, to the detriment of the epileptic population as a whole. Some main categories of work must be withheld completely from the epileptic, such as work with live machinery or on moving vehicles; work on ladders or on raised platforms or ramps; work near fires, heating or electrical apparatus. In addition, particular occupations such as a solitary job involving responsibility or work with fragile objects must be avoided, although a greater latitude in employment is possible if the fits are well controlled by drugs.

Perhaps the greatest difficulty encountered in finding work for epileptics is the reluctance of many employers to engage them. This arises from three causes:

(a) the temporary disorganisation of work caused by a fit;

(b) the characteristics sometimes accompanying epilepsy which may make it difficult for epileptics to get on with their fellows; and

(c) the belief that epileptics are particularly prone to accidents.

Clearly, sufferers from the more severe types of epilepsy must be regarded either as unemployable or as employable only under sheltered conditions. With the control now effected by drugs and with the aid of the fullest medical information, sufferers from the less severe types of epilepsy may be employed in ordinary industry, but the sympathy of fellow workers and the support and understanding of employers are required. With this help, and provided employment can be found compatible with the degree of disability, there need be no difficult characteristics and disorganisation of work, and proneness to accidents should be no greater for the epileptic than for the normal healthy person. Employers in Great Britain need fear no special liability for accidents, for epileptics are covered by the National Insurance (Industrial Injuries) Acts in common with other insured workers. The understanding and sympathy of both employer and fellow workers is of particular importance in an epileptic's first few days at work, for the excitement of starting a new job may possibly cause one or more fits. Once the epileptic has settled down, these are likely either to stop or to become less frequent.

By means of a special leaflet to employers and intensive efforts by the D.R.Os., the Ministry of Labour is trying to overcome the difficulties described, and many epileptics have been successfully placed with employers who have gone out of their way to provide suitable employment. Nearly 500 epileptics are employed in Remploy factories throughout the country, where their conditions of employment are based solely upon the avoidance of work at which, in the event of a seizure, they might cause injury to themselves or other employees. They are not segregated from other employees, and Remploy Limited have reported that experience has shown that epileptics when having fits cause little disturbance or worry to other workers and that on the whole they make satisfactory employees. In many cases an improvement in their condition is shown by diminished frequency of attacks. This is mainly due to the way in which regular employment releases them from financial worry. Employment under sheltered conditions is also provided by some voluntary organisations who administer workshops for the more severely disabled.

THE PARAPLEGIC

A general definition of paraplegia is " paralysis of the lower limbs and trunk caused by injury or disease affecting the spinal cord ". Apart from losing the use of his legs the paraplegic also suffers grave disturbance of functions of the bladder and bowels, and in consequence needs permanent nursing attention and medical supervision even after discharge from hospital. In addition there may be a psychological complication brought on by the invalid's reaction to his helpless condition. Until comparatively recently the outlook for a paraplegic patient was almost hopeless; expectation of life for the great majority was at the most 2 - 3 years, and those who survived spent their lives at home or in an institution as helpless cripples. The new outlook towards medical treatment and rehabilitation fostered between the wars led to the adoption of new methods of treatment and rehabilitation at the National Spinal Injuries Centre set up in 1944 at Stoke Mandeville Hospital, Aylesbury. The aim was to treat and rehabilitate the patient and prepare him for an existence of usefulness to himself, his family and the

community. No new drugs or treatment have been found to cure the complaint, and the methods adopted were largely in the more practical matters of special nursing, prevention of infection, rehabilitation and after-care, and were as much psychological as physical.

Treatment

The three main problems to overcome in the treatment of paraplegia were the further loss of muscle function resulting from inaction following the initial loss of power, the scourge of bedsores and the frequent urinary infection. By concentrating attention on these three evils, the outlook for paraplegics has been radically changed. The fundamental principles of the treatment at Stoke Mandeville and other spinal centres are the stimulation of the still mobile upper parts, the careful treatment of the bladder and the avoidance of continuous pressure at any one point. The maintenance of a high morale is regarded as essential and games, recreation, occupational therapy and the reassurance of the possibility of gainful employment are therefore as important as exercises in restoring the maximum physical function. The ultimate objective is to bring the patients systematically to a stage at which they can so organise their lives as to be able to live at their own homes and finally to do useful and remunerative work. Even after discharge from hospital, each man is examined by a Medical Officer every six months and patients are also periodically re-admitted to the hospital for a check-up. The success of these methods is readily apparent when comparing the death rate among those suffering from paraplegia due to injury after the two World Wars. The death rate at Stoke Mandeville is well below 8 per cent. whereas after the First World War the death rate among paraplegics was 80 per cent. within a few years.

Paraplegics have also been cared for at the Star and Garter Home, Richmond, Surrey, since its foundation in 1924, and there is now an arrangement between the Home and the Centre whereby certain wards at the Home are set aside for the treatment and care of ex-Service paraplegics of the 1939 war, under the supervision of the Neurologist at Stoke Mandeville. There are also special spinal units at Sheffield, Cardiff, Southport and Hexham hospitals. In Scotland a paraplegic unit has been opened at Edenhall Hospital, Musselburgh, near Edinburgh. This unit deals principally with spinal injuries and in addition to orthopaedic, neuro-surgical and urological specialist facilities, provides physiotherapy and occupational therapy.

Resettlement in Employment

The progress which has been made in the treatment and rehabilitation of sufferers from this disease has resulted in the majority of paraplegics being able to leave hospital and live at home, most of them taking up employment. A minority, however, whilst having advanced beyond the hospital stage, are not sufficiently rehabilitated to be able to resume life in entirely normal surroundings, and various provisions have therefore been made for their long-term care. The chief amongst these was the setting up in 1949 by the Ministry of Pensions, in conjunction with the Ministry of Labour (which has been responsible for its administration since September, 1953) of the

Duchess of Gloucester House at Isleworth, Middlesex. Its main purpose is to provide a home on the residential club model for paraplegics who, while able to work under normal conditions, require some special services in the place where they live. It was therefore specially designed, having all the facilities which experience has shown to be desirable in a home for those confined to a wheel chair. It is built on one level, the doors are wide and easy to operate and there are special ablution adaptations to help complete independence. In addition the home was deliberately sited in an area of light industry where suitable employment might be obtained without great difficulty. It is fully occupied and the majority of the residents are in full employment in the neighbourhood. Their record of attendance at work is good and their sick absences are not higher than those of normal healthy persons. The Duchess of Gloucester House is regarded as a fully successful experiment in the rehabilitation of sufferers from paraplegia, buts its success would not have been possible without the co-operation of employers in the district. Associated with the National Spinal Injuries Centre at Stoke Mandeville and the Duchess of Gloucester House, but independently controlled, is Chaseley, Eastbourne, which serves as a convalescent and holiday centre for ex-Service paraplegics but also houses a number who live there permanently and work in the town. There is also a settlement of the colony type at Kytes Estate, Watford, now run by an independent committee in conjunction with the Joint Committee, Order of St. John and the British Red Cross Society. Here bungalows are provided for each pensioner to live with his family within the grounds, whilst going out each day to work. Such nursing attention as may be necessary is available within the estate.

For those paraplegics who cannot undertake employment under normal conditions, some facilities are available for the provision of work under more sheltered conditions. Clock assembly work has been made available as a home industry as a result of the co-operation of the Forces Help Society and Lord Roberts' Workshops with the Enfield Clock Company; this work is also performed at the Star and Garter Home, at Stoke Mandeville and in the Society's own workshops. The Joint Committee, Order of St. John and the British Red Cross Society has established a settlement for the more severely handicapped at Lyme Green, Cheshire. In this settlement, paraplegics are provided with accommodation in bungalows and with medical and nursing facilities; watch and clock repairing and boot and shoe repairing are undertaken with the supervision of qualified instructors. The Thistle Foundation settlement in Edinburgh provides homes for gravely disabled ex-Servicemen and men of the Merchant Navy and their families and has a finely equipped Clinic where treatment of all kinds is given. This settlement with specially designed houses enables men who would either have to be in hospital or who would be more or less confined to their homes, to get out of doors. Remunerative employment is available in the Clinic for those fit to work but unable to obtain suitable employment outside.

THE DEAF

The deaf may be divided into two main groups, those born deaf and the hard of hearing (including the wholly deafened). In addition to those born

deaf, the first group includes those who lost their hearing before learning to speak and who have to attend a special school for the deaf. In these cases a double handicap exists, for besides the absence of hearing, many may have great difficulty in reading other than simple written matter and can only express themselves with difficulty by means of manual sign language or a combination of signs and limited speech. The hard of hearing are those whose deafness has occurred after speech has been acquired and usually after some education as hearing persons. This group are handicapped only to the extent of the degree of their inability to hear. Many of the hard of hearing are able to hear almost normally with a hearing aid, and those wholly deafened are often good lip-readers and have little difficulty in maintaining conversation. The possible combinations of types and degrees of deafness within these two groups are very numerous and each case presents its own problems. The adult becoming either totally or partially deaf may present a severe problem of re-adjustment, needing new methods of communication in the form of lip-reading or the manual alphabet for the totally deaf and the fitting of hearing aids for the partially deaf. In all cases of deafness arising in adult life, there is the need for some social or industrial re-adjustment. As a result of recent advances in ascertainment and education of deaf children, a new and distinct group of the deaf is beginning to grow up, that of the deaf with speech, i.e., those who had from birth little or no useful hearing (even with a hearing aid), but whose normal method of communication is by oral speech and lip-reading. For some time to come, this group will consist largely of young people who have had the advantages of modern techniques and training. It is recognised that this group will require special facilities for continuous auditory training and speech practice, and that some sub-division of the present broad definitions of the deaf and the hard of hearing described above will, before long, be required in order to show these people as a separate group and to specify the broad type of help of which they will be in need.

Education

The education and training of young deaf children should begin as early as possible and there has been a considerable growth in recent years of provision for children under five, both within special schools and by means of the early training of children and advice to parents provided in some hospitals and other centres. There are 52 special schools for the deaf, the partially deaf, or both approved by the Minister of Education, in which about 5,000 deaf and partially deaf children are being educated; boarding special schools usually provide either for the deaf or the partially deaf, while day special schools often provide for both. In addition there are a number of special classes for the partially deaf attached to ordinary schools. The special schools include a grammar school, a secondary technical school, and two schools for deaf children with other handicaps. Teachers in schools for the deaf or the partially deaf are required, in addition to being qualified teachers, to obtain within three years of appointment a special qualification for teaching the deaf. Teachers in special classes for the partially deaf attached to ordinary schools are required to obtain this qualification before appointment.

Welfare

A report and recommendation concerning the future for a child leaving school are sent to the Local Youth Employment Office and to the local welfare society for the deaf. There are nearly eighty of these voluntary societies covering most of Great Britain and assisting the deaf at all times in their social, religious and industrial life. They are staffed by fully qualified interpreters and welfare workers who are able to communicate fully with all categories of deaf people. These societies work in the closest co-operation with Youth Employment Offices, Employment Exchanges and the appropriate departments of those L.As. which are providing welfare services under the National Assistance Act for the deaf and dumb; many have appointed the local voluntary associations for the deaf as agents. For people deafened in later life, lip-reading classes are organised by L.E.As., and by the local Hard of Hearing Associations, hospitals, and welfare societies for the deaf.

Hearing Aids

Hearing aids are available to all who need them under the National Health Service. They are maintained free of charge to the patient. They are provided where necessary after examination and tests at special clinics attached to certain hospitals to which the patient is referred by his own doctor.

Resettlement

The degree and type of deafness must always be considered in finding employment for deaf persons. Whilst those who have been deaf from childhood have learned to accept their disability, those who lose their hearing later, perhaps suddenly, and who as a result must change their employment, are often disheartened and at first without hope. For such people the task of resettlement is much more than one of finding alternative employment, and involves reassurance, explanation and encouragement. Some considerations are, however, common to both groups. The main difficulty in placing in employment a school-leaver from a school for the deaf, or an adult who has lost his hearing, is one of communication. Clearly, jobs involving the immediate perception of sound, e.g., telephone switchboard operating are out of the question. Much, therefore, depends on the type and degree of the handicap; on the age, experience and qualifications of the individual, and the extent to which the handicap can be overcome by lip-reading or the use of residual hearing with or without a hearing aid. In general, deaf persons do not need to be placed in sheltered employment but can be satisfactorily placed in ordinary industry. It is better to assume, initially, that a deaf person can do any job (for which he is otherwise qualified) where good hearing is not essential, rather than to regard a restricted range of jobs as being specially suitable. Nevertheless, there are jobs where deafness has little or no significance. Some firms have found it better to employ totally deaf workers on noisy jobs such as riveting, spray painting, etc. where, because they are impervious to noise, they are often better able to concentrate than those with normal hearing. Similarly, noisy work in offices, such as comptometer

operating, card punching and copy typing might be found particularly suitable. This would not apply, of course, to those suffering from nerve deafness.

One other major difficulty in finding employment for the deaf is an initial reluctance or hesitancy on the part of employers to engage them. This can be overcome in a large number of cases where it can be shown that deafness, if not combined with other disabilities, is unlikely to affect efficiency on the job. A Ministry of Labour leaflet on the employment of the deaf is used by D.R.Os, in their efforts to secure the co-operation of employers in finding such suitable jobs. Where the onset of deafness brings with it loss of confidence, fear for the future, and the feeling of uselessness and frustration—as is sometimes the case with deafened adults—these symptoms must be eradicated as quickly as possible if rehabilitation is to be successful. To this end suitable hearing aids; training in lip-reading; membership of a club for the hard of hearing; the opportunity for mutual discussion of difficulties; and advice and guidance from those who are practised in dealing with the problem can all make a valuable contribution. Such help can be obtained through the welfare services provided under the National Assistance Act.

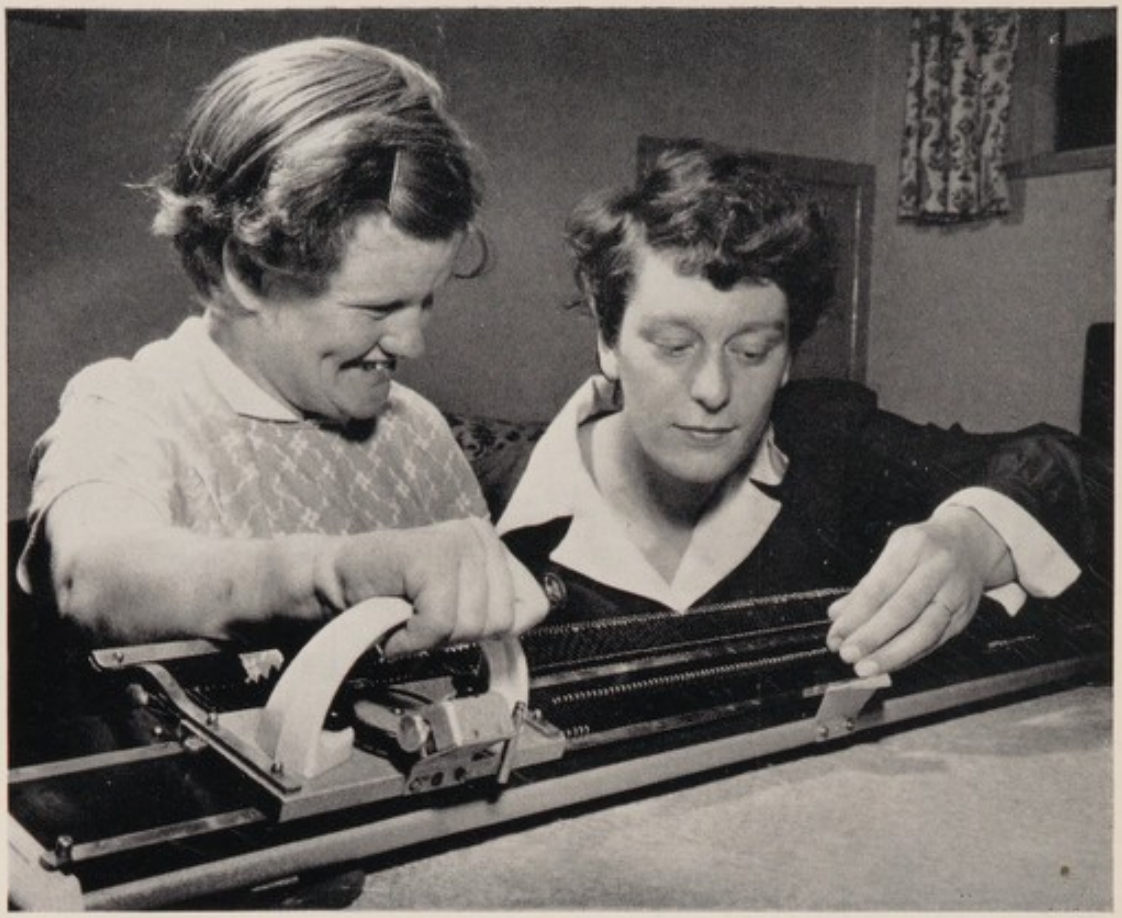
CHAPTER VII

Conclusion

An attempt has been made in the preceding chapters to present a concise account of the work being done in the United Kingdom for the rehabilitation and resettlement of the disabled, and of the manner in which the many component parts are integrated in a comprehensive service. Such an account shows clearly the extent to which the State, in assuming responsibility for such a service, needed and continues to need the active co-operation of the voluntary organisations who pioneered and continue to experiment in this work. Legislation can never embrace or cater for every circumstance arising from every type of disability, and the valuable help of the voluntary organisations will always be necessary to deal with those who fall outside the scope of State assistance. Some indication of the various services which may be invoked to help a disabled person progress from hospital bed to productive employment is given in the chart reproduced on pages 2 and 3 and the tabular statement of pages 75 to 77.

In Chapter I of this book, some brief reference has been made to the major developments in the history of the rehabilitation and resettlement of the disabled; in others the existing services have been described. But what of the future ? There has been considerable and accelerated progress in the comparatively short period since the publication of the Tomlinson Report and the end of the 1939 - 45 war, as the Piercy Committee's Report showed: to this progress the advances in medicine and surgery, the growth of ideas, and the practice of active rehabilitation based on lessons learned during and since the war, have all contributed. The progress has not, however, been uniform, either in all areas or in regard to the various facets of rehabilitation in the widest sense. Whilst the State and the voluntary organisations may be justly proud of this record of achievement, much more remains to be done and there can be no sense of complacency and no belief that a final solution has been reached. Nor is the problem one of purely local concern, for the rehabilitation of the disabled is a world-wide problem with which such international organisations as the International Labour Organisation, the International Society for the Rehabilitation of the Disabled and the Council of Europe are increasingly concerned. If the United Kingdom is to retain in the future its existing international position in the forefront of those countries actively providing for the disabled, and is to continue to improve its services for the disabled, present facilities must be critically considered and constructive proposals for the future developed.

Pottery making in the sheltered workshop of a voluntary undertaking



A patient disabled by cerebral palsy receives instruction from a County Welfare Officer in the use of a knitting machine

Mattress makers in a workshop for the blind

Statutory services available to Disabled Persons in Great Britain

Service	*By whom service provided*	*Responsible Government Department*	*Legislation provision*
EDUCATIONAL SERVICE Facilities for handicapped children and young persons in ordinary and special schools, at hospitals and at home.	Local Education Authorities (usually direct but sometimes through voluntary organisations).	Ministry of Education Scottish Education Department.	Education Act, 1944. The Handicapped Pupils and Special Schools Regulations, 1959. Education (Scotland) Act, 1946. The Special Educational Treatment (Scotland) Regulations, 1954.
MEDICAL AND ALLIED SERVICES NATIONAL HEALTH SERVICE (1) Hospital and Specialist services.	Regional Hospital Boards: Boards of Governors of Teaching Hospitals.	Ministry of Health. Department of Health for Scotland.	National Health Services Acts, 1946 - 1952. National Health Service (Scotland) Acts, 1947 - 1952.
(2) General medical and dental services pharmaceutical service and supplementary ophthalmic service.	Executive Councils.		
HEALTH SERVICES PROVIDED BY LOCAL HEALTH AUTHORITIES Home nursing, health visiting, domestic help and ambulance services.	Local Health Authorities. (In Scotland, ambulance services are provided by the Scottish Ambulance Service).		

(*continued overleaf*)

Statutory services available to Disabled Persons in Great Britain—continued

Service	*By whom service provided*	*Responsible Government Department*	*Legislation provision*
EMPLOYMENT SERVICES			
(1) For handicapped young persons.	Youth Employment Service (through Local Education Authorities or Employment Exchanges).	Central Youth Employment Executive of Ministry of Labour.	Employment and Training Act, 1948. Disabled Persons (Employment) Acts, 1944 and 1958.
(2) Registration of disabled persons, operation of quota and designated employment schemes, placing in ordinary and sheltered employment.	Employment Exchanges.	Ministry of Labour.	Disabled Persons (Employment) Acts, 1944 and 1958.
(3) Industrial Rehabilitation.	Industrial Rehabilitation Units (Ministry of Labour); Rehabilitation Centres for the blind (voluntary organisations).	Ministry of Labour.	Disabled Persons (Employment) Acts, 1944 and 1958.
(4) Vocational Training.	Ministry of Labour Government Training Centres or through Local Education Authorities and voluntary organisations. Directly by employer.	Ministry of Labour.	Disabled Persons (Employment) Acts, 1944 and 1958.
(5) Sheltered Employment (other than diversionary employment).	Remploy Ltd. Voluntary organisations. Local Authorities.	Ministry of Labour.	Disabled Persons (Employment) Acts, 1944 and 1958.

Statutory services available to Disabled Persons in Great Britain—continued

Service	*By whom service provided*	*Responsible Government Department*	*Legislation provision*
OTHER SERVICES			
Welfare of the substantially and permanently handicapped, including accommodation, and the provision of diversionary employment.	Local Welfare Authorities directly or through voluntary organisations.	Health Departments.	National Assistance Act, 1948.
War Pensions, welfare of war pensioners.	Ministry of Pensions and National Insurance (Local Offices).	Ministry of Pensions and National Insurance.	Royal Warrant (War Pensions).
National Insurance Benefits, Industrial Injury Benefit.	Ministry of Pensions and National Insurance (Local Offices).	Ministry of Pensions and National Insurance.	National Insurance Acts, 1946 - 1959. National Insurance (Industrial Injury) Acts, 1946 - 1959.
National Assistance Grants.	National Assistance Board (Local Offices).	National Assistance Board.	National Assistance Act, 1948.

Similar services are provided in Northern Ireland.

APPENDIX I

Some of the main Voluntary Organisations concerned with the Disabled

In this Appendix only the main activities of the listed organisations in connection with the rehabilitation and resettlement of the disabled have been detailed. Many of the organisations arrange conferences and training courses in addition to other activities both within and without the scope of this book.

BARROWMORE VILLAGE SETTLEMENT (E. Lancashire Tuberculosis Colony), *Secretary, Barrowmore Hall, Great Barrow, Chester.*

Provides rehabilitation and after-care for male persons following treatment in sanatoria for tuberculosis. Facilities include houses for married men and their families and an industrial section (Barrowmore Industries) for the employment of these disabled men.

BRITISH ASSOCIATION OF THE HARD OF HEARING
Hon. Secretary, Briarfield, Syke Ings, Iver, Bucks.

Co-operates with all authorities in the prevention and cure of deafness and the preservation of hearing. Promotes the interests of the hard of hearing by making known the values and potentialities of deafened people; encourages the fullest use of lip-reading and research into all aspects of hearing aids. Fosters the social and cultural activities of the hard of hearing. Has about 220 affiliated Clubs in Great Britain and Northern Ireland.

BRITISH COUNCIL FOR REHABILITATION
*General Secretary, Tavistock House (South), Tavistock Square, W.C.*1.

Acts as a central co-ordinating body for the various interests concerned with rehabilitation in its widest sense; invites the active co-operation of those concerned with Government, education, medicine, research, commerce, industry and the professions in promoting the study and practice of rehabilitation and providing information and guidance on all matters connected with it. Operates a Preparatory Training Bureau for the chronic sick and disabled covering over 100 subjects in industry, commerce and the professions.

BRITISH COUNCIL FOR THE WELFARE OF SPASTICS
Secretary, 13 *Suffolk Street, Haymarket, London, S.W.*1.

Acts as a central advisory, co-ordinating and consultative body on all aspects of cerebral palsy. Provides an information and advisory service, including publications and films for professional workers and for parents of spastics. Administers Pond Home for Young Adult Spastics.

BRITISH DIABETIC ASSOCIATION
Secretary-General, 152 *Harley Street, London, W.*1.

Advises employers on the requirements of diabetic employees, and helps to alleviate some of the difficulties encountered in the search for employment. Provides convalescent homes and children's hostels where education in the diabetic way of life may be obtained.

BRITISH EPILEPSY ASSOCIATION
General Secretary, 27 *Nassau Street, London, W.*1.

Publicises the facts about epilepsy and its social effects, so that persons handicapped in this way may take their proper place in the community. Provides an organisation for epileptics and their relatives, main objects of which are to break down prejudice and misunderstanding and to provide a centre of information. Promotes the welfare of epileptics in all ways. Arranges educational courses.

BRITISH LEGION
*General Secretary, Pall Mall, London, S.W.*1.

Assists all men and women who have served at any time in any branch of the Services, their widows and dependants, in all difficulties in pensions matters, finding homes or employment, relief of distress, regaining of health and confidence and generally re-establishing them on their return to civilian life.

BRITISH LEGION, SCOTLAND
General Secretary, 23 *Drumsheugh Gardens, Edinburgh*, 3.

Is a separate organisation from the British Legion and in respects other than financial relief of distress has objects and aims similar to those of the British Legion.

BRITISH LIMBLESS EX-SERVICEMEN'S ASSOCIATION (BLESMA)
General Secretary, 105 - 107 *Cannon Street, London, E.C.*4.

Has branches in all parts of the United Kingdom uniting the war limbless. Advises and helps with all the problems arising from loss of limbs including every aspect of welfare. Benevolent funds are available for relief of hardship and provision of amenities. Maintains Homes at Blackpool and Southsea, providing permanent residence for severely disabled limbless ex-Servicemen in need of nursing care and attention, with some beds available for convalescence.

BRITISH RED CROSS SOCIETY
Secretary-General, 14 *and* 15 *Grosvenor Crescent, London, S.W.*1.

Works for the improvement of health, the prevention of disease and the mitigation of suffering. Welfare Services include—rehabilitation at home, after-care visiting, occupational and diversional handicrafts, aids for the disabled, clubs for the disabled, " Meals on Wheels " and Medical Loan Depots. General Services include—ambulance service, escort duty and Hospital Car Service (in conjunction with the St. John Ambulance Brigade and the Women's Voluntary Services), Medical Services include auxiliary nursing and welfare services in Service and civilian hospitals.

BRITISH RHEUMATISM AND ARTHRITIS ASSOCIATION
Secretary, 11 *Beaumont Street, London, W.*1.

Assists and promotes the rehabilitation of those afflicted by rheumatism. Provides the rheumatic sufferer with information as to medical, social, training and rehabilitation facilities available through official and voluntary sources. Dispenses practical aid to chronic sufferers from its Welfare Department and is concerned mainly in keeping the individual independent and thus reducing the economic cost to the tax-payer.

CENTRAL COUNCIL FOR THE CARE OF CRIPPLES
Secretary, 34 *Eccleston Square, London, S.W.*1.

A national co-ordinating body providing the link between voluntary societies and Government Departments concerned with the well-being of the handicapped. Promotes research into the causes of crippling and their prevention. Develops county associations to care for those who are no longer in need of hospital treatment but are still in need of help and guidance. Collaborates with the British

Orthopaedic Association in a recognised examination in Orthopaedic nursing, thus standardising the training. Maintains a school of its own for severely handicapped children. From March-September each year the Geoffrey Peto Travelling Exhibition of Aids for the Disabled tours the country demonstrating simple aids for all the handicapped. Periodical " News Review ".

CHEST AND HEART ASSOCIATION
*Secretary-General, Tavistock House (North), Tavistock Square, London, W.C.*1.

Exists to protect and safeguard the welfare of sufferers from chest and heart conditions and their families, and to promote and assist in the patients' rehabilitation; administers special funds for tuberculous workers, nurses and others; sponsors publicity on prevention and control of chest and heart diseases; conducts surveys and sociological research; awards scholarships for medical staffs; co-operates with international and voluntary agencies in the field of thoracic treatment and care.

CHURCH ARMY
Chief Secretary, 55 *Bryanston Street, London, W.*1.

Social work includes Men's and Youths' Hostels and Homes; Disabled Men's Workshops; Youth Centres; Women and Girls Classified Homes.

COUNCIL OF SOCIAL SERVICE FOR WALES AND MONMOUTHSHIRE
Secretary, 2 *Cathedral Road, Cardiff.*

Provides for Wales and Monmouthshire similar services to those undertaken in England by the National Council for Social Service. Informal adult educational services include instruction in handicrafts and homecraft.

DORINCOURT ESTATES
Secretary, Leatherhead Court, Surrey.

Consists of two residential units: Banstead Place Rehabilitation Centre (for 32 patients); and Dorincourt, a sheltered industry (for 45 workers).

EX-SERVICES MENTAL WELFARE SOCIETY
Administrative Secretary, 37/9 *Thurloe Street, London, S.W.*7.

Provides for all ranks of all branches of H.M. Forces (including the Merchant Navy) suffering from psychosis and neurosis, remedial treatment in its Homes; employment under sheltered conditions in its Industry; pensions, relief, legal advice and visits to Mental Hospitals.

FINCHALE ABBEY TRAINING CENTRE FOR THE DISABLED, DURHAM
Secretary.

A residential centre providing vocational training for disabled men of 16 years and over, sponsored by the Durham County Orthopaedic Association. Training is provided in a variety of occupations, e.g., carpentry, gardening, boot and shoe repairing, watch and clock repairing, typewriter mechanic, clerical and commercial subjects and storekeeping.

FORCES HELP SOCIETY AND LORD ROBERTS WORKSHOPS
Comptroller, 122 *Brompton Road, London, S.W.*3.

Exists to help all serving and ex-Service personnel of H.M. Forces. Helps the disabled through training and employment in Lord Roberts Workshops, and spinal injury cases through the Society's Clock Assembly and Repair scheme. Helps in the resettlement and training of ex-Service women.

HAEMOPHILIA SOCIETY
President, 94 *Southwark Bridge Road, London, S.E.*1.

A friendly and charitable organisation for the welfare of sufferers from " malfunctioning " of the blood. Provides a fellowship for haemophilics, their relatives and others interested in haemophilia. Promotes the study of the causes and treatment of haemophilia and the diffusion of information thereon.

INFANTILE PARALYSIS FELLOWSHIP
*General Secretary, Rugby Chambers, Great James Street, London, W.C.*1.

Associates sufferers for the encouragement and development of their interests and abilities; finds means of training its members, and where necessary, of re-educating them for occupations in which they can support themselves and make their contribution to the economic and social life of the community; brings all those who need advice and assistance into contact with available sources of help.

JOINT COMMITTEE OF THE ORDER OF ST. JOHN AND BRITISH RED CROSS SOCIETY
Secretary, 12 *Grosvenor Crescent, London, S.W.*1.

Provides, generally, in England and Wales the Hospital Library Service. Its Ex-Services War Disabled Help Department deals with the needs of pensioned disabled ex-Servicemen and its Hospital Department with disabled ex-Servicemen's establishments and colonies.

NATIONAL ASSOCIATION FOR MENTAL HEALTH
General Secretary, Maurice Craig House, 39 *Queen Anne Street, London, W.*1.

Aims to foster a wider understanding of the importance of mental health in all relationships of everyday life, and to establish the principle that its foundations must be laid in early childhood. Disseminates information on facilities for treatment of mental and nervous instability. Child Guidance Clinics, Residential Schools, Homes and Hostels. Considers the special needs of, and provides services for, children and adults suffering from mental and nervous disorder and those children who are maladjusted or difficult. Provides an advisory service on Schools, Homes and treatment facilities and community care for the mentally handicapped. Provides Training Courses for doctors, nurses, teachers and the general public interested in mental health matters.

NATIONAL ASSOCIATION FOR THE PARALYSED
Secretary, 1 *York Street, Baker Street, London, W.*1.

Object: To promote and further the interests of the paralysed (this term being taken to mean all those who, from whatever cause, have lost the power of controlled muscular action of any part of the body). Activities: The collection and dissemination of information relating to their care, rehabilitation and general well-being. Acts as a specialised information centre for all those seeking advice for paralysed persons. The promotion of research and experiment, particularly in the field of suitable accommodation and aids for the handicapped. The provision of a holiday scheme designed first to enable the severely disabled to get away from their homes; secondly to act as a safety valve to relieve the pressure of the problems created in the home by the severely disabled. The creation of a fund for the maintenance of a special holiday home, with appropriate facilities and staff, capable of taking the severely paralysed.

NATIONAL COUNCIL OF SOCIAL SERVICES, INCORPORATED
Director, 26 *Bedford Square, London, W.C.*1.

The central agency for the co-ordination and promotion of the social services by developing co-operation among voluntary service agencies and between them and the statutory authorities, with counterparts in many towns (local Councils of Social Service) and in the country (Rural Community Councils). Provides the secretariat for consultative groups of national organisations with like interests;

acts as a clearing house of information on both statutory and voluntary social services; promotes and if necessary undertakes experiments; encourages international co-operation in social work; carries out surveys and research (e.g. " Help for the Handicapped: An Enquiry into the Opportunities of Voluntary Service ").

NATIONAL INSTITUTE FOR THE DEAF
Secretary, 105 *Gower Street*, *London*, *W.C.*1.

Safeguards and protects the interests and welfare of the deaf of all categories from the hard of hearing to the totally deaf. Promotes and encourages their better treatment, education, training, employment and general welfare. Trains teachers of lip-reading; establishes and maintains Homes and Hostels for the Deaf; maintains a library on deafness and a technical research department which tests and reports upon hearing aids and other equipment. Publishes textbooks on lip-reading, the manual alphabet and sign language and information and advisory literature on many aspects of deafness. Assists financially in training teachers of the deaf and welfare workers; in further education of deaf and partially deaf people and in providing special hearing aids for very young children.

NATIONAL SPASTICS SOCIETY
Secretary: 28 *Fitzroy Square*, *London*, *W.*1.

The objects and purposes of the Society are to promote the establishment of regional groups throughout England and Wales to deal with the needs of spastics locally; to investigate through a medical research scheme the causes of cerebral palsy; to make provision for the treatment, education, training, employment and general welfare of spastics; to co-operate with all organisations working for the welfare of cripples and with local and government authorities; and to spread information generally about spastics. The Society has established four schools, a diagnostic and assessment centre for children, a residential training and sheltered workshop for adults, four residential centres for the more seriously handicapped spastics and two holiday homes.

NORTHERN IRELAND COUNCIL OF SOCIAL SERVICE (INC.)
Secretary, 28 *Bedford Street*, *Belfast*.

Promotes the organisation and co-ordination of voluntary social work in Northern Ireland and especially the co-operation of voluntary agencies with the statutory services working in the same sphere. The Council has sponsored the formation of a Committee for the Welfare of the Handicapped, representative of all agencies, statutory and voluntary, working for the welfare of the handicapped.

PAPWORTH VILLAGE SETTLEMENT, PAPWORTH, CAMBRIDGESHIRE
Medical Director, *Secretary*, *London Office*, 16 *Grosvenor Place*, *S.W.*1.

The pioneer Village Settlement for the treatment and rehabilitation of sufferers from pulmonary tuberculosis comprising three hospitals (now under the National Health Service); an industrial section of several factories for the training and employment of those sufferers; hostels and houses for settlers and their families and all other community facilities. Only negative-sputum cases of tuberculosis can now be admitted, but the Settlement is also open to men and women suffering from various non-tuberculous disabilities, who can be admitted both under the Ministry of Labour Training Scheme, and the Local Authority regulations regarding Part III accommodation.

PORTLAND TRAINING COLLEGE FOR THE DISABLED
Hon. Secretary, *Harlow Wood*, *Mansfield*, *Notts*.

A residential College providing vocational training and sheltered employment with all facilities for the more severely disabled men and women. The training courses include Gardening, Watch and Clock Repairing, Light Engineering, Radio and Television Servicing, and Clerical and Commercial Subjects.

PRINCESS LOUISE SCOTTISH HOSPITAL FOR LIMBLESS EX-SERVICEMEN
Superintendent, Erskine Hospital, Bishopton, Renfrewshire.

A hospital for disabled ex-Service and Merchant Navy men, having three main activities. The hospital in addition to medical, surgical and paraplegic wards, has a residential section for elderly ex-Servicemen. The Workshops provide sheltered employment and training in boot making, machine knitting, basketry and cane furniture making. There is residential accommodation both for trainees and employees. The hospital housing scheme provides 42 villas in the spacious grounds to accommodate that number of disabled ex-Servicemen and their families. In addition the Scottish Veterans Garden City Association have a colony of ten houses in the Hospital grounds.

QUEEN ELIZABETH'S TRAINING COLLEGE FOR THE DISABLED
Principal, Leatherhead, Surrey.

A residential College providing vocational training for employment for men and women from the age of 15 upwards, in seventeen trades including welding, light engineering, spray painting, bench carpentry, electric, radio and television servicing, engineering drawing, builders' clerks, gardening and general clerical and allied subjects.

ROYAL ASSOCIATION IN AID OF THE DEAF AND DUMB
General Secretary, 55 *Norfolk Square, Paddington, London, W.*2.

Promotes the spiritual and general welfare of the deaf and dumb in London, Middlesex, Surrey, Essex and Western Kent. Provides churches and social clubs, interpreters in courts, hospitals, etc. and assists the deaf and dumb to secure employment. The Association also maintains specialist workers amongst the blind-deaf and patients in Mental Hospitals.

ROYAL NATIONAL INSTITUTE FOR THE BLIND
Secretary-General, 224 - 6 - 8 *Great Portland Street, London, W.*1.

Provides services for the blind population including—production of Braille books, periodicals and music, Moon books and periodicals; students' Braille Library, Talking books; appliances and apparatus; Sunshine Home Nursery Schools for Blind Babies; Special School for Blind children with other handicaps; two public schools, one for girls and one for boys; Holiday and Residential Homes; Queen Elizabeth Homes of Recovery for the Newly Blind; School of Physiotherapy and Clinics; Training School for Blind Telephone Operators, Recorder Typists and Shorthand Typists; Supervision of Home Workers, employment of the blind and placement in " sighted " industry; personal services to the blind and the prevention of blindness.

ST. ANDREW'S AMBULANCE ASSOCIATION
General Secretary, 98 - 108 *North Street, Charing Cross, Glasgow*, C.3.

The objects and purposes of the Association include the organisation of Ambulance and Nursing Corps and the promotion of instruction in and carrying out works for the relief of suffering of the sick and injured in peace or war.

ST. DUNSTAN'S FOR MEN AND WOMEN BLINDED ON WAR SERVICE
Secretary, 191 *Marylebone Road, London, N.W.*1.

Exists for the training and welfare of men and women who have been blinded as a result of their war service. Preliminary training includes adjustment to blindness, learning Braille and typewriting, hobby training, scholastic subjects, sports and music. Occupational training, settlement and technical after-care follow. General welfare through an experienced team of social visitors is provided throughout lifetime.

ST. JOHN AMBULANCE BRIGADE
Secretary, 8 *Grosvenor Crescent, London, S.W.*1.

Members, who are men and women trained in First Aid and Home Nursing, assist in hospitals, clinics, blood transfusion depots, and with school medical services and provide a Home Nursing Service under the supervision of the District Nurse and Escorts for sick and disabled people by land, sea and air. The Brigade co-operates with Local Authorities in providing the ambulance service including (in conjunction with the British Red Cross Society and Women's Voluntary Services) the Hospital Car Service; maintains Medical Comforts Depots and supplies Welfare Officers in Service Hospitals.

ST. LOYES COLLEGE FOR THE TRAINING AND REHABILITATION OF THE DISABLED
Exeter, Devon. Enquiries to the Principal.

Provides residential accommodation and vocational training in a variety of trades for disabled men and women from the age of 15 upwards from all over the British Isles; thus enabling them to take up employment in open industry and to become self supporting. Training courses include:—carpentry, cooking, calculating machine operating, dressmaking, gardening, instrument mechanics, manufacture of leather goods, radio and T.V. repairing, shorthand typing, surgical appliance making, telephone switchboard operating, watch and clock repairing, etc.

A special section provides for handicapped juniors from the age of 14 years upwards, where normal schooling may be continued and assessment made for future technical training. Approximately 200 trainees successfully train each year and take up employment. In addition, two sheltered workshops are maintained—gear cutting, watch and clock repairs are carried out in one and in the other leather goods manufactured.

SCOTTISH ASSOCIATION FOR THE DEAF
Hon. Secretary and Treasurer, 85 *Queen Victoria Drive, Glasgow, W.*4.

Promotes the interests and welfare of the Deaf in Scotland. Affiliated to and co-operates with the National Institute for the Deaf in all schemes calculated to promote the welfare of the Deaf.

SCOTTISH ASSOCIATION FOR MENTAL HEALTH
Secretary, 57 *Melville Street, Edinburgh*, 3.

Aims to increase and maintain public interests in mental deficiency, child guidance and all other matters relating to mental health. Assists statutory authorities and other bodies in providing all mental health services for which they may be responsible. The Association carries on an Advice Service.

SCOTTISH COUNCIL FOR THE CARE OF SPASTICS
Secretary, 22 *Corstorphine Road, Edinburgh*, 12.

Provides for the treatment, education, and training of spastic (cerebral palsied) children and adults; maintains two residential schools and one residential occupation centre; conducts surveys and research; encourages formation of parents' associations. Works in the closest association with the British Council for the Welfare of Spastics and other organisations dealing with similar problems.

SCOTTISH COUNCIL OF SOCIAL SERVICE
Secretary, 10 *Alva Street, Edinburgh.*

Provides for Scotland similar services to those undertaken by the National Council for Social Service in England. Provides, through its Committee on the Welfare of the Disabled, a means of consultation among the organisations concerned with the disabled in Scotland. Collects and disseminates information about Welfare Services for the disabled. Conducts surveys. Issues a Bulletin regularly.

SCOTTISH NATIONAL FEDERATION FOR THE WELFARE OF THE BLIND
Secretary and Treasurer, 4 *Coates Crescent*, *Edinburgh*, 3.
Promotes the well-being and protects the interests of the Blind in Scotland by the co-operation and mutual assistance of the various affiliated bodies. Advises on matters affecting the well-being of the Blind.

SCOTTISH NATIONAL INSTITUTION FOR THE WAR BLINDED
Secretary and Treasurer, *Gillespie Crescent*, *Edinburgh*, 10.
Provides in Scotland, similar facilities to those undertaken in the rest of the British Isles by St. Dunstan's.

SCOTTISH SOCIETY FOR MENTALLY HANDICAPPED CHILDREN
Secretary, 69 *West Regent Street*, *Glasgow*, *C.2.*
Promotes the welfare of mentally handicapped children; encourages research into cause and treatment of mental handicap; establishes and maintains day centres and short-stay homes.

SPECIAL SCHOOLS ASSOCIATION (INC.)
Hon. General Secretary, 356 *Yardley Wood Road*, *Birmingham*, 13.
Advances the education and welfare of the handicapped and co-ordinates, through its Research Bureau, the various aspects of work for the handicapped.

ULSTER SOCIETY FOR PROMOTING THE EDUCATION OF THE DEAF AND DUMB AND THE BLIND
(Ulster School for the Deaf and Blind.)
Secretary, 97 *Lisburn Road*, *Belfast.*
Promotes the education of the deaf and partially deaf, blind and partially sighted.

APPENDIX II

Index of Organisations for the Disabled

This index is not exhaustive but covers the main national organisations whose primary concern is with the disabled

ENGLAND AND WALES

Organisations Providing Sheltered Employment Facilities

ANNE GLASSEY WORKSHOP (*Tuberculous*), Love Lane, Wallasey, Cheshire.

BARROWMORE INDUSTRIES (*Tuberculous men*), Barrowmore Hall, Great Barrow, Chester.

BRITISH LEGION (CAMBRIAN FACTORY LTD.) (*Ex-Service men*), Llanwrtyd Wells, Breconshire.

BRITISH LEGION INDUSTRIES (*Tuberculous and Bronchitic Ex-Service*), British Legion Village, Preston Hall, Maidstone, Kent.

BRITISH LEGION POPPY FACTORY LTD., Petersham Road, Richmond, Surrey.

BRITISH RED CROSS SOCIETY, SUFFOLK BRANCH (*Workshop for the Disabled*), Mustow House, Bury St. Edmunds, Suffolk.

CAMPHILL VILLAGE TRUST, 122 Harley Street, London, W.1.

CHURCH ARMY REHABILITATION CENTRE, 46 Acre Lane, Brixton, London, S.W.2.

CRIPPLECRAFT, Strode Park, Herne, Kent.

DISABLED SAILORS' AND SOLDIERS' WORKSHOPS, 528, Wimborne Road, Bournemouth, Hants.

DORINCOURT ESTATES, Leatherhead Court, Surrey.

ENHAM-ALAMEIN VILLAGE CENTRE, Andover, Hants.

FORCES HELP SOCIETY AND LORD ROBERTS WORKSHOPS (*Ex-Service*), 122 Brompton Road, London, S.W.3. (Workshops at Bristol, Brookwood, Colchester, Liverpool, London).

HOSTELS FOR CRIPPLED AND INVALID WOMEN WORKERS, 11 Love Walk, Denmark Hill, London, S.E.5.

JOHN GROOM'S CRIPPLEAGE, Edgware Way, Edgware, Middlesex.

L.C.C. SHELTERED WORKSHOP, Holmes Road, Kentish Town, St. Pancras, London, N.W.5.

LUDUN LTD., Liscombe Road, Luton, Beds.

MANCHESTER C.B.C. SHELTERED WORKSHOP, Mayfield House, Manchester.

MANTON ASSOCIATION LTD. (*Tuberculous men*), State Quay, Caernarvon.

MIDDLESEX COUNTY COUNCIL REHABILITATION WORKSHOPS (*Tuberculous*), The Lido, Lordship Lane, Tottenham, London, N.17.

MOUNT INDUSTRIES (HAMPSHIRE COUNTY COUNCIL) (*Tuberculous men*), Bishopstoke, Eastleigh, Hants.

NATIONAL SOCIETY FOR EPILEPTICS, Chalfont Colony, Chalfont St. Peter, Bucks.

NATIONAL SPASTICS SOCIETY, 28 Fitzroy Square, London, W.1.

PAPWORTH VILLAGE SETTLEMENT, Papworth, Cambridgeshire.

REMPLOY LTD., Remploy House, 415 Edgware Road, Cricklewood, London, N.W.2. (There are eighty factories in England and Wales.)

ST. LOYES COLLEGE FOR TRAINING AND REHABILITATION OF THE DISABLED, Exeter, Devon.

SCHOOL OF STITCHERY AND LACE (*Women*), Great Bookham, Surrey.

SEARCHLIGHT CRIPPLES WORKSHOPS, Newhaven, Sussex.

SHERWOOD (N.C.C.) VILLAGE SETTLEMENT (Nottinghamshire County Council) (*Tuberculous men*), Rainworth, near Mansfield, Notts.

SIR ROBERT JONES MEMORIAL WORKSHOPS (*Men*), 70-74 Upper Parliament Street, Liverpool.

THERMEGA LTD. (*Ex-Services Mental Welfare Society*), Ermyn Way, Leatherhead, Surrey.

WORKSHOPS FOR THE BLIND. (There are Workshops for the Blind throughout England and Wales.)

WRENBURY HALL TUBERCULOSIS COLONY AND TRAINING CENTRE (Cheshire County Council), (*Tuberculous men*), Wrenbury, near Chester.

YATELEY TEXTILE PRINTERS LTD. (*Women*), Moulsham Lane, Yateley, Hants.

Organisations Providing Vocational Training Facilities

DERWEN CRIPPLES TRAINING COLLEGE, Oswestry, Shropshire

FINCHALE ABBEY TRAINING CENTRE FOR THE DISABLED, Durham.

LORD MAYOR TRELOAR COLLEGE, Froyle, Alton, Hants.

MERCHANT SEAMEN'S WAR MEMORIAL SOCIETY (*Agricultural Training for ex-seafarers*), Maritime House, London, S.W.4.

PORTLAND TRAINING COLLEGE FOR THE DISABLED, Harlow Wood, Mansfield, Notts.

QUEEN ELIZABETH'S TRAINING COLLEGE FOR THE DISABLED, Leatherhead, Surrey.

ST. LOYES COLLEGE FOR THE TRAINING AND REHABILITATION OF THE DISABLED, Exeter, Devon.

WORKSHOPS FOR THE BLIND. (There are sixty-two Workshops for the Blind in England and Wales.)

National Voluntary Organisations for Specific Disabilities

(a) The Blind

GUIDE DOGS FOR THE BLIND ASSOCIATION, 81 Piccadilly, London, W.1.

JEWISH BLIND SOCIETY, 1 Craven Hill, Lancaster Gate, London, W.2.

NATIONAL ASSOCIATION OF WORKSHOPS FOR THE BLIND (INC.), 105-9 Salisbury Road, London, N.W.6.

NATIONAL FEDERATION OF THE BLIND, 2 Regent Square, London, W.C.1.

NATIONAL LEAGUE OF THE BLIND (*Trade Union*), 262 Langham Road, London, N.15.

NATIONAL LIBRARY FOR THE BLIND, 35 Great Smith Street, London, S.W.1, and 5 St. John Street, Manchester, 3.

ROYAL NATIONAL INSTITUTE FOR THE BLIND, 224-6-8 Great Portland Street, London, W.1.

ST. DUNSTAN'S FOR MEN AND WOMEN BLINDED ON WAR SERVICE, 191 Marylebone Road, London, W.1.

(b) Others

BRITISH ASSOCIATION OF THE HARD OF HEARING, " Beechways ", Church Lane, Neston, Wirrall, Cheshire.

BRITISH COUNCIL FOR THE WELFARE OF SPASTICS, 13 Suffolk Street, Haymarket, London, S.W.1.

BRITISH DIABETIC ASSOCIATION, 152 Harley Street, London, W.1.

BRITISH EPILEPSY ASSOCIATION, 27 Nassau Street, London, W.1.

BRITISH RHEUMATISM AND ARTHRITIS ASSOCIATION, 11 Beaumont Street, London, W.1.

CENTRAL COUNCIL FOR THE CARE OF CRIPPLES, 34 Eccleston Square, London, S.W.1.

CHEST AND HEART ASSOCIATION, Tavistock House (North), Tavistock Square, London, W.C.1.

HAEMOPHILIA SOCIETY, 94 Southwark Bridge Road, London, S.E.1.

INFANTILE PARALYSIS FELLOWSHIP, Rugby Chambers, Great James Street, London, W.C.1.

MENTAL AFTER-CARE ASSOCIATION, Eagle House, 110 Jermyn Street, London, S.W.1.

MULTIPLE SCLEROSIS SOCIETY, 9, Grosvenor Crescent, London, S.W.1.

NATIONAL ASSOCIATION FOR MENTAL HEALTH, 39 Queen Anne Street, London, W.1.

NATIONAL ASSOCIATION FOR THE PARALYSED, 1 York Street, Baker Street, London, W.1.

NATIONAL DEAF BLIND HELPERS LEAGUE, Market Chambers, Market Place, Peterborough.

NATIONAL INSTITUTE FOR THE DEAF, 105 Gower Street, London, W.C.1.

NATIONAL SPASTICS SOCIETY, 28 Fitzroy Square, London, W.1.

PHYSICALLY DISABLED PEOPLES LEAGUE, 52 Roseberg Gardens, Harringay, London, N.4.

General

BRITISH COUNCIL FOR REHABILITATION, Tavistock House (South), Tavistock Square, London, W.C.1.

INVALID CHILDREN'S AID ASSOCIATION, 4 Palace Gate, Kensington, London, W.8.

INVALID TRICYCLE ASSOCIATION, Rivaz Place, Retreat Place, Homerton, London, E.9.

SHAFTESBURY SOCIETY, Shaftesbury House, 112 Regency Street, London, S.W.1.

SPECIAL SCHOOLS ASSOCIATION (INC.), 46 Balliol Avenue, London, E.4.

National Voluntary Organisations for Disabled Ex-Service Personnel

BRITISH LEGION DISABLED MEN'S INDUSTRIES LTD., 72-74 Victoria Street, London, S.W.1.

BRITISH LIMBLESS EX-SERVICEMEN'S ASSOCIATION, 105-107 Cannon Street, London, E.C.4.

EX-SERVICES MENTAL WELFARE SOCIETY, 37/39 Thurloe Street, London, S.W.7.

"LEST WE FORGET" ASSOCIATION, 37 Beaufort Road, Kingston-upon-Thames, Surrey.

ST. DUNSTAN'S FOR MEN AND WOMEN BLINDED ON WAR SERVICE, 191 Marylebone Road, London, N.W.1.

STAR AND GARTER HOME FOR DISABLED SAILORS, SOLDIERS AND AIRMEN, Richmond, Surrey.

VANGUARD TRUST, 34 The Crescent, Sandgate, Folkestone, Kent.

SCOTLAND

Organisations Providing Sheltered Employment Facilities

EDINBURGH CRIPPLE AND INVALID CHILDREN'S AID SOCIETY, Boot Repairing Workshop (*Disabled men*), 13 Broughan Street, Edinburgh, 3.

FORCES HELP SOCIETY AND LORD ROBERTS WORKSHOPS (*Ex-Service*), 122 Brompton Road, London, S.W.3. (Workshops at Dundee and Edinburgh.)

HAVEN PRODUCTS LTD., 473, Hillington Road, Glasgow, S.W.2.

PRINCESS LOUISE HOSPITAL (Erskine House Workshops), Erskine, Renfrewshire.

REMPLOY LTD., Remploy House, 415 Edgware Road, Cricklewood, London, N.W.2. (There are ten factories in Scotland.)

SCOTTISH EPILEPSY ASSOCIATION, 92 Union Street, Glasgow.

SCOTTISH EPILEPSY ASSOCIATION WORKSHOP (*Women*), Union Street, Glasgow, C.2.

SHOECRAFT REPAIRS, GLASGOW (*managed by the Scottish Association for the Deaf*), (*Deaf men and boys*).

THISTLECRAFT LTD., (*Ex-Service*), Craigmillar, Edinburgh.

WORKSHOPS FOR THE BLIND (*also Vocational Training*). (There are five Workshops for the Blind in Scotland.)

National Voluntary Organisations for Specific Disabilities

JOINT INDUSTRIAL COUNCIL FOR SCOTTISH WORKSHOPS FOR THE BLIND, 50 Huntly Street, Aberdeen.

ROOSEVELT MEMORIAL (POLIO) FUND, 113 Vincent Street, Glasgow, C.2.

SCOTTISH ASSOCIATION FOR THE DEAF, 85 Queen Victoria Drive, Glasgow, W.4.

SCOTTISH ASSOCIATION FOR MENTAL HEALTH, 57 Melville Street, Edinburgh, 3.

SCOTTISH COUNCIL FOR THE CARE OF SPASTICS, 22 Corstorphine Road, Edinburgh, 12.

SCOTTISH NATIONAL FEDERATION FOR THE WELFARE OF THE BLIND, 4 Coates Crescent, Edinburgh, 3.

SCOTTISH NATIONAL INSTITUTION FOR THE WAR BLINDED, Gillespie Crescent, Edinburgh, 10.

SCOTTISH SOCIETY FOR MENTALLY HANDICAPPED CHILDREN, 69 West Regent Street, Glasgow, C.2.

National Voluntary Organisations for Ex-Service Personnel

EX-SERVICES MENTAL WELFARE SOCIETY, (*Psychosis and Neurosis*), (Scottish Office), 112 Bath Street, Glasgow, C.2.

SCOTTISH NATIONAL INSTITUTION FOR THE WAR BLINDED, Gillespie Crescent, Edinburgh, 10.

SCOTTISH VETERANS GARDEN CITY ASSOCIATION (INC.), 5 Manor Place, Edinburgh, 3.

NORTHERN IRELAND

Organisations Providing Sheltered Employment Facilities

BELFAST ASSOCIATION FOR EMPLOYMENT OF INDUSTRIOUS BLIND, Lawnbrook Avenue, Belfast.

INCORPORATED CRIPPLES INSTITUTES AND HOLIDAY HOMES, 62 Wellington Place, Belfast.

FORCES HELP SOCIETY AND LORD ROBERTS WORKSHOPS (*Ex-Service*), Castlereagh Road, Belfast.

Organisations Providing Vocational Training Facilities

NORTHERN IRELAND COUNCIL FOR ORTHOPAEDIC DEVELOPMENT (INC.), 18 May Street, Belfast. (Thomas Doran Training Centre, Castlecaulfield, Co. Tyrone.)

National Voluntary Organisations for Specific Disabilities

BELFAST ASSOCIATION OF THE HARD OF HEARING, 2 Ardgreen Crescent, Belfast.

THE CHEST AND HEART ASSOCIATION (Northern Ireland Branch), 28 Bedford Street, Belfast.

HOME FOR THE BLIND, Cliftonville, Belfast.

THE MULTIPLE SCLEROSIS SOCIETY (Northern Ireland Branch), 12 Landsdowne Road, Belfast.

ST. BRIGID'S HOME FOR THE BLIND, Whiteabbey, Belfast.

ST. DUNSTAN'S FOR MEN AND WOMEN BLINDED ON WAR SERVICE (Northern Ireland Office), 18 Arthur Street, Belfast.

ULSTER SOCIETY FOR PROMOTING THE EDUCATION OF THE DEAF AND DUMB AND THE BLIND (Ulster Schools for the Deaf and Blind), 97 Lisburn Road, Belfast.

National Voluntary Organisations for Ex-Service Personnel

ST. DUNSTAN'S FOR MEN AND WOMEN BLINDED ON WAR SERVICE, (Northern Ireland Office), 18 Arthur Street, Belfast.

General

NORTHERN IRELAND ASSOCIATION FOR HANDICAPPED PERSONS, 28 Bedford Street, Belfast.

NORTHERN IRELAND COUNCIL FOR ORTHOPAEDIC DEVELOPMENT, 18 May Street, Belfast.

APPENDIX III

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D.P.L.8 Employment Services for the Blind.

D.P.L.9 Blindness and Employment.

P.L.375 Blind Workers are Good Workers.

P.L.110 Scheme of Grants to Undertakings employing severely disabled persons.

P.L.156 Disabled Persons Training Scheme.

P.L.379 Handicapped young persons.

R.H.L.1, R.H.L.3 } Industrial Rehabilitation.

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