

PROJECT ON CO-ORDINATION OF SERVICES FOR

MENTALLY HANDICAPPED

VOLUME III

MENTAL WELFARE OFFICERS

PROJECT ON CO-ORDINATION OF SERVICES FOR

MENTALLY HANDICAPPED

VOLUME III

MENTAL WELFARE OFFICERS

KING EDWARD'S HOSPITAL FUND FOR LONDON

THE HOSPITAL CENTRE

PROJECT ON CO-ORDINATION OF  
SERVICES FOR THE MENTALLY HANDICAPPED  
(June 1969 to September 1972)

ANALYSED DATA

VOLUME III

MENTAL WELFARE OFFICERS

Compiled by

ALI BAQUER

Research Officer to the  
Working Party

# CONTRIBUTORS TO THIS VOLUME

|                               |  |
|-------------------------------|--|
| Project Consultant            | Professor R.W. Revans                              |
| Representative of King's Fund | Janet Craig  |
| Research Officer              | Ali Baquer   |
| Research Assistant            | Tim Eltham   |
| Part-time Fieldworkers        | Barbara Bellaby                                    |
|                               | Richard Fogg                                       |
|                               | Liz Crout  |
|                               | Valerie Mills                                      |
|                               | Felicity Sommerfeld                                |
|                               | Paul Sommerfeld                                    |
|                               | Joan Trigwell                                      |
| Coders                        | Liz Crout  |
|                               | David Smith  |
|                               | David Troon  |
| Part-time Researchers         | Diana Cortazzi                                     |
|                               | Liz Crout  |
|                               | David Smith  |
|                               | Paul Sommerfeld                                    |
|                               | Frances Troon                                      |
| Computer Work                 | Ray Banks - At the London Hospital Computer Centre |
| Secretarial Assistance        | Sarah Stenning and Anne Woronow                    |
| Lithograph Duplicating        | Rose Crawford                                      |

The real contributors to this volume, however, are the representatives of the seven areas who helped to design, complete and analyse the questionnaires. Some of those who co-ordinated the research activities in their areas are:

|          |                    |
|----------|--------------------|
| Hounslow | Dr. P. Bennett     |
|          | Peter Charles      |
|          | Marjorie Hills     |
|          | Dr. Curtis Jenkins |
|          | David Mason        |

Hull

Dr. O.C. Dobson  
Dr. H. Jackson  
Dr. W. Kell

E. Elliott  
J.H. Gardham  
Joe Graham  
Mrs. Murphy  
R.W. Shane  
Miss Staines  
Roy Wardell  
V.L. Wilson

Nottingham

D.H. Carter  
Miss Fletcher  
Dr. Kenneth Mason  
Miss M. Morton  
Dr. W. Parry  
J.A. Westmoreland

Oxford

J. Forshaw  
Dr. E.P. Lawrence  
D.W. Macintosh  
I. Price  
D. Purrett  
F. Vidpond

East Sussex

Roy Borley  
F. Candy  
J.C. Matthews  
Angela Wood  
Miss J.R. Simpson  
Susan Sheriff  
M.G.W. Ternouth  
Dr. J.A. Watson  
Dr. R.G. Brims Young

West Suffolk

Mrs. C.E. Cooley  
Mr. G. Elliston  
T.H. Higham  
B. Hird  
R. Lloyd Jones  
Dr. A.M. Lush  
T.B. Maguire

## FOREWORD

- AIMS** The two main objectives of this project, which was supported by the King's Fund from June 1969 to September, 1972, were to collect information on the service offered in seven diverse local authorities of the country and to involve the providers of service in a systematic examination of it. Both these aims have been achieved.
- METHOD** The representatives of Hounslow, Gateshead, Hull, Nottingham, Oxford, East Sussex and West Suffolk formed themselves into a Group under the chairmanship of Dr. M.G. Spark, a general practitioner. The Group now identifies itself as Revans' Participative Research Group (R.P.R.G.). The members of this Group helped the Research Officer, Ali Baquer, in the design of the study, construction of questionnaires, collection of data, and finally in suggesting the methods of analyses of the information gathered. Since the project was undertaken at a time when a great many organisational changes were taking place part-time researchers were employed to help on various aspects of the research.
- SAMPLE** A random sample of the mentally handicapped living in the community and under the age of 30 was drawn from the seven areas. The questionnaires were then administered on their parents, general practitioners, mental welfare officers, health visitors and school teachers. The records kept at the then mental health departments were also examined through the use of a questionnaire. The information thus collected was coded on standard 80 column data sheets and transferred on I.B.M. cards. The data was then processed on computer at the London Hospital Computer Centre.
- DATA** A selection from the computer analysis of the data is now being presented in 5 volumes:

Volume I consists information collected from the questionnaires addressed to the parents (THC 72/555) "table numbers prefixed by P"

Volume II presents an analysis of information collected from general practitioners (THC 72/556) "table numbers prefixed by G"

Volume III deals with the answers given by the mental welfare officers (THC 72/557) "table numbers prefixed by M.W.O."

Volume IV presents the replies of the health visitors and teachers (THC 72/558) "table numbers prefixed by H.V's and T"

Volume V comprises the findings from the records kept on the cases in

## PUBLICATIONS

The final report, entitled "I Thought They were Supposed to be Doing That" consisting of the main findings, and a description of methods used, has been presented to the King's Fund to be considered for publication in a book form.

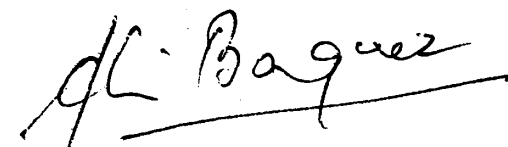
Apart from this book it is hoped that a number of other publications, in the form of articles and books, will be prepared by members of Revans' Participative Research Group as well as others interested in making use of the experience and findings of the project. It will be appreciated if copies of such articles/books could be sent to Miss Janet Craig, Assistant Director, The Hospital Centre, 24 Nutford Place, London, W1 who has agreed to co-ordinate the activities of the Group after the conclusion of the project on 30th September, 1972.

Copies of the five volumes of analysed data are being made available to the Library at the Hospital Centre, London and:

Town Clerks  
Directors of Social Services  
Medical Officers of Health

in the seven areas respectively.

Those wishing to make use of the data presented in these volumes are requested to acknowledge Revans and Baquer's project on "Co-ordination of Services for the Mentally Handicapped."

  
Ali Baquer,  
Research Officer to the  
Working Party.

September, 1972.  
Hospital Centre,

## NOTES ON INTERPRETING THE TABLES

1. "No Information" category.  
This category means that no reply to the question was given or the response was irrelevant for this table.
2. Some of these tables are summary tables in that they total all the answers provided to a particular question. For many questions, the respondent gave more than one answer, for example, in the question, what kind of support is now being provided to the family, the respondent might list two or three types of support. Since the table will summarise the total number of each type of support provided, it is possible for the total of all types of support to exceed the number of cases being surveyed. This situation arises only where more than one answer has been given to the one question.
3. It will be necessary to remember the number of respondents applicable to each volume of the data, for they vary from volume to volume. Although there were 212 cases in our full sample, we only had usable returns from 204 parents, 147 general practitioners, 169 mental welfare officers, etc. The number of respondents applicable to each area is given at the commencement of each volume.



## LIST OF ABBREVIATIONS USED

### Areas

HO - Hounslow  
GA - Gateshead  
HU - Hull  
NT - Nottingham  
OX - Oxford  
ES - East Sussex  
WS - West Suffolk

### Agencies

G.P. - General Practitioner  
H.V. - Health Visitor  
M.O.H. - Medical Officer of Health  
M.W.O. - Mental Welfare Officer  
L.E.A. - Local Education Authority  
D.R.O. - Disablement Resettlement Officer  
J.T.C. - Junior Training Centre  
A.T.C. - Adult Training Centre

### Others

S.N. - Sub-normal or mentally handicapped  
S.S.N. - Severely Sub-normal or Severely Handicapped  
E.S.N. - Educationally Sub normal

# RESPONSE TO M.W.O's QUESTIONNAIRES

A sample of 212 cases was randomly drawn from the seven areas. The questionnaire administered on mental welfare officer was in two parts. The first part consisted specific questions on a case, the second part was more general. If a mental welfare officer supervised more than one case in the sample, part II was completed only once. The rate of completion is given below:

| <u>Cases in each area</u> |    | <u>Questionnaire</u> | <u>Completed</u> |
|---------------------------|----|----------------------|------------------|
|                           |    | Part I               | Part II          |
| Hounslow                  | 19 | 19                   | 5                |
| Gateshead                 | 14 | 5                    | -                |
| Hull                      | 45 | 32                   | 7                |
| Nottingham                | 46 | 42                   | 5                |
| Oxford                    | 23 | 19                   | 6                |
| East Sussex               | 45 | 37                   | 11               |
| West Suffolk              | 20 | 15                   | 10               |

List of Contributors

Foreword

List of Abbreviations Used

Response to M.W.O's Questionnaires

Notes on Interpreting the tables

LIST OF TABLES

Title

Page

ii - iii

iv - v

vii

viii

vi

ix

Table No.

Length of Department's Supervision

M234

Who Referred the Handicapped to the Department?

M235

How Long has the M.W.O Supervised the Case?

M236

Age of the Handicapped when the M.W.O started supervision

M237

When did the M.W.O. last visit the family?

M238

Frequency of visits

M239

Would the family benefit with increased visiting?

M240

Why? - (Those who said family would not benefit)

M241

How long this case has been known to mental health

M233

Why? - (Those who say family would benefit from increased visiting)

M242

Handicaps mentioned by M.W.O.

M243

Handicaps mentioned by M.W.O - cont'd

M243

Number of handicaps mentioned

M244

Help needed by the handicapped

M245

Number of helps mentioned

M246

Who can provide help to the handicapped?

M247

Number of persons

M248

Help needed by family

M249

Number of helps

M250

|  |      |
|--|------|
| Number of persons  | M252 |
| Future Problems  | M253 |
| Number of problems   | M254 |
| Who can help?  | M255 |
| Number of persons  | M256 |
| Competence of parents  | M257 |
| Are there any relations, friends who offer help to family?     | M258 |
| Support to family since referral                               | M259 |
| Number of supports   | M260 |
| What support is offered now?                                   | M261 |
| Number of supports   | M262 |
| What more could M.W.O. have done if pressure of work was less? | M263 |
| Age of the handicapped on suspicion                            | M264 |
| Who suspected it?  | M265 |
| Number of persons  | M266 |
| Reasons for suspicion  | M267 |
| Number of reasons  | M268 |
| Who confirmed  | M269 |
| How was the assessment made?                                   | M270 |
| Manner of assessment   | M271 |
| How old was the child then?                                    | M272 |
| Did the family accept handicap at that time?                   | M273 |
| Does the family accept it now?                                 | M274 |
| Other agencies contacting M.W.O.                               | M275 |
| Number of agencies which contacted M.W.O.                      | M276 |
| First reasons for contact                                      | M277 |
| Last reason  | M278 |

|   |      |
|---|------|
| Age of the child when first contact was made                | M280 |
| Age of the child when last contact was made                 | M281 |
| M.W.O. contacted agencies                                   | M282 |
| Number of agencies contacted by M.W.O.                      | M283 |
| First reason for contact                                    | M284 |
| Last reason   | M285 |
| Number of reasons for which M.W.O. contacted other agencies | M286 |
| Age of the child when first contact was made by M.W.O.      | M287 |
| Age of the child when last contact was made by M.W.O.       | M288 |
| Type of present school                                      | M289 |
| Past School   | M290 |
| How was the decision made?                                  | M291 |
| Health of the handicapped                                   | M292 |
| Speech  | M293 |
| Eyesight  | M294 |
| Hearing   | M295 |
| Incontinence  | M296 |
| Number of handicaps mentioned                               | M297 |
| Mobility  | M298 |
| Washing   | M299 |
| Dressing  | M300 |
| Problems with sleep   | M301 |
| Problems with feeding                                       | M302 |
| Knowledge of I.Q.   | M303 |
| Details of Assessment of I.Q.                               | M304 |
| Friends of the handicapped                                  | M305 |
| Classification of subnormality                              | M306 |
|   | M307 |

|   |      |
|---|------|
| Number of additional handicaps mentioned          | M308 |
| Phenylketonaria Test                              | M309 |
| Adequacy of Accommodation                         | M310 |
| Records   | M311 |
| Role of M.W.O.                                    | M312 |
| Number of responses                               | M313 |
| Role of health visitor                            | M314 |
| Number of responses                               | M315 |
| Role of G.P.                                      | M316 |
| Number of responses                               | M317 |
| Role of M.O.H.                                    | M318 |
| Number of responses                               | M319 |
| Provision of services by Mental Health Department | M320 |
| Number of responses                               | M321 |
| Help voluntary organisations can give             | M322 |
| Number of responses                               | M323 |
| Who could help with employment?                   | M324 |
| Number of persons                                 | M325 |
| Advice on Genetic Counselling                     | M326 |
| Reasons for providing short-term care             | M327 |
| Number of Reasons                                 | M328 |
| Reasons for long-term care                        | M329 |
| Number of Reasons                                 | M330 |
| Reasons for discharge of patients                 | M331 |
| Number of reasons                                 | M332 |
| Measures to improve co-ordination                 | M333 |
| Number of measures                                | M334 |

| <u>Title</u>                        | <u>Table No.</u> |
|-------------------------------------|------------------|
| Number of services                  | M336             |
| Qualification of M.W.O.             | M337             |
| Age of M.W.O.                       | M338             |
| Length of service in the department | M339             |
| Length of service before            | M340             |
| Case load mentally ill - short term | M341             |
| Case load mentally ill - long term  | M342             |
| Case load mentally subnormal        | M343             |

HOW LONG THIS CASE HAS BEEN KNOWN TO MENTAL HEALTH

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Since birth of the handicapped         | 3  | -  | 1  | -  | -  | 2  | 1  |
| Since the handicapped was under 1 year | -  | -  | -  | -  | -  | 1  | -  |
| Since he/she was between 1 - 2 years   | 2  | -  | 1  | 3  | 1  | 1  | 1  |
| Since he/she was between 2 - 4 years   | 1  | -  | 9  | 4  | 5  | 10 | 2  |
| Since he/she was between 5 - 9 years   | 7  | -  | 13 | 20 | 9  | 8  | 8  |
| Since he/she was between 10 - 14 years | -  | 1  | 5  | 6  | 2  | 2  | 2  |
| Since he/she was between 15 - 19 years | 5  | -  | 8  | 4  | 2  | 8  | -  |
| Since he/she was over 20 years         | -  | -  | 1  | -  | -  | 2  | 1  |
| No information, don't know             | 1  | 4  | -  | 5  | -  | 3  | -  |

QUESTION: How long has this case been known to your department?



LENGTH OF DEPARTMENT'S SUPERVISION

|                       | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------------|----|----|----|----|----|----|----|---|
| Less than 1 year      | 1  | -  | -  | -  | -  | 1  | -  |   |
| Between 1 - 2 years   | 2  | 1  | 4  | 4  | -  | 6  | 1  |   |
| Between 3 - 4 years   | 1  | -  | 6  | 9  | 4  | 4  | 4  |   |
| Between 5 - 6 years   | 2  | -  | 7  | 6  | 2  | 6  | -  |   |
| Between 7 - 8 years   | 1  | -  | 5  | 3  | 3  | 6  | 1  |   |
| Between 9 - 10 years  | 5  | -  | 3  | 1  | 2  | 5  | 1  |   |
| Between 11 - 12 years | -  | -  | 5  | 8  | 3  | 2  | 2  |   |
| Between 13 - 14 years | -  | -  | 4  | 4  | 1  | 2  | -  |   |
| Over 15 years         | 6  | -  | 4  | 7  | 4  | 4  | 6  |   |
| No information        | 1  | 4  | -  | -  | -  | 1  | -  |   |

QUESTION: How long has this case been known to your department?

WHO REFERRED THE HANDICAPPED TO THE DEPARTMENT?

|                                       | HO | GA | HU | NT | OX | ES | WS | T |
|---------------------------------------|----|----|----|----|----|----|----|---|
| Parents/Relatives/Grandparents        | -  | -  | 2  | 1  | 1  | 1  | -  |   |
| Paediatrician/Hospital                | 1  | -  | 5  | 2  | 3  | 2  | 2  |   |
| GP                                    | 1  | -  | 3  | 2  | 1  | 1  | 1  |   |
| Clinic doctor                         | 3  | -  | -  | -  | -  | -  | -  |   |
| Health Visitor/MOH                    | 1  | -  | 1  | -  | 5  | 12 | 1  |   |
| LEA/School/School doctor/Teacher      | 9  | 1  | 24 | 34 | 8  | 9  | 10 |   |
| Employer/Youth employment officer etc | -  | -  | -  | 1  | -  | -  | -  |   |
| Other                                 | 2  | -  | 1  | 1  | 1  | 9  | 1  |   |
| Don't know                            | -  | -  | -  | -  | -  | 2  | -  |   |
| No information                        | 2  | 4  | 2  | 1  | -  | 1  | -  |   |

QUESTION: Who referred him/her to the Mental Health in the first place, and when?

HOW LONG HAS THE MWO SUPERVISED THE CASE?

|                       | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------------|----|----|----|----|----|----|----|---|
| Less than 1 year      | 8  | 3  | 18 | 5  | 3  | 13 | 2  |   |
| Between 1 - 2 years   | 7  | 1  | 2  | 20 | 4  | 12 | 4  |   |
| Between 3 - 4 years   | -  | 1  | 11 | 4  | 7  | 3  | 5  |   |
| Between 5 - 6 years   | 3  | -  | 3  | 7  | 3  | 7  | 2  |   |
| Between 7 - 8 years   | -  | -  | -  | 1  | 2  | -  | 1  |   |
| Between 9 - 10 years  | -  | -  | 1  | -  | -  | -  | -  |   |
| Between 11 - 12 years | -  | -  | -  | 2  | -  | -  | 1  |   |
| Between 13 - 14 years | -  | -  | -  | 1  | -  | 1  | -  |   |
| Over 15 years         | -  | -  | -  | 2  | -  | 1  | -  |   |
| No information        | 1  | -  | 3  | -  | -  | -  | -  |   |

QUESTION: How long have you been supervising the case?

AGE OF THE HANDICAPPED WHEN THE MWO STARTED SUPERVISION

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Since the birth of the handicapped     | -  | -  | 1  | 1  | -  | -  | -  |
| Since the handicapped was under 1 year | 1  | -  | -  | -  | -  | -  | -  |
| Since he/she was between 1 - 2 years   | 1  | -  | -  | 1  | -  | 2  | 2  |
| Since he/she was between 2 - 4 years   | -  | -  | 3  | -  | 1  | 4  | -  |
| Since he/she was between 5 - 9 years   | 3  | -  | 10 | 11 | 6  | 6  | 3  |
| Since he/she was between 10 - 14 years | 4  | 1  | 7  | 9  | 2  | 5  | 1  |
| Since he/she was between 15 - 19 years | 1  | -  | 6  | 9  | 6  | 9  | 4  |
| Since he/she was over 20 years         | 8  | 2  | 7  | 6  | 1  | 9  | 5  |
| No information, don't know             | 1  | 2  | 4  | 5  | 3  | 2  | -  |

QUESTION: How long have you been supervising the case?

WHEN DID THE MWO LAST VISIT THE FAMILY?

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Within a month before the interview        | 2  | 1  | 6  | 3  | 6  | 27 | 2  |
| More than 1 month and less than 3 months   | -  | -  | 6  | 16 | 5  | 7  | 5  |
| More than 3 months and less than 6 months  | -  | 3  | 5  | 9  | 5  | -  | 4  |
| More than 6 months and less than 12 months | -  | 1  | 4  | 7  | 2  | -  | 4  |
| More than a year ago but less than 2 years | 1  | -  | 2  | 3  | -  | 1  | -  |
| More than 2 years but less than 3 years    | -  | -  | 2  | -  | -  | -  | -  |
| More than 3 years ago                      | -  | -  | -  | 2  | -  | 1  | -  |
| Never visited                              | 4  | -  | 7  | 1  | -  | 1  | -  |
| No information                             | 12 | -  | 6  | 1  | 1  | -  | -  |

QUESTION: When did you last visit the family?

FREQUENCY OF VISITS

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Weekly   | 1  | -  | -  | -  | -  | -  | 1  |
| Once fortnightly   | -  | -  | -  | -  | -  | 2  | -  |
| Once monthly   | -  | -  | 1  | 1  | 3  | 10 | -  |
| Once every 2 - 3 months  | 3  | -  | 1  | 10 | 7  | 8  | 5  |
| Once every 4 - 6 months  | 4  | 2  | 11 | 13 | 6  | 11 | 8  |
| Once a year  | 1  | -  | 3  | 8  | 1  | -  | -  |
| Once every 2 - 3 years   | 1  | -  | 1  | 1  | -  | -  | -  |
| MWO says "whenever he can". Reply which does not give specific frequency | 2  | 3  | 6  | 4  | 1  | 3  | 1  |
| Does not visit   | 6  | -  | 3  | 4  | 1  | 3  | -  |
| No information   | 1  | -  | 12 | 1  | -  | -  | -  |

QUESTION ASKED: How often do you visit the family?

WOULD THE FAMILY BENEFIT WITH INCREASED VISITING?

|                                      | HO | GA | HU | NT | OX | ES | WS |
|--------------------------------------|----|----|----|----|----|----|----|
| Family would benefit                 | 7  | -  | 6  | 17 | 7  | 14 | -  |
| Family would <u>possibly</u> benefit | 4  | 1  | 1  | 3  | 1  | 1  | 1  |
| Doubtful                             | 2  | -  | 1  | 1  | 1  | 2  | 1  |
| Would not benefit                    | 5  | 4  | 25 | 21 | 7  | 20 | 13 |
| Don't know                           | 1  | -  | 2  | -  | -  | -  | -  |
| No information                       | -  | -  | 3  | -  | 3  | -  | -  |

QUESTION ASKED: Do you think this family would benefit if you could visit them more often?

WHY? - (THOSE WHO SAID FAMILY WOULD NOT BENEFIT)

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| MWO thinks family would benefit with increased visiting   | 10 | -  | 13 | 20 | 8  | 27 | 1  |
| MWO says family would <u>not</u> benefit - they are capable, coping well on their own, they have no problems                                  | 3  | 2  | 11 | 18 | 5  | 5  | 10 |
| MWO says family would <u>not</u> benefit - they are in touch with other agencies who help   | -  | 1  | 9  | 2  | -  | 4  | -  |
| MWO says family would <u>not</u> benefit - they can get in touch with MWO if they needed him  | -  | -  | 3  | 2  | 3  | 4  | 4  |
| MWO says family would <u>not</u> benefit - family incapable of responding to casework, members of family do not attempt to help the situation | 3  | -  | 3  | 1  | -  | 3  | -  |
| MWO says family would <u>not</u> benefit from <u>his</u> visits - family requires intensive supervision from others                           | -  | -  | 1  | -  | -  | -  | -  |
| MWO says family would <u>not</u> benefit - all that MWO could have done has been done. Other agencies refuse to help                          | 1  | -  | -  | -  | -  | 1  | -  |
| MWO says family would <u>not</u> benefit - no reasons given   | 1  | 1  | 1  | -  | -  | 6  | -  |
| No information  | 1  | 1  | 7  | -  | 3  | 2  | -  |

QUESTION ASKED: Why do you say that?



WHY? - (THOSE WHO SAY FAMILY WOULD BENEFIT FROM INCREASED VISITING)

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| MWO said family would <u>not</u> benefit   | 8  | 4  | 47 | 22 | 8  | 40 | 14 |
| <u>Would benefit</u> - family need support, supervision, sympathy. Visiting would relieve anxiety. They can talk, discuss problems. They will understand problems better. They can't cope on their own | 5  | 1  | 7  | 20 | 6  | 10 | 1  |
| <u>Would benefit</u> - They are unable to reach help on their own. Can't ring up MWO or visit office   | -  | -  | 1  | -  | -  | -  | -  |
| <u>Would benefit</u> - They have not yet understood the handicap. Need explanation, advice. Many problems in the family which could be solved by more visits   | 2  | -  | 1  | -  | 1  | 2  | -  |
| <u>Would benefit</u> - Close contact with the family would enable MWO to <u>help</u> them in a better way. He can get others to help   | -  | -  | -  | -  | 1  | 2  | -  |
| <u>Would benefit</u> - no reasons given  | 3  | -  | -  | -  | -  | 4  | -  |
| No information   | 1  | -  | 5  | -  | 3  | 1  | -  |

QUESTION ASKED: Why do you say that?

HANDICAPS MENTIONED BY MWO

|                                    | HO | GA | HU | NT | OX | ES | WS |
|------------------------------------|----|----|----|----|----|----|----|
| Mongolism                          | 9  | 2  | 6  | 11 | 6  | 8  | 2  |
| Spasticity                         | -  | -  | 2  | 5  | -  | 3  | -  |
| Epilepsy                           | -  | 1  | 2  | 4  | 1  | 2  | 1  |
| Hydrocephalic                      | -  | -  | 1  | -  | -  | 1  | 1  |
| Microcephalic                      | -  | -  | 1  | -  | -  | 1  | 1  |
| Deafness - total                   | -  | -  | -  | -  | -  | -  | 1  |
| Deafness - partial                 | -  | -  | -  | 2  | -  | -  | 1  |
| Speech defect - severe             | -  | -  | -  | -  | -  | 1  | 1  |
| Speech defect - partial            | 1  | -  | -  | 4  | -  | 1  | 1  |
| Blindness - total                  | 1  | -  | -  | 1  | -  | -  | -  |
| Blindness - partial                | -  | -  | -  | 1  | -  | 1  | -  |
| Disability of limbs - legs         | -  | -  | -  | -  | -  | -  | 1  |
| Congenital abnormalities           | -  | 1  | -  | 1  | -  | -  | 1  |
| Diseases of the respiratory system | -  | -  | 1  | -  | -  | 2  | -  |
| Developmental retardation          | -  | -  | 1  | -  | -  | 1  | -  |
| Tantrums, fits                     | -  | -  | -  | 1  | -  | -  | -  |
| Other illnesses not listed         | -  | -  | 1  | -  | -  | -  | -  |
| Mentally subnormal/handicapped     | 8  | 1  | 21 | 12 | 10 | 24 | 8  |
| Severely subnormal/handicapped     | 3  | 1  | 8  | 25 | 2  | 4  | 3  |
| Brain damage                       | 1  | -  | -  | -  | 2  | 1  | 1  |
| Hyperkinetic                       | -  | -  | 1  | -  | -  | -  | -  |

NUMBER OF HANDICAPS MENTIONED

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 12 | 3  | 21 | 20 | 17 | 27 | 5  |
| Mentioned TWO   | 7  | 2  | 10 | 14 | 2  | 8  | 9  |
| Mentioned THREE | -  | -  | 3  | 8  | -  | 2  | 1  |
| No information  | -  | -  | 4  | -  | -  | -  | -  |

QUESTION ASKED: What do you think is the handicap of this child

HELP NEEDED BY THE HANDICAPPED

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| General support and supervision               | 7  | 3  | 15 | 24 | 8  | 10 | 8  |
| Suitable education, training                  | 8  | 1  | 20 | 28 | 12 | 25 | 6  |
| Sheltered employment                          | 1  | -  | 4  | 1  | 4  | 9  | -  |
| Social life, clubs, holidays, short-term care | 3  | -  | 2  | 8  | 1  | 4  | -  |
| Constant nursing care, medical attention      | 1  | 1  | 3  | 7  | 2  | 2  | 3  |
| Greater independence                          | -  | -  | -  | 4  | -  | 3  | 1  |
| Hostel  | 1  | -  | -  | -  | 1  | 2  | -  |
| Institutionalisation, long-term care          | 1  | -  | -  | 1  | -  | -  | -  |
| Does not need help, don't know                | 4  | 1  | 3  | -  | 1  | 2  | -  |
| No information                                | -  | -  | 1  | -  | -  | -  | -  |
| Speech therapy                                | 3  | -  | 3  | 1  | -  | 1  | 1  |

QUESTION ASKED: What help does he/she need because of this handicap?

NUMBER OF HELPS MENTIONED

|                        | HO | GA | HU | NT | OX | ES | WS |
|------------------------|----|----|----|----|----|----|----|
| Mentioned ONE          | 7  | 3  | 22 | 14 | 10 | 15 | 11 |
| Mentioned TWO          | 6  | 1  | 11 | 24 | 6  | 18 | 4  |
| Mentioned THREE        | 2  | -  | 1  | 4  | 2  | 1  | -  |
| Mentioned FIVE or more | -  | -  | -  | -  | -  | 1  | -  |
| Mentioned NONE         | 3  | 1  | 3  | -  | -  | 2  | -  |
| Don't know             | 1  | -  | -  | -  | -  | -  | -  |
| No information         | -  | -  | 1  | -  | 1  | -  | -  |

QUESTION ASKED: What help does he/she need because of this handicap?

WHO CAN PROVIDE HELP TO THE HANDICAPPED?

|                               | HO | GA | HU | NT | OX | ES | WS |
|-------------------------------|----|----|----|----|----|----|----|
| Mental Health Department, MWO | 8  | -  | 2  | 13 | 10 | 7  | 3  |
| Medical Officer of Health     | -  | -  | -  | 1  | -  | 1  | -  |
| Local Authority               | 6  | 1  | 26 | 21 | 4  | 17 | 4  |
| Training Centres, teachers    | -  | -  | 5  | 17 | 7  | 15 | 8  |
| Employer, employment exchange | 1  | -  | -  | 1  | 1  | 3  | 1  |
| Voluntary organisations       | 2  | -  | 2  | 8  | -  | 1  | 1  |
| Don't know                    | 1  | -  | -  | -  | -  | -  | -  |
| No information                | 3  | 2  | 6  | -  | 1  | 1  | -  |
| Parents                       | 3  | 3  | 7  | 14 | -  | 7  | 8  |
| GP                            | -  | -  | 1  | 3  | -  | 2  | -  |
| Hospital                      | 1  | -  | 3  | 4  | 2  | -  | 1  |

QUESTION ASKED: Who do you think can provide this help?

NUMBER OF PERSONS

|                 | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------|----|----|----|----|----|----|----|---|
| Mentioned ONE   | 11 | 2  | 22 | 11 | 15 | 21 | 7  |   |
| Mentioned TWO   | 2  | 1  | 6  | 22 | 2  | 13 | 5  |   |
| Mentioned THREE | 2  | -  | 4  | 9  | 1  | 2  | 3  |   |
| Don't know      | 1  | 2  | -  | -  | 1  | -  | -  |   |
| No information  | 3  | -  | 6  | -  | -  | 1  | -  |   |

QIESTOPM ASKED: Who do you think can provide this help?

# HELP NEEDED BY FAMILY

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| General support, supervision   | 2  | -  | 6  | 8  | 2  | 6  | 2  |    |
| Advice on problems with handicapped child,<br>management of the child                              | 2  | 1  | 9  | 19 | 7  | 18 | 3  |    |
| Advice on inter-personal relationships, sibling<br>rivalries, marital problems etc                 | 5  | -  | 4  | 1  | 1  | 5  | -  |    |
| Social life, too isolated. Holidays, meeting<br>other people. Should be referred to other agencies | 1  | -  | 1  | 12 | 3  | 1  | 3  |    |
| Practical help in looking after the handicapped.<br>Parents unable to cope on their own finances   | 1  | -  | 6  | 1  | 2  | 3  | 4  |    |
| Need help when they are old and infirm. Future<br>of the child                                     | -  | -  | 4  | 2  | 1  | 7  | 7  |    |
| Genetic counselling  | 1  | -  | 1  | -  | -  | -  | -  |    |
| Do not need help   | 6  | 1  | 9  | 7  | 3  | 6  | -  |    |
| No information   | 1  | 3  | 4  | 2  | 2  | -  | -  |    |
| Housing  | -  | -  | 2  | -  | -  | 1  | -  |    |
| Don't know   | 4  | -  | 2  | -  | -  | 1  | -  |    |

QUESTION ASKED: What problems do you think this family faces now because of this handicap?



NUMBER OF HELPS

|                        | HO | GA | HU | NT | OX | ES | WS | TO |
|------------------------|----|----|----|----|----|----|----|----|
| Mentioned ONE          | 4  | 1  | 18 | 24 | 15 | 21 | 11 |    |
| Mentioned TWO          | 4  | -  | 4  | 8  | 2  | 7  | 4  |    |
| Mentioned THREE        | -  | -  | 2  | 1  | -  | 2  | -  |    |
| Mentioned FIVE or more | -  | -  | 1  | -  | -  | -  | -  |    |
| Mentioned NONE         | 5  | -  | 7  | 7  | -  | 6  | -  |    |
| Don't know             | 1  | 4  | 2  | -  | -  | 1  | -  |    |
| No information         | 5  | -  | 4  | 2  | 2  | -  | -  |    |

QUESTION ASKED: What problems do you think this family faces now because of this handicap?

WHO CAN HELP THE FAMILY?

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| Mental Health Department, Mental Welfare Officers,<br>Social Workers | 7  | 1  | 4  | 19 | 10 | 23 | 3  |    |
| Local Authority  | 4  | 1  | 17 | 12 | 2  | 9  | 8  |    |
| Voluntary organisations  | -  | -  | 2  | 13 | 2  | 5  | 4  |    |
| Hospitals, GP's  | 3  | -  | 1  | 4  | 1  | 8  | 2  |    |
| Probation service, police  | -  | -  | -  | -  | 1  | -  | -  |    |
| School, Training centres   | -  | -  | -  | 6  | 1  | 3  | 2  |    |
| Friends, relations   | -  | -  | 2  | 7  | 1  | -  | 4  |    |
| No-one   | 4  | -  | 1  | 6  | -  | 4  | 1  |    |
| Don't know   | 1  | -  | 2  | -  | -  | -  | 1  |    |
| No information   | 4  | 3  | 16 | 1  | 7  | 4  | -  |    |
| Psychiatrist   | -  | -  | -  | -  | -  | 1  | -  |    |

QUESTION ASKED: Who could offer this help to the family?

NUMBER OF PERSONS

|                 | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------|----|----|----|----|----|----|----|----|
| Mentioned ONE   | 6  | 2  | 13 | 15 | 8  | 14 | 6  |    |
| Mentioned TWO   | 4  | -  | 4  | 14 | 2  | 10 | 4  |    |
| Mentioned THREE | -  | -  | 1  | 6  | 2  | 5  | 3  |    |
| Mentioned FOUR  | -  | -  | 1  | -  | -  | -  | -  |    |
| Mentioned NONE  | 4  | -  | 1  | 6  | -  | 4  | 1  |    |
| Don't know      | 1  | 3  | 1  | -  | 7  | -  | 1  |    |
| No information  | 4  | -  | 17 | 1  | -  | 4  | -  |    |

QUESTION ASKED: Who could offer this help to the family

# FUTURE PROBLEMS

|   | HO | GA | HU | NT | OX | ES | WS | TO |
|---|----|----|----|----|----|----|----|----|
| Handicapped will not be able to find work   | -  | -  | 1  | -  | 3  | 3  | 1  |    |
| Handicapped will always need support, supervision                                   | -  | -  | 4  | 4  | 4  | 8  | 1  |    |
| Parents health - physical   | -  | -  | 1  | 1  | 2  | 1  | -  |    |
| Handicapped's health  | -  | -  | 1  | -  | 2  | 2  | -  |    |
| Future of the handicapped when parents are no longer able to look after or are dead | -  | 5  | 12 | 27 | 7  | 15 | 12 |    |
| Antisocial behaviour, delinquency, involvement with police                          | -  | -  | 1  | 5  | 2  | 2  | -  |    |
| Inter-personal relationships, tensions, marital problems, sibling rivalries         | -  | 1  | 2  | 4  | -  | 4  | -  |    |
| No problems   | -  | 1  | 6  | 4  | -  | 4  | 2  |    |
| No information  | 19 | -  | 13 | 5  | -  | -  | -  |    |
| Don't know  | -  | -  | 3  | -  | -  | 2  | -  |    |
| Parents health - mental   | -  | -  | 1  | 1  | 3  | 1  | -  |    |

QUESTION ASKED: What major problems are likely to occur for the family in the future?

NUMBER OF PROBLEMS

|                        | HO | GA | HU | NT | OX | ES | WS | TO |
|------------------------|----|----|----|----|----|----|----|----|
| Mentioned ONE          | -  | 4  | 14 | 26 | 16 | 26 | 12 |    |
| Mentioned TWO          | -  | -  | 3  | 5  | 2  | 5  | 1  |    |
| Mentioned THREE        | -  | -  | -  | 2  | -  | -  | -  |    |
| Mentioned FIVE or more | -  | -  | 1  | -  | -  | -  | -  |    |
| Mentioned NONE         | -  | 1  | 4  | 4  | -  | 4  | 2  |    |
| Don't know             | 19 | -  | 4  | -  | -  | 2  | -  |    |
| No information         | -  | -  | 12 | 5  | 1  | -  | -  |    |

QUESTION ASKED: What major problems are likely to occur for the family in the near future.

WHO CAN HELP?

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| Mental Health Department, Mental Welfare Officers,<br>Social workers | -  | 1  | 7  | 20 | 11 | 14 | 4  |    |
| Local Authority  | -  | 3  | 13 | 17 | 6  | 17 | 6  |    |
| Voluntary organisations  | -  | -  | -  | 9  | -  | 4  | 4  |    |
| Hospitals, GP's  | -  | 1  | 6  | 10 | 1  | 6  | 4  |    |
| Probation service, police  | -  | -  | -  | -  | 1  | -  | -  |    |
| School, Training centres   | -  | -  | 2  | 2  | 1  | 1  | -  |    |
| Friends, relations   | 1  | -  | 2  | 9  | 2  | 1  | 7  |    |
| No one   | -  | -  | 3  | 3  | 1  | 1  | 2  |    |
| Don't know   | -  | 1  | 1  | 1  | 1  | 2  | -  |    |
| No information   | 18 | -  | 15 | 3  | 2  | 5  | -  |    |
| Psychiatrist   | -  | -  | 2  | -  | -  | 1  | -  |    |

QUESTION ASKED: Who could help the family then?

NUMBER OF PERSONS

|                 | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------|----|----|----|----|----|----|----|----|
| Mentioned ONE   | 1  | 4  | 8  | 12 | 12 | 18 | 6  |    |
| Mentioned TWO   | -  | 1  | 11 | 14 | 4  | 7  | 2  |    |
| Mentioned THREE | -  | -  | 1  | 9  | 1  | 4  | 5  |    |
| Mentioned NONE  | -  | -  | 1  | 3  | -  | 1  | 2  |    |
| Don't know      | 18 | -  | 2  | 1  | -  | 2  | -  |    |
| No information  | -  | -  | 15 | 3  | 2  | 5  | -  |    |

QUESTION ASKED: Who could help the family then.

COMPETENCE OF PARENTS

|   | HO | GA | HU | NT | OX | ES | WS | TO |
|---|----|----|----|----|----|----|----|----|
| Both competent  | 11 | 2  | 26 | 30 | 8  | 19 | 10 |    |
| Both incompetent  | 1  | -  | 2  | 1  | 3  | 4  | 1  |    |
| Both not very competent, will need help, will have difficulty | 2  | 1  | 4  | 2  | 4  | 4  | -  |    |
| Father is competent, Mother is not                            | -  | -  | 2  | 2  | -  | 1  | -  |    |
| Mother is competent, father is not                            | 2  | -  | 1  | 2  | 1  | 1  | 1  |    |
| Parents of low intelligence                                   | -  | -  | -  | 1  | -  | 1  | -  |    |
| Don't know  | 2  | -  | -  | -  | -  | 1  | -  |    |
| No information  | 1  | 2  | 2  | 1  | 2  | 2  | -  |    |
| One partner competent other partner missing/dead              | -  | -  | 1  | 3  | -  | 4  | 2  |    |
| One partner incompetent other partner missing/dead            | -  | -  | -  | -  | 1  | -  | 1  |    |

QUESTION ASKED: How competent in your opinion are the mother and father to cope with this problem?



ARE THEIR ANY RELATIONS FRIENDS WHO OFFER HELP TO FAMILY?

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| No  | 2  | 2  | 15 | 23 | 15 | 19 | 8  |     |
| Yes - help with baby sitting, looking after the handicapped | 5  | -  | 3  | 3  | 2  | 5  | 4  |     |
| Yes - enabling the parents to go away on holidays           | -  | -  | -  | -  | 1  | -  | -  |     |
| Yes - help materially                                       | -  | -  | -  | -  | -  | 1  | -  |     |
| Yes - give advice and support                               | 2  | -  | -  | 1  | -  | 1  | 1  |     |
| Don't know  | 7  | -  | 2  | 6  | 1  | 4  | -  |     |
| No information  | -  | -  | 7  | 2  | -  | -  | -  |     |
| Yes - unspecified help                                      | 3  | 3  | 11 | 7  | -  | 7  | 2  |     |

QUESTION ASKED: Are there any relatives, or friends or neighbours who offer help to this family?

SUPPORT TO FAMILY SINCE REFERRAL

|  | HO | GA | HU | NT | OX | ES | WS | TOT |
|--|----|----|----|----|----|----|----|-----|
| None, not known                                      | 3  | 2  | 2  | -  | 1  | 2  | -  |     |
| Social work support, visiting                        | 15 | 1  | 22 | 34 | 16 | 25 | 9  | 1   |
| Admission to JTC/ATC, industrial unit                | 3  | 2  | 22 | 27 | 10 | 18 | 7  |     |
| Short term care, hostel care, holidays               | -  | -  | 2  | 3  | 4  | 2  | 1  |     |
| Psychological and other types of assessment arranged | 1  | -  | 1  | 1  | 1  | 3  | 1  |     |
| Sheltered employment, employment                     | 1  | -  | -  | 3  | 1  | -  | -  |     |
| Services obtained from agencies other than under MOH | 2  | -  | 2  | 4  | -  | 8  | 1  |     |
| No information                                       | -  | -  | 3  | 2  | 1  | 1  | 1  |     |

QUESTION ASKED: When the family became first known to your department, what kind of support was provided to the family?

NUMBER OF SUPPORTS

|                 | HO | GA | HU | NT | OX | ES | WS | TOT |
|-----------------|----|----|----|----|----|----|----|-----|
| Mentioned ONE   | 10 | 3  | 18 | 9  | 8  | 18 | 9  |     |
| Mentioned TWO   | 6  | -  | 14 | 30 | 5  | 10 | 5  |     |
| Mentioned THREE | -  | -  | 1  | 1  | 6  | 6  | -  |     |
| Mentioned NONE  | 2  | 2  | 2  | -  | -  | 2  | -  |     |
| Don't know      | -  | -  | -  | -  | -  | -  | -  |     |
| No information  | 1  | -  | 3  | 2  | -  | 1  | 1  |     |

QUESTION ASKED: When the family became first known to your department, what kind of support was provided to the family?

WHAT SUPPORT IS OFFERED NOW?

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| None, not known   | 6  | -  | 1  | 2  | -  | 4  | -  |     |
| Social work support, visiting                           | 11 | 5  | 14 | 34 | 16 | 29 | 14 | 1   |
| Admission to JTC/ATC, industrial unit                   | 4  | 2  | 29 | 27 | 13 | 23 | 8  | 1   |
| Short term care, hostel care, holidays                  | 1  | -  | 2  | 5  | 8  | 3  | -  |     |
| Sheltered employment, employment                        | -  | -  | 2  | 2  | 1  | 1  | -  |     |
| Services obtained from agencies other than<br>under MOH | -  | -  | -  | 2  | 1  | 4  | 1  |     |
| No information  | 1  | -  | 5  | 1  | -  | -  | -  |     |

QUESTION ASKED: What support is being provided now?

NUMBER OF SUPPORTS

|                 | HO | GA | HU | NT | OX | ES | WS | TOT |
|-----------------|----|----|----|----|----|----|----|-----|
| Mentioned ONE   | 9  | 3  | 19 | 9  | 4  | 10 | 7  |     |
| Mentioned TWO   | 2  | 2  | 11 | 29 | 10 | 19 | 8  |     |
| Mentioned THREE | 1  | -  | 1  | 1  | 5  | 3  | -  |     |
| Mentioned FOUR  | -  | -  | 1  | -  | -  | 1  | -  |     |
| Mentioned NONE  | 6  | -  | 1  | 2  | -  | 4  | -  |     |
| Don't know      | -  | -  | -  | -  | -  | -  | -  |     |
| No information  | 1  | -  | 5  | 1  | -  | -  | -  |     |

QUESTION ASKED: What support is being provided now?

WHAT MORE COULD MWO HAVE DONE IF PRESSURE OF WORK WAS LESS?

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| Nothing more than what is being done at present   | 5  | 2  | 24 | 12 | 6  | 20 | 13 |     |
| Would have paid more frequent visits, done<br>intensive case work, provided better supervision,<br>more support             | 12 | 1  | 13 | 28 | 8  | 12 | 1  |     |
| Would have put family in touch with other agencies<br>who could have helped, provided better liaison<br>with other agencies | -  | -  | 4  | 2  | -  | 3  | -  |     |
| The family does not need any visiting at all  | -  | 1  | -  | -  | -  | -  | -  |     |
| Don't know  | 1  | 1  | -  | 1  | -  | 1  | -  |     |
| No information  | 1  | -  | 1  | 1  | 5  | 2  | 1  |     |

QUESTION ASKED: If you were not under so much pressure of work, what help could you have given to this family?

AGE OF THE HANDICAPPED ON SUSPICION

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| At birth                                    | 3  | -  | 5  | 11 | 7  | 4  | 3  |     |
| Child was less than 1 week old              | 1  | -  | -  | -  | -  | -  | -  |     |
| Child was 2 weeks old                       | 1  | -  | -  | -  | -  | -  | -  |     |
| Child was 1 month old                       | -  | -  | -  | -  | -  | 1  | -  |     |
| Child was between 1 - 3 months old          | 1  | -  | -  | 2  | -  | 1  | -  |     |
| Child was between 3 - 6 months old          | -  | -  | 3  | 2  | -  | -  | 1  |     |
| Child was between 6 - 9 months old          | -  | -  | 3  | 1  | -  | 2  | -  |     |
| Child was between 9 - 12 months old         | -  | -  | 1  | 2  | 1  | 1  | -  |     |
| Child was between 12 - 18 months old        | 1  | -  | 2  | -  | -  | -  | 2  |     |
| Child was between 18 - 24 months old        | -  | -  | 1  | 4  | -  | 2  | -  |     |
| Child was between 2 - 2 $\frac{1}{2}$ years | -  | -  | 4  | 1  | 1  | 1  | -  |     |
| Child was between 2 $\frac{1}{2}$ - 3 years | -  | -  | -  | 1  | 2  | 2  | 1  |     |
| Child was between 3 - 3 $\frac{1}{2}$ years | 1  | -  | 3  | -  | 1  | 3  | -  |     |
| Child was between 3 $\frac{1}{2}$ - 4 years | 1  | -  | -  | 1  | -  | -  | -  |     |
| Child was between 4 $\frac{1}{2}$ - 5 years | -  | -  | 1  | -  | 1  | -  | 1  |     |
| Child was between 5 - 9 years               | 4  | 1  | 12 | 1  | 3  | 7  | 6  |     |
| Child was between 10 - 14 years             | 2  | -  | 1  | -  | 2  | 2  | -  |     |
| Child was between 15 - 19 years             | -  | -  | 1  | -  | -  | 1  | -  |     |
| MWO says he does not know                   | 4  | -  | -  | 13 | 1  | 7  | 1  |     |
| No information                              | -  | 4  | 1  | 3  | -  | 3  | -  |     |

... child was first suspected that he/she might be mentally handicapped

WHO SUSPECTED IT?

|                                   | HO | GA | HU | NT | OX | ES | WS | TOT. |
|-----------------------------------|----|----|----|----|----|----|----|------|
| Parents                           | 5  | -  | 14 | 14 | 6  | 3  | 1  |      |
| Grandparents/relatives/neighbours | -  | -  | -  | 1  | -  | -  | -  |      |
| Midwife/hospital staff            | 3  | -  | 1  | 2  | 1  | 4  | 1  |      |
| Paediatrician                     | 2  | -  | 4  | 5  | -  | 1  | 2  |      |
| Practitioner (General)            | 1  | -  | 8  | 1  | 3  | 5  | 2  |      |
| Clinic doctor                     | 1  | -  | -  | -  | 1  | 1  | 2  |      |
| Health visitor                    | 1  | -  | 1  | -  | 3  | 8  | -  |      |
| Teacher, headmaster, school staff | 7  | 1  | 6  | 1  | 5  | 6  | 6  |      |
| Don't know                        | 2  | -  | 3  | 20 | -  | 13 | 2  |      |
| No information                    | -  | 4  | 3  | 1  | 1  | 1  | -  |      |
| Others                            | -  | -  | 1  | 1  | -  | -  | -  |      |



NUMBER OF PERSONS

|                 | HO | GA | HU | NT | OX | ES | WS | TOT |
|-----------------|----|----|----|----|----|----|----|-----|
| Mentioned ONE   | 14 | 1  | 29 | 18 | 17 | 22 | 12 | 1   |
| Mentioned TWO   | 3  | -  | 3  | 2  | -  | 3  | 1  |     |
| Mentioned THREE | -  | -  | -  | 1  | 1  | -  | -  |     |
| Don't know      | 2  | -  | 3  | 20 | 0  | 11 | 2  |     |
| No information  | -  | 4  | 3  | 1  | 1  | 1  | -  |     |

QUESTION ASKED: Who first suspected it?

# REASONS FOR SUSPICION

|  | HO | GA | HU | NT | OX | ES | WS | TOT. |
|--|----|----|----|----|----|----|----|------|
| Connected with known syndromes i.e. mongolism etc                        | 5  | -  | 8  | 6  | 4  | 8  | 3  |      |
| Connected with slow development of child - milestones                    | 7  | -  | 10 | 5  | 7  | 5  | 4  |      |
| Connected with fits, convulsions, tantrums                               | -  | -  | 1  | -  | -  | 2  | 1  |      |
| Connected with education - admission to school,<br>performance at school | 6  | 1  | 10 | 1  | 1  | 9  | 5  |      |
| Connected with behaviour problems  | 1  | -  | -  | 1  | 2  | 1  | 1  |      |
| Connected with other problems not listed above                           | 1  | -  | 2  | 2  | 2  | 3  | 1  |      |
| No specific reason for suspicion mentioned                               | -  | -  | 2  | -  | -  | 1  | -  |      |
| Don't know   | 2  | -  | 1  | 22 | 1  | 12 | 1  |      |
| No reason mentioned, no information                                      | -  | 4  | 6  | 5  | 2  | -  | -  |      |

QUESTION ASKED: What made them suspect it?

NUMBER OF REASONS

|                       | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------------|----|----|----|----|----|----|----|----|
| Mentioned ONE         | 14 | 1  | 27 | 15 | 16 | 22 | 13 |    |
| Mentioned TWO         | 3  | -  | 3  | -  | -  | 3  | 1  |    |
| <del>Don't know</del> | 2  | -  | 5  | 22 | 3  | 12 | 1  |    |
| No information        | -  | 4  | 3  | 5  | -  | -  | -  |    |

QUESTION ASKED: What made them suspect it?

WHO CONFIRMED

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| Not clear from the answer who confirmed | 3  | -  | 1  | 15 | -  | 3  | -  |     |
| GP                                      | 2  | -  | 1  | 1  | 1  | 1  | -  |     |
| Clinic doctor                           | 3  | -  | 1  | -  | 1  | -  | 1  |     |
| MOH                                     | 2  | -  | 4  | 2  | 5  | 9  | 3  |     |
| School, teacher, headmaster             | 1  | -  | -  | 6  | -  | -  | -  |     |
| School doctor                           | 1  | -  | 8  | 11 | -  | 7  | 6  |     |
| Hospital/paediatrician                  | 5  | -  | 8  | 3  | 7  | 3  | 3  |     |
| Consultant - privately consulted        | -  | -  | 1  | 1  | -  | -  | -  |     |
| Psychologist                            | -  | -  | 10 | -  | 4  | 7  | 1  |     |
| No information                          | 2  | 5  | 3  | 3  | 1  | 7  | 1  |     |
| Midwife                                 | -  | -  | 1  | -  | -  | -  | -  |     |

QUESTION ASKED: Who actually confirmed that this child was mentally subnormal?

# HOW WAS THE ASSESSMENT MADE?

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| Child admitted as an inpatient                                | -  | -  | -  | -  | -  | -  | 2  |     |
| Child seen as outpatient                                      | 3  | -  | 2  | 2  | -  | -  | -  |     |
| Child seen both as inpatient and outpatient                   | 1  | -  | -  | -  | -  | 2  | 1  |     |
| Child seen at local clinic                                    | 3  | -  | -  | 2  | 2  | -  | -  |     |
| Child seen at paediatrician's clinic                          | -  | -  | 3  | -  | 1  | 1  | -  |     |
| Child seen by MOH at his office                               | -  | -  | -  | -  | 1  | -  | -  |     |
| Child seen at home  | 1  | -  | -  | -  | 2  | 1  | 1  |     |
| Child seen at school  | 1  | -  | 1  | 7  | 1  | -  | 6  |     |
| Not clear where child was seen, don't know,<br>no information | 10 | 5  | 32 | 31 | 12 | 33 | 5  | 1   |

QUESTION ASKED: How was this confirmation done?

MANNER OF ASSESSMENT

|  | HO | GA | HU | NT | OX | ES | WS | TOT |
|--|----|----|----|----|----|----|----|-----|
| IQ testing   | 6  | -  | 15 | 15 | 2  | 9  | 4  |     |
| Medical report   | 1  | -  | 1  | 2  | 2  | 2  | 3  |     |
| Report on educational abilities                              | 1  | -  | -  | 1  | -  | -  | 2  |     |
| Psychological report   | -  | -  | 6  | 1  | 2  | 1  | -  |     |
| Hospital report  | 1  | -  | -  | -  | 1  | -  | -  |     |
| Paediatrician's report                                       | 1  | -  | 1  | 1  | -  | 1  | 2  |     |
| Written report   | -  | -  | -  | -  | 2  | -  | -  |     |
| Verbal report  | -  | -  | -  | -  | 3  | -  | -  |     |
| Not clear what type of report, don't know,<br>no information | 9  | 5  | 15 | 22 | 7  | 24 | 4  |     |

QUESTION ASKED: How was this confirmation done?

HOW OLD WAS THE CHILD THEN?

|   | HO | GA | HU | NT | OX | ES | WS | TOT |
|---|----|----|----|----|----|----|----|-----|
| At birth                                    | -  | -  | 1  | 1  | 1  | -  | -  |     |
| Child was less than 1 week old              | 1  | -  | -  | -  | -  | -  | 1  |     |
| Child was between 1 - 3 months old          | -  | -  | 1  | -  | 1  | 1  | -  |     |
| Child was between 3 - 6 months old          | 1  | -  | -  | -  | 1  | 2  | 1  |     |
| Child was between 6 - 9 months old          | 1  | -  | -  | 1  | -  | 1  | -  |     |
| Child was between 12 - 18 months old        | -  | -  | 2  | -  | 2  | -  | -  |     |
| Child was between 18 - 24 months old        | -  | -  | -  | 1  | -  | 1  | -  |     |
| Child was between 2 - 2 $\frac{1}{2}$ years | -  | -  | 1  | -  | -  | 1  | 1  |     |
| Child was between 2 $\frac{1}{2}$ - 3 years | 1  | -  | -  | 1  | -  | -  | -  |     |
| Child was between 3 - 3 $\frac{1}{2}$ years | -  | -  | 5  | -  | -  | 2  | -  |     |
| Child was between 3 $\frac{1}{2}$ - 4 years | 2  | -  | -  | 1  | 1  | 1  | -  |     |
| Child was between 4 - 4 $\frac{1}{2}$ years | -  | -  | 2  | -  | -  | 3  | -  |     |
| Child was between 4 $\frac{1}{2}$ - 5 years | -  | -  | 3  | 1  | 4  | 1  | -  |     |
| Child was between 5 - 9 years               | 7  | -  | 14 | 16 | 4  | 7  | 8  |     |
| Child was between 10 - 14 years             | -  | -  | 2  | 6  | 2  | 4  | 3  |     |
| Child was between 15 - 19 years             | 1  | -  | 4  | -  | -  | -  | -  |     |
| MWO says he does not know                   | 2  | 1  | 1  | 11 | 1  | 7  | 1  |     |
| No information                              | 3  | 4  | 2  | 3  | 2  | 6  | -  |     |

QUESTION ASKED: How old was the child then?

DID THE FAMILY ACCEPT HANDICAP AT THAT TIME?

|                            | HO | GA | HU | NT | OX | ES | WS | TOT. |
|----------------------------|----|----|----|----|----|----|----|------|
| Yes - unqualified          | 6  | -  | 27 | 28 | 9  | 17 | 9  |      |
| Yes - qualified            | 6  | 1  | 4  | 1  | 3  | 4  | 1  |      |
| No - qualified             | 1  | -  | 3  | 2  | 3  | 1  | 2  |      |
| No - unqualified           | 2  | 1  | 3  | 3  | 1  | 3  | 3  |      |
| Don't know, no information | 4  | 3  | 1  | 8  | 3  | 12 | -  |      |

QUESTION ASKED: Did the family accept the handicap at that time?



DOES THE FAMILY ACCEPT IT NOW?

|                            | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|----------------------------|----|----|----|----|----|----|----|-------|
| Yes - unqualified          | 10 | 3  | 34 | 33 | 14 | 29 | 14 | 13    |
| Yes - qualified            | 6  | 1  | 1  | 5  | 3  | 3  | 1  | 2     |
| No - qualified             | 2  | -  | -  | 2  | 1  | 3  | -  |       |
| No - unqualified           | -  | 1  | 1  | 1  | 1  | 1  | -  |       |
| Don't know, no information | 1  | -  | 2  | 1  | -  | 1  | -  |       |

QUESTION ASKED: Does the family accept it now?

OTHER AGENCIES CONTACTING MWO

|  | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|--|----|----|----|----|----|----|----|-------|
| No one contacted                       | 18 | 5  | 33 | 37 | 17 | 32 | 10 | 152   |
| Yes contacted - GP                     | -  | -  | -  | 1  | -  | -  | -  | 1     |
| Yes contacted - school                 | -  | -  | -  | 2  | -  | -  | -  | 2     |
| Yes contacted - voluntary organisation | -  | -  | 4  | 1  | 1  | 3  | 5  | 14    |
| Yes contacted - other                  | 1  | -  | -  | 1  | 1  | 2  | -  | 5     |
| No information                         | -  | -  | 1  | -  | -  | -  | -  | 1     |

QUESTION ASKED: There are many voluntary and statutory services in the community to help such families. Have you or other M.W.O.'s ever been approached by any of these for any help for this family?

NUMBER OF AGENCIES WHICH CONTACTED MWO

|                | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|----------------|----|----|----|----|----|----|----|-------|
| ONE contacted  | 1  | -  | 3  | 4  | 2  | 4  | 5  | 19    |
| TWO contacted  | -  | -  | 1  | 1  | -  | 1  | -  | 3     |
| NONE contacted | 18 | 5  | 33 | 37 | -  | 32 | 10 | 135   |
| No information | -  | -  | 1  | -  | 17 | -  | -  | 18    |

QUESTION ASKED: There are many voluntary and statutory services in the community to help such families. Have you or other M.W.O.'s ever been approached by any of these for any help for this family?

FIRST REASONS FOR CONTACT

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Never contacted                                     | 18 | 5  | 32 | 37 | -  | 32 | 10 | 13    |
| To discuss child's medical problems                 | -  | -  | -  | 2  | -  | -  | -  |       |
| To discuss family's problems                        | -  | -  | -  | 1  | 1  | 1  | 3  |       |
| To obtain medical aids like wheelchair, glasses etc | -  | -  | -  | -  | -  | 1  | 1  |       |
| To request domiciliary services                     | -  | -  | -  | -  | -  | 1  | -  |       |
| To request other types of help                      | 1  | -  | 3  | 1  | 1  | 2  | 1  |       |
| No information                                      | -  | -  | 3  | -  | 17 | -  | -  | 2     |
| To discuss financial aid/problems                   | -  | -  | -  | 1  | -  | -  | -  |       |

LAST REASON

|                                     | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-------------------------------------|----|----|----|----|----|----|----|-------|
| To discuss child's medical problems | -  | -  | -  | 1  | -  | -  | -  |       |
| To discuss family's problems        | -  | -  | 1  | -  | -  | -  | -  |       |
| To request other types of help      | -  | -  | 1  | -  | -  | -  | -  |       |
| No information                      | 19 | 5  | 36 | 41 | 19 | 37 | 15 | 17    |

QUESTION ASKED: Who are these, and what sort of help was requested of the Mental Welfare Officers?

NUMBER OF REASONS FOR CONTACT

|                   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-------------------|----|----|----|----|----|----|----|-------|
| ONE reason given  | 1  | -  | 3  | 4  | 2  | 5  | 5  | 20    |
| TWO reasons given | -  | -  | 1  | 1  | -  | -  | -  | 2     |
| No reasons given  | 18 | 5  | 32 | 37 | -  | 32 | 10 | 134   |
| No information    | -  | -  | 2  | -  | 17 | -  | -  | 19    |

QUESTION ASKED: Who are these, and what sort of help was requested of the Mental Welfare Officers?

AGE OF THE CHILD WHEN FIRST CONTACT WAS MADE

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Child was between 18 - 24 months            | -  | -  | -  | -  | -  | -  | 1  |       |
| Child was between 4 $\frac{1}{2}$ - 5 years | -  | -  | -  | -  | 1  | -  | -  |       |
| Child was between 5 - 9 years               | -  | -  | 1  | 3  | -  | -  | -  |       |
| Between 15 - 19 years                       | 1  | -  | 1  | -  | -  | -  | 3  |       |
| Between 20 - 24 years                       | -  | -  | -  | 1  | -  | -  | -  |       |
| No information                              | 18 | 5  | 35 | 38 | 18 | 37 | 11 | 162   |

QUESTION ASKED: Who are these, and what sort of help was requested of the Mental Welfare Officers?

AGE OF THE CHILD WHEN LAST CONTACT WAS MADE

|                       | HO | GA | HU | NT | OX | ES | WS | TOTA |
|-----------------------|----|----|----|----|----|----|----|------|
| Between 10 - 14 years | -  | -  | -  | 1  | -  | -  | -  |      |
| No information        | 19 | 5  | 37 | 41 | 19 | 37 | 15 | 17   |

QUESTION ASKED: Who are these, and what sort of help was requested of the Mental Welfare Officers?



MWO CONTACTED AGENCIES

|  | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|--|----|----|----|----|----|----|----|-------|
| No one contacted                       | 18 | 4  | 26 | 27 | 14 | 29 | 12 | 13    |
| Yes contacted - GP                     | -  | -  | -  | 1  | -  | -  | -  |       |
| Yes contacted - Welfare Dept           | -  | -  | -  | 1  | -  | -  | -  |       |
| Yes contacted - voluntary organisation | 1  | 1  | 5  | 1  | 1  | 5  | 1  | 1     |
| Yes contacted - other                  | -  | -  | 4  | 6  | 3  | 3  | -  | 1     |
| No information                         | -  | -  | 1  | -  | -  | -  | -  |       |

QUESTION ASKED: Have you or other Mental Welfare Officers ever contacted any of the services to obtain some help for this family?

NUMBER OF AGENCIES CONTACTED BY MWO

|                | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|----------------|----|----|----|----|----|----|----|-------|
| ONE contacted  | 1  | 1  | 12 | 8  | 5  | 7  | 3  | 37    |
| TWO contacted  | -  | -  | -  | 6  | -  | 1  | -  | 7     |
| NONE contacted | 18 | 4  | 26 | 27 | -  | 29 | 12 | 116   |
| Don't remember | -  | -  | -  | 1  | -  | -  | -  | 1     |
| No information | -  | -  | -  | -  | 14 | -  | -  | 14    |

QUESTION ASKED: Have you or other Mental Welfare Officers ever contacted any of the services to obtain some help for this family?

FIRST REASON FOR CONTACT

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Never contacted                                     | 18 | 4  | 25 | 27 | -  | 29 | 12 | 115   |
| To discuss child's medical problems                 | -  | -  | 2  | 2  | -  | -  | -  | 4     |
| To discuss family's problems                        | -  | -  | -  | 4  | 1  | 2  | 1  | 8     |
| To obtain medical aids like wheelchair, glasses etc | -  | -  | 2  | 1  | -  | -  | 1  | 4     |
| To request domiciliary services                     | -  | -  | -  | -  | 1  | -  | -  | 1     |
| To request help for rehousing                       | -  | -  | 2  | 1  | -  | 1  | -  | 4     |
| To request other types of help                      | 1  | 1  | 6  | 3  | 2  | 4  | -  | 17    |
| No information                                      | -  | -  | 1  | 1  | 15 | -  | -  | 17    |
| To discuss financial aid                            | -  | -  | -  | 3  | -  | 1  | 1  | 5     |

QUESTION ASKED: Whom did you ask and what about?

LAST REASON

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| To obtain medical aids like wheelchair, glasses etc | -  | -  | -  | 1  | -  | -  | -  | 1     |
| To request help for rehousing                       | -  | -  | 1  | 1  | -  | -  | -  | 2     |
| To request other types of help                      | -  | -  | -  | 3  | -  | 1  | -  | 4     |
| No information                                      | 19 | 5  | 36 | 37 | 19 | 36 | 15 | 167   |
| To discuss financial problems                       | -  | -  | 1  | -  | -  | -  | -  | 1     |

QUESTION ASKED: Whom did you ask and what about?

NUMBER OF REASONS FOR WHICH MWO CONTACTED OTHER AGENCIES

|                   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-------------------|----|----|----|----|----|----|----|-------|
| ONE reason given  | 1  | 1  | 12 | 9  | 5  | 7  | 3  | 38    |
| TWO reasons given | -  | -  | -  | 5  | -  | 1  | -  | 6     |
| No reasons given  | 18 | 4  | 26 | 27 | -  | 29 | 12 | 116   |
| No information    | -  | -  | -  | 1  | 14 | -  | -  | 15    |

QUESTION ASKED: Whom did you ask and what about?

AGE OF CHILD WHEN FIRST CONTACT WAS MADE BY MWO

|  | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|--|----|----|----|----|----|----|----|-------|
| Child was between $3\frac{1}{2}$ - 4 years | -  | -  | 1  | -  | -  | -  | -  | 1     |
| Child was between 5 - 9 years              | -  | -  | 2  | 5  | 1  | -  | -  | 8     |
| Between 10 - 14 years                      | -  | -  | 2  | 1  | 2  | -  | -  | 5     |
| Between 15 - 19 years                      | -  | -  | 3  | 4  | 1  | -  | -  | 8     |
| Between 20 - 24 years                      | -  | -  | -  | 2  | -  | -  | 2  | 4     |
| No information                             | 19 | 5  | 29 | 30 | 15 | 37 | 13 | 148   |

QUESTION ASKED: Whom did you ask and what about?

AGE OF CHILD WHEN LAST CONTACT WAS MADE BY MWO

|                               | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-------------------------------|----|----|----|----|----|----|----|-------|
| Child was between 5 - 9 years | -  | -  | -  | 4  | -  | -  | -  | 4     |
| Between 15 - 19 years         | -  | -  | 1  | 1  | 1  | -  | -  | 3     |
| Between 20 - 24 years         | -  | -  | -  | 1  | -  | -  | -  | 1     |
| No information                | 19 | 5  | 36 | 36 | 18 | 37 | 15 | 166   |

QUESTION ASKED: Whom did you ask and what about?

TYPE OF PRESENT SCHOOL

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| No school                              | -  | 1  | 5  | 2  | 6  | 8  | 6  |    |
| Ordinary school                        | 1  | 2  | -  | -  | 1  | -  | -  |    |
| ESN or special school                  | 2  | -  | -  | 5  | 6  | 2  | -  |    |
| JTC                                    | 5  | 2  | 15 | 10 | 4  | 12 | 3  |    |
| ATC                                    | 7  | -  | 7  | 22 | 1  | 11 | 4  |    |
| Special Care Unit                      | 1  | -  | -  | -  | 1  | -  | 1  |    |
| School for physically handicapped/deaf | -  | -  | -  | 1  | -  | 3  | -  |    |
| Don't know                             | -  | -  | -  | -  | -  | 1  | -  |    |
| No information                         | 3  | -  | 11 | 2  | -  | -  | 1  |    |

QUESTION ASKED: What type of education/training is the child receiving, or has received?



PAST SCHOOL

|   | HO | GA | HU | NT | OX | ES | WS | TO |
|---|----|----|----|----|----|----|----|----|
| Ordinary school                             | 3  | 1  | 1  | 2  | -  | 3  | 2  |    |
| ESN or special school                       | 2  | -  | 6  | 3  | 3  | 6  | 2  |    |
| JTC   | 5  | -  | 3  | 10 | -  | 5  | 5  |    |
| ATC   | -  | -  | 1  | 1  | 3  | 1  | 1  |    |
| School for physically handicapped/deaf      | -  | -  | -  | 1  | -  | -  | -  |    |
| Boarding school/home tuition/custodial care | -  | -  | -  | -  | 1  | 2  | -  |    |
| Hospital school                             | -  | -  | -  | -  | 1  | -  | -  |    |
| No information                              | 9  | 4  | 27 | 25 | 11 | 20 | 5  |    |

QUESTION ASKED: What type of education/training is the child receiving, or has received?

HOW WAS THE DECISION MADE?

|   | HO | GA | HU | NT | OX | ES | WS | TO |
|---|----|----|----|----|----|----|----|----|
| MOH examined, tested  | 3  | -  | 14 | 8  | 5  | 8  | 5  |    |
| Psychologist examined, tested                               | 1  | -  | 3  | 1  | 5  | 4  | 1  |    |
| Paediatrician examined, tested                              | -  | -  | -  | -  | 3  | -  | -  |    |
| Poor performance at ordinary school                         | 3  | -  | 6  | 8  | 1  | 6  | 3  |    |
| "Local Authority"   | -  | -  | 2  | 8  | 1  | 1  | 1  |    |
| Vague reply like "after testing", "following an assessment" | 7  | -  | 4  | 8  | 3  | 9  | 2  |    |
| Don't know  | -  | 2  | -  | 2  | -  | 5  | -  |    |
| No information  | 5  | 3  | 9  | 7  | 1  | 2  | 3  |    |
| Parents decision  | -  | -  | -  | -  | -  | 2  | -  |    |

QUESTION ASKED: Do you know how this decision was taken, that he/she should have such a type of education/training?

HEALTH OF THE HANDICAPPED

|                | HO | GA | HU | NT | OX | ES | WS | TO |
|----------------|----|----|----|----|----|----|----|----|
| Sound          | 17 | 4  | 32 | 38 | 15 | 30 | 13 |    |
| Poor           | 1  | 1  | 2  | 3  | 3  | 7  | 2  |    |
| Don't know     | -  | -  | 1  | -  | 1  | -  | -  |    |
| No information | 1  | -  | 3  | 1  | -  | -  | -  |    |

QUESTION ASKED: How is his/her general health?

SPEECH

|                  | HO | GA | HU | NT | OX | ES | WS | TO |
|------------------|----|----|----|----|----|----|----|----|
| No defect        | 3  | 1  | 15 | 11 | 4  | 12 | 7  |    |
| Slight defect    | 7  | 3  | 14 | 10 | 6  | 14 | 2  |    |
| Severe defect    | 3  | -  | 4  | 16 | 6  | 5  | 5  |    |
| Total disability | 1  | -  | 1  | 4  | -  | 4  | 1  |    |
| Don't know       | 4  | 1  | 1  | 1  | -  | 2  | -  |    |
| No information   | 1  | -  | 3  | -  | 3  | -  | -  |    |

QUESTION ASKED: Any defect in his/her speech?

EYESIGHT

|                  | HO | GA | HU | NT | OX | ES | WS | TO |
|------------------|----|----|----|----|----|----|----|----|
| No defect        | 10 | 2  | 22 | 20 | 8  | 18 | 11 |    |
| Slight defect    | 3  | -  | 11 | 4  | 8  | 15 | 3  |    |
| Severe defect    | -  | -  | -  | 5  | -  | 1  | -  |    |
| Total disability | 1  | -  | -  | 1  | -  | -  | -  |    |
| Don't know       | 3  | 3  | 1  | 10 | 1  | 3  | 1  |    |
| No information   | 2  | -  | 4  | 2  | 2  | -  | -  |    |

QUESTION ASKED: What about his/her eyesight?

HEARING

|                  | HO | GA | HU | NT | OX | ES | WS | TO |
|------------------|----|----|----|----|----|----|----|----|
| No defect        | 14 | 3  | 31 | 26 | 15 | 30 | 10 |    |
| Slight defect    | -  | -  | 1  | 4  | -  | 3  | 3  |    |
| Severe defect    | -  | -  | -  | -  | 1  | 1  | 1  |    |
| Total disability | 1  | -  | -  | -  | -  | -  | -  |    |
| Don't know       | 3  | 2  | 3  | 12 | 1  | 3  | 1  |    |
| No information   | 1  | -  | 3  | -  | 2  | -  | -  |    |

QUESTION ASKED: What about his/her hearing?

INCONTINENCE

|                          | HO | GA | HU | NT | OX | ES | WS | TO |
|--------------------------|----|----|----|----|----|----|----|----|
| Fully continent          | 14 | 4  | 26 | 30 | 14 | 26 | 13 |    |
| Occasionally incontinent | -  | -  | 6  | 5  | -  | 2  | -  |    |
| Semi-incontinent         | 1  | -  | 3  | 2  | 1  | -  | 1  |    |
| Totally incontinent      | 2  | -  | -  | 1  | 2  | 5  | 1  |    |
| Don't know               | 2  | 1  | -  | 4  | -  | 4  | -  |    |
| No information           | -  | -  | 3  | -  | 2  | -  | -  |    |

QUESTION ASKED: Is he/she incontinent?

NUMBER OF HANDICAPS MENTIONED

|                       | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------------|----|----|----|----|----|----|----|----|
| Mentioned ONE         | 10 | 3  | 13 | 16 | 6  | 14 | 6  |    |
| Mentioned TWO         | 3  | -  | 9  | 14 | 7  | 11 | 4  |    |
| Mentioned THREE       | -  | -  | 2  | 3  | 1  | 4  | 1  |    |
| Mentioned FOUR        | 1  | -  | -  | -  | 1  | -  | -  |    |
| No problems mentioned | 2  | 2  | 11 | 9  | 3  | 7  | 4  |    |
| Don't know            | 1  | -  | -  | -  | -  | 1  | -  |    |
| No information        | 2  | -  | 3  | -  | 1  | -  | -  |    |

QUESTION ASKED: Any defect in his/her speech, eyesight, hearing and incontinence?



MOBILITY

|                                 | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---------------------------------|----|----|----|----|----|----|----|-------|
| <u>Can</u> go out on his own    | 10 | 3  | 16 | 11 | 10 | 15 | 4  | 69    |
| <u>Cannot</u> go out on his own | 3  | -  | 12 | 21 | 4  | 14 | 6  | 60    |
| Unable to use public transport  | 3  | 1  | 4  | 6  | 3  | 2  | 3  | 22    |
| Uses wheelchair                 | -  | 1  | -  | 1  | -  | 2  | -  | 4     |
| Unable to walk at all           | -  | -  | 2  | 2  | -  | 1  | 1  | 6     |
| Difficulty in negotiating steps | 1  | -  | -  | -  | -  | -  | 1  | 3     |
| Is housebound, bedridden        | 1  | -  | -  | 1  | -  | 1  | -  | 3     |
| Too young                       | -  | -  | -  | -  | -  | 2  | -  | 2     |
| Don't know                      | 1  | -  | 3  | -  | -  | -  | -  | 4     |
| Unable to sit without support   | -  | -  | -  | -  | 1  | -  | -  | 1     |
| No information                  | -  | -  | 1  | -  | 1  | -  | -  | 2     |

QUESTION ASKED: Can he/she go outdoors?

WASHING

|                            | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|----------------------------|----|----|----|----|----|----|----|-------|
| <u>Can</u> wash himself    | 2  | 4  | 30 | 24 | 12 | 26 | 11 | 109   |
| <u>Cannot</u> wash himself | -  | 1  | 5  | 6  | 4  | 7  | 2  | 25    |
| Too young                  | -  | -  | -  | 3  | -  | 1  | 1  | 5     |
| Don't know                 | -  | -  | 2  | 9  | 3  | 3  | 1  | 18    |
| No information             | 17 | -  | 1  | -  | -  | -  | -  | 18    |

QUESTION ASKED Can he/she wash himself/herself?

DRESSING

|                             | HO | GA | HU | NT | OX | ES | WS | TOTA |
|-----------------------------|----|----|----|----|----|----|----|------|
| <u>Can</u> dress himself    | 2  | 3  | 26 | 25 | 13 | 25 | 10 | 10   |
| <u>Cannot</u> dress himself | -  | 1  | 8  | 9  | 4  | 8  | 2  | 3    |
| Too young                   | -  | -  | -  | -  | -  | 1  | 1  |      |
| Don't know                  | -  | 1  | 3  | 8  | 2  | 3  | 2  | 1    |
| No information              | 17 | -  | 1  | -  | -  | -  | -  | 1    |

QUESTION ASKED: Can he/she dress himself/herself?

PROBLEMS WITH SLEEP

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Yes - problems - getting to sleep         | -  | -  | 3  | 1  | -  | 2  | -  |       |
| Yes problems - waking up during the night | -  | -  | -  | -  | 1  | 1  | 1  |       |
| Yes problems - not specified              | -  | -  | -  | -  | -  | -  | 1  |       |
| No problems                               | -  | 2  | 32 | 24 | 16 | 29 | 10 | 11    |
| Don't know                                | 2  | 3  | 1  | 17 | 2  | 5  | 3  | 3     |
| No information                            | 17 | -  | 2  | -  | -  | -  | -  | 1     |

QUESTION ASKED: Are there any problems with his/her sleep?

PROBLEMS WITH FEEDING

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Yes problems - unable to feed himself               | -  | -  | -  | 2  | 1  | 2  | -  |       |
| Yes problems - unable to drink from an ordinary cup | -  | -  | 1  | -  | -  | -  | -  |       |
| Yes problems - unable to use knife and fork         | -  | -  | 3  | -  | -  | 1  | 1  |       |
| Yes problems - combination of 1 and 2               | -  | -  | 1  | -  | -  | -  | -  |       |
| Yes problems - combination of 1 and 3               | -  | -  | -  | -  | -  | -  | -  |       |
| Yes problems - combination of 1, 2, and 3           | -  | -  | -  | -  | -  | 2  | 1  |       |
| Yes problems - not specified                        | -  | -  | -  | 1  | -  | 1  | -  |       |
| No problems   | 2  | 5  | 30 | 32 | 17 | 27 | 12 | 12    |
| Don't know  | -  | -  | 2  | 7  | 1  | 4  | 1  | 1     |
| No information                                      | 17 | -  | 1  | -  | -  | -  | -  | 1     |

QUESTION ASKED: Are there any problems with feeding?

KNOWLEDGE OF IQ

|                            | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|----------------------------|----|----|----|----|----|----|----|-------|
| MWO does not know IQ       | 7  | 5  | 13 | 9  | 4  | 18 | 3  | 59    |
| Knows - less than 40       | 2  | -  | 13 | 16 | 6  | -  | 3  | 40    |
| Knows - between 40 - 50    | 1  | -  | 7  | 6  | 4  | 9  | 4  | 31    |
| Knows - between 50 - 60    | 3  | -  | 2  | 5  | 2  | 3  | 2  | 17    |
| Knows - between 60 - 70    | 2  | -  | -  | 1  | 2  | 4  | 1  | 10    |
| Knows - between 70 - 80    | 1  | -  | -  | 1  | -  | 1  | 1  | 4     |
| Knows - over 80            | -  | -  | -  | -  | -  | 1  | -  | 1     |
| MWO was told IQ untestable | 2  | -  | 1  | 2  | 1  | 1  | 1  | 8     |
| No information             | 1  | -  | 2  | 2  | -  | -  | -  | 5     |

QUESTION ASKED: Do you know what is his/her I.Q.?

DETAILS OF ASSESSMENT OF IQ

|  | HO | GA | HU | NT | OX | ES | WS | TOT |
|--|----|----|----|----|----|----|----|-----|
| MWO does not know IQ   | 6  | 5  | 15 | 9  | 4  | 18 | 3  |     |
| MWO knows IQ and gives details of assessment,<br>who did it and when | 9  | -  | 22 | 29 | 11 | 16 | 10 |     |
| MWO knows IQ but does not know other details                         | -  | -  | -  | -  | 3  | 2  | 1  |     |
| No information   | 4  | -  | 1  | 4  | 1  | 1  | 1  |     |

QUESTION ASKED: What is it? Could you tell me when he/she was tested for it and by whom?

FRIENDS OF THE HANDICAPPED

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| MWO does not know                        | 6  | 2  | 8  | 5  | 1  | 2  | -  |    |
| Yes - plays with other siblings          | -  | -  | 6  | 3  | 2  | 4  | -  |    |
| Yes - friends at school                  | 2  | 2  | 7  | 12 | 7  | 10 | 5  |    |
| Yes - friends in neighbourhood           | 1  | -  | 5  | 2  | 4  | 8  | 3  |    |
| Yes - goes to clubs, camps               | -  | -  | 9  | 13 | 1  | 4  | 4  |    |
| MWO says the child has no friends at all | 3  | 1  | 2  | 7  | 4  | 9  | 3  |    |
| No information                           | -  | -  | 1  | -  | -  | -  | -  |    |
| Yes - unspecified                        | 7  | -  | -  | -  | -  | -  | -  |    |

QUESTION ASKED: Has he/she got suitable friends, playmates?



CLASSIFICATION OF SUBNORMALITY

|                    | HO | GA | HU | NT | OX | ES | WS | TO |
|--------------------|----|----|----|----|----|----|----|----|
| MWO does not know  | 1  | -  | 1  | -  | -  | -  | -  |    |
| Severely subnormal | 11 | 5  | 20 | 33 | 3  | 17 | 5  |    |
| Subnormal          | 7  | -  | 13 | 9  | 16 | 20 | 10 |    |
| No information     | -  | -  | 3  | -  | -  | -  | -  |    |

QUESTION ASKED: How is he/she classified by your department?

ADDITIONAL HANDICAPS

|  | HO | GA | HU | NT | OX | ES | WS | TO |
|--|----|----|----|----|----|----|----|----|
| MWO does not know                            | -  | -  | 1  | -  | -  | -  | -  |    |
| MWO does not mention any additional handicap | 9  | 4  | 19 | 19 | 9  | 20 | 6  |    |
| Mongolism                                    | 8  | -  | 6  | 12 | 6  | 10 | 2  |    |
| Cerebral palsy, spasticity                   | -  | -  | 3  | 7  | -  | 3  | -  |    |
| Epilepsy                                     | -  | 1  | 2  | 5  | 2  | 2  | 2  |    |
| Hydrocephalic                                | -  | -  | 1  | -  | -  | 1  | 1  |    |
| Microcephalic                                | -  | -  | 1  | -  | -  | 1  | -  |    |
| Congenital heart defect                      | -  | -  | -  | -  | -  | 1  | -  |    |
| Other  | 3  | -  | 1  | 2  | 2  | 2  | 4  |    |
| No information                               | -  | -  | 6  | -  | -  | -  | -  |    |

QUESTION ASKED: How is he/she classified by your department?

NUMBER OF ADDITIONAL HANDICAPS MENTIONED

|                                       | HO | GA | HU | NT | OX | ES | WS | T |
|---------------------------------------|----|----|----|----|----|----|----|---|
| Mentioned ONE                         | 10 | 1  | 10 | 20 | 8  | 14 | 9  |   |
| Mentioned TWO                         | -  | -  | 2  | 3  | -  | 3  | -  |   |
| Mentioned NONE                        | 9  | 4  | 19 | 19 | -  | 20 | 6  |   |
| MWO does not know or does not mention | -  | -  | 1  | -  | -  | -  | -  |   |
| No information                        | -  | -  | 6  | -  | 11 | -  | -  |   |

QUESTION ASKED: How is he/she classified by your department?

PHENYLKETONARIA TEST

|   | HO | GA | HU | NT | OX | ES | WS | 7 |
|---|----|----|----|----|----|----|----|---|
| MWO does not know if the test was undertaken or not | 2  | 5  | 31 | 39 | 19 | 35 | 15 |   |
| MWO knows it - test was positive                    | -  | -  | 1  | -  | -  | -  | -  |   |
| MWO knows it - test was negative                    | -  | -  | 5  | -  | -  | 2  | -  |   |
| No information                                      | 17 | -  | 1  | 3  | -  | -  | -  |   |

QUESTION ASKED: Do you know if this child was tested for phenylacetylurea?

ADEQUACY OF ACCOMMODATION

|                          | HO | GA | HU | NT | OX | ES | WS | T |
|--------------------------|----|----|----|----|----|----|----|---|
| Yes - unqualified answer | 18 | 3  | 29 | 33 | 17 | 30 | 14 |   |
| Yes - qualified answer   | -  | -  | -  | 1  | 1  | -  | -  |   |
| No - unqualified answer  | -  | 2  | 5  | 4  | -  | 5  | 1  |   |
| No - qualified answer    | -  | -  | 1  | 2  | 1  | 2  | -  |   |
| Don't know               | 1  | -  | 1  | -  | -  | -  | -  |   |
| No information           | -  | -  | 2  | 2  | -  | -  | -  |   |

QUESTION ASKED: Do you think the accomodation that the family has. is adequate for the needs of the handicapped person?

RECORDS

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| MWO has sufficient information  | 12 | 5  | 30 | 31 | 13 | 25 | 14 |
| MWO would like reports from hospital/paediatricians/<br>consultants/specialists - on early assessment | -  | -  | -  | -  | -  | 1  | -  |
| MWO would like reports from GP  | -  | -  | -  | -  | -  | 1  | -  |
| MWO would like report from HV   | -  | -  | -  | -  | -  | -  | -  |
| MWO would like reports from school, teacher,<br>psychologist - on education assessment                | -  | -  | -  | -  | -  | 1  | -  |
| MWO would like reports from social workers -<br>social background                                     | 3  | -  | 1  | 1  | -  | 4  | -  |
| MWO would like reports from MOH   | 1  | -  | -  | -  | -  | -  | -  |
| No information  | -  | -  | 3  | 6  | 3  | -  | -  |
| Earlier information from anyone   | 5  | -  | 1  | 3  | 3  | 7  | 1  |
| Too much information to wade through  | -  | -  | 2  | 1  | -  | -  | -  |
| Out of order/incomplete   | -  | -  | 1  | -  | -  | -  | -  |

QUESTION ASKED: Do you think that this case file provides you with sufficient information to help this family?

ROLE OF MWO

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| MWO should visit families, supervise, be sympathetic, kind, and advise                    | 5  | -  | 7  | 5  | 6  | 10 | 9  |
| MWO should refer to other agencies who could help, should be aware of available resources | 2  | -  | 5  | 4  | 1  | 5  | 3  |
| MWO should arrange short/long term care   | -  | -  | 2  | -  | -  | -  | -  |
| MWO can arrange admission to JTC/ATC etc  | -  | -  | -  | 1  | -  | -  | -  |
| MWO can find employment   | -  | -  | -  | 1  | 1  | -  | -  |
| No information  | -  | -  | 1  | -  | -  | 1  | -  |

QUESTION ASKED: What do you think should be the role of a Mental Welfare Officer in relation to families with mentally handicapped children?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 3  | -  | 3  | -  | 5  | 5  | 6  |
| Mentioned TWO   | 2  | -  | 4  | 4  | -  | 5  | 3  |
| Mentioned THREE | -  | -  | 1  | 1  | 1  | -  | -  |
| No information  | -  | -  | 1  | -  | -  | 1  | -  |

QUESTION ASKED: What do you think should be the role of a Mental Welfare Officer in relation to families with mentally handicapped children?



# ROLE OF HEALTH VISITOR

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| HV should identify the risk, arrange the assessment   | 2  | -  | -  | -  | -  | 2  | -  |
| HV should advise the parents on handicap, give general support, be kind and sympathetic                   | 1  | -  | 1  | 3  | 3  | 3  | 3  |
| HV should be aware of the facilities, should refer the child and the family to appropriate services       | 2  | -  | 2  | 5  | -  | 1  | 1  |
| HV should attend to day-to-day problems like feeding etc, management of the child, arrange practical help | 4  | -  | 5  | 3  | 2  | 8  | 5  |
| HV should be able to arrange medical treatment  | -  | -  | -  | -  | 1  | -  | -  |
| HV should be easy to contact  | -  | -  | -  | -  | -  | 1  | -  |
| HV knows little or nothing about subnormality   | -  | -  | 1  | -  | -  | -  | -  |
| No information  | -  | -  | 2  | -  | 2  | -  | 2  |

QUESTION ASKED: What help and assistance can a Health Visitor provide to such families?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 3  | -  | 4  | -  | 2  | 8  | 5  |
| Mentioned TWO   | -  | -  | 2  | 4  | 2  | 2  | 2  |
| Mentioned THREE | 2  | -  | -  | 1  | -  | 1  | -  |
| Mentioned NONE  | -  | -  | 1  | -  | -  | -  | -  |
| No information  | -  | -  | 2  | -  | 2  | -  | 2  |

QUESTION ASKED: What help and assistance can a Health Visitor provide to such families?

# ROLE OF GP

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| GP should identify the risk and arrange the assessment, refer the child to specialists  | 2  | -  | 3  | 1  | 3  | 2  | 1  |
| GP should advise the parents on handicap, give general support, be kind and sympathetic   | 5  | -  | 5  | 4  | 6  | 7  | 5  |
| GP should be aware of the facilities, should refer the child and the family to appropriate services, arrange facilities like holidays | 1  | -  | 1  | 3  | -  | 4  | 4  |
| GP should be able to advise on education and training of the child  | -  | -  | -  | -  | -  | 1  | -  |
| GP should only attend to the general medical needs, give medication   | 2  | -  | 3  | 2  | -  | 4  | 1. |
| Subnormality outside GP's scope   | -  | -  | 1  | -  | -  | -  | -  |
| No information  | -  | -  | -  | -  | -  | -  | 1  |

QUESTION ASKED: How best do you think a GP can help parents with mentally handicapped children?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 1  | -  | 4  | 2  | 3  | 4  | 5  |
| Mentioned TWO   | 3  | -  | 4  | 1  | 3  | 7  | 3  |
| Mentioned THREE | 1  | -  | -  | 2  | -  | -  | -  |
| Mentioned NONE  | -  | -  | 1  | -  | -  | -  | -  |
| No information  | -  | -  | -  | -  | -  | -  | 1  |

QUESTION ASKED: How best do you think a GP can help parents with mentally handicapped children?

ROLE OF MOH

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| Identify the risk and arrange the assessment            | 2  | -  | -  | -  | 2  | 2  | 1  |
| Arrange social work, support, supervision etc           | 3  | -  | 1  | 1  | 1  | 3  | 1  |
| Arrange admission to JTC/ATC etc                        | -  | -  | 3  | -  | -  | 2  | 1  |
| Refer the child and family to agencies which could help | 3  | -  | -  | -  | 1  | 2  | 1  |
| Coordinate the services                                 | 1  | -  | 2  | 2  | -  | 4  | 1  |
| MOH can assess mental handicap                          | -  | -  | -  | -  | -  | -  | 2  |
| Don't know  | -  | -  | -  | -  | 2  | -  | -  |
| No information  | -  | -  | 3  | 1  | 1  | 1  | 3  |
| Act as a Medical Officer                                | 1  | -  | 1  | 3  | -  | 1  | -  |

QUESTION ASKED: What role can a Medical Officer from the local authority health department play in helping such families?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------|----|----|----|----|----|----|----|---|
| Mentioned ONE   | 1  | -  | 5  | 2  | 3  | 7  | 4  |   |
| Mentioned TWO   | 3  | -  | 1  | 2  | 1  | 3  | 2  |   |
| Mentioned THREE | 1  | -  | -  | -  | -  | -  | -  |   |
| Mentioned NONE  | -  | -  | -  | 1  | -  | -  | -  |   |
| No information  | -  | -  | 3  | -  | 2  | 1  | 3  |   |

QUESTION ASKED: What role can a Medical Officer from the local authority health department play in helping such families?

PROVISION OF SERVICES BY MENTAL HEALTH DEPARTMENT

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Regular visiting, support and supervision                            | 4  | -  | 7  | 5  | 5  | 8  | 3  |
| Providing nurseries, schools, training centres etc                   | 3  | -  | 6  | 3  | 4  | 7  | 2  |
| Arranging assessment of handicaps                                    | -  | -  | -  | -  | -  | 1  | -  |
| Arranging assessment of educational ability,<br>IQ testing           | -  | -  | 1  | -  | 1  | 1  | -  |
| Referral to agencies which could support the child<br>and the family | 2  | -  | -  | -  | 1  | 4  | 2  |
| Arrange long term/short term care                                    | -  | -  | 3  | -  | 1  | 2  | 3  |
| Arrange hostel accommodation   | -  | -  | 2  | 2  | 3  | 1  | 2  |
| Other responses  | -  | -  | 2  | -  | -  | -  | 1  |
| Don't know   | -  | -  | -  | -  | -  | 1  | -  |
| No information   | -  | -  | -  | -  | -  | -  | 1  |

QUESTION ASKED: In your opinion what is an adequate service that the mental health department can provide for the families with mentally handicapped children?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------|----|----|----|----|----|----|----|---|
| Mentioned ONE   | 2  | -  | 1  | 2  | -  | -  | 4  |   |
| Mentioned TWO   | 2  | -  | 4  | 1  | 4  | 6  | 3  |   |
| Mentioned THREE | 1  | -  | 4  | 2  | 2  | 4  | 1  |   |
| Mentioned NONE  | -  | -  | -  | -  | -  | 1  | -  |   |
| No information  | -  | -  | -  | -  | -  | -  | 1  |   |

QUESTION ASKED: In your opinion what is an adequate service that the mental health department can provide for the families with mentally handicapped children?



# HELP VOLUNTARY ORGANISATIONS CAN GIVE

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| Arrange holidays, outings, clubs, recreation        | 4  | -  | 4  | 5  | 4  | 8  | 5  |
| Support and advise parents                          | 1  | -  | 2  | 5  | 3  | 3  | 2  |
| Give material help to family, clothes, shoes, money | 2  | -  | -  | -  | -  | 1  | 2  |
| Arrange baby sitting etc                            | 4  | -  | 1  | 1  | 3  | 3  | -  |
| Work with other services to help the family         | 1  | -  | -  | -  | 1  | 1  | -  |
| Educate public opinion                              | 1  | -  | -  | 3  | 1  | 3  | -  |
| Raise funds for research, assessment etc            | -  | -  | -  | -  | 2  | -  | -  |
| Don't know  | -  | -  | -  | -  | 1  | -  | -  |
| No information                                      | -  | -  | 3  | -  | -  | 1  | 3  |

QUESTION ASKED: What assistance can be offered by local voluntary organisations?

NUMBER OF RESPONSES

|                 | HO | GA | HU | NT | OX | ES | WS | T |
|-----------------|----|----|----|----|----|----|----|---|
| Mentioned ONE   | -  | -  | 5  | -  | 1  | 5  | 3  |   |
| Mentioned TWO   | 2  | -  | 1  | 2  | 2  | -  | 3  |   |
| Mentioned THREE | 3  | -  | -  | 3  | 3  | 5  | -  |   |
| Mentioned NONE  | -  | -  | 1  | -  | -  | -  | -  |   |
| No information  | -  | -  | 2  | -  | -  | 1  | 3  |   |

QUESTION ASKED: What assistance can be offered by local voluntary organisations?

WHO COULD HELP WITH EMPLOYMENT?

|                               | HO | GA | HU | NT | OX | ES | WS | T |
|-------------------------------|----|----|----|----|----|----|----|---|
| Youth Employment Officer      | 2  | -  | 3  | 4  | 1  | 3  | 4  |   |
| D.R.O.                        | 4  | -  | 2  | 1  | 3  | 5  | 3  |   |
| MWO                           | 4  | -  | 3  | 4  | 2  | 7  | 3  |   |
| Teacher, staff of JTC/ATC etc | -  | -  | 1  | -  | -  | 4  | 5  |   |
| Parents                       | -  | -  | 1  | -  | -  | -  | -  |   |
| Other                         | -  | -  | -  | 1  | -  | -  | 2  |   |
| Don't know                    | -  | -  | 1  | -  | 1  | -  | -  |   |
| No information                | -  | -  | 2  | -  | -  | -  | -  |   |

QUESTION ASKED: Who could help the mentally handicapped adolescents in finding suitable jobs?

NUMBER OF PERSONS

|                | HO | GA | HU | NT | OX | ES | WS | T |
|----------------|----|----|----|----|----|----|----|---|
| Mentioned ONE  | -  | -  | 2  | 1  | 4  | 2  | 1  |   |
| Mentioned TWO  | 5  | -  | 4  | 4  | 1  | 9  | 8  |   |
| Mentioned NONE | -  | -  | 1  | -  | -  | -  | -  |   |
| No information | -  | -  | 2  | -  | 1  | -  | -  |   |

QUESTION ASKED: Who could help the mentally handicapped adolescents in finding suitable jobs?

ADVICE ON GENETIC COUNCIL

|                         | HO | GA | HU | NT | OX | ES | WS |
|-------------------------|----|----|----|----|----|----|----|
| HV                      | 1  | -  | -  | 2  | 4  | 2  | 2  |
| GP                      | 4  | -  | 6  | 4  | 5  | 9  | 5  |
| MOH                     | 3  | -  | -  | -  | -  | 1  | 1  |
| Paediatrician           | -  | -  | -  | 1  | -  | 2  | 1  |
| Specialists/Consultants | -  | -  | 1  | -  | -  | -  | -  |
| No information          | -  | -  | 2  | -  | -  | -  | -  |
| MWO                     | 1  | -  | -  | -  | -  | 3  | 1. |

QUESTION ASKED: Who should advise the parents with young subnormal children to obtain genetic counselling?

REASONS FOR PROVIDING SHORT-TERM CARE

|   | HO | GA | HU | NT | OX | ES | WS |
|---|----|----|----|----|----|----|----|
| To give rest to mother, family, so that the family<br>can go on holiday. To reduce anxiety, tension | 4  | -  | 8  | 5  | 6  | 9  | 9  |
| To give rest to the child   | 2  | -  | 1  | -  | 2  | 6  | 1  |
| To get treatment for the child  | 2  | -  | 3  | 2  | 2  | 1  | 1  |
| To enable the child to have some training   | -  | -  | -  | 1  | -  | -  | -  |
| Respondent will not advise short-term care  | -  | -  | -  | -  | -  | 1  | -  |
| No information  | -  | -  | 1  | -  | -  | -  | -  |

QUESTION ASKED: Under what circumstances would you advise a family to send a subnormal person for short-term care?

NUMBER OF REASONS

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 2  | -  | 5  | 3  | 2  | 4  | 7  |
| Mentioned TWO   | 3  | -  | 2  | 1  | 4  | 6  | 2  |
| Mentioned THREE | -  | -  | 1  | 1  | -  | -  | -  |
| Mentioned NONE  | -  | -  | -  | -  | -  | 1  | -  |
| No information  | -  | -  | 1  | -  | -  | -  | -  |

QUESTION ASKED: Under what circumstances would you advise a family to send a subnormal person for short-term care?

REASONS FOR LONG-TERM CARE

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| If patient needs intensive nursing care  | 3  | -  | 4  | 1  | 4  | 5  | 3  |
| If patient has severe behaviour problems   | -  | -  | 1  | 2  | 3  | 2  | 2  |
| If the parents and other members can't cope,<br>are no longer there to cope with the handicapped | 5  | -  | 9  | 4  | 5  | 10 | 8  |
| No information   | -  | -  | -  | 1  | -  | -  | -  |

QUESTION ASKED: Under what circumstances would you advise long-term care?



NUMBER OF REASONS

|                 | HO | GA | HU | NT | OX | ES | WS |
|-----------------|----|----|----|----|----|----|----|
| Mentioned ONE   | 2  | -  | 4  | 2  | 1  | 5  | 5  |
| Mentioned TWO   | 3  | -  | 5  | 1  | 4  | 6  | 4  |
| Mentioned THREE | -  | -  | -  | 1  | 1  | -  | -  |
| No information  | -  | -  | -  | 1  | -  | -  | -  |

QUESTION ASKED: Under what circumstances would you advise long-term care?

REASONS FOR DISCHARGE OF PATIENTS

|  | HO | GA | HU | NT | OX | ES | WS |
|--|----|----|----|----|----|----|----|
| Patient should not require intensive nursing care,<br>they should be able to live out in the community | 2  | -  | 2  | 1  | 5  | 3  | 4  |
| Parents should be able to cope   | -  | -  | -  | -  | 1  | 1  | 1  |
| Supportive community services should be available  | 1  | -  | 2  | 4  | 5  | 4  | 1  |
| Hostel accommodation should be available   | 3  | -  | 7  | 3  | 4  | 6  | 4  |
| Patient should not be discharged   | -  | -  | -  | -  | -  | 1  | 1  |
| No information   | -  | -  | 1  | -  | -  | -  | 1  |
| Public education - awareness   | -  | -  | 1  | 2  | -  | 2  | -  |
| Home conditions (foster parents relations)   | 1  | -  | -  | -  | -  | -  | -  |

QUESTION ASKED: It is often said these days that a number of patients in the subnormality hospitals should live in the community. In your opinion, what types of persons could be discharged and what conditions would you like to see before they come out?

NUMBER OF REASONS

|                 | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------|----|----|----|----|----|----|----|----|
| Mentioned ONE   | 3  | -  | 5  | 1  | -  | 6  | 4  |    |
| Mentioned TWO   | 2  | -  | 2  | 3  | 3  | 4  | 3  |    |
| Mentioned THREE | -  | -  | 1  | 1  | 3  | 1  | -  |    |
| No information  | -  | -  | 1  | -  | -  | -  | 1  |    |
| Mentioned NONE  | -  | -  | -  | -  | -  | -  | 1  |    |

QUESTION ASKED: It is often said these days that a number of patients in the subnormality hospitals should live in the community. In your opinion, what types of persons could be discharged and what conditions would you like to see before they come out?

MEASURES TO IMPROVE COORDINATION

|   | HO | GA | HU | NT | OX | ES | WS | TO |
|---|----|----|----|----|----|----|----|----|
| Satisfied with existing conditions                    | -  | -  | -  | -  | -  | 1  | -  |    |
| Central and up-to-date record card on the handicapped | -  | -  | 2  | -  | -  | -  | -  |    |
| Closer relationship between services                  | 5  | -  | 7  | 4  | 6  | 9  | 5  |    |
| Case conferences                                      | -  | -  | 1  | -  | 3  | 1  | -  |    |
| All services must be under one agency                 | -  | -  | 2  | 2  | -  | 2  | -  |    |
| No information  | -  | -  | 1  | -  | -  | -  | 4  |    |
| Public awareness                                      | -  | -  | -  | 1  | -  | -  | 1  |    |
| More finance  | -  | -  | 2  | -  | -  | -  | -  |    |

QUESTION ASKED: In your opinion what measures could be taken to improve the co-ordination of services for the mentally subnormal?

NUMBER OF MEASURES

|                 | HO | GA | HU | NT | OX | ES | WS | TO |
|-----------------|----|----|----|----|----|----|----|----|
| Mentioned ONE   | 5  | -  | 4  | 3  | 3  | 8  | 4  |    |
| Mentioned TWO   | -  | -  | 3  | 1  | 3  | 2  | 1  |    |
| Mentioned THREE | -  | -  | 1  | 1  | -  | -  | -  |    |
| Mentioned NONE  | -  | -  | -  | -  | -  | 1  | 2  |    |
| No information  | -  | -  | 1  | -  | -  | -  | 2  |    |

QUESTION ASKED: In your opinion what measures could be taken to improve the co-ordination of services for the mentally subnormal?

SERVICES OFFERED BY SUBNORMALITY HOSPITALS

|                                     | HO | GA | HU | NT | OX | ES | WS | TOT |
|-------------------------------------|----|----|----|----|----|----|----|-----|
| Long term/short term/custodial care | -  | -  | 7  | 5  | 6  | 9  | 6  |     |
| Diagnosis and treatment             | -  | -  | 1  | 2  | 3  | 3  | 1  |     |
| Training and rehabilitation         | -  | -  | 2  | 3  | -  | 5  | 2  |     |
| Nothing in particular               | -  | -  | -  | -  | -  | 2  | -  |     |
| Outpatient clinics                  | -  | -  | -  | 1  | -  | -  | -  |     |
| No information                      | 5  | -  | 2  | -  | -  | -  | 2  |     |

QUESTION ASKED: In your opinion, what are the services provided by the mental subnormality hospitals to the mentally handicapped.

NUMBER OF SERVICES

|                 | HO | GA | HU | NT | OX | ES | WS | TOT. |
|-----------------|----|----|----|----|----|----|----|------|
| Mentioned ONE   | -  | -  | 4  | -  | 3  | 3  | 5  |      |
| Mentioned TWO   | -  | -  | 3  | 4  | 3  | 4  | 2  |      |
| Mentioned THREE | -  | -  | -  | 1  | -  | 2  | -  |      |
| Mentioned NONE  | -  | -  | -  | -  | -  | 2  | -  |      |
| No information  | 5  | -  | 2  | -  | -  | -  | 2  |      |

QUESTION ASKED: In your opinion, what are the services provided by the mental subnormality hospitals to the mentally handicapped.

QUALIFICATION OF MWO

|   | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---|----|----|----|----|----|----|----|-------|
| Not ascertained, no information                   | 2  | -  | -  | 2  | 1  | 3  | 4  | 1     |
| University degree                                 | -  | -  | -  | 1  | -  | 1  | -  |       |
| Diploma in Social Science, social study           | -  | -  | -  | -  | 1  | -  | -  |       |
| Certificate in Social Work                        | -  | -  | -  | 2  | 2  | 1  | 1  |       |
| SRN etc (Trained mental nurse, trained nurse etc) | -  | -  | 9  | -  | -  | 4  | 4  | 1     |
| Combination of 2 & 3                              | -  | -  | -  | -  | 2  | -  | -  |       |
| Combination of 4 & 5                              | 3  | -  | -  | -  | -  | 1  | -  |       |
| Combination of 2 & 4                              | -  | -  | -  | -  | -  | 1  | -  |       |



AGE OF MWO

|                 | HO | GA | HU | NT | OX | ES | WS | TOTA |
|-----------------|----|----|----|----|----|----|----|------|
| Under 25        | -  | -  | -  | -  | -  | 1  | -  |      |
| Between 25 - 29 | -  | -  | 2  | 2  | 3  | 4  | -  | 1    |
| Between 30 - 34 | 2  | -  | 2  | -  | -  | -  | 2  |      |
| Between 35 - 39 | 1  | -  | -  | -  | -  | 1  | -  |      |
| Between 40 - 44 | -  | -  | 3  | -  | -  | 1  | 1  |      |
| Between 45 - 49 | -  | -  | -  | 2  | 2  | 1  | 2  |      |
| Between 50 - 54 | -  | -  | 1  | -  | -  | -  | 1  |      |
| Between 55 - 59 | -  | -  | 1  | 1  | -  | 1  | 1  |      |
| Over 60         | -  | -  | -  | -  | 1  | 1  | 1  |      |
| No information  | 2  | -  | -  | -  | -  | 1  | 1  |      |

LENGTH OF SERVICE IN THE DEPARTMENT

|                       | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-----------------------|----|----|----|----|----|----|----|-------|
| Under 1 year          | -  | -  | 4  | -  | 1  | 2  | -  | 7     |
| Between 1 - 3 years   | 2  | -  | 1  | 1  | 2  | 2  | 4  | 12    |
| Between 3 - 5 years   | 2  | -  | 1  | 1  | -  | 1  | -  | 5     |
| Between 5 - 7 years   | 1  | -  | 1  | -  | 1  | 4  | 2  | 9     |
| Between 9 - 11 years  | -  | -  | 1  | -  | 2  | 1  | -  | 4     |
| Between 11 - 15 years | -  | -  | -  | -  | -  | -  | 1  | 1     |
| Over 15 years         | -  | -  | 1  | 3  | -  | 1  | 1  | 6     |
| No information        | -  | -  | -  | -  | -  | -  | 1  | 1     |

LENGTH OF SERVICE BEFORE

|                       | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|-----------------------|----|----|----|----|----|----|----|-------|
| Between 1 - 3 years   | 1  | -  | -  | 1  | 2  | -  | 1  | 5     |
| Between 3 - 5 years   | -  | -  | -  | -  | -  | 2  | 1  | 3     |
| Between 5 - 7 years   | 1  | -  | -  | -  | -  | 1  | -  | 2     |
| Between 9 - 11 years  | -  | -  | -  | -  | -  | 1  | 1  | 2     |
| Between 11 - 15 years | -  | -  | -  | -  | 1  | -  | -  | 1     |
| Over 15 years         | -  | -  | 1  | -  | -  | -  | -  | 1     |
| No information        | 3  | -  | 8  | 4  | 3  | 7  | 6  | 31    |

CASE LOAD MENTALLY ILL - SHORT TERM

|                                 | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---------------------------------|----|----|----|----|----|----|----|-------|
| Not ascertained, no information | -  | -  | 3  | -  | 1  | -  | 2  |       |
| Under 10 cases                  | 1  | -  | -  | -  | -  | 1  | 3  |       |
| Between 10 - 20 cases           | 4  | -  | 3  | 1  | 1  | 6  | 3  | 1     |
| Between 20 - 30 cases           | -  | -  | 1  | 1  | 2  | 3  | -  |       |
| Between 30 - 40 cases           | -  | -  | -  | -  | -  | -  | 1  |       |
| Between 40 - 50 cases           | -  | -  | -  | 2  | 1  | 1  | -  |       |
| Between 50 - 60 cases           | -  | -  | -  | 1  | -  | -  | -  |       |
| Over 60 cases                   | -  | -  | 2  | -  | -  | -  | -  |       |
| Has no cases in this category   | -  | -  | -  | -  | 1  | -  | -  |       |

CASE LOAD MENTALLY ILL - LONG TERM

|                                 | HO | GA | HU | NT | OX | ES | WS | TOTAL |
|---------------------------------|----|----|----|----|----|----|----|-------|
| Not ascertained, no information | -  | -  | 5  | -  | 1  | -  | 2  |       |
| Under 10 cases                  | -  | -  | -  | -  | -  | 1  | 4  |       |
| Between 10 - 20 cases           | 2  | -  | 2  | 1  | 2  | 4  | 3  | 1     |
| Between 20 - 30 cases           | 2  | -  | -  | 1  | 1  | 3  | -  |       |
| Between 30 - 40 cases           | 1  | -  | -  | -  | 1  | 1  | -  |       |
| Between 40 - 50 cases           | -  | -  | -  | 2  | -  | 1  | -  |       |
| Between 50 - 60 cases           | -  | -  | -  | 1  | -  | -  | -  |       |
| Over 60 cases                   | -  | -  | 2  | -  | -  | 1  | -  |       |
| Has no cases in this category   | -  | -  | -  | -  | 1  | -  | -  |       |

CASE LOAD MENTALLY SUBNORMAL

|                                 | HO | GA | HU | NT | OX | ES | WS | TOT |
|---------------------------------|----|----|----|----|----|----|----|-----|
| Not ascertained, no information | -  | -  | 3  | -  | 1  | 1  | 2  |     |
| Under 10 cases                  | -  | -  | -  | -  | -  | -  | 1  |     |
| Between 20 - 30 cases           | -  | -  | -  | -  | 2  | 1  | 3  |     |
| Between 30 - 40 cases           | -  | -  | -  | -  | 1  | 1  | 2  |     |
| Between 40 - 50 cases           | 4  | -  | -  | -  | 1  | 5  | -  |     |
| Between 50 - 60 cases           | 1  | -  | 1  | 1  | -  | 3  | -  |     |
| Over 60 cases                   | -  | -  | 4  | 4  | -  | -  | -  |     |
| Has no cases in this category   | -  | -  | 1  | -  | 1  | -  | 1  |     |



54001000100910

