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EMPLOYMENT OF MENTALLY HANDICAPPED PEOPLE

Edited by James Elliott and Edward Whelan

A report of the proceedings of a two-day workshop
held at
King's Fund Centre
11th and 12th December, 1974

Joint sponsors:

King's Fund Centre, London
Hester Adrian Research Centre, University of Manchester
Association of Professions for the Mentally Handicapped

The King's Fund is glad to have been able to facilitate the efforts of the workshop, but wishes to make it clear that this is a discussion paper, and that the views expressed are not necessarily those of the King's Fund.

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FOREWORD

This is the report of a multi-disciplinary workshop which met for two days in December 1974 to consider employment opportunities for mentally handicapped people. We had become concerned about the low level of successful employment being achieved by mentally handicapped individuals throughout the country. The workshop aimed to examine the facts; share the experiences of those responsible for training, placing and employing mentally handicapped people; discover just what can be achieved; identify the difficulties; and consider ways of improving the situation.

We felt this question to be particularly relevant in view of the many developments now taking place in provision for mentally handicapped people, and because job opportunities are an essential component of better services. We were aware of the Department of Employment's own deliberations at this time, but were somewhat disturbed by the discussion documents circulated, which seemed to imply continued under-estimation of the possibilities of mentally handicapped people as workers.

The workshop should be seen as a small beginning. We hope that this report will form the starting point for many locally-based discussions of this topic, which has important human implications, as well as economic ones.

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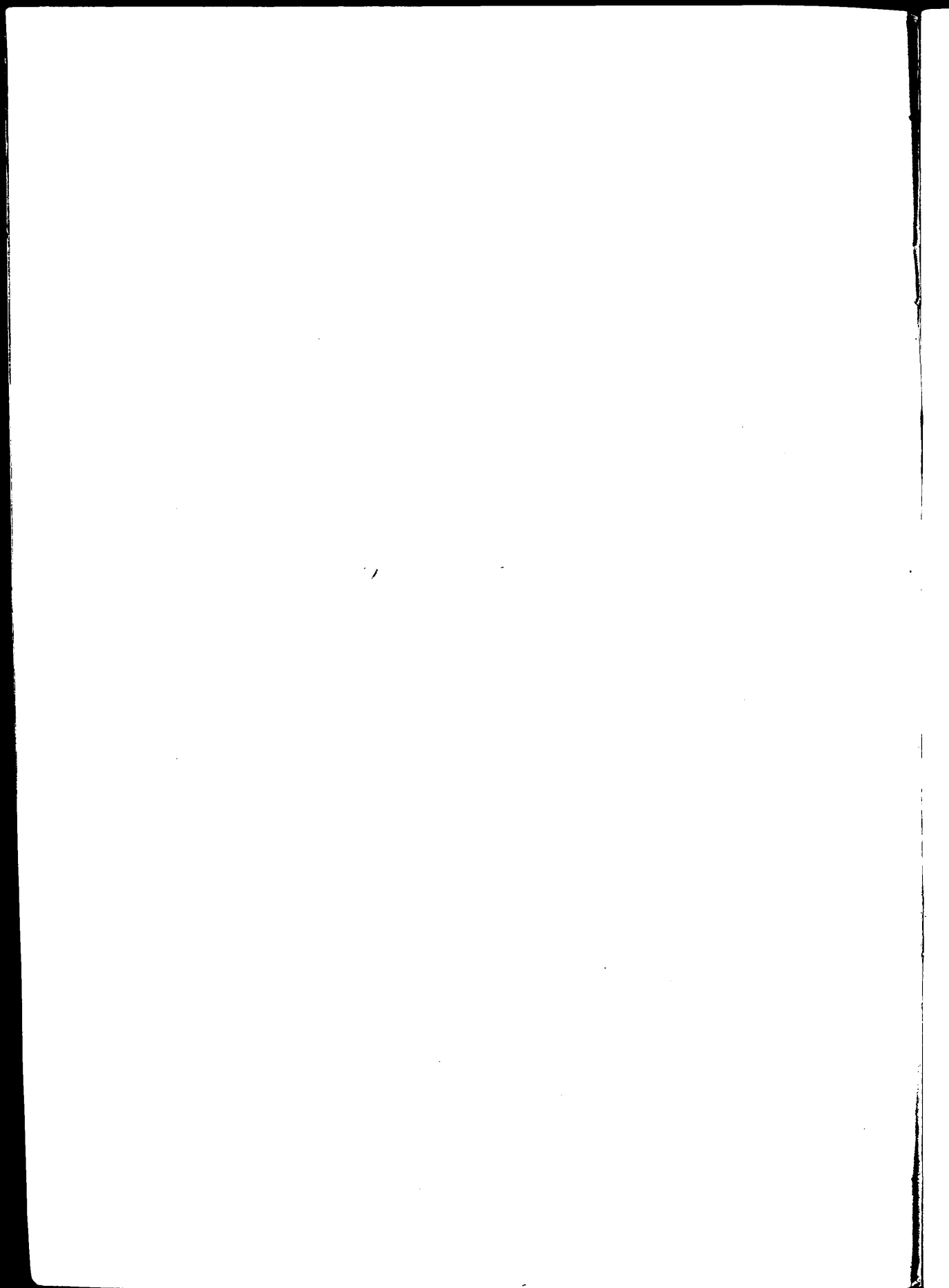
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SUMMARY OF THE WORKSHOP

The people about whom this workshop is concerned, are either severely mentally handicapped, or they are mildly or moderately handicapped people who have behavioural or emotional problems.

It is estimated that over 8,000 individuals currently attending adult training centres in England and Wales are capable of entering some form of sheltered employment if only the places were available. Many others could be prepared for open employment, but are kept back, sometimes by low expectations on the part of staff, sometimes by lack of specific work training and sometimes by the absence of suitable employment opportunities.

A demonstration project involving a typical cross-section of ATC trainees has shown that, even with a very short period of training, they are able to complete a complex assembly task well within the time allowed for the semi-skilled fitter in the factory. Demonstrations such as this are important because low staff expectations result in low levels of achievement in their trainees. Untrained staff have the most pessimistic expectations; staff undergoing training have the highest expectations; whilst trained staff fall between the two extremes. This underlines the importance of basic and continuing staff education, including the provision of opportunities for further development of specialist skills.

Employers have reported on their successes in employing mentally handicapped people, but it is stressed that employers and employees need counselling and reliable support, particularly when encountering mentally handicapped people for the first time.

Various successful schemes of training, followed by job placement, have been reported. It is suggested that the process of job placement should be initiated and co-ordinated by the ATC manager who should call in a range of agencies to assist him. Among these he should include the private employment agencies, some of which can offer a specialised service. Our workshop glimpsed valuable new possibilities in the paper by Miss Menghius on this topic. There is much scope for improvement, however, in the training phase, and the aims and objectives of ATCs need urgent clarification: at present they are attempting to undertake many different roles and these need to be carefully examined. Some of these roles may need to be removed from the ATC in the interests of improving the effectiveness of the training which it provides.

Too little assessment of trainees is undertaken; widely differing standards and measures are leading to great confusion; and assessment is too seldom followed by a programme geared to individual needs. Yet the best form of assessment is by training itself: we commend the maxim: 'don't test - teach'. Every trainee should be the subject of an integrated personal record, available for reference by all involved staff. The findings of research should be applied to practice, though a greater effort is needed by research workers to ensure that their research is relevant, applicable in the service situation, and communicated in plain English.

Promotion for staff should be along the line of technical excellence as well as along the line of managerial responsibility. The irrational salary and training differentials between staff working in the ATC and those who work in the equivalent hospital unit should be ended at once.

Government departments seem to be afflicted by the same low expectancies which affect other agencies and individuals. The many, varied departments and agencies need to be given more specific targets as part of a general strategy of training and work for mentally handicapped people. A major governmental public relations exercise is needed. A key function of the National Development Group for the Mentally Handicapped should be the dissemination of information on this subject.

Trainees need a broad and progressive range of new placements: for example, work preparation courses, pre-vocational and vocational training, work experience groups, sheltered workshops, enclaves, seasonal and permanent open employment. The criteria for sheltered employment should be critically re-examined. At present it is approximately ten times more difficult for a mentally handicapped person to get a place in a sheltered workshop than it is for him to get a place in open employment. No placement should be accepted as final as this denies the individual's capacity for development.

We recommend that the facts disclosed by this workshop be brought to the attention of statutory and voluntary agencies as well as to political and pressure groups.

* * *

INTRODUCTION

Who are the mentally handicapped?

Some of the readers of this paper may have responsibilities which bring them into only marginal contact with mental handicap. To help them understand the characteristics of mentally handicapped people, we give below some paragraphs taken from the Government White Paper Better Services for the Mentally Handicapped (Cmd.4683).

1. There are probably about 120,000 people in England and Wales who are severely mentally handicapped, of whom about 50,000 are children. Many more are mildly mentally handicapped.
4. The term "mental handicap" is used throughout this paper. Various other terms are used, here and in other countries, with the same meaning. "Mental deficiency" used to be the statutory term in England and Wales and still is in Scotland. In England and Wales the present statutory terms are "subnormality" and "severe subnormality", which together cover the conditions for which the term "mental handicap" is used in this paper. The term "mental retardation" is used in the United States and has also been adopted by the World Health Organisation with the sub-classifications "mild", "moderate", "severe" and "profound"; the last three of these together are broadly equivalent to the term "severe mental handicap" used in this paper. "Mental handicap" is used in preference to any of the alternative terms because this helps to emphasise that our attitude should be the same as to other types of handicap - i.e. to prevent it whenever possible, to assess it adequately when it occurs, and to do everything possible to alleviate its severity and compensate for its effects.

What is mental handicap?

7. A person who is mentally handicapped does not develop in childhood as quickly as other children nor attain the full mental capacities of a normal adult. The handicap may be slight or severe. In the most severe cases, development does not progress even in adult life beyond the mental capacity of a young child: such severe handicap is much less common than milder degrees of handicap covering a wide spectrum ranging up to and merging into the "normal".
8. Mentally handicapped people have difficulty in understanding, and in adapting themselves to new situations. They may find it difficult to communicate, or to establish relationships with more than a few people, but they are generally affectionate and respond to affectionate treatment as children do. Many of those with severe mental handicap have physical handicaps as well, which are often also severe; they find it more difficult than other people to compensate for even a minor physical handicap. Some of the mentally handicapped also suffer from mental illness or personality disorders. But often mental handicap entails no more than slow and restricted development, uncomplicated by any other serious disability.

8.

What are the causes?

9. In most cases the causes are not known. Mental handicap can result from conditions arising before or at birth which affect the functioning of the brain; some of these are becoming rarer owing to improvement in the maternity services, but more children with very severe handicap are now surviving birth and infancy. It is often the result of unpredictable and unavoidable factors - hereditary or environmental or both - including the lower end of the normal range of variation of intelligence. In some cases the handicap is known to be due to an organic condition, such as a chromosome abnormality or metabolic disorder; in a few cases, some of these conditions can now be corrected if identified at an early age.

Effects of other handicaps

10. Without very careful assessment, some children with disabilities of hearing, vision or language may be diagnosed as mentally handicapped because of their inability to communicate. Even when such a disability is clearly recognised, development may be delayed or in extreme cases permanently restricted, resulting in mental handicap, if the disability cannot be corrected or cured by special education or treatment. Some form of physical illness occurring in childhood may have a permanent effect on mental development and produce mental handicap.
11. A child's capacity to learn and develop may be restricted through social deprivation, particularly if the child or his parents are somewhat below average in intelligence; such children may improve remarkably if the emotional and intellectual stimulus of which they have been deprived can be provided.

Mental illness and mental handicap

12. Mental handicap is sometimes wrongly confused with mental illness. Mental illness can strike anyone at any age: it usually responds to treatment and can often be cured. Mental handicap, on the other hand, is usually determined before or during birth or in the early weeks of life and affects a person's ability to learn and reason. It cannot be "cured" in the same sense as an illness but the development of mentally handicapped people can often be improved by education, training and social care (and without such help may remain unnecessarily restricted). The physical and emotional disabilities which are often associated with mental handicap may be alleviated with special medical, nursing and educational treatment.

Recent developments

Developments which have taken place recently in the services provided for mentally handicapped people are likely to result in an overall improvement in our understanding of their needs and a greater confidence in their ability to respond to training. In particular we refer to the Education (Handicapped Children) Act, 1970 which made the education of handicapped children the responsibility of local education authorities; the Government White Paper quoted above, published in 1971 and reaffirmed by the Secretary of State in 1975, which classifies many of the main problems and describes the way in which services must be developed in order to

begin to deal with them; the Department of Employment's recent re-appraisal of its own policies and provisions for handicapped individuals, resulting in the circulation of a series of discussion documents. More recently there has been the formation of the National Development Group for the Mentally Handicapped.

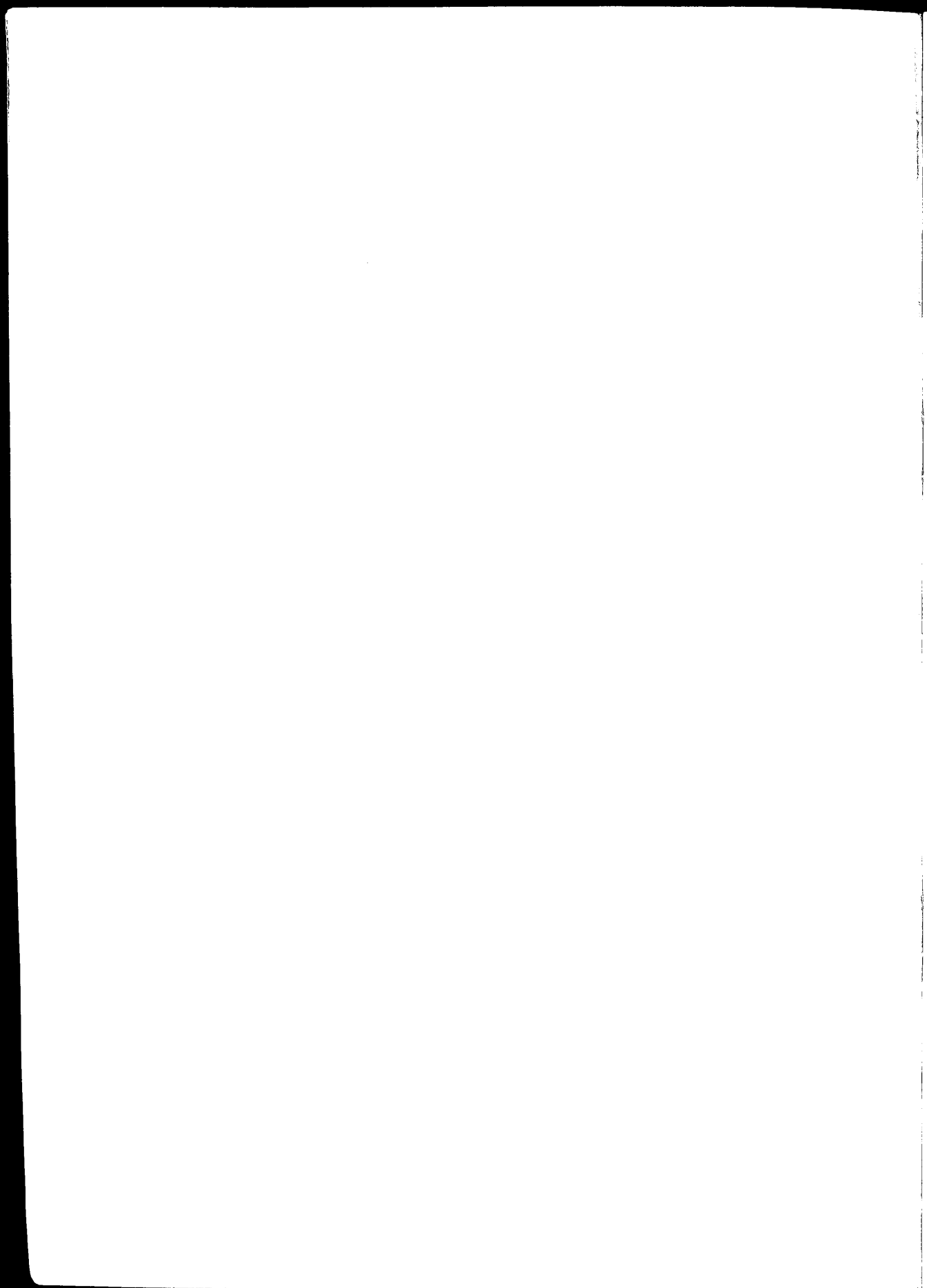
As a result, many planners, practitioners, parents, administrators and volunteers have been working towards more optimistic goals, but are growing anxious about the long-term implications of the very developments which they welcomed so enthusiastically only a short time ago. The problem was stated most succinctly in the title of a recent conference in Liverpool: "Rehabilitation - for what?" It is clearly important that the improvement in educational opportunities provided for mentally handicapped children and adolescents should be matched by the provision of a progressive pattern of services for them as adults. Otherwise we shall have a system clogged up at its outlet, resulting in frustration, under-achievement and stultification.

Current attempts to develop a new pattern of training for staff working in local authority day centres have involved a detailed analysis and appraisal of the role and function of these units. This is very much welcomed, and it is hoped that it will result in a staff which is a lot clearer about overall aims, about what can be achieved and about the most effective means of doing so. But better training must go hand in hand with better work-opportunities.

The aim of this workshop

The aim of this workshop was to explore the current situation concerning the employment of mentally handicapped adults. This involved a review of data, the sharing of ideas and experiences of trainers and employers, the identification of some of the practical and attitudinal obstacles to employment of mentally handicapped people and the formulation of some concrete proposals.

We feel that any discussion of the employment of mentally handicapped people should always be seen within the wider context of preparing them adequately to cope with domestic, social, and leisure-time aspects of community life. We hope that this document will form a basis for constructive discussion of work within this wider context.



RECENT RESEARCH FINDINGS

THE CONTRIBUTION OF THE ATC TO THE EMPLOYMENT
OF MENTALLY HANDICAPPED INDIVIDUALS:
SURVEY FINDINGS

Edward Whelan

The aim of this short paper is to present some statistics concerning the employment of mentally handicapped individuals who have been in attendance at adult training centres in England and Wales. It is hoped that these figures will provoke considerable discussion amongst those responsible for the training and placement of mentally handicapped individuals, and amongst those responsible for planning provision. It is clear that there are important economic and human issues to be considered and it is suggested that the figures should be evaluated both in the light of research studies into feasibility and in terms of the Declaration of General and Special Rights of the Mentally Retarded adopted by the United Nations in 1971. (see Appendix A)

It should be pointed out that the figures refer to individuals with mental handicap and that these should not be confused with individuals with mental illness. We are concerned with the 120,000 severely mentally handicapped individuals in England and Wales, of whom approximately 70,000 are adults. It is regretted that the generic term 'mental disorder' continues to be used for administrative purposes to describe both conditions - despite the confusion which this causes, to the probable detriment of both groups of individuals.

A national survey of adult training centres has recently been carried out in England and Wales (Whelan and Speake) ⁽¹⁾, the full report of which is now being prepared. A similar survey in Scotland has also been completed, the report of which was published recently (Jackson, 1975). ⁽²⁾ The only previous survey carried out, by West in 1968, was never published.

All three surveys discovered that only a small percentage of trainees were placed in open employment: West - 5.4%; Jackson - 2.0%; Whelan and Speake - 3.85%. These figures are disappointing in the light of the stated aims of adult training centres presented in Table 1 and also in view of the continued emphasis on providing a workshop environment within the ATC and on previous industrial experience in newly selected staff.

Table 2, also drawn from the last-named survey, shows the number of male and female trainees entering open and sheltered employment. The table also shows the distribution of trainees entering both forms of employment in relation to their pre-admission base.

TABLE 1

Please state as fully as possible the aims of your Centre:

AIM

	No. of centres expressing this (out of 305)	Percent -age	Rank order of frequencies
Provide work training (including work habits, graded programme)	145	47.5	1
General statement - e.g. train for all aspects of living	135	44.3	2
Provide social education/social training	131	43.0	3
Develop potential to maximum	129	42.3	4
Provide further education	109	35.7	5
Enter open employment	102	33.4	6
Develop independence	66	21.6	7
Make trainees socially acceptable	63	20.7	8
Develop leisure interest/physical activities	62	20.3	9
Other	47	15.4	10
Enter sheltered employment or further training	38	12.5	11
Make trainees happy (improve quality of life; make them feel worthwhile)	37	12.1	12.5
Develop adult skills (maturity), including responsibility/confidence/personality	37	12.1	12.5
Provide 'activities'(work/occupation for those unable to work or progress to open or sheltered employment	34	11.1	14
Individual approach: cater for varying needs	26	8.5	15
Provide relief support for families	24	7.9	16
Cater for all trainees	23	7.5	17
Provide rich and stimulating environment (inc. variety)	21	6.9	18
Carry out assessment	15	4.9	19
Follow Model of Good Practice or other guide	14	4.6	20.5
Enlighten the community to needs	14	4.6	20.5
Provide real life experiences (using community, etc.)	10	3.3	22
Provide balanced programme	9	3.0	23
Establish positive links with community	7	2.3	24
Counselling/advice service to parents	5	1.6	25
Encourage freedom of expression (opinion)	4	1.3	26.5
Provide variety of work	4	1.3	26.5
Provide for special care cases	3	1.0	28.5
Follow-up trainees who have left	3	1.0	28.5
Ensure fair payment to trainees	2	0.7	30

TABLE 2

Sex	Pre-admission base								Total
	Special school (JTC)	ESN School	Community or social agency	Sub-normality hospital	Mental illness unit or hospital	Other ATC	Sheltered workshop	Other source	
<u>Trainees entering open employment</u>						Percentage employed = 3.85%			
Male	122	184	122	56	36	48	2	42	612
Female	46	97	90	20	18	28	0	23	322
Total	168	281	212	76	54	76	2	65	934
<u>Trainees entering sheltered employment</u>						Percentage employed = 0.4%			
Male	22	8	14	8	6	5	4	5	72
Female	7	5	6	1	4	1	1	0	25
Total	29	13	20	9	10	6	5	5	97

Total number of trainees in attendance
at the 305 ATCs involved = 24,252

The number entering sheltered employment, widely thought to be more appropriate for mentally handicapped individuals than is open employment, reveals a surprisingly lower figure. This can best be explained in terms of low availability of places, for only about 12% of ATCs reported that sheltered work places were available for their trainees. This may not be surprising in view of the small percentage of mentally handicapped people reported to be employed in Remploy, for example. Figures for the years 1963 to 1973 show only a 5% increase (from 4% to 9%) during the period. (3)

This figure is desperately low, and appears to reflect the Department of Employment's policy of allocating no more than a small percentage of places to 'mentally disordered' people. Wide-ranging enquiries reveal that there is a low expectation of the ability of mentally handicapped people to attain entry requirements for sheltered employment. Indeed, the figures show that it is approximately ten times more difficult for a trainee to obtain a place in a sheltered workshop than it is for him to obtain a place in open employment. An estimate of the real need for places in both open and sheltered employment, combining the responses of staff from 305 ATCs is presented in Table 3.

Concerning sheltered employment, the estimated need for 6,035 places for trainees attending these ATCs is in marked contrast to the number of trainees (97) claimed to have actually entered sheltered employment during the period of the survey. Taking account of the ATCs not included in the survey, this means that over 8,000 sheltered work places are needed by ATC trainees in England and Wales.

The figures are even more depressing if we take account of the number of trainees who returned to the ATCs from open or sheltered employment during the same year (Table 4). However, one advantage of this return could be that ATCs learn something more about the conditions and problems to be faced by a trainee entering employment, enabling the ATC to improve its training programme accordingly.

A similar source of information concerning training priorities may be obtained by referring to Table 5, showing the areas where further training is considered to be necessary in the case of those individuals "who might become capable of employment".

One of the major problems with which ATC staff are faced is the extent to which they are able to provide work experience which will best prepare an individual for future employment. As can be seen from Table 6, only about one-third of trainees entering open or sheltered employment are said to have done similar work whilst at the ATC. Clearly the ATC is best equipped to provide basic pre-vocational work training, including such things as the development of basic perceptual-motor skills, attention to safety and hygiene, appropriate work attitudes and habits, and the ability to work alone or in a team with a minimum of supervision.

If placements are to be increased, then more collaboration is needed between ATC staff and those in a position to provide or facilitate employment opportunities. As can be seen from Table 7, certain key persons have an inadequate degree of contact with the ATC though staff of the latter would welcome more contact.

TABLE 3 - Staff estimates of employment potential

Pre-admission base	Number considered ready now for -		Number who might become capable of -	
	Open employment	Sheltered employment	Open employment	Sheltered employment
Special school (JTC)	216	817	390	1153
ESN school	271	572	520	433
Community or social agency	193	498	270	459
Subnormality hospital	75	217	119	185
Mental illness unit or hospital	42	113	73	124
Other ATC	76	396	175	453
Sheltered workshop	13	63	29	40
Other source	72	204	152	308
	<hr/>	<hr/>	<hr/>	<hr/>
Total	958	2880	1728	3155
	<hr/>	<hr/>	<hr/>	<hr/>

Estimated number of sheltered work places needed = 6035

(Actual numbers who have entered open employment = 934; sheltered employment = 97)

TABLE 4 - Net figures for employment

	Number who entered open or sheltered employment	Number who returned to the ATC within a year	Net total
Male	684	118	566
Female	347	69	278
	<hr/>	<hr/>	<hr/>
Total	1031	187	844
	<hr/>	<hr/>	<hr/>

TABLE 5

Areas of training where further emphasis is considered to be necessary for those trainees who might become capable of open or sheltered employment

Area	No. of centres which mention it	Percentage	Rank order
Social training/social competence	88	28.85	1
Speed/output	38	12.46	2
Other	33	10.82	3
Work training (miscellaneous)	32	10.48	4
Social integration/socially acceptable behaviour	31	10.17	5.5
Confidence/assertiveness	31	10.17	5.5
Use of public transport	29	9.51	7
Further education	28	9.18	8
Work attitudes	24	7.87	9.5
Maturity	24	7.87	9.5
Efficiency	23	7.54	11
Work habits	22	7.21	12.5
Time	22	7.21	12.5
Accuracy/quality	20	6.56	14
Application/persistence	19	6.23	15
Communication/speech	17	5.57	16.5
Behaviour	17	5.57	16.5
Relationship with others	16	5.25	18
Independence from close supervision	15	4.92	20.5
Realistic work experience	15	4.92	20.5
Use of money	15	4.92	20.5
Emotional stability	15	4.92	20.5
Work skills	14	4.59	23.5
Parents' attitudes	14	4.59	23.5
Work in a team	13	4.26	25
Adaptability	9	2.95	26
Hygiene	8	2.62	27
Use of equipment/machinery	7	2.30	28.5
Pre-employment skills	7	2.30	28.5
Motivation	6	1.97	30
Dexterity	5	1.64	31.5
Self help	5	1.64	31.5
Consistency/reliability	4	1.31	33.5
Community skills	4	1.31	33.5
Attention	2	0.66	35.5
Individualised training	2	0.66	35.5
Use of number	1	0.33	37
Ability to handle difficult situations	0	0.00	38

TABLE 6Relationship between employment job and ATC experience

	Open employment		Sheltered employment	
	Male	Female	Male	Female
Number entering such employment	612	322	72	25
Number of these who are said to have done similar work whilst at the ATC	207	171	30	10

TABLE 7Visits by outside professionals relevant to job placement

Visits from:	Number of ATCs who say they have had some visits	Number who said they would like more
Local industry	221	97
DRO	142	149
Careers officer	115	143
Sheltered workshop staff	41	65
IRU staff	24	105

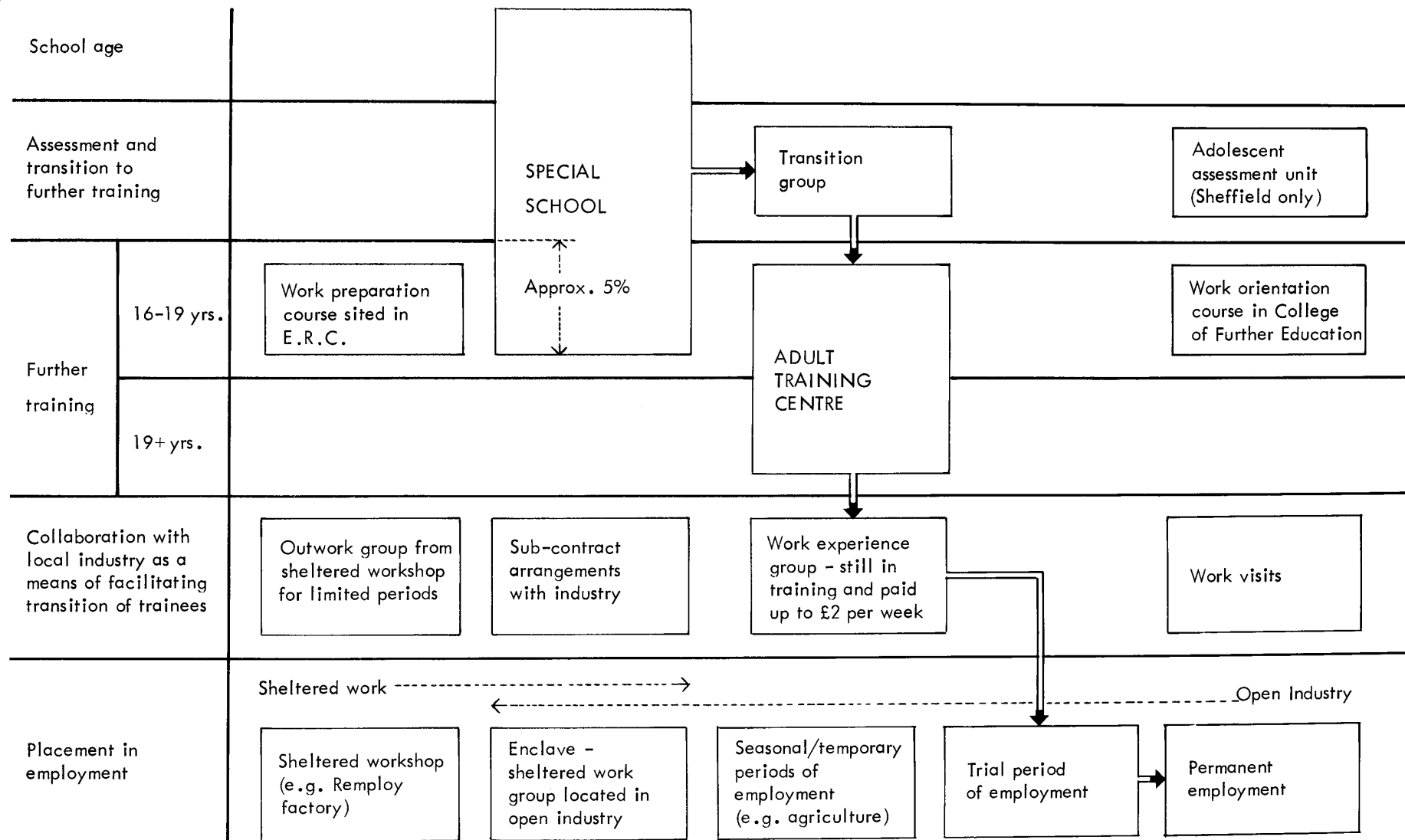
Only when such collaboration begins to take place on a wide scale are we likely to discover how many mentally handicapped people can be suitably placed in employment, and the extent to which this is limited by inadequate exploration of new opportunities, as opposed to the widely held view that success must inevitably be low in our current economic situation and national level of unemployment. Responsible professionals in particular should guard against holding too low a level of expectation, for as Cobb (4) points out:

"The most consistent and outstanding finding of all follow-up studies is the high proportion of the adult retarded who achieve satisfactory adjustments, by whatever criteria are employed. This is, of course, especially true of those at mild level, on whom most of the studies have been done; but it also holds for the retarded at moderate and even severe levels. This should guide the counselor to the adoption of more generally optimistic expectation than has generally prevailed in the past. Indeed, the evidence suggests that it is more appropriate to make an assumption of positive adaption on some meaningful criteria of employability and social integration until negative evidence appears, rather than to assume a poor prognosis until positive evidence appears. The latter attitude, which has been highly prevalent in the past, has the general effect of creating its own proof by failing to provide available means for facilitating successful adaption. Every follow-up validation of predicted successes and failures has shown a higher rate of false negatives than of false positives."

Evidence of a tendency for ATC staff to under-estimate the abilities of their trainees has been presented elsewhere.⁽⁵⁾ The prevalence of a pessimistic attitude may further be seen in the survey finding that over half of those who were prepared to estimate the percentage of trainees who entered employment from the country as a whole actually under-estimated the low figure of 3.85% which was actually found.

Too often placement is regarded as a single step, whereas it should be a process of carefully planned stages, commencing even before the individual enters an ATC or other work training facility. The following diagram is an attempt to illustrate the possible stages, as well as the range of possible routes which an individual might pass through on the way to employment.

The diagram is considered to be self-explanatory, but it should be pointed out that within a properly co-ordinated system there should be opportunities for an individual to take a more direct route to his goal when he is capable of this, and also opportunities for a return for a period to an earlier stage where necessary.



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STAFF ESTIMATION OF THE ABILITY OF ATC TRAINEES TO LEARN INDUSTRIAL TASKS

Gordon Grant

Introduction

This paper describes part of an experiment⁽¹⁾ involving prediction of the work performance of mentally handicapped adults. In order to devise work programmes for handicapped adults we have to judge exactly what are their present and future abilities. Managers and instructors of centres therefore have to rely on considerable experience when making such decisions in the absence of scientifically proven testing devices.

An earlier phase of the research had indicated that approximately 40% of all contract work allocated to work centres was rejected on the grounds that it was either too complex for trainees, or that necessary equipment and machinery was lacking. In short, certain factors militated against the acceptance of a wider and, perhaps, more challenging range of work. In the light of this background the experiment was designed to investigate whether instructors in ATCs under-estimate or over-estimate, the work performance of their trainees.

Procedure

27 mentally handicapped adults (14 male and 13 female) were selected in a local adult training centre. Their mean chronological age was 27.6 years and mean vocabulary age - as measured by the English Picture Vocabulary Test - 6.6 years (range 2 years to 9.4 years). They were trained by the experimenters to perform each of eight industrial tasks previously selected from nearby firms. The tasks were chosen on the basis of representing a considerable range of complexity as adjudged by (i) cycle times, (ii) number of components, and (iii) types of body movements required to perform the task correctly. Motion patterns required of subjects performing each task were as near as possible identical to those adopted by factory workers. Trainees were taught step by step until they were able to perform the tasks independently on three consecutively successful trials, but training was terminated after 30 trials if this arbitrary criterion was not achieved.

The eight tasks were demonstrated to each of five instructors who were encouraged to try the tasks themselves. Subsequently they were asked to estimate:

1. Whether each trainee under his/her care in the group could learn each of the tasks
2. How many trials would be required for successful trainees to reach the criterion standard.

Results

The results showed overwhelmingly that instructors under-estimated how many trainees could learn the tasks. The number of trainees falsely predicted as failures varied from two on one task to ten on another, as can be seen in the table below. In not one case did the reverse situation apply - that is, the remaining trainees who were predicted to succeed did in fact achieve this goal and none failed. Thus, incorrect prediction was always attributable to false-negatives. Under-estimation also applied in varying degrees to each instructor.

	<u>Task Number</u>							
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
Trainees who successfully completed tasks having been predicted to fail	4	10	4	3	8	2	7	7

When the trials required by successful trainees were compared with supervisor-predictions the same phenomenon was found. Although there were one or two exceptions to the rule, instructors under-estimated how quickly trainees would learn the tasks.

Also surprising was the finding that trainees who assimilated the tasks in the limited time available did so in a very few trials, generally less than five. If an increase in the number of training sessions had been made it is probable that even more trainees would have been successful and that instructor-predictions would have become more inaccurate.

Implications

Evidence of under-estimation may be the result of conservatism and a natural tendency to be cautious and protective. On the other hand it may be a factor which militates against the release of the true potential of the mentally handicapped who, unlike most other groups, are solely dependent on outside agencies for care and assessment. If it is not possible to make accurate assessments of the present abilities of handicapped subjects, the proper evaluation of their long-term development must be even more in doubt. This also leads one to question what might be the perceptions of other persons and agencies who are more remote but who have an increasing contribution to make to the process of habilitation, such as DROs, sheltered workshops, IRLs, government training centres and employers.

In specific terms, under-estimation of the work abilities of mentally handicapped adults would seem to have obvious implications for:

1. Policies affecting the selection and/or design of suitable tasks for trainees attending ATCs
2. Criteria for deciding when trainees are ready for sheltered and/or open employment
3. Actual training and education that trainees receive

24.

4. Training and re-education of staff
5. Attempts to devise ways of monitoring and assessing performance which are more appropriate than the present method of casual observation and alleged knowledge or experience of a trainee.

Quite apart from urgent consideration of these issues it would be an interesting matter for research to look at the psychology of under-estimation. It may be that instructors have a tolerance threshold beyond which they say enough task training for a trainee is enough. At what point does this operate, however, and why?

* * *

Reference

1. For a fuller discussion see
GRANT, G.W.B. et al (1972) Assessing the work needs and work performance of mentally handicapped adults. *British Journal of Mental Subnormality*, 19, pp.71-79.

DEVELOPING WORK SKILLS OF MENTALLY HANDICAPPED ADULTS IN RELATION TO INDUSTRIAL STANDARDS

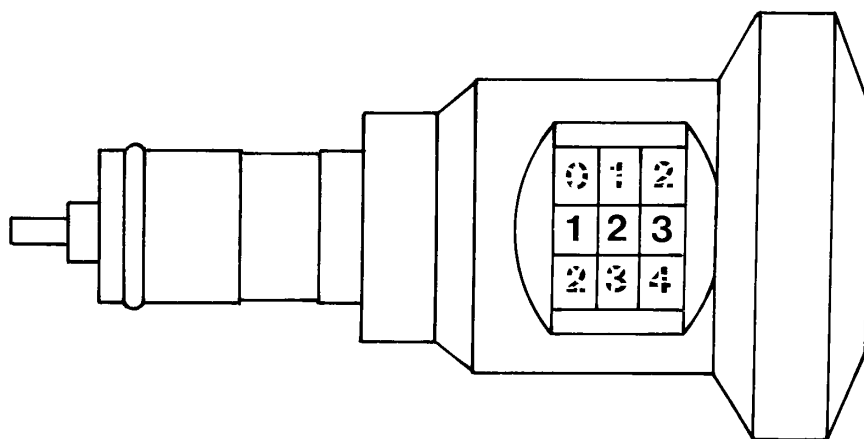
Eileen Tomlinson

The study to be reported here is part of a wider programme of research which aims to discover the most effective methods of training and developing work skills in mentally handicapped adults. It is hoped that this will lead to more of those able to benefit from such an experience being placed in either open or sheltered employment.

It is recognised however that training in work skills is only one part of a large programme of training that should be provided by the ATC, because many of the reasons why trainees return following time spent in open employment are social in nature and include such things as inability to use public transport, constantly taking days off work, and lack of harmony with co-workers.

It is felt that many of us working with the mentally handicapped have a low expectation of their level of attainment, and so become remiss in providing the right kind of job opportunities for them to develop their talents and thus stretch themselves more fully.

In this piece of research, a selected assembly task - realistic, challenging and objective - was used for training purposes. This was a handwheel assembled from 14 components, and normally fitted to the side of a variable speed gear providing extremely sensitive speed regulation. It incorporates an indicator, clearly showing the number of turns, which is calibrated to one decimal point. The variable speed gear has numerous applications which include spinning machines (in the textile industry), bottling machines, laundry equipment, cement manufacture and various hospital uses such as heart-lung machines and radiography equipment. The following diagram shows the actual size of the handwheel:



It was clear at first sight that assembly of the small components within the casing was a delicate and skilled task. In order to analyse the task-content more thoroughly, a video-tape recording was taken from the shop-floor of an assembly by a factory operative currently engaged on such work. The recording was then broken down into elements based on Method Time Measurement (MTM - 2) in order to define the manual operations involved, and to identify items of difficulty.

Thirty mentally handicapped adults aged between 20 and 45 years (males and females), forming a representative cross-section of an ATC, were assigned to three similar groups and trained by different methods on a one-to-one basis. Care was taken to ensure that individuals in the sample had no gross visual defects, no spastic involvement of the hands, and were not on medication.

The strategies of training included the use of a consistency board, a sequence board and other measures aimed at providing pre-experimental perceptual-motor experience in the hope that this would be transferred to the real task. The number and type of errors were recorded; these included ordering, positioning and strategy errors. The time taken to complete the assembly was also noted.

A profile was then drawn up for each individual and group, and compared with separately obtained performance profiles of normal subjects from a non-engineering background. All of these performances were compared with the acceptable time limit of assembly laid down for factory operatives.

The resulting profiles are shown in graphs 1 and 2, which show the time taken, and the errors, respectively.

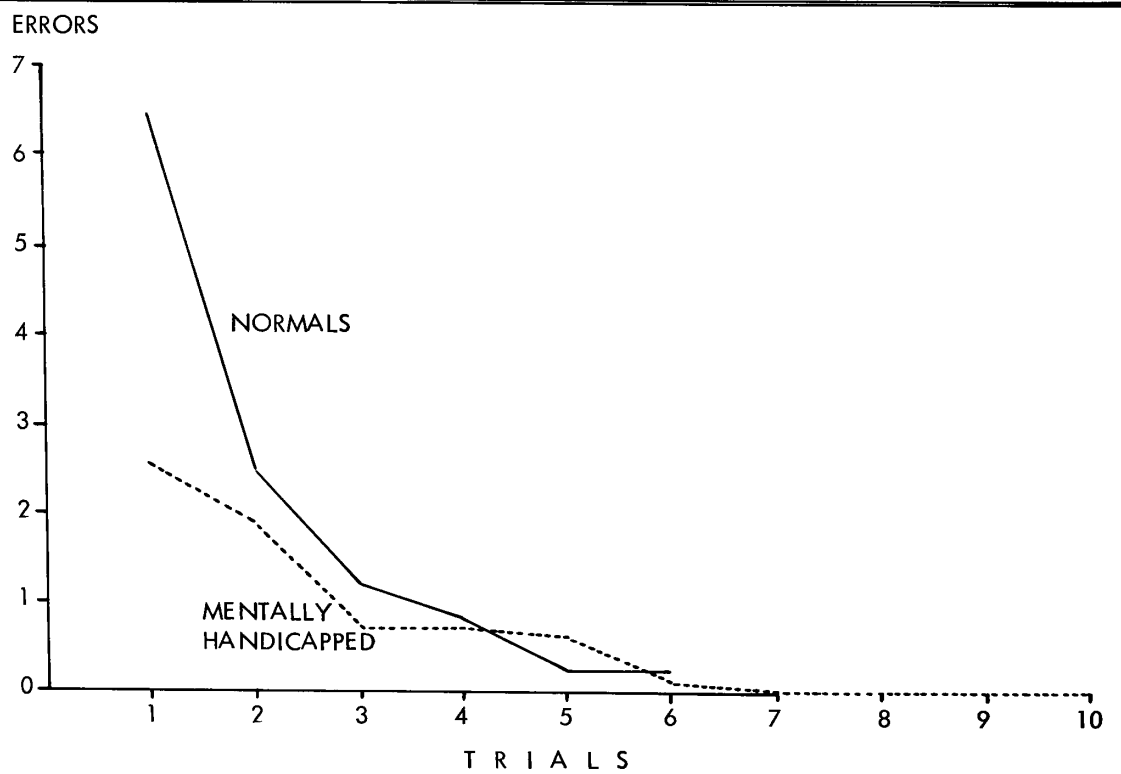
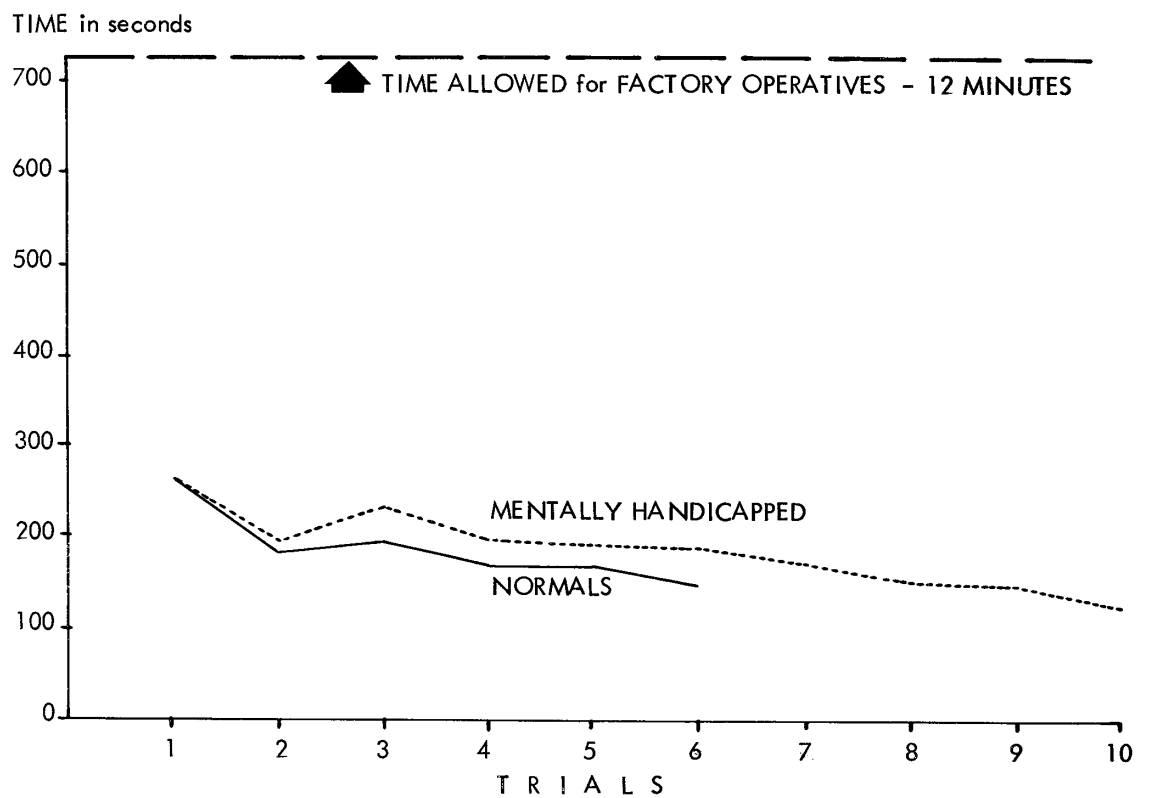
The curves show the total number of trials given to the subjects - the first three trials being the learning trials and subsequent trials providing opportunity to increase speed of working. The error curve of the mentally handicapped subjects started at an initially lower point because they were provided with a sequence board and were therefore not required to remember which component to select next during the assembly process. These subjects also received four more 'speed' trials than did the normal control group.

It has subsequently been shown that the mentally handicapped subjects were able to perform the assembly without the use of the sequence board. This is a very important finding because it means that they actually learnt the correct sequence of components although they had not been required to do so.

As a result of this type of training it was possible (a) to introduce various aids to minimise, and often eliminate, some of the errors, thereby improving both accuracy and speed of assembly; (b) procure a comparison of the learning characteristics of the trainees with naive 'normal' subjects and (c) discover if the mentally handicapped individuals could complete the assembly task in a time comparable with modern industrial standards.

Conclusion

The time allowed for the factory operatives to assemble the handwheel was 12 minutes (with no bonus incentives). It is therefore clear that the trained mentally handicapped adult with only a few trials' practice was seen to be well within the time limits. It should be pointed out that the mentally handicapped subjects received no financial incentive for performing this task, merely praise and knowledge of results. Although they might not yet be able to meet the many additional requirements of open employment with the factory concerned, they would certainly be able to exceed the Department of Employment's production requirement for eligibility for employment in a sheltered workshop (i.e. one-third of 'normal' productivity).'

A COMPARISON OF NORMAL and MENTALLY HANDICAPPED INDIVIDUALS
ASSEMBLING A HANDWHEEL

THE RELATIONSHIP BETWEEN THE ATTITUDES OF NURSES AND THEIR PATTERN OF INTERACTING WITH MENTALLY HANDICAPPED INDIVIDUALS

Gordon Grant

Background

Recent evidence⁽¹⁾ shows that considerable variation exists in expenditure patterns between hospitals for the mentally handicapped, and that over the past decade or so the extent of this variation has, if anything, become greater. It therefore becomes increasingly important to attempt to evaluate the level of care provided in facilities which have such a different volume of resources at their disposal. This summary describes elements of measurement techniques developed to make such an analysis possible within the subnormality hospital system. Those results which have a bearing on the employment situation of the mentally handicapped will be the main focus of attention.

Attitudes of staff

After undertaking extensive survey work in 33 hospitals, a detailed analysis of nursing attitudes was conducted in two subnormality hospitals. Questions were asked principally about patient care and hospital management, but a main area of interest concerned just what hopes and expectations nurses had about the development of adult patients. After analysing the attitudes of over 100 nurses at each facility it was found that untrained nurses held much more pessimistic views of patients' capabilities than did other groups.⁽²⁾ Nurses in training were the most optimistic group, whilst those who were already qualified fell somewhere in between. It was felt that formal education (nurse training) could well be the cause of quite dramatic changes in a person's ideology, but that longer term involvement in the caring system could serve to mellow a person's expectations.

Of major importance, however, is the fact that it was those persons with no formalised nurse training, namely nursing assistants, who held the most pessimistic and perhaps unrealistic attitudes: yet they are the very group having most day-to-day contact with patients. Large numbers of day centre staff are also without any training in caring principles and one cannot help feeling that their perceptions and expectations of trainees are in need of monitoring.

Another significant outcome was that nursing attitudes tended not to be uniform from one hospital to another, even when controlling for differences amongst nursing grades. A sample of questions relevant to the workshop theme is listed below and these illustrate just how different the feelings and opinions of staff in different hospitals can be. What remains to be answered is the precise effect that pessimistic orientations have on the quality of patient care. In other words, if staff feel that only a few patients could ever be capable of holding down a job in the community, do they actually become conditioned into accepting that there is little that can be done to help them? Indeed, what influence does this sort of belief exert on the image

that handicapped individuals have of themselves? This line of reasoning could, of course, be applied to various groups of care providers at each stage of the habilitation process.

	<u>Hosp.</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>
1. For those patients able to undertake industrial therapy the simple repetitive type of work is most appropriate	A B	41 57	14 12	60 37
2. It is doubtful whether most patients could really understand and value the money they might earn from doing work in the hospital	A B	29 46	14 10	72 50
3. Despite the social and economic problems that could occur, the mentally handicapped should still be allowed the opportunity of marriage	A B	65 31	18 24	32 54
4. Despite any amount of training, only a very few higher grade patients could hope to hold down a job in the community.	A B	15 40	15 11	84 57

Contact with parents

In parallel with the attitude study, observations were carried out of interactions between staff and patients in the same hospitals. It was readily apparent that some patients hardly seemed to interact with staff at all, whilst others, being much more gregarious, took up a considerable amount of available staff time. Whilst interactions were typically of short duration some patients interacted with staff at least once every eight minutes, whilst others were only observed in such situations every ninety minutes.

Further analysis of the data showed, however, that certain types of patients were avoided by staff more than others. In general it was found that hospitals tend not to provide their more verbally handicapped, less active and less socially competent patients with the same level and type of contacts usually afforded other patients. It was found, for example, that more handicapped patients were not only spoken to less often but also were the recipients of less training. A similar pattern appeared amongst patients who manifested more signs of institutional or inappropriate behaviour.

It is often quite difficult to programme purposeful activity for patients such as these and the absence of a clearly defined schedule for these persons may be one explanation for these avoidance patterns. Equally it could be that staff simply prefer to work and interact with certain categories of patient.⁽³⁾ If this is indeed the case, knowledge of a person's preferences for work with particular types of patient

would be a valuable planning aid in eliminating some of the present imbalance in the distribution interactions. Patients, regardless of their idiosyncracies and handicapping conditions, would receive a more equitable share of available contacts with staff.

Implications in relation to employment possibilities

Given the pessimistic orientations of untrained staff, more attention should be focussed on the development of in-service training for this group in particular. It is more than likely that this would also include the majority of staff in adult training centres, whose inclinations towards trainees remain almost totally undocumented.

Mentally handicapped persons are likely to have an unrealistic image of themselves unless the beliefs and expectations of persons caring for them are directed along more therapeutic or progressive lines.

As was mentioned on page 29, the attitudinal mix of staff in adult training centres is likely to vary from one centre to another. This may be a factor contributing to the known variation in the throughput of trainees in centres. Do pessimistically inclined staff unwittingly hold trainees back? Does the converse necessarily apply to optimistically orientated persons?

More attention must be paid in particular to the more handicapped and more disturbed trainees who presently seem to obtain less than a fair share of attention. A greater investment of resources at this level may in the long term raise the general demand for varieties of sheltered work places.

If attitudes towards a trainee's employment prospects in any way pre-determine the sort of care and training he receives, it is equally likely that in centres where the throughput of trainees is high this in itself may exert some influence on the raising of expectations. The key to this line of reasoning, however, is that such schemes must be seen to work to have any lasting influence.

* * *

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2. This supports some earlier work by BROWN, J. (1972). Unpublished MA thesis, Dept. of Social Theory & Social Administration, University of York.
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THE ECONOMICS OF HABILITATION

Brian Moores

Most of the arguments produced to support improved facilities for the mentally handicapped have a humanitarian slant. Nobody could deny that a civilised society should devise strategies based on such principles, but it is worth reflecting for a moment on whether, if these are the only arguments used, the increases in expenditure in this field in recent years will be sustained in the current economic crisis. In such times of financial stringency it will undoubtedly tend to be the economic arguments which hold sway. Too little attention has been paid to this aspect, with the result that those responsible for decision-making have almost no evidence to draw on when it comes to determining strategies. It is suggested that for many mentally handicapped people an economic argument may be the most appropriate one, in that were sufficient resources made available in the short or medium term, the long-term benefits might outweigh these initial investments. In other words there are some persons whose abilities we cannot afford not to develop. If as a society we continue to ignore their latent abilities, they will continue to represent a financial burden on the community on account of their level of dependency.

In 1973 it cost an average of £28.02 a week to look after a patient in a hospital for the mentally handicapped. There is considerable evidence that many so hospitalised could, were the resources available, be discharged into a community-based form of provision. It is generally thought that such community facilities are much costlier than their hospital equivalent. In fact in the same financial year, the cost of providing an adult training centre place was £9.30 per week and the provision of one week's accommodation in a hostel was £16.73. The combined cost of these two facilities is therefore surprisingly close to the hospital cost, although it should be stressed that the use of average rather than marginal cost figures could be misleading. However, the resources available in the community are severely limited.

There is, however, a considerable disparity in the current provision made by local authorities. In 1972/73, for example, Great Yarmouth spent nothing on residential care for mentally handicapped adults whereas Lincoln spent £615 for every thousand of its adult population. Likewise under the head of adult training centres, Eastbourne spent nothing whereas another seaside resort, Torbay, spent £726 per 1,000 adults. The significance of these figures is that they cannot, by any stretch of the imagination, reflect prevalence of mental handicap. On the contrary they serve to indicate that many authorities should be persuaded, cajoled or coerced into spending greater amounts on their own mentally handicapped population.

On the community side there is also evidence that many of the trainees in adult training centres could hold down jobs in normal situations were they to be made available. Others could affect this transition if sufficient human resources were available to produce in the trainees the necessary levels of self-sufficiency.

In both the hospital and adult training centre environments, we have collected evidence which indicates that the staff have relatively low and

unrealistic expectations of the abilities of their patients or trainees. Not all the problems are therefore economic, but on the assumption that these expectation levels can be righted by appropriate educational activity, what information is required in order to evolve an optimal investment strategy?

It is imperative that efforts be directed towards discovering just what are the returns, in terms of level of independence, from investing funds in the development of the trainee. Conley (1) has estimated that in the USA, one dollar spent on such activities would save the American economy seven dollars. At this point in time in this country, we have virtually no ideas as to what such a relationship is. Many would argue that the effort is neither worthwhile or desirable. It is repeated, however, that without such an effort the investment activity will not only be misguided, but there is a very real danger that it will be in jeopardy.

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EXPERIENCES OF SOME SERVICE PROVIDERS

PERMANENT EMPLOYMENT IN INDUSTRY FOR THE MENTALLY HANDICAPPED PERSON

Peter Lowman (employer)

We had a persistent problem in obtaining and keeping men in our employment at the Great Yarmouth food processing factory. One evident obstacle was the fact that we had a range of tasks which were both essential and boring. No amount of persuasion seemed likely to make the normal active man persevere with some of our production processes for very long. Repetition of tasks was the enemy, and we had either to eliminate the degree of repetition or find male labour who would be prepared to accept the situation.

We decided to explore some areas of general disability, to find groups of people who might otherwise be regarded as unemployable and who could be trained in the factory in tasks where repetition might be acceptable or even welcomed, and importantly, considering the circumstances, be appropriate. We felt that it could be a profitable exercise if we positively studied the forms of disablement a little more carefully. We found that the range of disabilities can be classified into fairly well-defined groups - viz: the deaf, the blind, the physically handicapped, the mentally handicapped and the mentally ill - and that the employment of persons in any or all of these groups certainly would meet the requirements of the Disabled Persons (Employment) Acts.

By chance we came into contact with the local adult training centre. It very quickly became apparent to me that from this source we might be able to fill some of the repetitive problem jobs of the factory. Hopefully, and not without some misgivings, we took into our employment a man who had a long history of hospital treatment and who, whilst being classified as moderately retarded, appeared eager to work in an industrial environment. He in turn was sufficiently intelligent to grasp that permanent employment in some capacity would give him certain benefits.

At first our new employee was treated with some curiosity and it was clear that some of our longer-serving employees felt that we were embarking upon an exercise that would be shortlived and unsuccessful. Having regard for the fact that we were employing people to complete certain tasks, we had to persuade our new employee that, maladjusted or not, he was subject to the same industrial discipline as his colleagues and that he could expect the same rights and privileges. We in turn, expected him to work normally and within his capabilities. We did of course carry out initial training, but we found that in tasks which were repetitive, our mentally handicapped employee was the equal of a normal worker and that this led to considerable job-satisfaction in his new-found independence. It seemed that here we had found an employee who understood his capabilities and wanted to go no further. In a job which matched his capabilities he was happy, and we found that repetition of tasks was no longer a problem.

Extending this experiment was simple. We merely had to employ more people from the adult training centre and to date from this source we have eight people in permanent employment and from another source, one other person who is

moderately retarded, all engaged on repetitive tasks that previously had been a problem, and all in addition to our employees who were restricted with physical disability, and who are registered under the Disabled Persons Employment Acts.

This successful experiment has covered a period of about eighteen months and all of our mentally handicapped employees have been totally integrated into an active factory environment. However, this is not the only contribution made by the mentally handicapped. In addition to permanent placement there were occasions when a series of one-off jobs arose and we as a production unit called on groups of mentally handicapped trainees from the training centre to meet an immediate labour demand which would only last a short period. We have used this technique in coping with large and sometimes unexpected deliveries of raw materials to the factory, and for urgent seasonal demands. During a fruit-packing season we used a group of female trainees, working under their own permanent supervisors. So we feel that we have explored the possibilities of the employment of the mentally handicapped in a number of ways, and have enjoyed some measure of success.

However, not all our trainees have been successful! We noted with concern one particular trainee who in his obvious effort to find his level in his new-found independence became extremely aggressive towards his fellow workers. They in turn responded by completely rejecting his presence, so we were forced to return him to the training centre. Another of the trainees, who is still in our employment, was extremely slow and this tended to frustrate his faster working colleagues. This of course is the familiar problem of having to increase the individual's work-rate. The problem was solved by introducing our employee to a conveyor line system, resulting in his work-rate approaching the normal without his realisation. We had another instance where, because of a minor industrial dispute, all our trainees became confused by what must have seemed an alarming situation: they were being instructed to work normally by their supervisor and being instructed not to co-operate by their shop stewards!

These events are now past us and my management and supervision in my view are the better for them. It is our observation that generally the mentally handicapped person is nervous, shy and isolated, and in an industrial environment isolation holds the seeds of danger. Mentally handicapped people do not always mix well or readily with normally adjusted people, and their job instruction has to be repeated regularly, which tends to frustrate the normal, thrusting supervisor. This lack of security can only be overcome by sympathetic supervision and management.

Our permanently employed mentally handicapped people have had to be encouraged fairly strongly to participate in the social activities of the Company and have had to learn to recognise their basic rights as individuals in matters like Trade Union activities, social evenings, etc: even normal practices like the issue of contracts of employment were regarded with some misgiving and suspicion. None of the problems mentioned is incapable of solution.

It is helpful if one or two selected supervisors can be given the responsibility for the welfare and work of the mentally handicapped in their employ. We found that it is essential to acquaint the supervisors with the history of each individual, and if possible allow them time to see how the adult training centres are responsible for the general training of their mentally handicapped workers, and for

their future in society. After a while I noted that my supervisors wanted to visit the training centres; they became protective towards their charges and recognised that with careful training it was possible to obtain responsible employees from people who were previously unemployable.

We have always maintained that people who present themselves to us for employment are treated equally in terms of pay and working conditions, irrespective of their background. Slowly my staff became aware that like anybody else, a mentally handicapped person is an individual who needs to know that somebody believes in his potential, if it is to be developed and used, and any management team who hopes for this participation must be prepared to persevere over a lengthy period of time, and accept that prejudice will arise and stay for a longer period than is the case with a normally adjusted person. Certainly we have found that with all our mentally handicapped employees, repetitive tasks become no obstacle, for they find their job satisfaction in factors which do not belong to the actual work that they do, and out of it they certainly gain the self-respect born of the ability to have and hold a job in an environment which previously was considered impossible for them.

Quite naturally, the extent of this change has been upsetting for even our longer-serving employees who, it should be remembered, are not disabled, so it is remarkable to me that we have been able to carry a section of our staff - our valued mentally handicapped employees - through a very difficult year without interminable argument and with the absolute and able support of these longer-serving employees.

To any other employer who might be considering the same exercise, I would recommend :

- (a) A senior executive should be directly responsible for the recruitment, training and induction of the mentally handicapped employee. Ideally this should be the Company Personnel or Training Officer, and no decisions should be allowed to be taken without stimulating an enquiry, and without the nominated officer's involvement.
- (b) This executive officer should identify himself with the problems of the mentally handicapped so that they in turn recognise specific leadership.
- (c) The supervisor responsible for the individuals work on the floor should participate in all matters concerning recruitment, training and general welfare, and he should be invited to discuss the individual's background with the officials of the training establishment and with the parents or relatives of the selected person.
- (d) Training should be very specific and should include a close study of the routes from place of work to toilets, canteen, etc., and even the most simple tasks such as clocking-in procedures, pay-out points, etc., should be carefully observed.
- (e) Training should be reviewed on a regular basis and an individual dossier should be maintained by the responsible executive in which training, interviews, etc. are carefully recorded, so that a case history is built up.

- (f) All mentally handicapped employees should be interviewed on a regular basis, even when they have become established members of the workforce, and the substance of all interviews recorded.

It will be evident that these recommendations emphasise the need to set up a communication link between the Company and the individual. Strong communications are essential initially and throughout the individual's training, and any other management techniques in developing this communication link can only be helpful. Indeed I would suggest that the dividing line between success or failure in the integration of the mentally handicapped lies essentially in communication.

* * *

PLACEMENT OF ADULT TRAINING CENTRE TRAINEES INTO OPEN EMPLOYMENT

Anthony Burroughes

It may appear relatively easy to open the door to hitherto unemployable people, but a lot of spade work has to be undertaken before one can achieve success: a number of conditions have to be met and overcome before mentally handicapped people can work alongside the average production-line operator. I believe the following criteria are of importance: they are not in priority order.

As in many other situations, the lead for new ideas comes from the top. The Factory Manager at some level above the shop floor must be prepared to accept the mentally handicapped person into his employment: otherwise, when problems occur, an unsympathetic management, looking for a scapegoat, will seize upon a handicapped person and dismiss him to alleviate the problem.

Having aroused the management's interest in our prospective employee, the factory supervisors must also be encouraged to accept the new employee. It is important at this time to make sure that the trainee becomes fully integrated into his new situation, otherwise he will become a figure of fun, a butt for his colleague's jokes. This situation becomes acute if the trainee is placed with a group of workers who are only slightly his intellectual superiors. The factory with whom we have placed eight trainees has accepted them very readily.

I believe our trainees can attempt many and varied tasks within a factory, provided that adequate instruction and helpful supervision is readily available during the learning period. Trainees can become bored with their tasks, as can most normal people, but the smallest change in routine and sense of achievement will be sufficient reward to satisfy their needs. The self-respect gained from being gainfully employed in the community fulfils their need to become a useful citizen. Most of our trainees have returned to the Centre to display their wage packets, their new clothes, bank statements - in fact all the obvious trappings of our modern society.

Their ability to make this grade has been made possible by a long hard struggle to convince them that the social education programme was necessary. The interview at which basic statistical information is requested, such as date of birth, throws all our trainees: without fail, most of them know how old they are, but not in terms of day, month and year. Travelling to and from work also presents difficulties at times: they are unsure of the geography of the area, and need dry runs to establish confidence. This lack of orientation has been observed within the factory setting: once, when I introduced a new trainee to his work area, I took a short cut knowing the geography of the factory well, and for some time afterwards this trainee followed this route to and from work.

If the confidence and trust placed in our trainees by this factory was carried throughout the country, many more handicapped people would be integrated within our communities.

* * *

SEASONAL EMPLOYMENT IN INDUSTRY

Hugh Hunter - Employer

The American Polaroid Company set up a factory in Dumbarton in 1965. The factory produced land cameras and was highly automated. The corporation had taken care when siting the factory to ensure an adequate labour supply. In fact we had a large pool of normal labour. But the company was also aware of its social responsibility to the community and so when we were approached by a local branch of the Scottish Society for the Mentally Handicapped seeking our support, we soon rustled up some work for them to do. This was work of a simple nature carried out in their own Centre.

A few months later, faced with the Christmas demand for gift sets, we approached the group again, inviting them into our plant to work at the end of the assembly line. This involved a small group of not more than ten mentally handicapped individuals at a time. Once again, we ensured that the task given to these people was not very complex, though it did involve several simple operations in a sequence. They grasped the task very quickly - within two hours - and were performing it very well at the end of the first day.

Since that time we have continued to employ mentally handicapped people in the same way, though we have never considered this on a national scale nor did we ever think of employing them permanently. Over the last eight years, for fifteen weeks each year, mentally handicapped people have been employed in the firm, but our labour resources are very good and therefore we do not selectively consider the mentally handicapped in preference to anyone else. In fact, we prefer to employ normal labour.

In our experience the mentally handicapped do tedious jobs very well - indeed with less errors than normal individuals. I might add that in referring to them we call them people - not the mentally handicapped.

* * *

THE ROLE OF THE SCHOOL IN PREPARING SCHOOL LEAVERS FOR WORKING LIFE

M.A. Jerrold and R. Fox

One child in ten needs special educational help, and two in every hundred are very backward and intellectually subnormal. For such children, the transition between school and work can be very traumatic. In this article, M.A. Jerrold and R. Fox, headmaster and industrial training master respectively of Cliffdale Secondary School, Portsmouth, describe an ambitious project designed to help the ESN and educationally immature school leaver over the transition.

Most young school leavers look for work in industry. Whilst at school their education, health, welfare and safety are the responsibility of parents, teachers, the school medical and its allied services. On leaving school the list changes and now includes factory management, personnel management services, safety officers and the factory doctor, all of whom will advise and help the school leaver on entering industry. In spite of the availability of these services and others the transition from school to working life is a considerable step in a young person's life which requires him to make, in a fairly short period of time, many adjustments to new situations. A young person who is less well endowed mentally and/or physically is at a disadvantage when entering industry compared with brighter and more able colleagues.

The handicapped youngster may find it difficult to meet the standards required in a job, with the result that he frequently changes jobs, and employers become more reluctant to employ these young people or even to give them a trial of employment. The young person himself becomes increasingly more frustrated, difficult to manage and often turns to aggressive behaviour. If he does not win social acceptance in a working group he may become delinquent and unemployable. Many adolescents are verbally and emotionally illiterate which makes communication difficult at all but the most superficial levels.

To assist the ESN school leaver Cliffdale Secondary School has established a panel of the Headmaster, Careers Master/Mistress, Youth Employment Officer, Educational Psychologist and School Medical Officer. The panel examines the school record of each pupil, meets and discusses his future. Usually the panel meets the pupil two years before he leaves school, again in the penultimate term and again in his last term, when the parents are invited to attend. The Youth Employment Service arranges for its officers to meet the pupils, particularly leavers, on other occasions.

There have been relatively few difficulties in advising the majority of ESN school leavers and positions are found for almost all. However, there remain some who are unsuitable for immediate employment. Evidence from teachers and youth employment officers and reports from educational psychologists indicate that poor personality development is the major cause of difficulties for the ESN school leaver.

At Portsmouth, Cliffdale Secondary School concluded that the ESN school leaver who was not ready for employment on reaching leaving age required a course which would provide him with a bridge between school and work. Accordingly it was decided that the following conditions must be met if legal and other difficulties were to be overcome:

1. Pupils must not be paid.
2. Working conditions must be realistic.
3. The 'unit' must be detached from the school but remain a department of it.
4. Work must conform to industrial standards and be from genuine industrial origins, associated with local industries in such a way that the pupils can easily see that they are learning to take part in normal work situations.
5. Equipment and machinery used must be of a type normally used in industry.
6. The course should be the equivalent of an 'end on' course such as those available in secondary modern schools (pre-nursing, commerce, building, etc.)
7. Each pupil should be able to attend as long as necessary.
8. Pupils should return to school on a 'day release' principle for continued tuition in academic subjects.
9. The person in charge must have appropriate industrial experience and experience in teaching ESN children.

Pupils considered for admission to the unit are those unsuited for immediate employment on reaching school leaving age and those whose parents make a special request for their child's admission. Those who have left school to work but have failed, are admitted when space permits; at present the seventeen places in the unit are usually filled directly from Cliffdale Secondary School, although urgent cases from the school for physically handicapped, the school for maladjusted and from secondary modern schools have been accepted.

The aim is to help pupils to adjust to industrial life, not to train them for a particular trade or craft; but what might be termed a side benefit is that it is often possible to give fairly accurate assessments of a pupil's aptitudes or potential for work in a particular industry. Initially the course was based on light engineering because this is the largest industry in the area, but with the opening in July 1970 of a purpose-built factory in an industrial estate it has become possible to extend the work into other fields.

Pupils work a six and a half hour day for a four and a half day week, returning to school for academic tuition according to their needs on the remaining half day. The pupils clock in and then do jobs placed with the unit by outside firms; this provides the need to work to meet a target to fulfil an obligation. Each pupil learns safety procedures, respect for machinery and tools and how to care for them.

A basic knowledge of industrial procedures and routines is also given. No concession in the standard of work is allowed after an acclimatisation period which is varied for each pupil according to his abilities and the difficulty of his task. The work rate is gradually increased, again according to the pupil's abilities, but the ultimate target is to get as close as possible to normal production rates.

Work undertaken by the unit includes fettling of castings, capstan lathe and centre lathe work, simple milling, repetition drilling and tapping, light press work, satin finishing of non-ferrous metals, and one dimension viewing of repetition parts. Fork-lift truck pallets and seed trays are manufactured from bulk timber; plastic bags are also made in considerable quantities. Packing and display-card filling form part of the unit's activities, these latter being more especially for the girls in the unit.

The ESN pupils are well able to cope with tasks of a more complex nature than had been expected, provided they are given time to assimilate the requirements of the task and provided that the task is organised in such a way that success is immediate or nearly so. Great importance is attached to ensuring that a pupil can succeed with his first task.

Close co-operation with the firms supplying the unit's work has sometimes shown that extra time and thought given to tool and jig design can enable more skilled workers to be released for work more appropriate to their skills. This has on occasion created employment opportunities for ESN leavers.

Cliffdale Secondary School maintains very close connections with the Youth Employment Service, management and personnel officers of firms employing former pupils so that help and advice can be given to any ex-pupil who gets into difficulties. These connections are reinforced by a 'Leavers Club' which is attended by pupils in their last term, and by ex-pupils and their friends. The Club is backed by a very active Parents/Supporters association which provides a much needed social background suited to the ESN leavers' needs. A further link with local industry is the establishment of a 'Works Board' which has ten members, five of whom are directors or managers of local companies, the other members being from the City Education Committee and the School Governors. The Board meets periodically to hear reports on the development and progress of the unit and is available to offer technical and professional advice for the unit's operations. A great deal of practical help is also given by individual Board members.

41 ESN leavers (8 girls, 33 boys) have completed their course at the unit since it started four years ago. Of these ex-pupils, 20 are in their original jobs, whilst there are a further 14 who have made one change and are still employed. There are two who are currently unemployed and another five who are placed elsewhere (one in hospital, one in a day training centre, one in a residential hostel, one emigrated, one not known).

* * *

Note: The above is an edited version of an article which originally appeared in the journal Education & Training in June, 1971.

RECRUITING THE SERVICES OF THE PRIVATE PLACEMENT AGENCY

Miss J.F. Menghius
Director of an Employment Agency

During the past year I have advised a number of different groups concerning the contribution which private employment agents can make to the field of handicap. I wonder how many of you here have any knowledge of this work? (Only three or four delegates out of forty present had.) My agency, the Medical and General, deals with medical staff, and we place on average between six and ten mentally handicapped or mentally ill people each year. We are only a small agency but specialised, and perhaps have a higher success rate for this type of placement than could be expected of others. However, there are approximately 1,700 registered agencies in the country and many more who do not have to be registered and whose number I do not know. Imagine what it would mean if each agency placed just two people each year!

Most of you will have heard of agencies such as Alfred Marks and the Brook Street Bureau. They do a great deal behind the scenes - Brook Street have a special desk for the mentally handicapped; Reed Employment until recently had a separate unit dealing with drug addicts: but they do not form the backbone of our industry. It is made up of small and medium-sized agencies of from one to six branches, each branch run by perhaps two interviewers. In fact, the industry is almost cottage in character because even the large groups operate from small units.

I would suggest, therefore, that your first step should be to establish rapport with your agents at local level: visit them, make it a personal thing. But do not expect too much or over-use them! Many agents, having no knowledge of mental handicap, need some encouragement and may be a little afraid of the prefix 'mental'. Not all will be willing to help, and not all are psychologically suited to undertake this type of placement: but many will try. The Federation recognises its role in this respect, but you should do your best to provide the agent with advice and support, particularly in the early stages.

I have an important criticism to make here of the lack of information received from some of the referring units with which we have dealt over the years. They are often reluctant to give us adequate medical information for example, to enable us to really help, and from our point of view, expert professional follow-up by the unit would be much appreciated. The agent is not always capable of doing this in view of the specialised knowledge required.

In fact, communication and co-ordination on a wider scale - not just with employment agents but with all sectors of our society who may be involved - is so important and yet is often very poor. I would venture to suggest that you might well consider the possibility of appointing a full-time officer to do this job for you.

With reference to the economics of temporary employment for the handicapped, whilst I do not consider that it is always suitable for a handicapped person to cope with temporary work, I do feel that it is a viable proposition from the

employer's point of view in certain areas of work and indeed consider that these economic arguments are very strongly in favour of it. Hospitals, for example, could give much more serious consideration to this source of labour - temporary as well as permanent.

I am fortunate in that, as a member of the Executive Committee of our industry's trade association, the Federation of Personnel Services, I am able to feed these ideas to our membership and also to members and students of our educational body, the Institute of Employment Consultants, through the training courses which the Institute sets. I would be foolish to promise miracles, but if you are willing to co-operate with us I will continue to push through these ideas in the hope that more can be achieved.

* * *

THE WORKSHOP DISCUSSIONS

PROCEDURE

Having received all the information described in the previous papers, the workshop members split into four syndicates: their task was to identify and list the main problems for study, but not to attempt a solution. In all, they listed 46 items, and inevitably, the ideas of the four syndicates often coincided or overlapped.

The directing team then attempted to classify these 46 items: these were then grouped under the following headings:

1. Attitudes and expectations
2. Which mentally handicapped people are we concerned with
3. The task and relationships of the ATC
4. The provision of jobs
5. Staff involvement
6. Government involvement
7. Action

The syndicates now reassembled, this time in the attempt to find answers to the problems they had set themselves. There was not time for each syndicate to tackle all the problems: they attempted the problems which they themselves thought most important.

The whole workshop spent the final afternoon in plenary session, debating the solutions put up by the syndicates: the results were charted on a very large blackboard as the afternoon progressed.

In short, the workshop received a considerable amount of information, much of it new, in the form of talks, films and video. The members then identified the problems, in the light of their own experience and the information received. They produced solutions, debated these, and reached certain conclusions. The composite results are recorded in the following pages.

ATTITUDES AND EXPECTATIONS

There is already substantial evidence available from both research and practice, and from the material presented in earlier pages, that mentally handicapped people, when properly prepared and properly placed, are able to benefit from opportunities to develop their skills, and can become valuable workers.

But absence of such opportunities, coupled with self-fulfilling low expectations by almost everybody connected with the mentally handicapped - including trainers, planners and parents - is leading to apathy and under-achievement by the handicapped, to pessimism and custodialism by the professionals, and to a limiting protectiveness by the parents.

Low expectations, in the face of a growing body of scientific evidence and real-life experience, are undermining all efforts at progress, not only in matters of employment but right across the social and educational board. Two quotations are helpful here. The first is from A.D.B. & Ann M. Clarke, in Assessment for Learning in the Mentally Handicapped: (1)

"In all cases, trial 1 performance is very poor, nor is it any guide to ultimate level of improvement, nor is it correlated with ultimate levelthe main difference on simple tasks between the ability of these subjects and normals was not so much the end-point as the time taken to achieve it. Had trial 1 been used for assessment purposes, it would have been concluded that these subjects were below all norms, and that they were therefore unsuitable for any sort of industrial work..."

The second quotation is a recommendation of a joint conference held at the University of Manchester on June 26, 1974, on the Educational Needs of Mentally Handicapped Adults: (2)

"Recognition should be accorded to the substantial evidence available from both research and practice that mentally handicapped adults of all ages are able to benefit from opportunities to improve and develop their abilities, provided that they are given skilled, systematic and structured help to enable them to do so. The absence of such opportunities for personal development on the other hand leads to apathy and under-expectation which in turn produce under-achievement."

It is clear from all this that workers in the field of mental handicap have to raise their expectations of what mentally handicapped people can achieve, and must give them the education which will help them to achieve it.

For, if practitioners are pessimistic, how can planners be optimistic?

WHICH MENTALLY HANDICAPPED PEOPLE ARE WE CONCERNED WITH: WHAT ARE THEIR NEEDS?

First, we exclude the mentally ill, who, although their needs are so vastly different, are often grouped with the mentally handicapped, by legal and governmental bodies, under the blanket-term 'mental disorder'. We are not talking about employment opportunities for the mentally ill. The entire group with whom the workshop was concerned is described in Better Services for the Mentally Handicapped in the paragraphs reproduced on pages 7 and 8.

Of these, those who are mildly or moderately handicapped present the lesser problem, though they are still our concern. Given enlightened policies in ESN(M) schools, and an effective schools career service, these young handicapped persons will obtain work, whether sheltered or open, and few are likely to come to the adult training centre, or to its equivalent in hospital terms. Those who do will be young persons who for a variety of reasons are not immediately employable at school-leaving age: we have in mind immaturity, behaviour problems, physical handicap, or emotional difficulties. But from the ESN(S) schools, that is the schools

for the severely mentally handicapped, nearly all the pupils will transfer to the ATC. Thus, the great majority of people attending an ATC are likely to be severely subnormal persons.

In short, we are considering

those severely subnormal people described educationally as ESN(S)
those subnormal people described educationally as ESN(M) but who
in addition have problems of behaviour, immaturity, or emotional
disturbance.

For both these groups the adolescent stage is likely to present additional problems.

We are concerned with employment opportunities for all mentally handicapped people but our particular concern is with the lower end of the ability scale, and to demonstrate that even at this lower level, better education and higher expectations will produce greater skills and enhanced employability.

THE TASK OF THE ADULT TRAINING CENTRE

There is an urgent need to clarify the aims and objectives not only of ATCs but also of the equivalent units within hospitals. Some years ago the Department of Health and Social Security issued a document entitled Local Authority Training Centres for Mentally Handicapped Adults - Model of Good Practice ⁽³⁾ but this has been overtaken by events and by more recent experience. National guidelines, based on good practice and on higher expectations are now needed: within these, local policies can be developed.

We are of course aware that the ATC has an important task in social education, but in respect of our workshop's theme of employment we see the ATC as undertaking, or attempting to undertake, three main tasks, each of which requires a different organisation and a different kind of staff-orientation:

- (a) the care and occupation of those unlikely to be able to work
(this is the task of a simple day centre)
- (b) education and training for those who can be prepared for work
(this is the task of a training centre)
- (c) the organisation of work experience (whether sheltered or not)
within, and also operating from the ATC - thereby providing
access to open employment for those able to cope
(this is the task of a work centre)

The attempt to deal with these three co-existing aims on a single site can produce problems. We feel strongly that the central task of the ATC is education for work. Ideally, experience of work itself should take place on an entirely separate site. But where circumstances dictate that all three tasks have to be carried out on one site, we advocate division into three functional organisations, co-ordinated but separately staffed. In task (a) there should be a conscious balance

between the educational and the occupational; in task (b) between the educational and the vocational. In task (c), those mentally handicapped people in work situations ought to be entitled to day release (whatever their chronological age) for the purposes of further education. When we use the term education we use this in the widest sense: it is to do with quality of life, and with preparation for life and work. It could be that the very term Adult Training Centre is unsatisfactory, when used to cover these three separate tasks. The indiscriminate use of the word 'training' devalues its coinage: it should be reserved for task (b). Other names are needed for functions (a) and (c).

All trainees should be regularly reviewed and assessed. Most ATCs and equivalent hospital units claim to be carrying out assessment: but this takes many forms, with widely differing standards and measures, leading to great confusion. This proliferation of assessment methods is accentuated by the varied approaches of individual staff-training courses: it should be resisted. Instead, what is needed are sound techniques based on principles which take account of the need for validity and reliability of the measurement used, and the need for cross-comparison of results. The Gunzburg PAC system is invaluable in providing a periodic chart of progress, particularly if supplemented by techniques which enable staff to make decisions about training, on a day-to-day basis. The assessment should be one which is capable of being carried out by training staff, working as a team, bringing in relevant professionals from outside. The group should make oral contributions, with one member acting as recorder of decisions: this helps to reduce paper work, and avoids the risk of divergent reports from different professions. But assessment is of little value unless it leads to a better programme, with objectives and a plan to reach them. It must encourage the thought: how far have we got - what next?

It is agreed that the best form of assessment is by training itself: we learn more about an individual by teaching him to do something than we do by giving a whole battery of tests. The maxim is:

DON'T TEST : TEACH (4)

Research findings are not being applied; and work done 25 years ago is still not influencing the regime of many ATCs. Why is this? Partly, it is because not all research is relevant, or is capable of being translated into service terms. That which is potentially valuable is sometimes rendered unavailable to service providers owing to the barrier of scientific language. Research findings written in clear English, possibly in a 'popular' version, are more likely to be followed up by service providers than are ideas clothed in difficult language. Research projects which include field demonstration are seen by service providers as being more realistic than projects which exist on a laboratory basis only. Questions which should be asked about a research project are:

Is it relevant to meeting the needs of the mentally handicapped?

Is it communicated to service providers in plain English?

Is it demonstrated by researchers in the service situation?

Is it of a type which can be maintained by service providers
after the departure of the researchers?

There exists a need for a clearing house to disseminate the results of research projects of the kind described above. The need is only partially being met by such organisations as:

Institute of Mental Subnormality
 Institute for Research into Mental and Multiple Handicap
 National Society for Mentally Handicapped Children
 King's Fund Centre

It would seem to be a task of the new National Development Group for the Mentally Handicapped to consider the mechanics of this problem. A library of this and other relevant material should be maintained by every ATC: every facility, and every profession, ought to find some way to share its research and reading resources.

ATCs would be helped by an integrated system of record-keeping, so that, for each trainee attending a given establishment, all relevant reports, from any service or discipline, are kept in a single dossier, available for authorised use by all practitioners and committed professions, on a basis of trust. Truly confidential and personal matter can be specially sealed.

We hope that the NDGMH, with its development teams, will set and maintain standards for ATCs and equivalent hospital units, covering the three main functions we have outlined: occupation, training, and work experience.

THE PROVISION OF JOBS

The range of opportunities could be:

1. An introduction to work and the principles of remuneration, in an ATC, as part of the preparation programme. (for mentally handicapped people only)

This could lead to:

- 2(a) Sheltered work group, with group supervisor (for mentally handicapped people only)
- (b) Sheltered workshop; or a factory-based enclave which has sheltered workshop status. (for people of mixed handicaps, including mental handicap)
3. Open employment (for people of all kinds: no special provisions)

The diagram on page 20 illustrates the organisational relationships within this range.

In spite of the order of placements we have shown, Dr. Whelan has shown on page 14 that it appears to be easier to get a job in open employment than in a sheltered workshop. Remploy, as it operates at present, seems to be inappropriate to, and not particularly interested in, the needs of mentally handicapped people.

When a trainee is considered ready for stages 2 or 3, the process of placement should be initiated by the ATC Manager, but he should work through such agencies as the Disablement Resettlement Officer, Careers Advisory Service, private agencies, or parents themselves. Where indicated, the ATC Manager should call on such professional help as that of the psychologist or social worker. The ATC

Manager should be responsible for calling the team, but not for actual placement. No placement, in any part of the range, should be regarded as terminal. The manager needs solid support from his local authority when he takes a calculated risk in placing a trainee in employment.

There are two ways of finding suitable vacancies, and both methods need to be used:

short term ad hoc, based on local contacts and the 'old-boy' network
longer term make a national survey of successful placements, and from them create a profile of what mentally handicapped people have succeeded in doing: use this to identify suitable jobs in locality.

Employers who are prepared to offer open employment need back-up and counselling, particularly in the early stages: this also applies to employees who may be encountering mentally handicapped people for the first time. The employer with successful experience in the employment of mentally handicapped people - for example, see Mr. Lowman's paper on page 36 - can be a valuable counsellor, as can a trades unionist with similar experience.

The counselling (or vocational guidance) of trainees should not be a periodic event: it should be an ongoing process by a team at the ATC. Periodically there should be a case conference which should include parents, the placement agent, and the trainee himself. Inclusion of a potential employer at this stage could be very supportive to the employer.

We are impressed by a leaflet produced in the USA, entitled:
So you're going to hire the mentally retarded, which is reproduced at Appendix B.

STAFF

Training

Gordon Grant has shown on pages 29 to 31 the importance of properly trained staff, and has drawn attention to the high proportion of direct-contact staff who are in fact untrained. All professional staff working with the mentally handicapped need a high level of skill. In particular, those whose basic professional training has taken place outside the world of mental handicap need in-service training courses which will help them to apply their basic skills to meeting the needs of the mentally handicapped: this will include an understanding of the work of other professionals - the only basis for real collaboration. In the context of this workshop, it is important that ATC staff be trained in such subjects as vocational exploration, counselling, and placement. We trust that in developing its new courses, CCETSW will give due weight to the specialised skills required for high-level work with the mentally handicapped.

Options within a course should enable the student to specialise in specific areas such as: assessment for employment and placement; further education activity; special care groups.

There ought to be a choice of staff training facilities available to any local authority area, so that staff may live at home whilst attending a course. It is essential that those who do not undertake full training are encouraged to take part in in-service training aimed at counteracting unrealistic attitudes and supplementing existing knowledge.

Not all good do-ers are good teachers: selected staff need to learn how to teach. Observation and good recording, and experience of teaching by demonstration, are all part of being a good teacher.

Deployment

Staffing ratios vary considerably: numbers are not necessarily in direct ratio to good performance. It is dangerous in the present state of our knowledge, to lay down a minimum standard or a dogmatic figure: much depends on the local situation. This is the kind of topic best handled by a visiting Development Team.

The career structure needs to be re-thought. In particular, action needs to be taken to offer promotion along the line of technical excellence (whilst remaining on the shopfloor) as well as along the line of managerial responsibility (involving a departure from the shop floor).

The integration of staffing between hospital unit and ATC is hampered by powerful salary and training differentials. A job analysis would surely show that the function of the two jobs is almost identical, though the contexts differ. The National Development Group should press urgently for the removal of this irrational differentiation, which threatens to rob hospital patients of the help they most need.

Active steps should be taken to encourage the appointment of therapists and other scarce staff such as psychologists, whether on full establishment or on some joint basis with any other authority or organisation within reasonable distance.

The staff working in, or with, the ATC, should in some way meet together regularly as a professional group, whether it be advisory or executive.

GOVERNMENT INVOLVEMENT

We would not claim that government departments are apathetic; but they do seem to be afflicted by the same low expectations which affect most other agencies and individuals. They do not seem sure what to say, for example on employment of the handicapped; or on clear objectives for ATCs; and in consequence they give no lead and set no standards. This weakness transmits itself to the troops. A firm lead is undoubtedly needed. Even a commendation of the best of current practice would help. There seems to be a lack of co-ordination, for example, between the DHSS (responsible for ATCs) and the Department of Employment (responsible for sheltered workshops). The obligations of all relevant statutory bodies should be reviewed, in order to tighten up provisions related to the further education, vocational training and employment of the mentally handicapped.

Government should take full account of the Declaration of General and Special Rights of the Mentally Retarded, adopted by the UN in December 1971, with particular reference to the programme-implications of articles 2, 3 and 6. (See Appendix A)

The International Labour Organisation should be encouraged to incorporate articles 2, 3 and 6 into its official policy. The EEC should be asked to clarify its position.

We would like to be assured that at all times there are members of the National Advisory Council on the Employment of Disabled People who have an up-to-date understanding of the needs of the mentally handicapped, and of today's strategies for meeting those needs.

The contribution of Disablement Resettlement Officers is patchy: we would like to see them orientated towards meeting the needs of the mentally handicapped.

Remploy seems to be an industrial organisation which employs handicapped people on a selective basis, but which seems to consider itself inappropriate for mental handicap. Perhaps we are wrong. It would be helpful if Remploy would lay down a clear and unambiguous policy on this issue.

We were sorry that no member of the National Advisory Council for the Employment of the Disabled was able to accept our invitation to the workshop, nor any trades union representative.

* * *

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CONCLUSIONS

WE EXPECT TOO LITTLE OF THE SEVERELY HANDICAPPED: their capabilities are viewed too pessimistically by many staff, and therefore by the public at large.

TRAINING IN WORK SKILLS IS NOT GOOD ENOUGH: not all staff are sufficiently aware of how much more could be achieved by mentally handicapped people, given better training: targets are too low; assessment is frequently absent or inappropriate; detailed programming is rare.

ADULT TRAINING CENTRES ARE UNSURE OF THEIR PURPOSE: many have to cope with several roles; education and training sometimes take second place to custody and occupation.

THE STAFFING STRUCTURE OF TRAINING CENTRES IS INADEQUATE: many centres have inadequate staffing ratios, lack of relief staff, and ill-defined career paths. Hours and conditions of service vary widely between centres.

WORK IS VERY HARD TO FIND: for those severely mentally handicapped people who do receive proper training: sheltered workshops are too selective; vocational counsellors are rare; employers are hesitant.

THERE IS A LACK OF A CLEAR LEAD from government departments and agencies: Departmental initiatives tend to be uncertain; there is no active promotion of the right of mentally handicapped people to work. Statutory and voluntary agencies need to combine to improve adult centre programmes; to modernise staff training; to set up a job placement service; to make sheltered work less selective; to make open employment more open; to affirm the civic right of the mentally handicapped adult who is able to work, to do so for proper pay.

* * *

RECOMMENDATIONS

1. It is of crucial importance that staff raise the level of their expectancy of the levels of skill and performance which mentally handicapped people can achieve, given proper training.
2. The aims and objectives of adult training centres have become confused, and require clarification.
3. It is essential to differentiate between the three functions - day care, training, and work - at present being undertaken by adult training centres.
4. Assessment of trainees needs to be established on a regular basis: the variety of methods of assessment needs to be reduced and simplified.
5. Special encouragement should be given to research which is likely to produce results which will lead to methods which can be maintained by service providers after the departure of the specialist researchers.
6. Research findings should be available in a popular, non-specialist version, if they are to be followed up by service providers.
7. An integrated system of record-keeping is required for each trainee.
8. A whole range of job opportunities is required, in which no placement should be regarded as final.
9. A job placement procedure needs to be established, in which action is initiated by the adult training centre manager but in which placement is decided by a team.
10. Employers who are prepared to offer open employment need encouragement, counselling and practical back-up, as do the potential workmates of mentally handicapped trainees. The trainees themselves need careful and practical counselling.
11. An active programme is needed to promote to employers and to the wider world, the work-potential of mentally handicapped people.

58.

12. Staff require in-service training focussed on the employment of mentally handicapped people.
13. A flexible career pattern is required for staff, to permit interchange between social services' adult training centres and those parallel units which exist within the hospital service.
14. A governmental lead is essential, calling for joint effort by a number of separate government departments - in particular, Department of Health and Social Security, Department of Education and Science, and Department of the Environment.
15. APMH as one of the joint sponsors of this workshop are invited to organise a major meeting, inviting representation from organisations both statutory and voluntary, in order to promote the findings of this workshop.

* * *

APPENDIX A

DECLARATION OF GENERAL AND SPECIAL RIGHTS
OF THE MENTALLY HANDICAPPED

adopted by the United Nations - December, 1971

1. The mentally retarded person has to the maximum degree of feasibility, the same rights as other human beings.
2. The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential.
3. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.
4. Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life. The family with which he lives should receive assistance. If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life.
5. The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests.
6. The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If prosecuted for any offence he shall have a right to due process of law with full recognition being given to his degree of mental responsibility.
7. Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic review and to the right of appeal to higher authorities.

* * *



so you're
going to
hire the

mentally
retarded



So you have decided to hire a mentally retarded worker. Here are a few "Do's" to keep in mind.

And remember: You are gaining not a "retardate" but a human being who happens to be mentally retarded, and who can become your devoted, loyal, hard-working employee.

- DO** talk to him on a person-to-person level, as you would to anyone else. Only try to be more specific, more precise and crystal-clear—as if you were speaking to someone in the upper levels of grade school. Don't "talk down" to him as though he were a small tot. He's not.
- DO** speak in concrete terms, not abstractions. If, for example, you want him to put the pail away, show him exactly where "away" is.
- DO** demonstrate what you want him to do; don't just tell him.
- DO** show him where things are—time clock, lockers, restroom, cafeteria or lunch area, drinking fountain, supply room—same as you would for any new employee. Only **DO** take your time, don't rush, and be sure he understands.
- DO** take extra care to explain about working hours, proper clothes on the job, his work station, whom he reports to, what his pay will be, where the bus or streetcar stops. It's doubly important for him to know these six points.
- DO** ask a question now and then to make sure he's keeping up with you.

"Now show me your work station," or "Where does the bus stop?" or any kind of question that checks his understanding.

- DO** introduce him to his fellow employees and supervisors. He may seem a bit withdrawn at first, but he'll warm up once he gets to know the people. He'll warm up faster if he can find one coworker at first with whom he can feel free and easy; someone to answer questions and listen to problems.
- DO** let him know he's one of the work-a-day family. He may learn to mix with others at work, but tend to be by himself after work. After-hours friendships shouldn't be forced; he may be vocationally ready but not quite socially ready.
- DO** be ready to give him a guiding hand should new situations and new problems arise which he needs help in coping with.
- DO** make note of his on-the-job strong points.¹ When he turns out to be a good employee, pass the word on to other employers that . . .

IT CAN BE GOOD BUSINESS TO HIRE QUALIFIED MENTALLY RETARDED WORKERS.

¹ Strong points that most mentally retarded men and women show on the job:

- They want to make good. They will work particularly hard to make good.
- They want to stay put on the job. They're not anxious to job-hop. They're happy to learn the job and remain with it.
- Their attendance record usually is better than average.
- They are willing workers, and will stay at routine tasks.

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memo for employers

WHAT THEY'RE SAYING: JOBS FOR THE MENTALLY RETARDED

Twelve years afterward

A mentally retarded person is placed on a job. How does he make out over the years? To find out, a Connecticut psychologist studied the records of employed retardates after they had been on the job 12 years. Results:

Employers ranked the retarded just as high as the nonretarded on promptness, regularity, friendly relations with fellow workers and steadfastness on the job. Median weekly earnings compared favorably with the nonretarded. Predicted the psychologist: because of their favorable work records, most will continue in their present jobs until they retire.

Beware of numbers

An IQ number isn't the only way to measure ability to work, said Pennsylvania's Department of Employment Security. It gave a battery of aptitude tests to retarded men and women recently, and found that of 109 cases, 90

scored high in all job aptitudes except general intelligence.

No diploma to operate an elevator

Gulfport, Miss., psychologists report that industries requiring a high school diploma for all jobs, high and low alike, have a costly turnover rate. They observe that mentally retarded persons with little academic ability actually turn out to be steadier workers in less-skilled jobs. They urged employers to adopt a realistic approach and judge each job on its own merits—and to hire the retarded when possible.

They can do more

Observed F. Ray Power, Director of West Virginia's Department of Vocational Rehabilitation: "We tend to underestimate the potential of the mentally retarded. Because they do not react as quickly at certain tasks, we write them off.

But given time and patience, they can do much more than we give them credit for. I have seen mentally retarded persons operating power machines safely and effectively."

Two nails and twelve eyelets

A Wilkes-Barre, Pa., shoe company spent \$300 developing a complex metal jig to guide workers who attach tiny brass decorations to the fronts of ladies' shoes. Only it didn't suit a mentally retarded young worker; it wasn't accurate enough.

So he took a block of wood, two finishing nails and a dozen eyelets and designed a jig of his own: total cost, 24 cents. It was more accurate than the high-priced metal device, and it's now being used widely throughout the entire plant. His mentality retarded? Yes. His ingenuity retarded? Not at all!

HIRE THE MENTALLY RETARDED • IT'S GOOD BUSINESS



The President's Committee on Employment of the Handicapped • Washington, D.C.

King's Fund



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