

LEARNING TO LIVE

The mentally handicapped and their needs

A King's Fund Hospital Centre Exhibition Handbook

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1971

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FOREWORD

This booklet does not attempt to provide an exhaustive index of all the best ideas for providing better services for the mentally handicapped. The aim has been to provide a simple narrative describing some of the ideas and practices which have come to the notice of the Hospital Centre during recent months, mainly in response to an invitation which was sent to every hospital and health service authority in the country and to a large number of voluntary organisations, asking for details of any innovations or experiments which might usefully be adopted or adapted by other workers in the field.

Some of the information was used to build up exhibits for the Hospital Centre Exhibition - Learning to Live. Few of the contributors would claim that their ideas are unique. No doubt some organisations which have not contributed will be able to claim that they have already developed similar or better practices. To those people we say, please send us all the information you can, so that we may pass this on to enquirers and perhaps include it in a later edition of the booklet. To all who receive the booklet, we hope that the contributions of so many people working in the field will help to stimulate thought about possible improvements in the local service. It would help us if you could find time to complete the questionnaire at the end of this booklet.

Those who wish to make further enquiries about particular schemes are advised to write direct to the organisation concerned; but if this proves a difficulty, the Hospital Centre will try to help. Enquiries should be addressed to the Associate Director, Mental Handicap Project, The Hospital Centre, 24 Nutford Place, London, W1H 6AN.

Neither the exhibition nor this booklet deals in any depth with the problems of the educational service which will develop for all mentally handicapped people as the result of the Education (Handicapped Children) Act 1970. It soon became apparent to the exhibition organisers that the statutory change had taken place so recently that a balanced review of educational services and priorities, and the different approaches, would be out of the question. Somewhat reluctantly, it was decided to defer to a later date the possibility of an exhibition concentrating exclusively on the education of the mentally handicapped.

The Centre sends its thanks to all the authorities and organisations which have sent in the information upon which this booklet is based, and also particular thanks to the many unknown workers in hostels, homes, hospital wards, workshops and schools, whose local initiative has so often been the spark which has brought about these ideas for action in mental handicap.

JAMES ELLIOTT

September, 1971

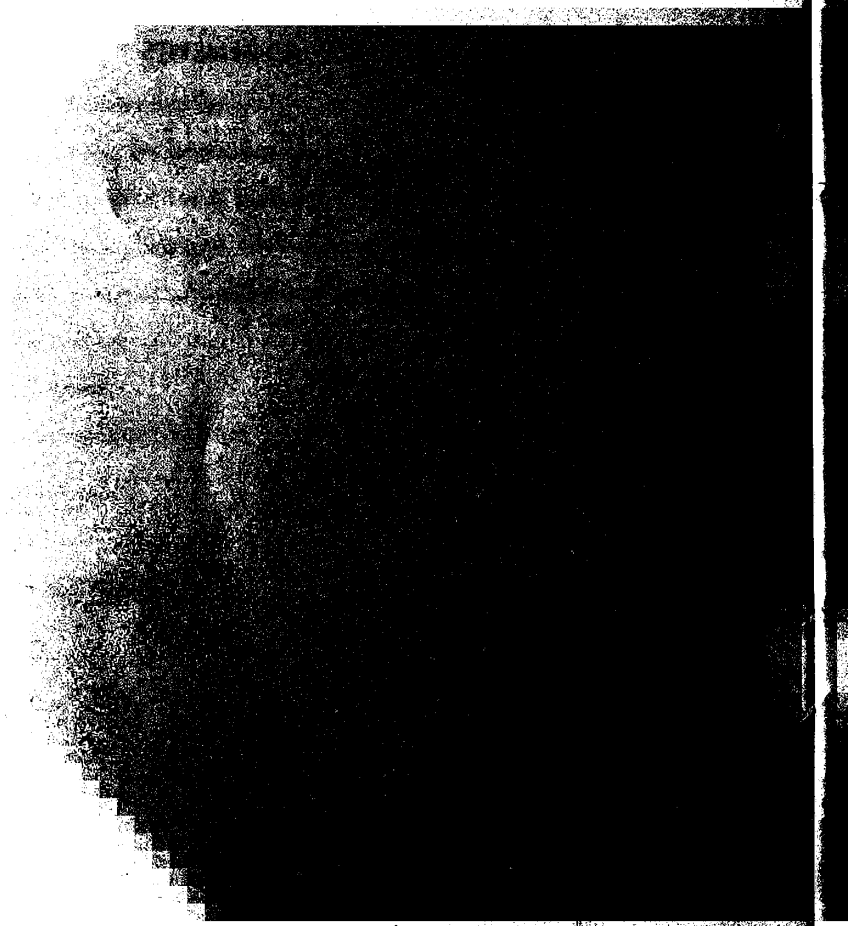
Associate Director, The Hospital Centre

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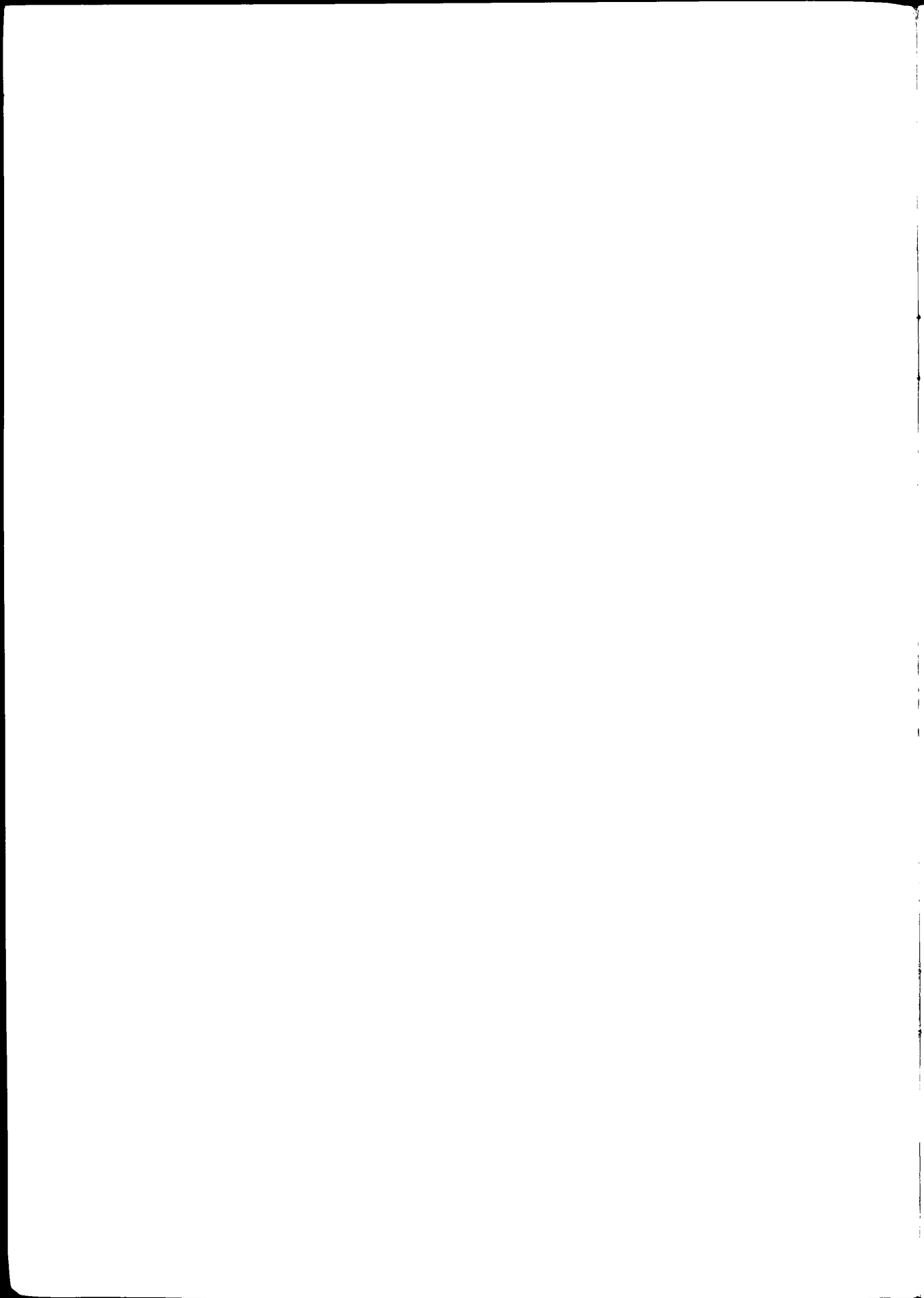
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MENTALLY HANDICAPPED PEOPLE
AND THEIR FAMILIES



The White Paper, "Better Services for the Mentally Handicapped", puts a good deal of emphasis on the need for support, whether from medical or social agencies, when a family has a handicapped child.¹ It also stresses the importance of multi-disciplinary assessment and says the Government hopes to issue guidance on how the co-operation between professions, so important to its success, can best be achieved.² Meanwhile, the principle should be adopted; comprehensive teams can meet in residential schools, health centres, outpatient clinics, adult training centres or hospitals - wherever is most convenient.³

ASSESSMENT

The shortage of specially designed assessment centres is well-known, but nevertheless, specialist and general hospitals as well as local authorities are making efforts to provide a service.

Assessment can take place in specialist hospitals, either informally as part of regular admission procedure in short and long stay cases, or as a special service.

Lea Castle, near Kidderminster, has had an assessment service for the last five or six years. There is a paediatrician on the staff, as well as an audiologist and a speech therapist, and the unit finds itself providing formal assessments for all newly admitted residents, whether they have come especially for assessment or not. Another assessment centre has now been opened at Stoke Park hospital, near Bristol, and in its first six months it admitted 50 residents, between the ages of 6 months and 73 years, both from the community and from among the inhabitants of neighbouring mental handicap hospitals. The 20-bedded unit, linked in a new complex with the infirmary and tuberculosis wards, has a full-time occupational therapist and teacher and the services of all para-medical staff in the group. Stoke Park is near a large district general hospital, which provides services as they are needed.

Hill House hospital, Rye, has a 14-bed unit for the short-term care of children, who may be admitted either for assessment or to relieve their family. The average length of stay is one month. The unit is homely, with three beds in each bedroom and plenty of toys. The staff lay great stress on the importance of reassuring parents when they bring their child in, and on finding out any particular idiosyncrasy the child may have.

The children are examined by the consultant psychiatrist and assessed by teachers during school hours. Other specialist staff, like the physiotherapist and speech therapist, are informed of their arrival. Children who cannot go to school are given special attention on the ward. When the child leaves the unit, the nursing staff advise parents on care in the home.⁴

Out-patient assessment may be part of the service provided in the local general or children's hospital. Sunderland, for instance, has had a monthly assessment clinic since 1969, which involves the consultant paediatrician and psychiatrist, together with senior local authority, nursing and psychological staff. In Harrow, the clinic at the local district hospital involves paediatrician, general practitioner, local authority doctor, social worker and health visitor. A purpose-built care and assessment centre was set up at East Birmingham Hospital in 1967.

Local authority assessment may take place in special premises. Glasgow has two centres for pre-school children, one adapted from a child welfare clinic, the other, Balvicar Centre, purpose-built and opened in 1964. The team in each consists of two local authority medical officers, three health visitors with mental health training, an educational psychologist, a speech therapist and secretarial staff. Both centres have regular attention from a paediatrician.

Balvicar Centre consists of a child welfare clinic, an assessment centre, a special day nursery and an audiology unit. It also has the regular services of an orthopaedic surgeon, an ophthalmologist and a neurologist, together with a child psychiatrist and physician from a local subnormality hospital on request. Children are referred mainly by child welfare officers. Each child has a psychological or developmental test and is screened for vision and hearing; any child with a hearing defect is seen by the otologist who visits the centre monthly.

Local authority assessment may also take place in special schools. In Harrow, there is a long-term assessment unit in the school, for mentally handicapped children between 4 and 7 who may be suffering from mental, emotional or physical handicaps.

Carlisle has a diagnostic unit of ten places for children whose abilities seem to be on the borderline between mild and severe mental handicap. It is used mostly for children who are hard to assess, because of their hyperactivity or multiple handicaps. Most children are admitted to the unit at five, and stay for two years, then move either to the ESN school or the school for the severely handicapped.

ADVICE AND SUPPORT

"Better Services for the Mentally Handicapped" stresses the need of families with a mentally handicapped member, for advice and many forms of help which are rarely available yet.⁵ At the moment, the most usual source of advice for parents is the centre which has assessed their child. In Glasgow, the first contact for the family is the health visitor, who can arrange the first appointment at the centre for them, and is also able to assess for the authorities

the family's conditions and attitudes to their child. The centres feel that family counselling is a most important part of the service they offer, and see one important job as interpreting advice from consultants, particularly on the importance of regular use of aids that may have been prescribed.

Cornwall County Council is one of the authorities which has realised the severe stress and hardship that parents suffer if they don't get official help until their child is at about the age to enter school. For the last four years, the county has had a specialist counselling service to help families through the important early years. Referrals come from local general practitioners, health visitors, and the paediatric and maternity departments of local hospitals. The counsellor reports back to the general practitioners, the child health service and the social workers who will be in contact with the family later. An important part of the counsellor's job is to put families in touch with others who have been through the same difficulties and distress.

In southend-on-Sea, there is a careful system of family support which involves not only the local authority but parents' groups and the hospital service. An experienced medical officer of health helps set up groups of parents who can meet together once a week and share their experiences and problems. There are now three of these groups, with parents trained to act as group leaders. Apart from the obvious advantages of mutual support and experience sharing, practical schemes have emerged. There is a voluntary transport system, and also plans for a Toy Library. Official support comes from both the local authority and the hospital service. Children can enter the special school at the age of two, and the special care unit younger than this. A part-time physiotherapist runs day centres for children who can benefit from this, and advises parents. A consultant in subnormality visits the school once a month.

Harrow is another borough which combines local authority and community help for mothers of handicapped children. The young mothers' clubs of local churches give coffee mornings for the mothers of mentally handicapped children once a month, and local authority staff attend. As well as the chance to meet mothers of "normal" children and the opportunity for professional advice, there is the practical help of a toy library. From this autumn, the coffee morning will also be attended by a consultant from the subnormality hospital which serves the borough.

Voluntary organisations can help fill many of the gaps in statutory services, by providing both advice and practical help. The parents' associations involved with mental handicap - the National Society for Mentally Handicapped Children, the Spastics Society and the National Society for Autistic Children - provide mutual support through their local branches, as well as information. The N.S.M.H.C. and the Spastics Society both have welfare and counselling offices.

Other services offered to the families of mentally handicapped children include a sitting-in service, organised by Toc H to give parents a chance to go out, and nursing help in the home from the St. John's Ambulance Brigade (although this is chiefly for the elderly).

The Disabled Living Foundation aims to study all aspects of living for all disabled people including the mentally handicapped. It is currently examining clothing, furniture and equipment, incontinence, music and physical recreation, and runs an information service on aspects of disablement.

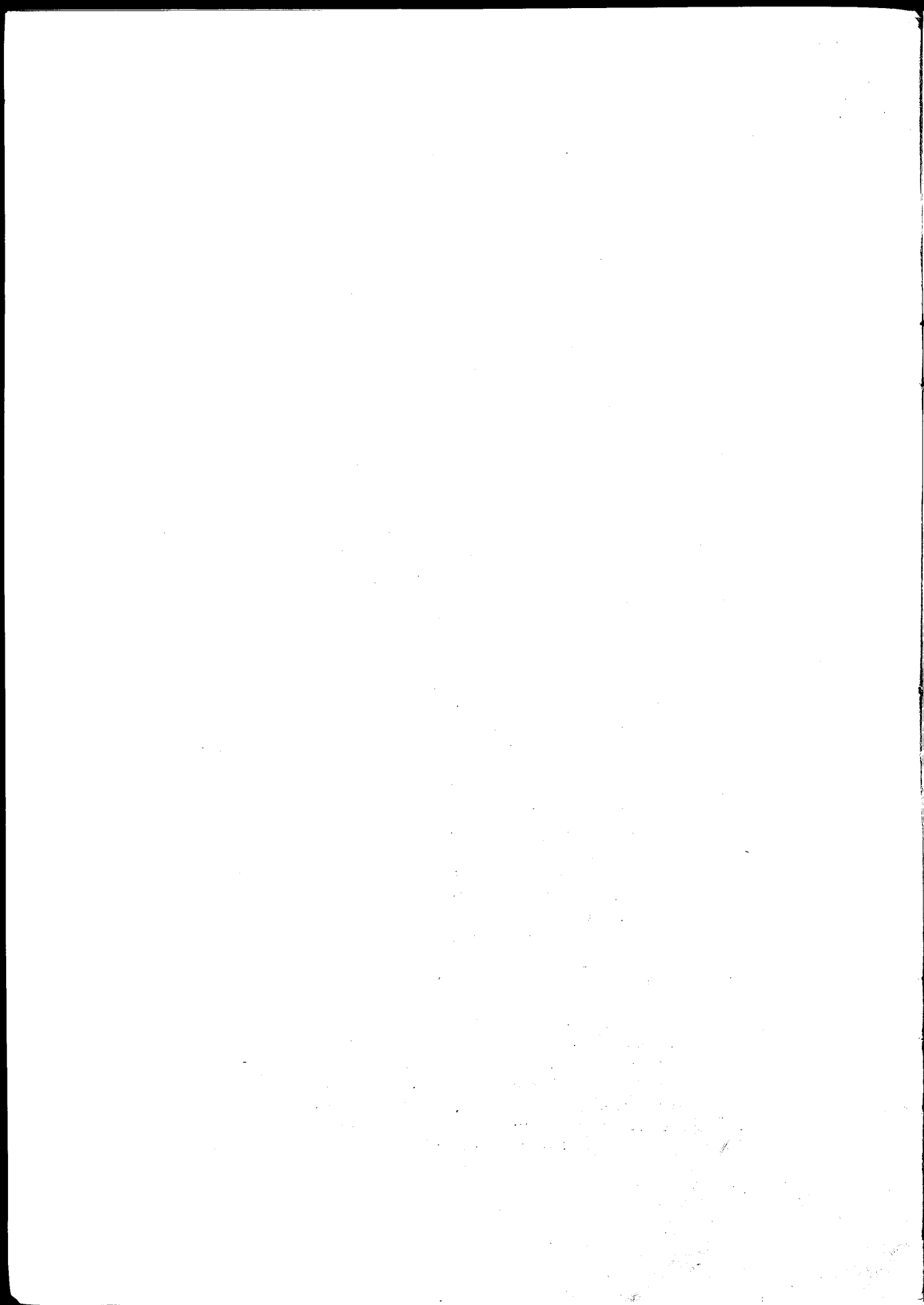
The National Elfrida Rathbone Society, which specialises in educational handicap, runs supportive home visiting schemes and mothers' groups.

Voluntary bodies can also help to provide the short-term and holiday care which is in such short supply, although subnormality hospitals and some local authorities try to meet the need as best they can. Buckets and Spades, for instance, a voluntary home at St. Leonards-on-Sea, offers 30 places for short-stay and emergency care of all types of mentally handicapped children, including the multiply-handicapped. The National Society for Mentally Handicapped Children, which itself provides a number of holiday homes, has published a comprehensive guide to all residential services in England, Wales and Northern Ireland, which gives details of short-stay facilities, both statutory and voluntary, as well as all others.⁶

For further help available to families, see under Living in the Community and Learning in the Community.

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LIVING AND LEISURE



LIVING IN HOSPITAL

THE BUILDINGS

Many people in the hospital service have recognised the need to make their existing buildings as domestic and homelike as possible. The stress in the White Paper "Better Services for the Mentally Handicapped" on domestic living units, whether in hospital or in the community⁷ has already been widely accepted. Where extensive upgrading on domestic principles has taken place, the improvement in morale of staff and behaviour of residents has been marked.

At Coldeast Hospital, in Southampton, a villa for 45 severely handicapped and mainly elderly women - 20 of them spastic, 12 epileptic, 14 blind, many incontinent - has been extensively upgraded. The dormitory area has been divided into a maze of cubicles to give only four or so beds in each, the gaunt day room has been divided to give sitting and dining space. The verandah has been enclosed to give another sitting area, and the kitchen converted to domestic use, with special attention to low cupboards for the physically handicapped. The result has been extraordinary, even to the staff on the ward. All the residents now make their own beds, incontinence and destructiveness have dropped dramatically. Those who had never walked for years now find it worthwhile to try. The staff's role is clearly less exhausting and a sight more rewarding.⁸

This experience can be echoed all over the country: give people decent surroundings and they will start to live up to them. It isn't just the elderly who react. At Chelmsley, Birmingham, for instance, boys and adolescents from the hospital's most unmanageable ward have moved into a disused house which could offer them normal living space, with shared bedrooms of four or six. Their behaviour has improved from the day they arrived, and staff now find they have the chance to play with them and teach them instead of acting merely as custodians.

Leavesden Hospital, St. Albans, has started much the same sort of exercise for 20 or so of its most disturbed young girls, drawn from all over the hospital among existing residents. The ward has been split into dining and sitting areas, with a clear space for games and table tennis, and dormitory space has been grouped to create the atmosphere of bedrooms, with brightly-coloured patterned bedspreads and curtains.

These are extensive upgrading schemes, but other hospitals have had effective ideas which need not wait for large sums of money but nevertheless have impact on the quality of buildings and their residents' life. Westwood hospital, near Bradford, is one of the many which have gained extra ward space by closing in verandahs; here, the new living area is used as play space for young children, a place where they can learn to crawl and walk, and the beginnings of speech before they go to school.

14.

Doncaster's St. Catherine's Hospital is one of those which has discovered that bunk beds can be used to reduce overcrowding, as well as providing, by their height, rudimentary division of dormitories into bedrooms. The space gained is used to provide not only personal storage space, but sitting areas.

At Royal Earlswood Hospital, wall units have been designed to provide personal storage space where overcrowding would otherwise make this impossible. The units are four foot long, surfaced with formica, and form a continuous top for either four or five small cupboards, each with its own key. The unit is topped by a 48"x18" mirror, available on Department of Health contract, which is a simple way of brightening a dormitory. The shelving and cupboards provide space for ornaments and other personal treasures, as well as space for storing valuables.

This simple kind of upgrading needn't wait for formal money. One men's ward at Leybourne Grange for instance, has divided the day room into living and eating areas by using old boot-lockers as room dividers. The idea was the charge nurse's, and the painting of the boot-lockers was done by the residents in the ward. The new dividers don't just make the room more attractive; they provide shelving for pot plants and ornaments as well.

Improvement of buildings isn't just an exercise on its own; often it is linked to plans for improving the actual quality of living, and widening the scale of activity offered to the residents. There are many efforts to offer as normal a life as can be achieved in an institution to the people for whom it is home.

The Wessex operational policy, developed first for the children in its new community-based living units, and now extended to the hospitals in the region as well, is one example of this interaction between living accommodation and quality of life. The aim is to provide for the maximum development of each resident, and the policy details methods of achieving individual care and breaking up routine and block-treatments. Residents are to be allowed access to all rooms and facilities with no more restriction than in a normal home; they should have their own clothes and access to these. Staff should join residents at meals; they plan activities to avoid prolonged hanging around at bottleneck times - getting up, going to the lavatory, going to meals. The buildings should encourage these aims, with no more than four to a bedroom, small group facilities in the living areas, and domestic scale of bathrooms and lavatories.⁹

CHILDREN

Some schemes designed to improve the quality of life for children in hospital try to make sure that they have as much link with their parents, and with the wider community, as possible.

St. Lawrence's Hospital, Caterham, has instituted a scheme to encourage more contact with their families for 82 children who very rarely received visits, and whose parents lived too far from the hospital, or had too little time and money to make more regular contact. The hospital found that 30 of these families would be willing to have their children home for weekends if transport could be provided, and for the last nine months or so, has done this. The coach is provided by the hospital management committee and London Transport and British Rail provide coach stops at two stations, so that children can be picked up and later returned. The hospital provides rubber sheets and drawsheets for bedwetters and changes of underwear, as well as medicines if these are needed. Parents and children have been delighted, and staff pleased at the reduction of weekend pressure on the wards. The whole exercise costs 35p. per trip per child, but as more take part, the cost will fall. An added bonus has been for the hospital children who aren't going home for the weekend, but who still come for the ride.

Other efforts to give children a more satisfactory life involve creating as far as possible a home environment for them on the hospital site. Chelmsley Hospital, Birmingham, has turned a disused staff house into a home for six children from its wards, with a pair of houseparents recruited from outside the hospital, and support from the hospital team of specialists. The house is cheerfully domestic, and the houseparents report an improvement in behaviour.

ADULTS

Experiments in living for adults have been directed to offering them more privacy - which can partly be achieved through restyling of existing buildings - as well as the chances of greater independence and choice.

Royal Earlswood Hospital, Surrey, has set up a self-service cafeteria in place of the dininghall in which residents were segregated by sex on either side of a central aisle and served at table from heated trolleys. The cafeteria, according to one approving observer, looks like "an enormous Wimpy bar" and 450 residents, including children, now take their meals here. The most able can come to meals when they please within the hours they are available, and others are escorted from the wards by staff, carefully dovetailed to avoid queuing. But there is only minimal supervision, even of children, and the greater freedom this offers is appreciated.

Earlswood has also offered the chance of privacy to some four of its older men, who had, over the years, colonised and adapted some disused buildings well away from the hospital and turned them into private dens. When these became too dangerous to remain standing, they were replaced by gardeners' sheds. Each hut has table and chairs, together with possessions and pictures. Each owner has his own key.

CHILDREN AND ADULTS LIVING TOGETHER

Both St. Lawrence's, Caterham, and Leavesden, St. Albans, argue strongly that the "normal" family experiences should not be denied the mentally handicapped, and both have now set up mixed sex, mixed age wards, which mimic the normal pattern of family composition.

Greenacres, St. Lawrence's, is an adapted house which now houses a dozen men, a dozen women and a dozen children - six of either sex. Meals and recreation are communal, while sleeping is segregated, with one end of the house for women and girls, and the other for boys and men. Adults and children are separated in each. The men all work in the hospital and the children go to school. About half the women stay at home to help look after the house, and to receive social training. The adults are very fond of the children, and take enormous pride in helping them and looking after them.

At Leavesden, Godetia ward is made up of two, linked by a fire corridor. The unit houses 30 women and 19 men, including 10 small boys. There are also two babies, whose cots are beside the women's beds. The ages when the unit opened ranged from 18 months to 80; the children were selected as multiply-handicapped or rejected, the women as those who liked babies and men, and the men demanded to come once they knew what was happening. Only a couple of residents have left; one autistic child was evidently miserable in adult company and one man was a little too free with the women. The atmosphere is homely, with staff out of uniform and often on first-name terms. The adults, again, take great pride and delight in the children, and the elderly women who don't go out to work not only help with the housework but do the washing in their own machine and dryer. The staff notice that behaviour has calmed since the unit began, and report no real problems. People who hitherto thought only of themselves, they say, are now able to form relationships and develop their self-identity.

LEISURE IN HOSPITAL

The social programmes of hospitals continue to develop, helped particularly by the influx of volunteers in recent years (see under Co-operation). One hospital, indeed, had to cut back volunteer efforts for a breathing space, as residents were suffering from never having an evening at home. Apart from the sort of recreational activity the volunteers can provide, hospitals are themselves concentrating on developing initiative among residents, and particularly perhaps, on developing activities which can include the severely handicapped and ward bound, as well as the more able groups.

At Darenth Park, in Kent, residents run their own club. They stock it and staff it, arrange record evenings and dances as well as their own

trips to the theatre and other outings. The club has a current account, and one of the members is authorised to sign cheques for it. The medical records department keeps an eye on activities, but otherwise the club is independent. A similar venture has developed at St. Ebba's Hospital, Epsom, in a building formerly written off as useless, but now full of life and activity. Royal Earlswood had the first Women's Institute in a subnormality hospital, and this is now accepted as a full and independent institute by the National Federation, with much the same programme of activities as Women's Institutes everywhere. There are 20 members and a committee of outside helpers. St. Catherine's Hospital, Doncaster, is now setting up its own Institute.

Nurses at Monyhull, Birmingham, noticed that residents of around 60 were reluctant to take part in social life which was on offer, but content simply to sit about. The idea of a Working Men's Club was born, with special emphasis on this group among its members. A vacant upholstery shop was seized on and converted by volunteers. Drinks are dispensed from a bar (pumps provided by the staff social club); a billiards table has been salvaged and renovated; and an ex-Servicemen's club has provided cards and dominoes. In future, the club should be run by a committee of members, and stay open until 10.00p.m..

Mary Dendy Hospital in Cheshire runs a Darby and Joan Club for its older residents. Leavesden has a special club for the deaf and dumb. Brockhall Hospital, in the Manchester region, has coffee mornings on the wards to enable residents and staff - including administrators and all those involved in the hospital's life - to meet each other for informal chats.

Coleshill Hall, Birmingham, has a long-established club, with regular dances, club nights and social activities. The club is in an old wooden building, which has just been extended, by a mixture of voluntary and statutory funds, to provide a Community Centre with shops.

In several hospitals, W.R.V.S. have set up hospital canteens and shops, whose profits, once the capital debt is paid, go to provide more amenities for the mentally handicapped.

Hortham Hospital, near Bristol, has made a special effort to reach its less able residents, who might otherwise share less in the life of the hospital. Its creative activity evening, started by a teacher in the local training course for teachers for the mentally handicapped, really is creative. Her speciality is art, but the evening's activities go far wider than that, with great scope for self-expression and self-identification in the very informal and exciting session. Each resident who attends the evening has a special volunteer, who shares in the creative activities with him, both gaining as much as the other and forming a relationship along the way. Together, the volunteers - mostly students from the university and technical college - and the residents, dance in the discotheque set up on the hospital hall stage, try on hats and makeup, paint, and do woodwork. Some volunteers also go into the wards to talk to residents, sing with them, or read. Although one of the junior doctors is nominally responsible for the evening, it is really what the volunteers and

residents have made of it together. There are some very good relationships going between them, even when one side of the partnership cannot use words, and the staff report tremendous enthusiasm and increased self-awareness among the residents. The hospital has made a film, about the project, in association with Bristol University.

Leavesden's pets corner, which opened earlier this year, has now been restocked after an outsider broke in and slaughtered many of the animals. The pets include ducks, geese, budgerigars and finches, as well as guineapigs and rabbits, and are cared for by the voluntary organiser and recreation officer, together with volunteers both from inside and outside the hospital. The corner is pleasantly green, and sheltered from the main life of the hospital with plenty of room for picnics, and the older residents and chairbound get particular pleasure from holding an animal on their lap. Most of the stocking and building of the pens has been done by voluntary help. The hospital provides the feedstuffs. Darenth Park is now thinking of setting up a pets' corner as well.

Every adult ward at St. Lawrence's now has its skittles team - using plastic balls and pins. Over 300 residents are involved in the winter league matches, and these include the non-ambulant as well as the less severely handicapped. Last year's champion team, included two crippled residents. There are inter-hospital matches, too, and St. Lawrence's has also challenged the local Round Table, women's clubs and schools.

Swimming is another skill which even the severely handicapped can enjoy. All the children at St. Lawrence's have a session a week, with a special one for the deaf. There are two sessions for spastics - one for men and one for women - and other residents go in the pool together with their ward staff. Leybounre Grange uses its hydrotherapy pool, cooled down, and finds that escorting residents and playing with them in the water is something that volunteers enjoy. Calderstones Hospital, near Blackburn, is one of those who use the local swimming pool. Some of its residents sign up for lessons.

Calderstones also finds that "real" shops are more interesting than rooms in which residents can buy oddments. In its main corridor, there are three shops, with large and well displayed windows - one for toys, one ladies' fashions and one gentlemen's outfitter. Prices are well below those outside, and residents can choose from a wide variety of stock.

LIVING IN THE COMMUNITY

THE HOSPITAL CONTRIBUTION

Some subnormality hospitals have run their own community-based hostels for years, and this is a development that is encouraged in "Better Services for the Mentally Handicapped".¹⁰ These homes have traditionally taken the more able residents, often those who are able to hold down a job in open employment, but now are beginning to cover a wider span.

Wessex Regional Hospital Board has the country's most comprehensive scheme of residential care, spanning services both in specialist hospitals and in the community. Faced with the need for 450 extra beds in the region, it decided instead to build a series of community homes. These serve catchment areas of 100,000 people, and the number of places each provides, on the basis of epidemiological studies, is 25. So far, two homes for children have been built, both non-selective. One of them, in Southampton, is a converted Victorian house; the other, in Portsmouth, is purpose-built. The first is in a residential road, the second on the edge of a psychiatric hospital site, but in a centre of population. The staff includes some nurses, but other people are recruited locally and given training. Each home is under the overall charge of a consultant psychiatrist attached to one of the Board's subnormality hospitals.

Plans for future homes include one on a district general hospital site in Dorchester, for severely multiply-handicapped and behaviour-disturbed children who would normally live in subnormality hospitals. This home will be in the charge of a paediatrician, and to bring the number in it to 25, it will serve a catchment area of 200,000. Another hostel is being planned for more able adults, who can feed wash and dress themselves, but will also provide for some physically handicapped residents. A further home is jointly planned by the Board and the local authority on the Isle of Wight, to house 25 children; this will again be non-selective.

All these homes have close involvement with the local community medical and para-medical services. The operational policy is the one now adopted by the Board's hospitals (see under Living in Hospital). There is further information about the Wessex approach in the sections on Management and Training.¹¹

Lea Castle is one of the hospitals which has widened the scope of community homes. It now plans a 30-place home for spastics, who are, in its experience, the hardest group to accommodate in the community, either because of their difficulties in getting employment, or the physical problems of living in an ordinary house. Conversion work has started on a large house in Kidderminster, and the scheme has the backing of the Spastics Society to the tune of £50,000. The hospital has stipulated that it should remain responsible for admission and discharge, and will provide staff from among its

own nurses, so that sickness and holiday cover should be less of a problem than it would be with an independent body of staff. There will be a resident warden. The scheme will benefit the hospital, by releasing at least 20 beds for spastic children now waiting to be admitted. It will also, of course, offer an alternative pattern of life to its residents, and the hope is that employment prospects may be better for them once they are established in the community. The home will also be able to offer short-term care to relieve the families of spastics living at home.

Lea Castle also runs a lodging scheme for those residents who can be discharged. It has about eight landladies on its books, and they take between four and six lodgers each. The hospital also uses an hotel in Birmingham for its ex-residents. By schemes like this, some 70-80 long-stay residents returned to the community last year.

THE LOCAL AUTHORITY CONTRIBUTION

Nobody would claim that local authorities, as a whole, have been quick to seize the chance of providing residential care for mentally handicapped people. "Better Services for the Mentally Handicapped" envisages an increase of around 25,000 places¹², but says that even if every authority completes its plans up to 1974, 59 authorities in England and eight in Wales will still have no residential provision whatever for children, and 14 in England and one in Wales, none for adults.¹³

The places which exist at the moment fall into a variety of patterns, from mixed psychiatric and mental handicap hostels to small group homes for a few mentally handicapped people. Milton Keynes, which has the advantage of planning for a new city, virtually from scratch, envisages a system of care which stretches from the hospital to 20-bed hostels for children and 25-bed hostels for adults, and to small satellite group homes which will continue to get the support of the parent hostel. The outline scheme for this plan puts much emphasis on the siting of community homes. They should be built at the same time as surrounding housing to decrease local opposition, and should not be clustered together. There should be no mental health campuses in the city, not even small ones; the only exception might be a home for the physically handicapped near an industrial centre.

Hospital and Local Authority Together

Cornwall has particular problems of a scattered population in a county of poor road communications. To overcome these problems, the county social service department and the regional hospital board are co-operating to form two complexes, one in the east of the county and one in the west, to provide complete care for the county's mentally handicapped children. There is already a 30-place junior home in the east of the county, attached to a school, and the regional hospital board now plans to add a further 30-bed

unit. The school will increase its places by 30, and the hospital unit will provide day facilities for children from the nearby population who need special care, as well as residential places for those from further afield. Plans for the west of the county follow much the same pattern.

Mental Illness and Mental Handicap Together

Exeter has what is thought to be the first comprehensive mental health centre in the country, planned after the 1959 Mental Health Act and now operating under the social services department. The centre is the hub of local authority services, providing workshops and a training centre, two hostels and a variety of social clubs both for the mentally ill and for the mentally handicapped, together with social work facilities.

The city has found a large increase in the number of people it can place in lodgings, rather than in residential homes, and believes that this makes for the most satisfying form of living for its clients. Over the past few years, between 200 and 300 people have been found lodgings by the centre, around a third of them mentally handicapped. The social service department feels now, however, that it cannot afford to rely entirely on this solution, and is to revise its plans for the provision of residential homes.

Burnley also has found it can provide jointly for the mentally ill and the mentally handicapped. It has had a home for mentally handicapped and psychotic people of both sexes, operating over the last nine years. This is intended mainly as a short-stay facility, but some of the residents have become more permanent.

Group Homes and Sheltered Housing

The possibilities of this form of residential provision are now being extended from the mentally ill to the mentally handicapped. Stoke-on-Trent plans to open a group home for ten women along the road from its small hostel; the residents will cater for themselves and run their own lives, but with the very informal backing of the parent hostel. This authority also has plans to convert a redundant clinic, at the cost of about £6,000, into flatlets. These will provide two-roomed accommodation for married couples and pairs of friends, as well as single flatlets. There will be eight or nine people living in the complex all told. One married couple, now in lodgings, who are unable to cope with open employment but work well in the adult training centre, will live here. So will a couple whose husband is in open employment and whose wife works at the training centre. Supervision of these flatlets will be virtually nonexistent; the residents will simply know where to turn for help, and the social services department will keep a neighbourly eye open for them. The flatlets should provide either a stepping stone towards lodgings, found by the social service department, or a permanent home for those who need a little more support than landlords can provide.

Other authorities have variations on this theme. Hounslow plans to extend its hostel service for the mentally handicapped to a group home, whose residents will continue to eat their meals in the main hostel and use its facilities. Teeside social service department is to provide a council house for four mentally handicapped women, who will look after themselves and go to the adult training centre. They will be under the supervision of the hostel matron, but with a fair degree of independence.

Adults

The size of residential homes varies very much. Coventry, for instance, runs a mixed 46-bed hostel, which takes residents discharged from subnormality hospitals after as long as 34 years there, and finds they adjust as quickly and happily as those who come straight from their family homes.

Early on, Stoke-on-Trent opened a small and very informal home for mentally handicapped women, which now has 14 places and caters for residents who attend the adult training centre. This home is a pair of terraced houses in a residential street, and offers no hint to the outsider that it is any sort of special housing.

Newport, in Monmouthshire, provides even smaller homes, for eight adults and eight children, in the middle of a local housing estate.

Doncaster has a home for eight mentally handicapped people, with house parents, and plans to open another for 12 next year.

Children

The London Borough of Hackney is now planning a pair of hostels for children which are thought to be the first of their kind in the country. The hostels will each provide places for 20 children, and will be in the same building. The ground floor will give a common entrance hall, utility room and kitchen, together with two and four-bedded rooms; these are for the severely handicapped long-stay children. The first floor will provide two-bed, four-bed, and single bedrooms; these are for the short-stay and less handicapped children, although there will be a short-stay bedroom on the ground floor for children who cannot cope with stairs. Each floor has a bed-sitting room for night staff, and the dining rooms and playrooms are downstairs. There will be a residential block for the warden and deputy warden near the hostels.

The London Borough of Hillingdon is one of those which runs a five-day week hostel for children, designed specially to help families with social problems, where the single parent must work during the week, or where there is more than one handicapped child in the family. The pressure for community care facilities, however, means that when the unit is replaced within the next five years, it will become a full time one.

Coventry is among the authorities which combine residential accommodation with education. Its Broad Park House comprises a junior school for 30 children, special care unit for 15, and a short-stay home which can accommodate up to ten children.

THE VOLUNTARY CONTRIBUTION

The National Association for Mental Health provides residential homes for the mentally handicapped as well as the mentally ill. In Bradford, for instance, the local branch started a 23-bed hostel with warden accommodation, for mentally handicapped people and also a few suffering from mental illnesses. The association bought two terraced houses and converted them; the local authority provides financial help and social work support.

The National Society for Mentally Handicapped Children is active in providing residential care. The Coventry short-stay home, for instance, developed out of a three-place council house run by the local society. The N.S.M.H.C. has a booklet which gives a comprehensive list of residential facilities, including those provided by local authorities and voluntary bodies.⁶

The Spastics Society is also prominent in providing residential care. It has three residential schools, residential assessment centres, family help units for short-term care during emergencies, and is beginning to provide small residential homes in the community for adults.

The South Lodge Housing Association in Epsom, Surrey, was set up to acquire a house which had been used as lodgings for discharged mental patients but was up for sale following the death of the owner. The house has now been converted on a council mortgage, together with the help of charitable funds, and houses six mentally handicapped people among its 14 tenants. Half are men, half women, and most are employed on the open market. One of the mentally handicapped people helps around the house.

LEISURE IN THE COMMUNITY

Many local authorities provide club facilities attached to training centres, and run holidays for their clients as well. Recreational activity is one area where volunteers can be of the greatest help, in the community as in hospital. In Harrow, for instance, volunteers from the local branch of the National Society for Mentally Handicapped Children have co-operated with the local authority to provide a seaside holiday for trainees from the adult

centre. This is a borough, too, which reckons that the training centre must provide leisure time activities as part of its formal programme, not just as an optional extra in the evenings. One afternoon a week is set aside for hobbies, and volunteers from local schools and the college of further education come to the centre to encourage trainees to take up some activity like painting, woodwork and so on.

In Wandsworth, some 25 mentally handicapped people have been going to one of the local youth centres for programmes of art, pottery, drama, writing, reading and music. This has proved so successful that similar evening activities have now been started for other groups; two centres are also offering a mixed programme on Saturday morning, with plenty of emphasis on sport. The groups have gained enormously from the use of equipment they wouldn't otherwise have access to, and from the skills of trained teachers. The staff at the centre are impressed with the progress they have made.

Mentally handicapped people don't have to wait for entertainment to be offered to them. In Huddersfield, the Tuesday Club, though run by the local authority, has a committee of mentally handicapped people, who with help from officials, manage their own functions.

Among the voluntary societies active in this field, the National Society for Mentally Handicapped Children runs an extensive and energetic programme of Gateway Clubs. The National Elfrida Rathbone Society, which specialises in services for the educationally handicapped child, runs clubs and holiday play schemes for these children. Branches of the National Association for Mental Health also provide club and recreation facilities for the mentally ill and handicapped.

The Handicapped Adventure Playground has now been running for a year in London. This voluntary body caters specifically for mentally, emotionally and physically handicapped children, and aims to give them the stimulus they need through adventurous play. At the moment, the playground caters for groups of educationally handicapped children, and mentally handicapped children from schools, hospital and home. Especially during the school holidays, when children can come all day for two or three days a week, this provides valuable help for parents. There are outside activities and indoor ones as well, and handicapped children can bring non-handicapped brothers and sisters and friends. Although the playground is designed for children, young adults can join in too, and either explore their own hobbies, like woodwork, or learn to cook and help look after the younger children. The playground has a trained nurse as leader, but the children are given as much independence and encouragement to develop their own initiative as possible.

Toys are an important part of any child's life. There are now about twenty Toy Libraries which cater especially for handicapped children in Britain, and these offer a range of educational toys and equipment. Quite apart from the practical help this can give parents, the libraries offer a focal point for parents' meetings.

LEARNING AND WORKING

The division between living and learning is perhaps a particularly arbitrary one, for many schemes in new living patterns for the mentally handicapped, whether in hospitals or in the community, are in fact, designed to help them develop and learn. The Wessex operational policy (see under Living in Hospital) is one example of this interaction between living and learning. Housing is not designed in a domestic way or organised normally simply because this is nicer, but because these arrangements are an essential part of the learning programme for the resident.

There are other examples of this thoroughgoing approach in the hospital service.

LEARNING IN HOSPITAL

Children

At Little Plumstead, Norwich, for instance, a children's ward has been converted to provide as many small rooms as possible and the dormitory area has been partitioned into groups of five beds. The 25 children in the ward, many of them multiply-handicapped, are divided into five groups, each under a student or pupil nurse, with a team of nursing cadets. The whole ward is under the charge of two sisters, but as this experiment in living and education was largely instigated by the students' dissatisfaction at traditional patterns of care, each group has a fair amount of autonomy. There is a rota of activity for each group, so that on any one day in the week, one of them will be at school, one spending the day in Norwich, at the hospital's hostel - empty during working hours - others either playing with their staff in the ward or on holiday in one of the six caravans that the hospital has acquired.

By splitting the ward like this, it is possible to give each child a good deal of individual attention and meaningful activity. Each experience is a learning one. The staff co-operate with the school teachers, so that games played in school and on the ward are certain to have the same rules. The ward activities have more meaning if there are only five children, for instance, to be bathed, at one time; staff can spend a long time playing with each in the bath. The caravan holidays are prepared for by spending nights in one parked outside the ward. The days in Norwich provide a wealth of experience - even simple trips like a visit to the butcher to see meat other than as served from a heated trolley have educational value. The benefits of keeping the same team of staff with each group of children are obvious; the only snag still remaining is at weekends, when the children have to coalesce into a large group again.

This is only the first phase of the Little Plumstead project. The next aim is to acquire a house in the hospital grounds for a group of five children, and then one in the community into which they can move as they develop. Meanwhile, other children's wards are to be converted in the same way, though for 20 children only, always involving the students and cadets as key personnel.

The staff involved in this sort of work report greater satisfaction and claim considerable progress for the children. This type of living pattern doesn't necessarily involve an extensive scheme of physical rebuilding. The only new ward to be built at Leavesden in the last 100 years, for instance, is of fairly standard design - a single large dormitory, a single large day-room - and has not been broken down. This unit houses a group of 30 boys, many of them heavily handicapped and behaviour disturbed. Management, particularly of the group who didn't go to school, was a problem, with a high turnover of staff, heavy doses of drugs, and complaints from parents about treatment. The ward has now been broken down into five groups, with one member of staff to two children. Toilet and sensory training has become easier, and the staff are also able to teach through play. The need for sedation has now dropped by three quarters, and the turnover of staff has dropped too. Further, parents have become more involved in the life of the ward, and many now come on outings with their children.

Physical rehabilitation is also an important aspect of learning in hospital. Oulton Hall, near Wakefield, for instance, has established rooms for this on two of its wards, one for disabled children, one for adolescents. The service is directed by the senior remedial gymnast. Equipment consists of "bouncers" - giant rubber balls about 42" in diameter - and specially designed walking frames with walking steps for the adolescents, to teach them to cope with stairs. The hospital hopes to link the work of these rooms with recreation and play therapy, as well as industrial and occupational therapy.

Social education is a part of the way of life at East Birmingham's Chelmsley and Coleshill Hall Hospitals, and was featured in a BBC film entitled "A Child for a Lifetime" which is available on hire from BBC TV Enterprises Film Hire Library, 25 The Borroughs, Hendon, London, N.W.4.

Adults

Hospitals offer a variety of learning experiences, either formal or informal. At Brockhall Hospital, near Blackburn, evening classes include beauty culture, civics, dancing, crafts and car maintenance. Calderstones, in the same region, offers much the same variety to the 500 or so residents who come for the twice-weekly sessions, run jointly by the county education authorities and the hospital.

Hortham Hospital, near Bristol, offers a wider educational experience. A group of its residents go to the local technical college for evening classes in domestic science, pottery, sewing and painting. This has worked very well for the Hortham residents, who not only get a chance to see a wider world, and stretch their own creative abilities, but get the chance of perhaps more time to themselves than is always possible in a busy hospital. The learning process is a two-way one; students from the college are now volunteers at Hortham. (see under Living in Hospital)

St. Lawrence's, Caterham, has started an international Pen and Tape Club, which aims to extend friendships far beyond the local community. The plan was thought up by a charge nurse who decided to encourage the boys in his ward to correspond - by writing or tapes - with a residential school in Washington. The scheme now has the backing of the parents and relations' association and the hospital management committee, and there are plans to start pen friendships in residential homes and schools for the mentally handicapped all over the world. A newsletter is planned, and an international painting exhibition.

One of the major educational problems in any subnormality hospital must be the ward-bound - the residents who stay in the ward all day, and may have absolutely nothing to do but deteriorate. There are now a number of schemes which are aimed specifically at bringing occupation and basic education to profoundly handicapped and disturbed residents.

Ida Darwin Hospital, in Cambridge, has tackled the problem of severe behaviour disorder among its ambulant but profoundly handicapped men. Social training for these men started through the energy of the hospital staff in redecorating and partitioning the ward and providing bright tartan rugs instead of hospital counterpanes; only one lot of wallpaper has been lost. Activities also started on the ward, including exercises in colour recognition, walking on planks and tearing paper to decrease apathy and teach some measure of concentration. Now most of the men go to a Sensory Training Unit in an unused ward of the hospital, where they have music and movement, and operant conditioning techniques are used in social training. Many of the men can now go unescorted to club evenings and other social events on the hospital site, which would have been impossible five years ago. Incontinence, aggression, and the use of drugs have all dropped. The enthusiasm of their charge nurse has also led to trips to Cambridge, where they have not only bought suits, but had them made to measure. There are other outings as well.

St. Lawrence's has found a way of employing men with severe behaviour disorders in the concrete unit which produces a range of saleable objects, from paving slabs to garden gnomes. The organiser found that those with behaviour problems, were the most suitable workers: they could work off excess energy. These trainees are allowed a good deal of individual responsibility; they have, for instance, converted a disused stable into their own tea-break room. The hospital reports that they get a lot of satisfaction not only from the work, but from being members of a team.

Music and movement therapy for the most severely handicapped is not now uncommon; Leybourne Grange, St. Lawrence's, and Monyhull are among the hospitals that provide this sort of activity. Leavesden has adapted Sesame and Radius mime and movement and Ferris Robins educational rhythmic as an educational tool to help socialise aggressive, or depressed and apathetic residents who would otherwise be left on the ward. The programmes are progressive, designed to help co-ordination and concentration, to relieve tension and to create a sense of working together. The residents now respond very quickly and happily to the music, and become intensely involved in creating their own expression of the rhythms and sounds. The sessions are run by the recreational officer with great enthusiasm, while at the same time an assistant teaches another group finger painting, collage making, jigsaws and other occupational skills. The aim is to take these activities back to the wards; already some of the ward staff have become involved in the sessions.

At St. Lawrence's, therapy for the most profoundly handicapped starts in the wards. Planned Activity Groups are now operating in twelve so-called low-grade wards, as a team project designed by two nursing officers, hospital psychologist, and Planned Activity Leaders who have been recruited chiefly from local housewives, and include three Community Service Volunteers. These activities include sensory training and occupational activities, and it is intended that they should form part of the nurse's range of skills once a generation of students has been trained in the techniques.

For the past two years, St. Ebba's Hospital has been working on a programme for severely handicapped adults, who present a heavy nursing problem because they are so destructive, which will have application in other wards and other hospitals. The basis of the programme is to direct motives into controlled and predictable behaviour, and to encourage identification of the self and the others with whom there is contact. The first programme consists of walking round the room arm in arm with a nurse for three minutes, while the nurse speaks and names objects. On this timetable, seven residents with three nurses get four spells of individual attention in a half an hour. Then follows half an hour of games - rolling balls, skittles and so on. Thirdly, residents draw alternate lines with nurses on a blackboard, in a graphic dialogue. The second programme involves self-identification, with make-up mirror, hair sets and manicure. The third covers identification of colour, and form and object manipulation; some of this can take place in the occupational therapy department. The fourth programme involves music and rhythm, encouragement of attention and social interaction. St. Ebba's reports that this has made possible a socially-recognised position for people who before it were outside normal life; it has encouraged nursing standards and has led to better behaviour among the trainees.

Aids to Learning

Cell Barnes Hospital, Hertfordshire, has developed a chair and a walker for the physically handicapped child. The chair is designed for children who cannot sit in an ordinary one, with adjustable seat and leg

rest and a 7-position footboard. The small wheels at the back allow for tilting and wheeling. A detachable feeding-tray, and body and thigh straps, as well as a body and shoulder harness, come as optional extras. The walker can be used for children of between 13lb. and 46lb.. The adjustable seat sling allows for different degrees of support, and the castors move in all directions, which increases the child's confidence and allows easy movement through doorways.

St. Alban's School of Art has an active design research unit for the handicapped. One of its productions is an eccentric mattress - a sculptural playform made up of different units which together form the mattress. The shapes are covered with an easily washable material and neutrally coloured so that coloured objects can easily be seen against them. The different pieces can be used as seats, slopes and a rocking seat, and all of them together make a safe adventure platform. They can be bought singly or together.

St. Bartholomew's Hospital and South Ockendon Hospital, Essex, have established a Research Unit for the Subnormal which will study the uses of modern technology in improving the quality of life for residents in hospitals. The intention is to modify and adapt equipment of all kinds for use by the mentally handicapped; modern materials will be tried out in living areas, and electronics will be used outside the specialised teaching area. The unit will develop new designs for living areas so that mentally handicapped people are not restricted by the standard hospital environment. The research programme will involve a multi-disciplinary team, giving doctors and nurses, psychologist, therapists, teachers and administrators the chance to work with engineers and scientists.

LEARNING IN THE COMMUNITY

Children

"Better Services for the Mentally Handicapped" stresses the advantages of early education and stimulation for the mentally handicapped child, as well as the help this gives mothers who are given a few hours break while the child is out.

Carlisle is one of the authorities which runs a pre-school play-group for mentally handicapped children. The group meets twice a week. It includes some normal children, to see if they will stimulate the handicapped, although the handicapped children who are thought unsuitable for this have special sessions on their own. The group is also being used as a teaching experience for women on the playgroup supervisor course at the local technical college. The authorities hope that when they come to run their own playgroup they will have been encouraged enough by their experience to include some handicapped children in it.

Pre-school playgroups are also run by some voluntary bodies. The National Elfrida Rathbone Society has some for the under-fives and also places children "at risk" of developing with educational handicap in normal playgroups. It is currently planning a playgroup for the children of homeless families who live in a hostel.

The Brownhill, Staffs., Fellowship for the Handicapped and the local branch of the Pre-School Playgroups Association have co-operated to start a day nursery and playgroup. The building is an extension to the Fellowship's existing social centre, and money has been raised by a grant from the local authority and other gifts; the builders put in nominal bills only. The nursery is open for two days a week from 10.00a.m.-3.00p.m., at 15p. per session, including lunch. There are twenty places, for all grades of handicap, including children in cots. The council provides transport. Other children come to the group as well.

Stevenage, Herts, has a playgroup for the mentally handicapped which was started on the initiative of a local general practitioner, worried at the mothers' isolation from their community and the stress they suffered. This group meets in a church hall, and also includes the normal children of mothers and helpers. While the children are playing, mothers can meet quietly and discuss mutual problems. Once a month they have a formal counselling session.

Schools for mentally handicapped children follow a variety of patterns, and many authorities provide residential accommodation on the same site. Cornwall is planning a 25-place hostel to cut down the travelling to one of its special schools - this authority spends £10,000 a year on travel costs alone. There is already a similar hostel attached to a school in another part of the county.

Warwickshire provides residential places at each of its six special schools. Coventry has a united centre comprising a 30-place school, a special care unit for 15 children and a short-stay home that can take up to ten.

The London Borough of Hackney is building a special care unit for 25 children in co-operation with the Spastics Society and the Inner London Education Authority. This project, the Society hopes, will be so designed that it can be copied in other parts of the country. The unit is on the site of the special school, and includes three basic categories of space - day and dining rooms, staff offices and staff room, and service rooms. The building is single storey, and the design allows for a large amount of flexibility in use. The unit should be open by the middle of next year.

The College of Special Education, 85 Newman Street, London W.1, offers information and advice to teachers in this field, together with one-day courses and lectures on various aspects of the work. It offers a central service for the distribution and the publication of literature, and works closely with local education authorities to organise meetings.

Adults

"Better Services for the Mentally Handicapped" points out the severe shortage of training and occupation centres for adults. In most authorities, the functions of the adult training centre and sheltered workshop are merged into one building. But Coventry is an authority that has a sheltered workshop, providing 100 places. Half the employees come on from the adult training centre. Contract work is available, but employees are paid according to capabilities and attitudes to their work, rather than the going rate for the job.

One of the most severe problems in the overall shortage of training places for adults must be the exclusion of the most severely handicapped living at home, from occupational and training centres. The London Borough of Harrow has established a pre-vocational unit at its adult training centre, with places for twenty people who would otherwise be candidates for hospital care, because of the burden they place on their families. Many of the trainees coming to this unit had severe behaviour problems, and a total lack of personal skills; one had been excluded from the junior training centre in a neighbouring borough. The unit has two full-time staff and a part-time welfare assistant, and the programme comprises industrial work in the morning and social training and recreation in the afternoon. One afternoon a week volunteers from local schools and the college of further education provide recreational activities for the trainees in this unit and the centre proper. In the year that the unit has been functioning, the trainees have made great progress. Two have already been transferred to the centre and the others have made great strides in their social skills, as well as showing an aptitude for industrial work which the authorities didn't think possible when they started with them.

The Exeter Mental Health Centre provides workshops and training centre combined, offering a range of work and occupation for about 160 mentally ill and handicapped people. During the next year, the social services department plans to develop an integrated workshop at the centre for people with all ranges of handicap - the blind and physically handicapped as well as the mentally handicapped.

Burnley also combines the functions of sheltered workshop and training centre; at the moment, it offers work and training to some 115 mentally ill and handicapped people. This centre also offers a sickness payment scheme for its trainees. The qualifying period is continuous work over three months from the date of entrance, and the maximum entitlement is a month's pay over a year. The mental welfare officers have been responsible for certifying sickness.

Some authorities combine training centres with residential accommodation. Kent County Council has a unit of this kind near Tunbridge Wells, opened two years ago at the cost of £120,000. There are 30 single rooms for residents, each with its own washbasin, and up to 50 more can come

to the training centre by day. Most trainees are in their late teens or early 20s, and come to the centre either from home or after discharge from hospital; the scheme selects especially those who may be able to cope with open employment. As well as the work-training in the day centre, there is considerable stress on social training for the hostel residents. Since the unit was opened, about 30 have found open work - jobs in cafeterias, hotels, laundries or factories - and live in the hostel, or have found a job and returned to their family home.

Barrow-in-Furness has opened a similar scheme with twelve individual rooms for residents and 40 places for day trainees. The project, which opened this year, cost £70,000 to build and £6,200 to furnish, and has accommodation for a warden and his deputy. Another combined scheme of this kind exists at Coventry.

Cornwall has two purpose-built training units, each for 60 people, together with two hostels, one for 20 men and one for 20 women. These units cater for the physically handicapped as well as the mentally handicapped and ill, but the authority found that it was difficult to establish a work-pace which suited the abilities of the most able. So it built an industrial unit with space for up to 100 workers; at the moment, about 60% of the personnel are mentally handicapped, 35% are mentally ill and 5% physically handicapped, and this amalgam produces no particular problems. Some of the workers have come from subnormality and mental hospitals, others from adult training centres and some from their family homes where they were doing nothing apart from causing stress and tension. The unit is supported by a 25-bed mixed hostel. Personnel are selected at a monthly case conference of consultant psychiatrist, social worker, industrial unit and hostel staff. Progress is assessed with a view to placement in lodgings or sheltered employment. Personnel have their own meetings with social workers and the manager of the unit. In the first two years of operation, 146 people were admitted to the unit. Many of them had been in hospital for a long time, but 40 have since been found jobs in the open market.

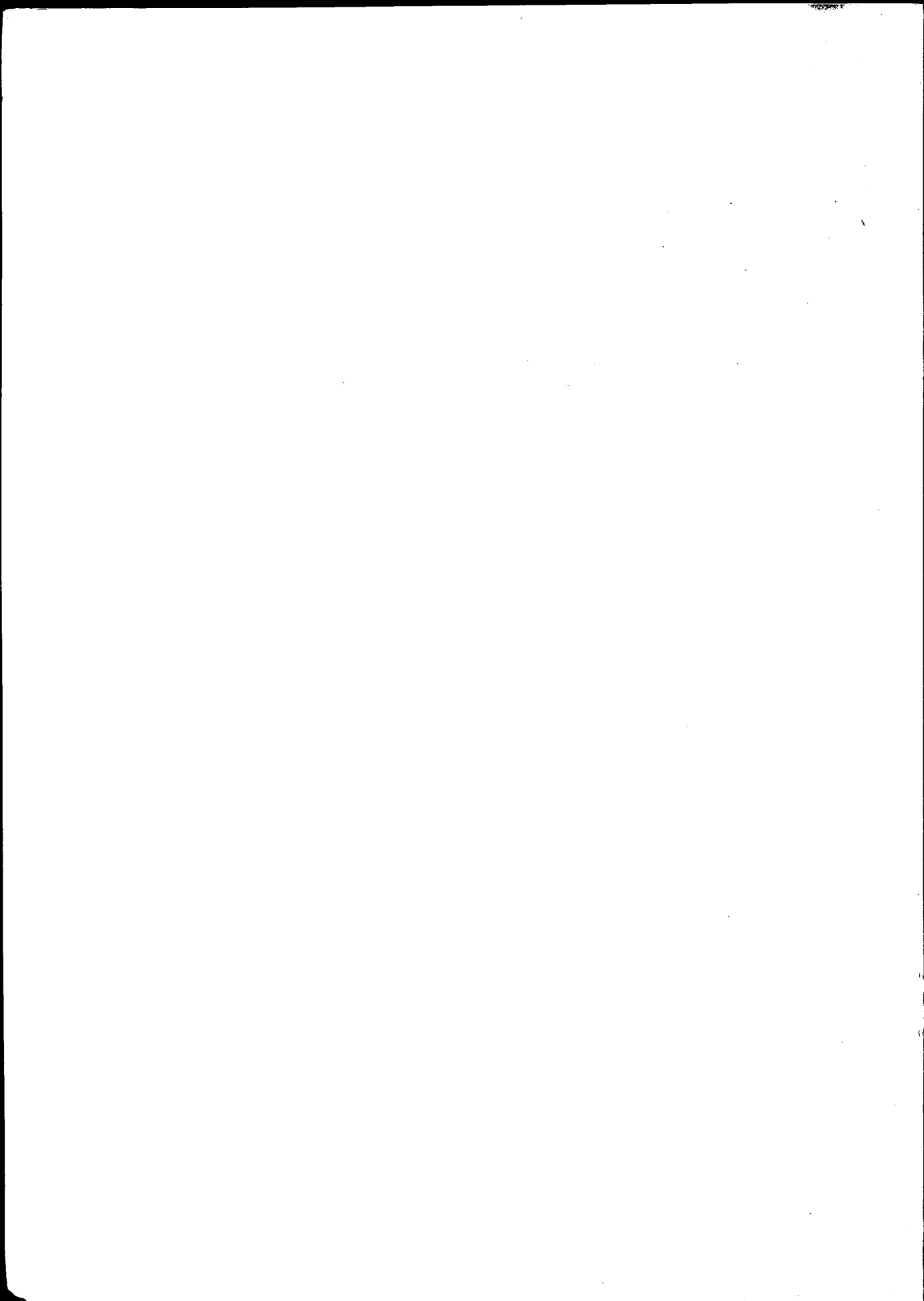
Finding jobs is known to be a great problem for the mentally handicapped and those who are helping them. The Spastics Society has a job placement and advisory service, and the National Association for Mental Health also works in the field of employment. Some authorities, however, have had successful schemes for finding employment.

Stoke-on-Trent, for instance, has had four women working in a production line in a local factory for about nine years. The job they now do in the packaging department was one which they used to do on contract in the training centre, and the move to the factory proper has been very successful. This authority has managed to place nearly 100 people in open employment in the last six or seven years.

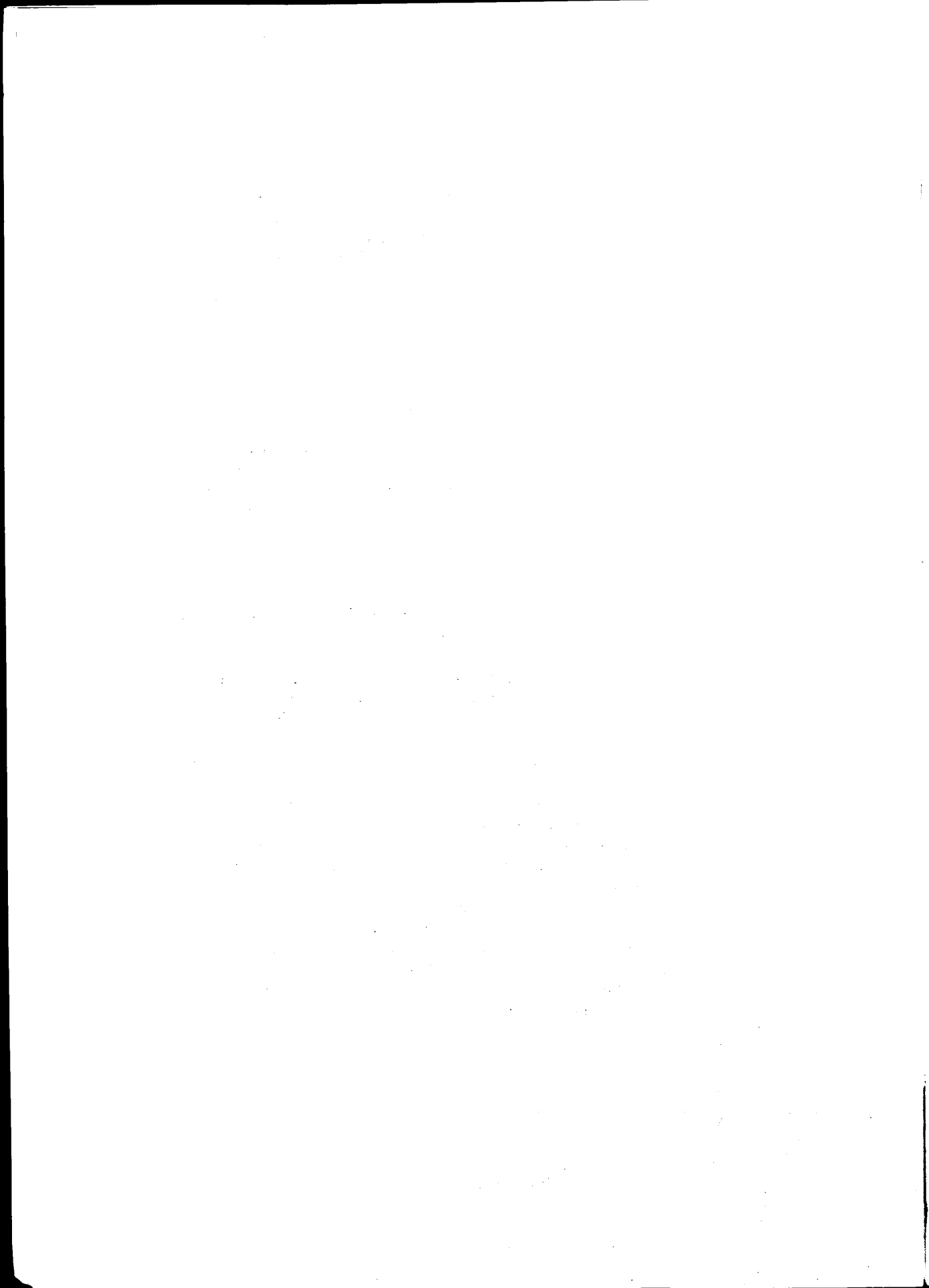
Aberdeen has a special scheme for placing handicapped school leavers. Since 1968, they have had the chance to leave school before the

statutory time, so that they can find work without competing with their non-handicapped contemporaries. These placements, by the Youth Employment Officer, after consultation with the head teacher and school medical officer, are only a trial; if the attempt doesn't work, the young person can return to school. The Youth Employment Officer makes a careful assessment of progress during the trial period.

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CO-OPERATION



BETWEEN STATUTORY AUTHORITIES

Most of the schemes so far described would not be possible without co-operation between different statutory authorities - the hospital service, the local authority health, education and social service departments - and general practitioners are also involved in many of them. Assessment clinics often involve consultant psychiatrist and paediatricians from the hospital service, and local authority medical officers, social workers and health visitors. Cornwall also involves general practitioners at its specialist out-patient clinics.

Family support services also involve a range of agencies. In Southend for instance, health visitors make the first contact with the family, which is then visited by a specialist local authority medical officer and teacher. A speech therapist, educational psychologist and physiotherapist are involved in assessment. A consultant from a subnormality hospital attends the school once a month. Two senior local authority medical officers act as clinical assistants in the paediatric department at the local hospital, and have free access to the child guidance and school psychological service, as well as close liaison with the social service, housing, and juvenile and police departments.

Living and learning in hospital involves many disciplines within the hospital service - the St. Bartholomew's and South Ockendon Research Unit (see under Learning in Hospital) realised this when it insisted that nurses and doctors, psychologists, therapists, teachers and administrators should take part in its research, and initiate ideas. Living in hospital also demands links with community services. Joint appointments of social workers have been one of the keys to co-operation, as between Leavesden Hospital and the London Borough of Ealing. The physician superintendent of the hospital and the borough medical officer also hold a joint monthly clinic in the borough.

The Wessex Regional Hospital Board has been one of the most thorough in involving community services in its hospital units. The front line medical cover in its new hostels (see under Living in the Community) is given by general practitioners, acting as clinical assistants; and they are now to work in this way in the Board's subnormality hospitals. In the hostel units, there are regular case conferences which involve consultant paediatrician, general practitioner, local authority social worker, head teacher and medical officer, as well as the warden and staff of the unit. The operational policy worked out by the Board for its hospitals (see under Living in Hospital) involved social service, health and education departments at the planning stage, as well as hospital board officers and hospital staff.

BETWEEN STATUTORY AND VOLUNTARY BODIES

Again, the value of voluntary work, whether in hospital or local authority services, is underlined in much of what has already been described. Volunteers have, as "Better Services for the Mentally Handicapped" recognises¹⁴, a great deal to offer in helping staff with recreational activities, and providing a link with the normal community.

Volunteers can do much to provide family support, in the way of clubs, playgroups, holiday schemes, sitting-in schemes (see under Living in the Community, and Learning in the Community) as well as raising funds for specific activities.

The way volunteers can be of help in the life of hospitals is also being increasingly realised. In recent years, the traditional help given by organisations like Women's Institutes in the way of canteens and shops has been turned, particularly by the influx of young people, into more individual service to, and involvement with, the residents. There are now some 22 paid voluntary organisers in hospitals, appointed to ensure both that the volunteers don't get in the staff's hair and that the kind of work offered is satisfying. A disorganised voluntary service means frustration for staff and volunteer alike, and some organisers report that a great deal of preparation must be done before volunteers are introduced to the ward and activity areas.

St. Lawrence's, Caterham, reports that staff resistance to volunteers is more easily overcome if their introduction is gradual. At a Christmas party for volunteers, the staff were amazed at the number who turned up, which in the organiser's book is a good thing, showing how gradually and unobtrusively the volunteers had been introduced.

Some hospitals now have a careful induction scheme for volunteers. Ida Darwin, for instance, has a programme of introduction to hospital life, with support from a Community Service Volunteer and an organiser of Voluntary Services. It has found that with careful planning, volunteers can be introduced from the age of 12 on. They work in the school, in the children's wards and in the adult wards, as well as providing outings and recreation within the hospital. Some volunteers work on the wards as care staff; this was accepted once staff were reassured that the consultants took responsibility.

The Hospital Centre in London now has a voluntary service information department, headed by Mrs. Chrystal King, designed to help guide people through the problems of organising voluntary service, whether in hospitals or in joint hospital and local authority schemes. It has guidance material on methods of recruiting, and on the use and support of volunteers. It runs a series of study days at the Centre, for both statutory and voluntary organisations, and for members of individual professions who want to find out how they can best use voluntary help.

Voluntary help need not be all one way. Groups of residents at Royal Earlswood visit housebound elderly people, and do their shopping and gardening for them, as well as taking them, for example, cakes baked in the cookery class. The initial approach is through local welfare agencies, who make sure that visitor and visited are properly matched.

Some of the younger community-work organisations also emphasise the need of the handicapped to give as well as being on the receiving end. Community Service Volunteers, which places young volunteers in subnormality hospitals and many other places, tries to include children at schools for the educationally handicapped in its community work. Young Volunteer Force Foundation, the Government-backed agency that works in co-operation with local authorities to make the best use of young volunteers, also lays great stress on the need to involve all sorts of young people in community work. Task Force, which operates in London only, has a scheme in its Barnet branch under which volunteers from a local school for the educationally handicapped visit the elderly. This takes some planning, to ensure that the visitor and the visited enjoy each others' company, but once they have been properly introduced, both sides get a tremendous amount out of the contact. The young people feel of use to their community, and the people they visit feel that they too are giving something rather than simply being on the receiving end.

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Voluntary health and welfare organizations
are those which are organized and operated
exclusively for the promotion of the health or
welfare of the community.

These organizations are not organized for
the purpose of carrying on a commercial
enterprise, and they do not have a
substantial part of their income derived
from the sale of goods or services.

They are organized and operated exclusively
for the promotion of the health or welfare
of the community, and they do not have
a substantial part of their income derived
from the sale of goods or services.

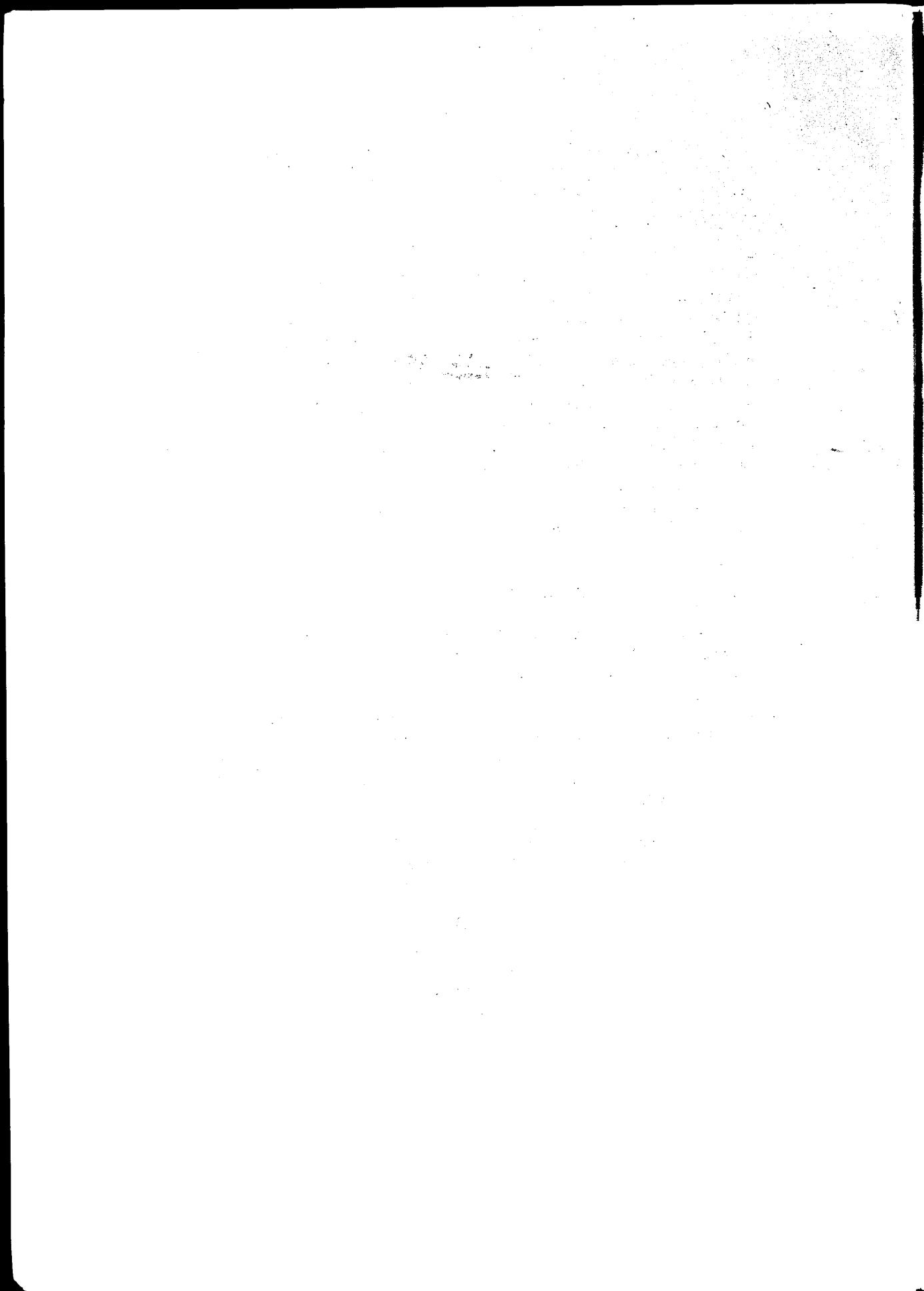
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TRAINING THE PROFESSIONALS



Experiments within the framework of statutory training schemes for nurses have been directed to widening the traditional skills of the job to embrace a more complete pattern of care and contribution to the residents' development.

An interesting recognition of the widening role of the nurse has been the Leavesden nurse-teacher scheme, now discontinued because of the transfer of responsibility for education of mentally handicapped children to the Department of Education early in 1971. This course had the approval of the General Nursing Council and the Department of Health and Social Security and started in 1969. It took four years, and led to registration RNMS as well as a diploma in teaching the mentally handicapped child. The nursing content came in the first and fourth years of the syllabus, with the second and third in a college which offered the diploma course. The design of the scheme was not to supplant existing specialists, but to supplement their work. Of the eight nurses who entered the course, four are still at training college and four plan to go into teaching. While this course is now redundant, there are many efforts to provide widening experience and discipline for student and pupil nurses, as well as more informal inservice training.

At Little Plumstead, for instance, student and pupil nurses attend school as part of their training. This is particularly important for the success of the experimental children's unit (see under Learning in Hospital). From the end of 1971, a sister in this unit will begin the two-year day-release course in child care at the local college.

From the same time, Ida Darwin's student nurses will spend a good deal of their time in the community, working in children's homes, in schools and with families, to gain experience of the normal developing child. The course is designed to teach a wider caring role rather than nursing in the more restricted traditional sense.

The King's Fund is working with the three major voluntary societies, and three regional boards, on a small number of pilot schemes of re-orientation training and experience for hospital and hostel staff.

At St. Lawrence's, Caterham, pupil and student nurses are brought into the social education unit as part of their training. Although there were problems with this at first - the pupils feeling that they were learning one thing in the unit and expected to practise another in the ward - this is said to be resolving itself. To support and encourage pupil nurses, the hospital has instituted a prize for the best case-study by a pupil nurse.

Less formal training can also be offered. Rawcliffe Hall Hospital is too remote from its group's training school to participate in programmes, and too small to be a school in its own right. On the initiative of the matron, it now offers an informal in-service training to nursing assistants, and awards its own diplomas - albeit not officially recognised - to certify that they have

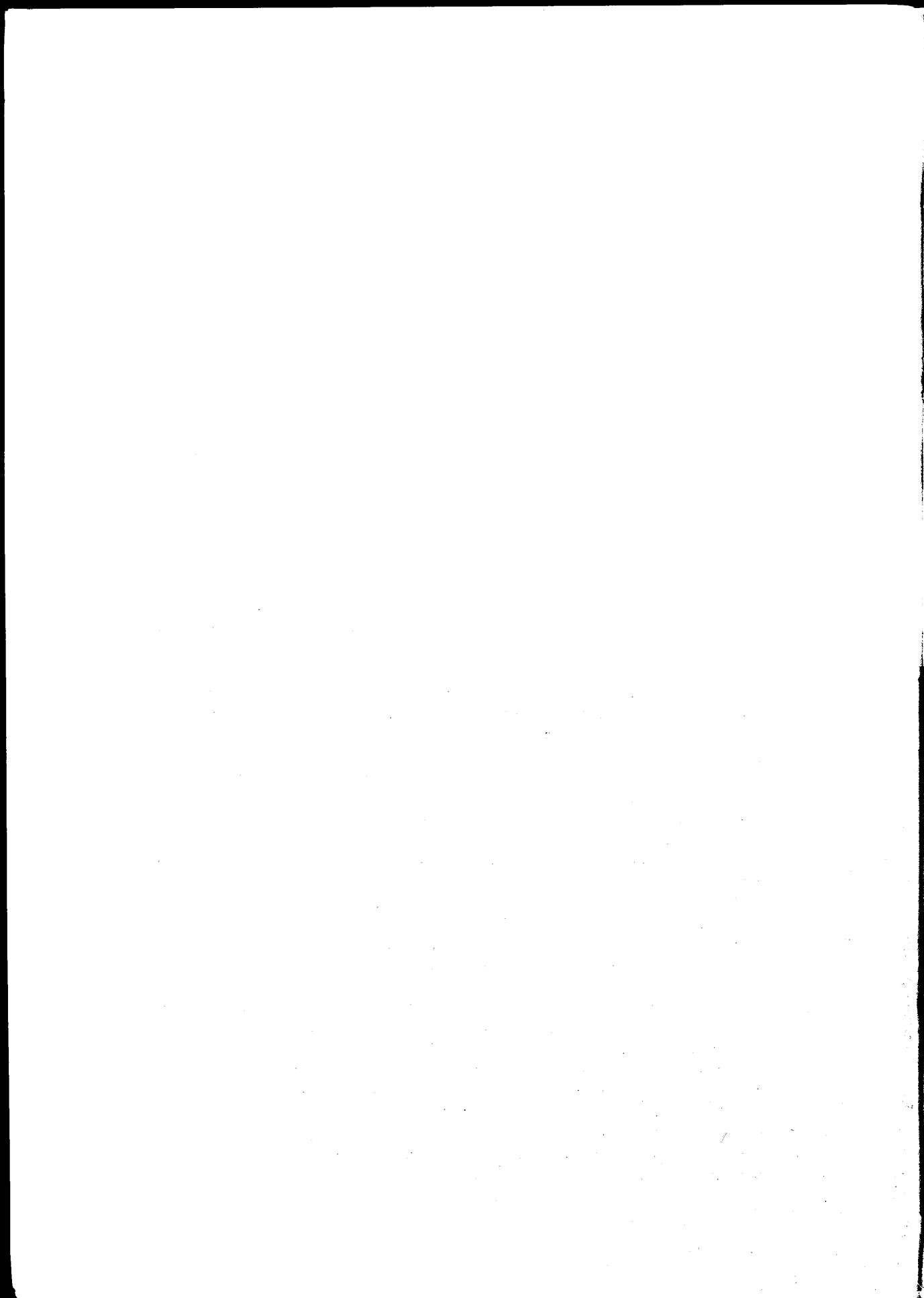
completed a course in basic care of the mentally handicapped. The course covers half a day a week over 12 weeks, and covers not only the basics of first aid and drug administration, but also the importance of encouraging the residents to learn to do for themselves what could be done for them a lot quicker. The standard of nursing, it's reckoned, has risen since this scheme was introduced.

Training can also embrace other professions. Wessex has delegated a regional hospital board training officer to develop programmes for staff involved in its operational policy, and a part-time tutor in collaboration with the Board's training department offers special training to staff moving into new units, with continuous in-service training once these are established. (see Living in Hospital and Living in the Community)

The Wessex Regional School of Psychiatry also organises a multi-disciplinary day release course on behalf of the regional hospital board. Last year, the course attracted psychologists, doctors, nurses, nurse-administrators, administrators and the staff of special schools. This year, it has been extended to social service departments. The syllabus, over 30 days, covers child development and services to the mentally handicapped, and includes visits to various units. A particular success has been the attraction of married women doctors who are looking for a part-time job.

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MANAGEMENT



Few people would disagree with the proposition that mentally handicapped people, like the rest of us, are at their best when they are in an environment over which they have some control, and in which they can make some, at least, of the decisions. And few would disagree with the proposition that staff too are likely to put more of themselves into the job, and to behave more individually, when they have some say in decisions which affect the local working situation. For historic reasons we have a legacy of large hospitals which were specifically designed to exclude the possibility of decision-making at ward or unit level, and were built to encourage central services and central decision-making by a small authoritarian group. Faced with the problem of running and servicing a hospital, already very large, which then becomes heavily over-crowded, it is little wonder that some senior staff fall back on the remedy of centralising decision-making as much as possible, if only to make the best of a bad job; but it is evident that every decision which is unnecessarily taken at the centre, will deprive the staff in the wards, and ultimately the handicapped people in the wards, of the chance to develop their own personality.

Many large hospitals are trying to develop a more decentralised pattern of organisation and management, and efforts being made follow two main lines. Firstly, the need for the decentralisation of authority from one level to another, so as to ensure that as many decisions and choices as possible are made at ward level; secondly, the need for the various contributing professions, all of whom are involved in some way in the welfare of the mentally handicapped, to share the decision-making process.

As to decentralising authority, some hospital management committees have heeded the advice given in the Farquharson Lang report and have delegated a considerable amount of decision-making to their principal professional officers, though themselves retaining decision-making in the most important strategic areas. Where this has happened, for example at East Birmingham, this has made it possible for the mental handicap hospitals to accept, at senior professional level, more decision-making than would otherwise have been the case. They accept delegation downwards from the committee, and are accountable upwards to the committee for results, not for methods. Once this step has been taken the group of professionals, known at East Birmingham as a professional executive, delegate down through the organisation, sometimes using the established Salmon structure, in order to ensure that desired results are indicated to staff at ward level, who are thus accountable upwards for results, but not for methods.

In hospitals which work in this way, the individuality of approach, which means so much in the life of the mentally handicapped, blossoms. Thus a clear line of decentralised decision-making is established from the hospital management committee to the professional executive, and from the professional executive to the wards or living units, each level being responsible upwards for results. The two upper levels - hospital management committee and professional executive - still retain authority for those decisions which they feel must in all conscience be made at that point and not lower down.

The other development which is beginning to be seen much more often is the sharing of decision-making between the various professionals who contribute to the life of the mentally handicapped, a group going wider than the medical, nursing, administrative triangle which is sometimes held by its advocates to be multi-disciplinary management. These wider groups include psychologists, social workers, head teachers and voluntary service organisers, for example. These people are sharing in decision-making at professional executive level. In turn, and most importantly, the same kind of grouping has been taking place in many good hospitals, at ward or unit level, so that multi-disciplinary assessment and programme planning begins to take place in respect of each mentally handicapped person at living unit level.

A further fruit of this development has been the way in which community representatives are becoming involved in the professional executive, and similar moves are taking place at the ward or unit level involving, for example, community social workers and others working outside the ward in the field of mental handicap.

There is no set or standard way of achieving decentralisation, and great individuality is in fact being shown. Here are some of the ideas which have come to notice during the preparations for the exhibition.

The Wessex Regional Hospital Board has evolved a scheme of management to put its operational policy into action, which works at living unit, hospital and group level. At the top, there is a small committee of senior officers from the board who cope with problems too knotty for the group to solve. The living unit team is responsible for producing individual programmes and activities for every resident, and for the continuing assessment of progress. This consists of the head of the unit - charge nurse, sister or (in the community hostels) warden - responsible to the Salmon 7; a junior hospital doctor or general practitioner clinical assistant responsible to the consultant; a junior social worker, responsible to a senior social worker, either based in hospital or local authority; a junior teacher, responsible to the school, occupational therapy or industrial unit; a junior hospital or education psychologist; a junior hospital administrator; and local health authority doctors and local paediatricians for assessment and screening.

At hospital level, the team consists of physician superintendent, principal nursing officer, hospital secretary, head social worker and teacher, and head training adviser.

At group level, the team consists of consultant, principal nursing officer and others as necessary.

Independence at unit level can develop as a by-product of experiment. At Little Plumstead, the experimental children's unit (see Learning in Hospital) is under the overall charge of the consultant psychiatrist, but includes another doctor, nursing officer, nursing staff of all grades, psychologist and teacher, in its case conferences. The student nurses, who

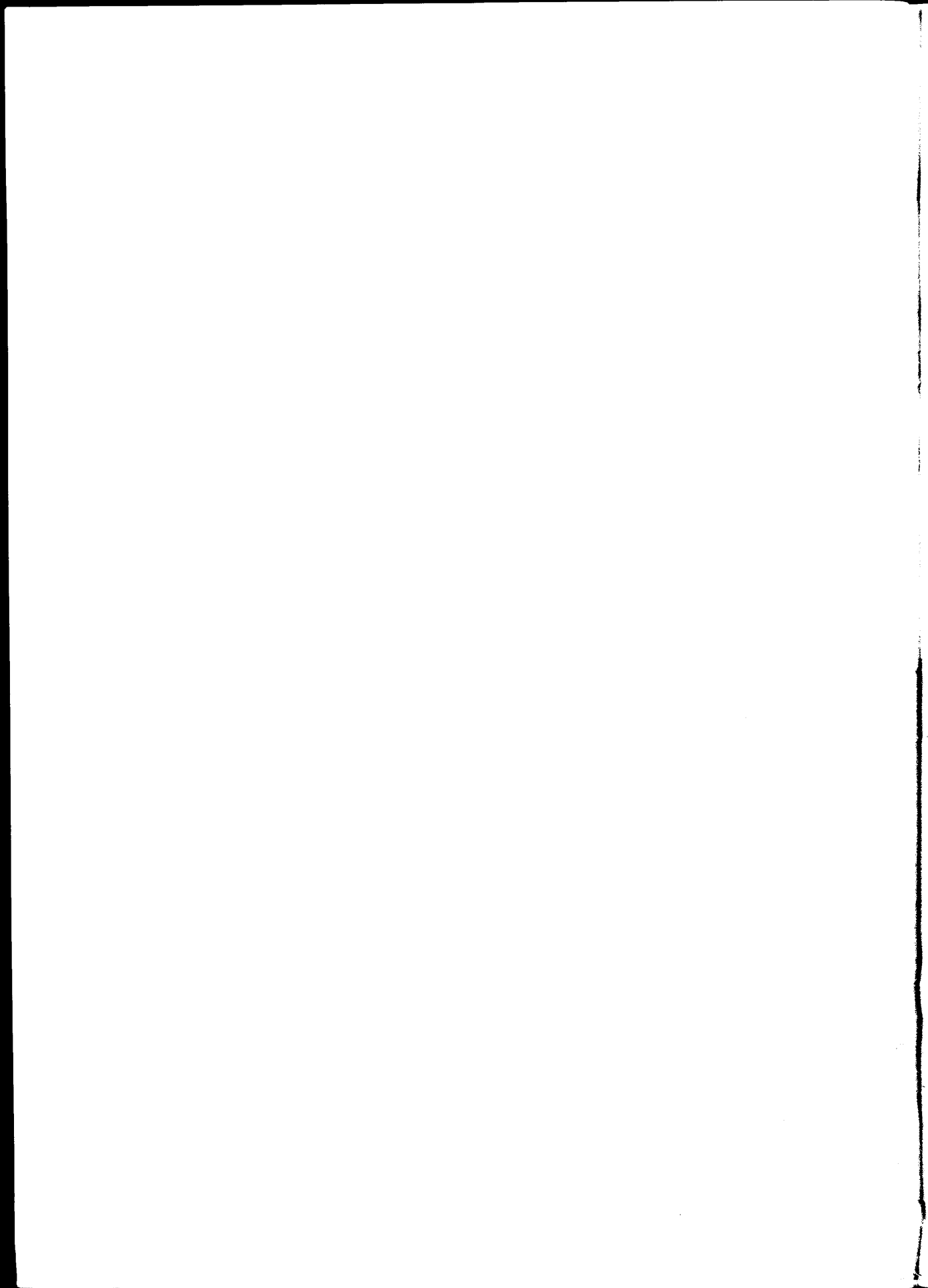
were largely responsible for initiating the project, soon began to speak up for themselves and now the unit has a fair degree of independence in the activities and pattern of life it plans for the children.

In the mixed sex and age "family unit" at Leavesden (see Living in Hospital), the residents are divided into small groups, each with substitute parents among the nursing staff, who are responsible for their activities and make progress charts and keep records on their progress.

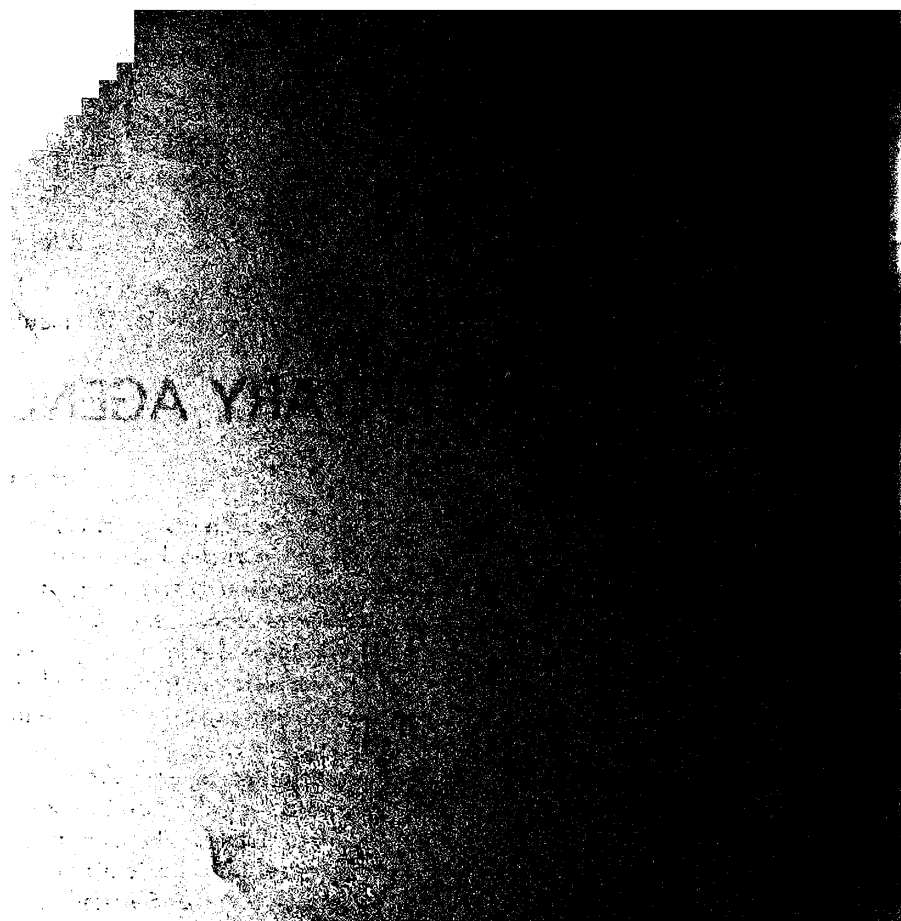
A paper on multi-disciplinary management (THC/71/365) is being distributed with Mental Handicap Bulletin No.2 in September, 1971, and further copies may be had from the Associate Director, Mental Handicap Project, The Hospital Centre.

For an experimental period, the Hospital Centre, in association with the Centre on Environment for the Handicapped, is issuing a quarterly bulletin of papers and abstracts which may be of help to those working in the field of mental handicap. The first issue, on the topic of normalisation, was made in May 1971, and further issues are planned in September and December, 1971 and in March 1972. At that point readers of these, up to then, free bulletins will be invited to subscribe on a yearly basis. One or two copies only are sent to each authority, but the number will readily be increased upon request. The bulletin is made up of loose sheets in a pack, making it possible for papers on individual topics to be passed from hand to hand, to be read by a fair proportion of the staff of any particular unit.

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VOLUNTARY AGENCIES



SOME VOLUNTARY AGENCIES

Working in the Field of Mental Handicap

AEGIS (Aid for Elderly in Government Institutions)

10 Hampstead Grove,
London. N.W.3.

Telephone: 01-435-6155

Formed in 1965 to protect the interests of the Government's elderly patients, including those in hospitals for the mentally handicapped.

BRITISH RED CROSS SOCIETY

9 Grosvenor Crescent,
London. S.W.1.

Telephone: 01-235-5454

In accordance with the objects of its Charter (to furnish aid to the sick and wounded in time of war; the improvement of health, the prevention of disease and the mitigation of suffering throughout the world), the Society, through its branches throughout the United Kingdom carries out a wide range of service, including a deepening involvement with mental illness and mental handicap. Activities of local branches differ according to local need. Service currently being given to the mentally handicapped includes:

- Operation of day-nurseries
- 'Adoption' of children in hospital
- Running clubs for the mentally handicapped
- Support services for families
- Sitting-in services for families
- Holiday schemes

BRITISH SOCIETY FOR MUSIC THERAPY

48 Lanchester Road,
London. N.6.

Telephone: 01-883-1331

Promotes the use and development of music therapy in the treatment, education, rehabilitation and training of children and adults suffering from emotional, physical or mental handicap. Offers a post-graduate course with a Diploma in Music Therapy in association with the Guildhall School of Music and Drama in London.

BUCKETS AND SPADES

Churchwood Road, Hollington,
St. Leonards-on-Sea, Sussex.

Telephone: Hastings 51215

Jewish short-term care home for mentally handicapped children of all types and of all religions. The home was opened in June, 1966 and since then has cared for many hundreds of children. It is a recognised charity, financed by voluntary subscription. No charge is made, it being left to parents to donate any amount they can afford. It has 30 beds, is administered by qualified day and night staff, and is open 49 weeks every year.

CAMPAIGN FOR THE MENTALLY HANDICAPPED (CMH)

96 Portland Place,
London. W1N 4EX

Telephone: 01-636-5020

Campaign for the Mentally Handicapped is a new organisation which is campaigning to establish a community-based system of care for the mentally handicapped in this country, phasing out large, self sufficient special hospitals for the mentally handicapped within fifteen years. CMH has a programme of public and professional education through publication of reports, press, radio and television, and aims to build up local working groups throughout Britain.

THE CAMPHILL VILLAGE TRUST

Delrow House, Aldenham,
Watford. Herts. WD2 8DJ

Telephone: 01-779-6006

Founded in 1954 with the aim of creating village communities for retarded and handicapped men and women over the age of 18 years. Within these communities the handicapped are given the opportunity to establish themselves permanently in a way of life which offers full employment, family life and a normal social background. Through apprenticeship and regular employment in the workshops, on the land or in the houses, the handicapped make their contribution towards the support of the community in which they live. Through the sheltered surroundings a social life can be built up which meets both the spiritual and working needs. On all the estates of the Village Trust, the handicapped live in small, self-contained groups. Life and work are shared alike, and in all that takes place as little distinction as possible is made between those who guide the work and the handicapped people themselves, who are encouraged to take as much responsibility as they are able. There is estate and farm work in all its variety, gardening, kitchen and housework. The established workshops produce articles such as candles, brass, enamel work, hand-printed silk scarves, lambswool woven rugs, basketwork and pottery. To enable the handicapped to live a free and active life is one of the chief aims of this work.

CENTRE ON ENVIRONMENT FOR THE HANDICAPPED (CEH)

24 Nutford Place,
London. W1H 6AN

Telephone: 01-262-2641

This organisation provides information and advice to anyone involved in design for handicapped people of any kind, but is concentrating initially on mental handicap. There is a small reference library of written and photographic material which is available for loan on special request. CEH arranges conferences and seminars, and produces reports on design; it collaborates with the Hospital Centre in the production of a quarterly bulletin on mental handicap generally; it also produces a bulletin on design for the mentally handicapped.

COMMUNITY SERVICE VOLUNTEERS

Toynbee Hall, 28 Commercial Street,
London. E1 6BR

Telephone: 01-247-8113

Concerned with the involvement of young people in every aspect of community service, including the mentally handicapped. Additionally, it has a special programme, financed by the Van Leer Foundation, to discover ways of involving the disadvantaged, including the educationally subnormal and the mentally handicapped, themselves, in service to the community.

**COTTAGE AND RURAL ENTERPRISES FOR THE MENTALLY
HANDICAPPED (CARE)**

Care House,
Bigland Street,
London. E.1.

Telephone: 01-790-2044

Provides villages for the mentally handicapped, where home training, employment and life-long security will be found.

DISABLED LIVING FOUNDATION

346 Kensington High Street,
London. W.14

Telephone: 01-602-2491

The philosophy of the DLF is that careful study will invariably ameliorate bad conditions, and in the case of all disabled and elderly people, study of their environment in the widest sense, and subsequent action, can return opportunities in life which otherwise could be lost to them. Studies being undertaken inevitably include the mentally handicapped.

DR. BARNARDO'S

Tanners Lane, Barkingside,
Ilford. Essex.

Telephone: 01-550-8822

Dr. Barnardo's involvement in provision for mentally handicapped children has been in the past marginal and quite limited. In the main the organisation has endeavoured to deal with those mentally handicapped children for whom it has had a direct responsibility, and has not made particular efforts to serve the community at large. Recently, however, the Council of Barnardo's has agreed that severe mental handicap should be no bar to the availability of Barnardo's services, and considerable efforts are being made to widen the provision.

THE ELIZABETH FITZROY HOMES FOR THE HANDICAPPED TRUST

The Coach House, Whitegates,
Liss. Hants.

Children who are blind, deaf, hydrocephalic, epileptic, paraplegic, microcephalic in addition to being mentally subnormal are not easy to place for care outside a hospital. But children like this are welcome at Meadow Cottage, a registered nursing home at Overstrand in Norfolk, belonging to the Elizabeth Fitzroy Homes for the Handicapped Trust, where skilled nursing attention and loving care give this home its high reputation with medical authorities. The Trust also owns two other homes in Hampshire, where mentally subnormal ambulant children are accepted for long and short periods, and where they lead as normal a life as possible, well integrated into the surrounding community.

HANDICAPPED ADVENTURE PLAYGROUND ASSOCIATION

2 Paulton's Street, Chelsea,
London. S.W.3

Telephone: 01-352-6890

Caters for four separate types of need of the mentally handicapped.
1. ESN children aged 5-15 coming in groups from Special Schools or as an after-school activity with the Elfrida Rathbone organisation. 2. Groups from Junior Training Centres. 3. Groups of mentally handicapped children from hospitals and residential hostels. 4. Individual children who are at home for the holidays.

INSTITUTE FOR RESEARCH INTO MENTAL RETARDATION

85 Newman Street,
London. W1P 3LD

Telephone: 01-636-0408

Promote collaboration at postgraduate level between workers of varying disciplines interested in research into mental retardation. Centre for information on research and on current research index. Foster research projects. Library acquisition list available for libraries and organisations. Produce bibliographies on special scientific subjects. Maintain a library information service and supply a publications list. Study groups and symposia held regularly for research workers.

MENTAL HEALTH FILM COUNCIL

39 Queen Anne Street,
London. W1M OAJ

Telephone: 01-935-1272

Provides advice on the use of films relating to mental handicap and mental illness. Supplies a comprehensive list of films to enquirers, but does not undertake distribution of films: this is done by nominated distributors. The list gives description of scope of film, with running-time and technical details. Enquiries to Mrs. Margaret Mawer.

MENTAL HEALTH RESEARCH FUND

38 Wigmore Street,
London. W.1

Telephone: 01-935-4103

Sponsors scientific and medical research into all forms of mental disorder or handicap.

NATIONAL ASSOCIATION OF LEAGUES OF HOSPITAL FRIENDS

45 Great Peter Street,
London. S.W.1

Telephone: 01-799-6353

The co-ordinating body for most Hospital Leagues of Friends throughout the country. Assists existing member Leagues by providing common services and information; encourages expansion of Hospital Friends movement, including practical help in forming new Leagues.

NATIONAL ASSOCIATION FOR MENTAL HEALTH

39 Queen Anne Street,
London. W1M 0AJ

Telephone: 01-935-1272

Works to promote mental health and aid the mentally disordered; to establish, maintain and improve standards of training; to improve understanding of the foundations of mental health; to increase public awareness of the problems of the mentally disordered and their families. Keeps under review the general development of the mental health services and draw public attention to changing needs. The Association works equally for the mentally handicapped and the mentally ill.

NATIONAL ASSOCIATION FOR THE WELFARE OF CHILDREN IN HOSPITAL

74 Denison House,
London. S.W.1.

This association has only recently become involved in the field of mental handicap. Many of the groups have been asked to try to play a more active part in subnormality hostels, particularly by organising play-groups and becoming visitors to unvisited child-patients.

NATIONAL ELFRIDA RATHBONE SOCIETY

Toynbee Hall, 28 Commercial Street,
London. E.1

Telephone: 01-247-9538

A central voluntary organisation concerned with the provision of social facilities for educationally subnormal children and their families. The Society is particularly concerned with that category of children, who with a minimal amount of support, will on leaving school, be able to hold down a job and live independent lives within their local community.

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NATIONAL CHILDREN'S BUREAU,
Adam House, 1 Fitzroy Square,
London. W1P 5AH

Telephone: 01-387-4263

Concerned with the care and well-being of children, both normal and handicapped, wherever they are, at home, in school, in residential care or in hospital.

NATIONAL FEDERATION OF WOMEN'S INSTITUTES
39 Eccleston Street,
London. S.W.1

Telephone: 01-730-7212

There are now 27 Women's Institutes in psychiatric hospitals. In 1969, the first Women's Institute was formed in a hospital for the mentally subnormal, and there are now five of these Institutes. There is also a Women's Institute in a hostel for the mentally subnormal. Amongst the most usual activities are:

- Provision of entertainment, parties and concerts in hospitals
- 'Adoption' of lonely patients (visits, sending flowers, birthday and Christmas cards, etc.)
- Inviting parties of patients to parties, shows, etc.

THE NATIONAL SOCIETY FOR AUTISTIC CHILDREN
1a Golders Green Road,
London. NW11 8EA

Telephone: 01-458-4375

Exists to provide and promote day and residential centres for the care and education of autistic children and to help parents particularly by arranging meetings between them where they can exchange information. It encourages research into the problems of these children and it helps to stimulate more understanding among doctors, teachers and the general public of these children's difficulties.

NATIONAL SOCIETY FOR MENTALLY HANDICAPPED CHILDREN
86 Newman Street,
London. W1P 4AR

Telephone: 01-636-2861

A voluntary parent organisation with 35,000 members in 400 local societies. It is the only national voluntary organisation exclusively concerned with the mentally handicapped and their families. Nationally and regionally, it supports parents under stress, with welfare and counselling services. Research is financed through the Institute for Research into Mental Retardation. It initiates pilot schemes in the fields of education, training and the employment of the mentally handicapped. Residential centres cater for extended and short-term care. Specialist advisory services include speech therapy and physiotherapy. Courses and seminars for professionals in the field are regularly organised. An important and continuing aspect of the work of NSMHC is the education of the public about the problems and needs of the mentally handicapped and their families.

THE PATIENTS ASSOCIATION

335 Gray's Inn Road,
London. W.C.1

Telephone: 01-837-7241

Aims to represent and promote the interest of patients generally. Its booklet "Organisations concerned with Particular Diseases and Handicaps" assists patients to contact other sufferers as well as helpful organisations, and includes a number of organisations of possible interest and help to mentally handicapped patients and their relatives.

RADIUS SESAME

George Bell House,
8 Ayres Street, London. S.E.1

Telephone: 01-407-4375

Encourages the mentally and physically handicapped, the blind, deaf and elderly to take an active part in drama and so helps them to enjoy a fuller life, through music, movement, mime and simple acting. Travelling groups entertain and involve their audiences. Training courses by professionals are offered to teachers and therapists. Sesame works through local authorities, hospital boards, and national organisations.

THE ST. JOHN AMBULANCE ASSOCIATION AND BRIGADE

1 Grosvenor Crescent,
London. S.W.1

Telephone: 01-235-5231

Provides a number of services for the mentally handicapped, with special interest in children and young people who may be helped by encouragement and understanding to share as far as possible in the normal life of the community. These services include:

Auxiliary nursing in hospitals for the mentally subnormal

Help and provision of entertainment, hobbies and general amenities for the mentally handicapped in hospitals and homes.

THE SPASTICS SOCIETY

12 Park Crescent,
London. W1N 4EQ

Telephone: 01-636-5020

This Society is vitally concerned in the field of mental handicap, as approximately half of all cerebral palsied persons show some degree of intellectual subnormality. The Society operates a residential school for severely handicapped subnormal children and two residential schools for the educationally subnormal. In addition, its affiliated Local Groups maintain 30 Day Centres throughout the country, catering for children with severe physical or mental handicap. Many of these local centres are now being registered as schools under the new Education (Handicapped Children) Act, 1970.

THE SPASTICS SOCIETY (continued)

The Society's unique residential Family Services and Assessment Centre in London is concerned with assessing and counselling physically and mentally handicapped spastic children, adolescents, their families and adults in order to advise on future development, education, vocational or occupational opportunities and residential care. A residential assessment centre in the north caters for children who are so severely handicapped that their educability is difficult to establish by normal methods. Four Family Help Units offer short-stay care and day care facilities to severely mentally and physically handicapped children, especially at times of family crisis.

Mentally handicapped adults are placed in a variety of residential centres, hostels and workshops that the Society runs all over the country; and a scheme is now going ahead to provide homely hostel accommodation within the community for severely subnormal men and women who are capable of being employed. The Spastics Society also offers a wide range of personal social services to families with a spastic in the family and much of its social workers' time is spent with families caring at home for a member with a dual mental/physical handicap.

THE STANDING CONFERENCE OF COUNCILS
OF SOCIAL SERVICE

26 Bedford Square,
London. WC1B 3HU

Telephone: 01-636-4066

Examples of ways in which they are at present working to improve the care of the mentally handicapped are:

- Local liaison committees for physically and mentally handicapped people;
- Local associations for mental health;
- Organisation of local conferences on all aspects of mental health;
- Organisation of Mental Health Weeks;
- Clubs, day centres and workshops;
- Voluntary work in mental hospitals;
- Trolley 'shops' in mental hospitals;
- Leagues of friends of local mental hospitals;
- After-care schemes;
- Home and hospital visiting services.

TOC H INCORPORATED

15 Trinity Square,
London. EC3N 4D1

Telephone: 01-709-0472

Toc H exists so that men and women of all ages, of all political beliefs and creeds - or none at all - may test the truth of the Christian faith by experiencing real friendship within a Toc H branch or group, and through it participate in acts of service to the community, and the handicapped, and members will be found undertaking a personal commitment to visit and help local hospitals and homes. There is also a growing awareness of the tremendous emotional and physical burden imposed on the parents of a handicapped child and those caring for handicapped adults living at their own homes. Some Toc H branches now organise 'sitting' evenings so that parents and others may enjoy a deserved break from their demanding charges.

VOLUNTARY SERVICE INFORMATION OFFICE

24 Nutford Place,
London. W1H 6AN

Telephone: 01-262-2641

The King Edward's Hospital Fund for London has established at the Hospital Centre a Voluntary Service Information Office. Mrs. E.M.C. King who heads this project as the Voluntary Service Information Officer, was previously organiser of voluntary services at Fulbourn Hospital. The service has the following main objectives and functions:

To collate information on existing schemes of voluntary help.

To provide information on the various methods of making effective use of voluntary help, whether in general or specialised units, or in joint hospital/local authority schemes.

To prepare guide material on the various methods of recruiting, use and support of voluntary help in the health services.

To arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (e.g. doctors, nurses, occupational therapists) on the way a particular profession can utilise voluntary help and on how such resources can be mobilised.

WOMEN'S ROYAL VOLUNTARY SERVICE

17 Old Park Lane,
London. W1Y 4AJ

Telephone: 01-499-6040

This society works in hospitals to stimulate the interest of patients, helping towards their ultimate recovery and assisting in integrating them with the community. It aims to bring the outside world to the patients; to combat prejudice by educating the general public regarding mental

WOMEN'S ROYAL VOLUNTARY SERVICE (continued)

illness and mental handicap; to help prevent deterioration, particularly of elderly and lonely patients by occupying their minds, building up their self-respect and providing new and varied interests. Activities aimed at achieving these objectives include provision of purpose-built Social Centres where patients can shop and enjoy canteen facilities with their friends and relatives daily (there are 28 of these centres in hospitals for the mentally ill and mentally handicapped); assisting to teach handicrafts, knitting, painting, sewing, cooking; encouraging patients to take an interest in their dress and personal appearance, and providing clothes for special occasions; helping patients by chatting to them, by taking them to church, to the cinema, for picnics, to shop and out to tea; providing magazines, books, and operating libraries; organising entertainments such as concerts, whist drives, bingo, folk and ballroom dancing, community singing, film shows, and discussion groups. Members also 'adopt' individual lonely patients without family or friends of their own.

YOUNG VOLUNTEER FORCE FOUNDATION

Abbey House,

2-8 Victoria Street, London. S.W.1

Telephone: 01-799-6043

An independent educational trust aiming to promote the greater involvement of the younger person in all aspects of the life and problems of their community. Creating relationships with the mentally handicapped and their families - for example, their "Mencap" playgroups.

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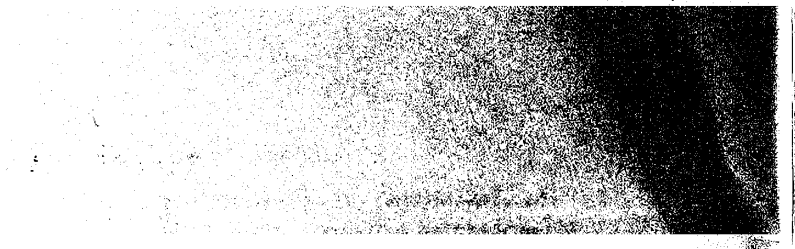
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