

COMMISSION OF THE EUROPEAN COMMUNITIES

**First Seminar for Officials responsible
for the vocational Rehabilitation of
Disabled Adults**

Final Report

Heidelberg, 5-9 June 1972

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Final Report

Directorate General for Social Affairs
in collaboration with the Stiftung Rehabilitation Heidelberg

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INTRODUCTION

The task of the First Seminar for Officials responsible for the Vocational Rehabilitation of Disabled Adults was to contribute to the improvement of occupational rehabilitation provisions and facilities available to disabled adults in the member countries of the European Community. In this connection the following objectives have been pursued :

1. To provide the fullest possible information for participants in the seminar on action taken by the Commission of the European Community in this field.
2. To promote an exchange of views and experience between officials responsible for occupational rehabilitation in the various member countries of the Community.
3. To work out proposals designed to improve occupational rehabilitation in the Community.
4. To help the participants to extend their knowledge of the field.

TIME ALLOTTED FOR THE MEETING, PROGRAMME AND WORKING PROCEDURE

The Seminar was held from 5 to 9 June in Heidelberg.

The main subjects dealt with were as follows :

1. Briefing of the participants on the guiding principles of Community action in the field of rehabilitation and vocational training.
2. General review of the conditions and problems of occupational rehabilitation for disabled adults in the member countries.
3. Reports on actual experience within the field of

occupational rehabilitation for disabled adults in the various member countries. In this connection three working parties were appointed to report on the following subjects :

4. Preparation of the disabled adult for vocational training.
5. Systems and methods of vocational training for disabled adults.
6. Evaluation of results.

In view of the objectives which had been set for this Seminar and of the fact that the participants were officials in positions of responsibility for the occupational rehabilitation of disabled adults, the active participation of all concerned in the organisation of this seminar was called for.

This participation was made possible both by the direct influence exerted by the participants on the choice of objectives and organisation of the working procedure and by their collaboration within the various working parties. A working party of five participants was set up to arrange the immediate pedagogical framework of the seminar, consisting of : Mrs. Mutterer (France) Mr. Fotr  (Commission), Mr. Albers (Federal Republic of Germany), Mr. Pipan (Italy) and Mr. Breukel (Netherlands). The Seminar adopted the four official languages of the Community.

PARTICIPANTS

The number of participants was limited to 40 persons to enable the Seminar to work under satisfactory conditions.

ORGANISATION AND PROCEDURE

The Seminar was held at the premises of the Stiftung

Rehabilitation (Rehabilitation Foundation) in Heidelberg. The preparation, organisation and drafting of this Report on the proceedings were undertaken by the staff of the Community and the Stiftung Rehabilitation, under the direction of Mr. Potré, Chief Administrative Adviser at the Directorate for Social Affairs of the European Community and Mr. Albers of the Stiftung Rehabilitation in Heidelberg.

A 1. OPENING SESSION

**Guiding principles
of Community action**

**2. Guidelines of Community policy
in the field of vocational training**

Dr. VIDALI

Commission of the European
Communities
Directorate General for Social
Affairs

Mr. Boll, I should like to thank you for your very kind words about us, and I should like to ask you to pass on to the Stiftung Rehabilitation in Heidelberg the thanks of the Commission of the European Communities for acting as hosts to our Seminar, for having made available to us a whole range of facilities which will no doubt help us to do our work well during this week and for contributing directly to the organisation of this meeting. I should also like to thank all the experts present for accepting our invitation to spend this week together so that we can exchange our experiences.

I should like to welcome all the participants on behalf of the Commission of the European Communities and particularly on behalf of Mr. Albert Coppé, Commissioner responsible for Social Affairs, and on behalf of Mr. Rifflet, Director General for Social Affairs, who are anxious to see us make real progress. These words of welcome are of course also intended for all those present here and in particular those experts who are for the first time representing countries which will no doubt become members of the Community on 1 January of next year. Although we have accumulated a large amount of experience in the field of rehabilitation on the Continent, I think that the contribution of these countries to our work will be a source of enrichment for us.

I think we should begin by getting to know one another, and I should like to be the first to introduce myself.

My name is Vidali, I am an Italian, I am the Director for Industrial Safety and Medicine at the Commission of the European Communities. I operate within the Directorate General for Social Affairs, in which I share with other Directors responsibilities which also cover rehabilitation. In our administrative framework the problems of the disabled and their rehabilitation do not fall within the competence

of a single department ; responsibility for these matters is entrusted to various departments, but they work in close consultation.

It is only right and proper that, having come to Heidelberg, you should first of all be informed about what is being done in the Community and about the framework within which this Seminar will take place.

For my part, I shall inform you of the action taken by the Commission of the European Communities and the place of rehabilitation within this action. Mr. Fotr  will then provide you with some details of our policy with regard to vocational guidance and training and the connections existing between this policy and the European Social Fund.

The Community is soon to be enlarged and we shall probably then be welcoming four new Member States amongst us, namely the United Kingdom, the Republic of Ireland, Denmark and Norway. After 1 January next we shall be a new Community. Instead of six countries we shall then have ten members, ten countries which have their differences but are founded on a common civilization. Enlargement will at the same time see the continuation of the process which will lead to economic and monetary union and unity in social progress. This will be an important occasion, because it will mean that we have gone a step beyond our present stage. The Common Market has already been achieved to a large extent. But we must progress a few stages further and achieve more than a mere customs union.

Since its inception the Community has been working out and endeavouring to apply a range of common policies covering agriculture, transport and industry. Two general policies cut right across these various sectoral policies : economic policy and social policy. Since the First Medium-Term Economic Programme the need has been recognized for these two policies to be co-ordinated in their drafting and application. The First Programme was followed by others. At the same time two reports were prepared on the correlations existing bet-

ween social and economic policy. This was a useful exercise, since it finally prompted the Commission to adopt a document which was to all intents and purposes a social policy programme : "Preliminary guidelines for a Community Social Policy". The value of this document consists in the help it has given us in organising all the various lines of action pursued and the various initiatives taken up to now and in incorporating all this within a logical structure around a certain number of guiding principles. "The Disabled" and "Rehabilitation" taken together, within the framework of social policy, form one of these lines of action, one of these guiding principles, which remain to be developed further in the future.

All that remained was to make this generally known, so that everyone concerned would have the opportunity of responding. This has been done. The "Guidelines" were published and elicited reactions within the framework of Community Institutions (for example the European Parliament) and in other arenas. Now having collected the opinions of those concerned we can start building. It is only logical, within this perspective, that we should take up the strands of the guiding principles contained in the "Preliminary Guidelines" and develop them further.

With regard to rehabilitation, the Commission took up position at the end of 1970. A series of measures have since been proposed to the Council of Ministers on the social and occupational integration of the disabled.

The first of these proposals concerns the manner of integration of rehabilitation into the economic planning of each of our countries and of the Community as a whole. We are certain that, in order to impart real development to rehabilitation and to provide real opportunities for the disabled, we must avoid piecemeal action and improvisation. Within the framework which we now have, improvisation is an increasingly bad solution and becomes less and less feasible. If we want to get to the root of the problem we must get

discussions under way between rehabilitation experts and economists. For this reason the Commission has proposed to the Council that a working party should be appointed with the modest sounding brief of "Long-term Programme of Work", which will endeavour to define the standards and criteria to be applied in our countries in the drafting of medium term economic programmes. This working party hopes to submit its first proposals this Autumn and to complete its assignment in one or two years' time.

Also we must have the requisite knowledge at our disposal. Certainly every one of the bodies concerned is conducting studies. Certainly every one of the countries is encouraging research, even programmes of research on the rehabilitation of the disabled. But it is quite likely that these efforts are not enough, either in scope or in effectiveness. They are certainly not enough when taken against the background of the responsibilities arising from a Community of 250 million inhabitants. As of now, two lines of action are in hand to secure better co-ordination in rehabilitation research.

On the one hand there is the current of research arising from the ECSC Treaty, in the framework of which the Community has already been able to promote co-ordinated research programmes. This current will continue. We have in preparation a new programme which is extensive in scope and will mature towards the end of the year and which will, we hope, come into operation next year. This programme will touch upon a difficult problem, that of the integration and employment of the disabled in an industrial environment. We must advise and disseminate methods of forecasting and management in these fields.

A second type of action is in preparation following proposals from France on scientific and technical co-operation. These proposals have led to activities which first became known under the name of the Maréchal Group and then under that of the Aigrain Group. Within this framework there

is a co-operation project in the medical field divided into two parts, the first of which concerns preventive action and the second rehabilitation. This project will shortly be under discussion by the cost Group. If it is approved it could provide stimulus for highly worthwhile development in the member countries.

Our proposals to the Council comprised a third section concerning immediate action. Indeed there is no need to resort to economic planning nor to scientific research to arrive at worthwhile decisions in a whole series of fields, especially with regard to what is now called Social Rehabilitation.

The representatives of the Governments wished first of all to have an inventory drawn up of the existing situation in the various countries. We therefore sent a questionnaire to the National Administrations and we are preparing a report on the replies received.

Measures for which the Commission has taken the initiative also fit into the framework of concrete action of which I am talking :

- Last year the Commission organised a European symposium on occupational rehabilitation and the employment of the disabled. The proceedings have been published and they have been placed at your disposal.
- Then there is our present Seminar. The Consultative Committee for Vocational Training has decided to devote its attention to problems raised by vocational training for the disabled and has included these problems in its programme of work. That is why we are here today.
- Thirdly we are preparing a conference which will probably take place in November and will provide us with an opportunity to assess the results of research sponsored within the framework of the ECSC Treaty. This research has been concerned with the medical aspects of rehabilitation covering various types of traumatic injury, ranging from

burns to skull damage, paraplegia and fractures.

You will no doubt wonder why the Commission has given priority over the past twelve months to action revolving essentially around meetings. Well, the Community has to work out its policy on rehabilitation this year. It has certain means at its disposal to intervene materially, to aid financially action on rehabilitation. The European Social Fund has been reorganised ; a number of applications for grants have already been received and the Fund will soon begin to function under its new rules. Its contributions must be orientated and lessons must be drawn from the experience gained so that our own action tomorrow may be better orientated than it is today. Hence, while we have these quite concrete means of action, we also have an urgent need to exchange experience - and what we need is a live exchange of actual experience in practice, for you to contribute your own personal experiences.

Provided we succeed in this, we shall be able to make progress and achieve for rehabilitation in our ten countries what has never been achieved elsewhere. We are here this week to work upon a precise and clearly defined subject, but it is clear that the criteria governing the conduct of future Community action will also be based upon your work during our forthcoming sessions.

The meaning and purpose of this Seminar become clear from what I have just said to you. We owe it to you to put you in the picture and to keep you up to date on the activities of the Community. This is what I have done for my side of things and it is what Mr. Potré will do for his. We will then expect to hear your verdict, on the basis of your personal experience, on the problems we are currently facing. Thirdly, we must endeavour to sketch out a series of orientations, guiding principles which must be grafted on to rehabilitation affairs at national and at Community level.

Finally our aim is to contribute to extending and completing the stock of knowledge of each and every one of us.

We each have our responsibilities, but no one must think that his own education is complete and final.

G. FOTRE

Commission of the European
Communities
Directorate General for
Social Affairs

Guidelines of Community Policy in the field of vocational
Training.

Background figures : 12 million disabled in the six countries
of the Community, or 15 % of the wor-
king population.

1. COMMUNITY OBJECTIVES on vocational training also taking
in the rehabilitation of the disabled :
General principles of application for a common policy
on vocational training :
(Council decision of April 1963).

Universal right to training

- Real qualification for admission to an occupation either
at the start of working life or during the course of em-
ployment ;
- Consideration of the requirements imposed by the develop-
ment of the personality, social and economic advancement,
technical progress, relationship between vocational train-
ing and general education.

Methods and Means

- Need for quantitative and qualitative forecasts on employ-
ment ;
- Development of permanent occupational guidance for both
young workers and adults ;
- Role of the Consultative Committee for Vocational Training:
- points of application : studies, information, exchange,
Co-operation between member countries, Community initia-
tives, especially in the training of instructors, align-
ment of educational levels.

2. ACTIVITIES AND RESULTS.

- Development of exchanges of information and experience, progressive and continuous definition of a European concept of vocational training - even if systems and methods continue to display substantial differences.
- Contribution to the study of certain problems, such as : interchangeability of training programmes, educational methods and resources, in particular programmed instruction, evolution of structures and qualifications and adjustment of the training, the training of adults (conclusions of the Council 1970).
- Action by sectors and categories ; seminars for officials concerned with the management of training facilities
- Co-ordination of research on the development of occupations and vocational training
- Evaluation of results : modest in relation to the resources applied.

3. NEW PROSPECTS.

A new frame of reference

- Achievement of economic and monetary union and need for integration of social policy
- New orientations in the field of social policy
- A start on European co-operation in the field of education
- Enlargement of the Community.

A new programme of action on vocational training

- Three orientations ; study and information, European co-operation, contribution to the solution of training problems in relation to the objectives and the development of the Community.
- Three main priority areas : policies, structures, organi-

sation and management of vocational training

- national policies and systems
 - management and financing
 - co-operation on research and vocational guidance
 - continuous vocational training
- Adaptation of training methods
- training of instructors
 - modern technologies in training
- Action by sectors, categories and regions.

New resources

- The new programme of action will require more substantial resources for its application
- The reorganized European Social Fund : an instrument for efficient utilisation of human resources and a dynamic employment policy
- Flexible and preventive use of the Fund
- Extension of scope ; rules governing disbursements and beneficiaries (particular consideration for the disabled).

**B I. GENERAL REVIEW OF THE SITUATION AND PROBLEMS
OF VOCATIONAL REHABILITATION IN THE MEMBER
COUNTRIES**

- | | |
|-----------------|----------------------------------|
| 1. Mr. Delfosse | (Belgium) |
| 2. Mr. Jung | (Federal Republic of
Germany) |
| 3. Mr. Boisseau | (France) |
| 4. Mr. Ravaccia | (Italy) |
| 5. Mr. Noesen | (Luxembourg) |
| 6. Mr. De Boer | (Netherlands) |
| 7. Mr. Olafsen | (Norway) |

Mr. DELFOSSE

(Belgium)

Present position with regard to the training and occupational rehabilitation and resettlement of the disabled in Belgium.

A. Guiding Principles in the Belgian Organisational Situation

1. Characteristics

Although special rehabilitation provisions were already in force, particularly within the social security framework governing both sickness/invalidity insurance - physical and occupational rehabilitation - and unemployment insurance - compensation and occupational rehabilitation of contributors without employment - Belgian legislation was improved for the benefit of the disabled by the Law of 16 April 1963, which instituted for them a proper programme of rehabilitation and social and occupational resettlement.

The economics of the provisions contained in this Law are aimed at guaranteeing every disabled person, whatever his status or the origin of his disability, the medical, occupational and social benefits to which his situation entitles him, drawing upon the various support or compensation systems applying to his case.

The establishment of the National Fund for the social resettlement of the disabled under the supervision of the Minister for Labour and Employment, meets the requirements of point 13 of the Recommendation of May 1950 concerning general rehabilitation policy adopted by the Joint Committee of the Western European Union which was transferred to the Council of Europe in 1960.

2. Rehabilitation Programme

The purpose of the National Fund can be summarised as follows :

a) To provide the disabled person in the course of the

rehabilitation process with the individual benefits best suited to his particular situation and disability, which will mean either :

- 1) prescription of benefits intended for abled-bodied persons, or
 - 2) application of measures specifically intended for the disabled.
- b) To promote rehabilitation by the development :
- 1) of the rehabilitation infrastructure : techniques, institutions or collective aids (Centres), individual aids (personal contracts).
 - 2) of the professional skills and qualifications of rehabilitation staff.
- c) To co-ordinate benefits for the disabled in the most satisfactory manner to suit their particular situation.
- Supplementary aid from : Funds covering sickness insurance, unemployment, industrial accidents, occupational diseases.
 - Total aid in the absence of special entitlement to or coverage by such provisions.
- d) To favour the extension of rehabilitation facilities or their adaptation in accordance with the guidelines of general policy by Government proposals or opinions on projects concerning the disabled.

B. Facilities for the vocational training or occupational rehabilitation or resettlement of disabled adults.

The rehabilitation process uses one of the facilities described below, depending upon the particular disability, age, occupational history, results of ordinary or specialist occupational guidance and the special features of the case.

Table 1 gives details of the organisation of training, its duration, levels of training, results obtained and costs.

1. For abled-bodied persons whom it is possible to train along with the disabled :

- a) Ordinary school education to middle, technical, normal, artistic or higher level ;
 - b) A contract of apprenticeship in industry or commerce ;
 - c) A contract of intensive training for adults.
2. Specific vocational training for the disabled :

- a) Special school education, especially to the technical level;
- b) A special contract of apprenticeship for disabled persons
 - facilitates access to the whole range of occupations on a regional basis,
 - makes possible a relationship between master and apprentice,
 - resettlement in a real working environment thus assisting subsequent placing in employment ;
- c) Contract of vocational training with a vocational training or rehabilitation centre for the disabled approved by the National Fund (Administrative Decision of 7 February 1964).

Method of vocational training organised on a collective basis, drawing in particular on experience with trainees whose disability is such (visual, mental, severe mobility impairment) that recourse to other methods is excluded and special methodology or arrangements are required.

Disbursements from the National Fund to these Institutions.

- Subsidies for establishment, enlargement or re-organisation : 60 % of the cost (A.M. 22.9.1966 - MB 30.9.1966).
- Subsidies for the maintenance of buildings, machines and the cost of training based on an average lump sum per disabled trainee.

Training of training staff :

Administrative Decision of 7.2.1964, Article 4.

Type	Organisation	Duration	Training levels	Results in 1971		Expenditure 1971
				in training	completed	
1 a)	State, Provinces, Local Auth., Subsidised Establishments. Min. of Education	Varies according to studies pursued	All depending on type of instruction	81 (1) 27 (3) (4)	156 (1) (3) (4)	8,695,806 (1) (2)
1 b)	Secretariat for apprenticeship with employer Min. of Middle Classes	Training 4 years Further training 3 years	workman commerce foreman crafts etc	12 (1) 15 (2)	27 (1) (2)	1,183,657 (1) (2)
1 c)	ONEM + Approved centres Min. of Labour	6 to 12 months depending on intensive training	workman qualified office worker	4 (1) 406 (3) 385 (5)	20 (1) (3) (5)	142,361 (1) 457,000,000 (3) 50,549,825 (5)
2 a)	State, Provinces, Local auth., Subsidised Establishments Min. of Education Special Education	Varies according to studies pursued	depending on type of special instruction given	(4)	(4)	(4)
2 b)	National Fund for the social resettlement of the disabled and employers	12 months with possibility of extension	workman or office worker - private sector - crafts etc.	61 (1)	62 (1)	4,401,928 (1)

Type	Organisation	Duration	Training levels	Results in 1971		Expenditure 71
				in training	completed	
2 c)	National Fund for the resettlement of the disabled with approved centre : subsidy for creation subsidy for operation	+ 12 months	workman or clerical employee of private firm or craft workshop	101(1)	121 (1)	8,082,964(1) 2,388,675 648,050
2 d) i	Nat. Fund for the resettlement of the disabled private employer public sector	4 weeks to 12 months	job for which person concerned was recruited	348(1)	455 (1)	6,297,635(1)
2 d) ii	Sheltered workshops approved by the National Fund for social resettlement of the disabled	Varies	depending on various measures on the part of the sheltered workshop for attainment of the required working rhythm	7,000(1)	percentage low, especially in the case of the mentally handicapped	Grants 273,000,000 Wage subsidies 171,892,000(1)

- (1) When Fund intervenes : Finalisation of the process. Total or partial coverage of costs, depending on status.
- (2) Apprenticeship contracts in industry or commerce. 15 known cases, but no figures for this form of training available to disabled not registered with the National Fund.
- (3) 1970 figure includes aid from the National Employment Office for cases under 1 a). Also 117 contracts in firms.
- (4) Figures not supplied. Number of cases and sums are incorporated within the National Education framework.
- (5) Intervention of the Sickness-Invalidity Insurance Institute.

d) Resettlement of the disabled person :

- i) in employment by subsidizing the employer in the payment of wages and employers' social security contributions for a limited period.
- ii) in a sheltered workshop approved by the National Fund
This procedure facilitates transfer to normal employment after the time required for adjustment to the working rhythm.

The range of these training facilities provides as many ways of meeting the requirements of particular cases of disablement and/or employment (the geographical aspect for example).

C. Advantages offered to disabled in vocational training or rehabilitation.

Allowances and supplementary wage benefits 1 (a), (b), (c), 2(a), (b), (c).

Travel and subsistence expenses (as above).

Expenses for tools and educational books (as above).

Social Security - industrial accident legislation

- occupational diseases ... 2(b), 2(c).

Bonuses 1(c) - 2(c) during and at the end of training.

Re-arrangement of a workplace 1(b), 2(b), 2(c), 2(d).

D. Financing : by the respective bodies, sponsoring the vocational training or rehabilitation.

- in accordance with legislation providing, itself, for the organisation of the rehabilitation (ONEM - National Education).

- in accordance with legislation prescribing rehabilitation and subsidizing its cost (INAMI - Occupational Diseases - Industrial Accidents ..)

with partial or full participation of the Disabled Fund depending on the individual case and taking into consideration advantages enjoyed.

E. Problems encountered in the practical application of the training and rehabilitation policy

1. General :

a) usually inadequate preparation or unsatisfactory occu-

pational history of trainees or rehabilitees.

b) prejudices against the inclusion of a disabled trainee in the individual vocational training circuit.

Disabled trainee : Free benefits offered by legislation in the event of incapacity.

Employer : Was informed of the rehabilitation and employment facilities available in the course of the national campaign for the social resettlement of the disabled.

2. Administrative :

ensuring sufficiently close individual supervision to provide a permanent flow of information on the progress of the training or rehabilitation undertaken. This situation results from the considerable backlog which built up prior to the application of the legislation, but which is gradually being reduced from year to year.

3. Employment :

lack of job research resulting from an initial rehabilitation policy which concentrated too heavily on the methods and infrastructure of physical rehabilitation to be provided. We are just about beyond this stage now.

The results of the campaign aimed at employers are beginning to make themselves felt. The joint Commissions of employers in the Private Sector, grouped by industrial activity, are studying these problems and the collaboration which they could provide.

- Vocational training in the firm.

- Employment or re-employment of disabled personnel.

Mr. Jung

(Federal Republic of Germany)

REVIEW OF THE SITUATION AND PROBLEMS OF RETRAINING FOR THE
DISABLED IN THE FEDERAL REPUBLIC OF GERMANY.

Federal Germany has a population of 60 million : 4 million of its citizens are considered to be disabled. In rehabilitation practice persons are defined as disabled if, owing to physical, intellectual or mental handicaps, they are dependent on help from the community in order to develop their capabilities, to make their way in their occupations and working life and to integrate themselves into society. Thus anyone requiring help from the community because of some disability, anyone who cannot help himself is generally regarded in the Federal Republic of Germany as disabled.

When I say 4 million disabled citizens, I do not mean 4 million rehabilitees, for not all disabled persons require rehabilitation. Those we are discussing here are adults persons who have been occupationally active and who have sustained some disability as a result of an illness, accident or other misfortune. The main subjects of our concern are victims of road traffic accidents -we have some 550,000 casualties from road accidents every year in Germany - victims of industrial accidents and occupational diseases - we have 2 ½ million industrial accidents in the Federal Republic every year - and finally those who are forced to retire from working life through premature exhaustion and deterioration of capacities - 200,000 per year. These figures provide the population sector from which we get our subjects requiring to be reintegrated into occupational life.

Let us now turn to the legal position in retraining and occupational rehabilitation in the Federal Republic. Every disabled person in Germany is entitled to vocational retraining at least since the entry into force of the Promotion of Employment Act of 26.6.1969. Unfortunately this law does not provide one single basis for this entitlement : we have a whole assortment of legislative measures. Within the framework of this Employment Promotion Act responsibility for rehabilitation is also assumed in the Federal Republic

by the Old Age or Invalidity Insurance Funds, the compulsory Accident Insurance Funds, the War-wounded Pension Fund and the Employment Promotion Administration. There are in addition a variety of further legislative provisions for disabled minors and for medical rehabilitation matters, in particular compulsory sickness insurance and the Social Aid Act.

But we need to define the section of the adult population concerned in questions of rehabilitation and the fields covered by Old Age Pension Funds, Accident Insurance Funds, the War-wounded Pension Fund and promotion of employment within the meaning of the Employment Promotion Act. Altogether we have 25 independent old-age pension funds, over a hundred professional insurance associations responsible for accident insurance, more than 25 welfare centres concerned with occupational rehabilitation within the framework of the War-wounded Pension Fund, and more than 150 employment offices operating under the Employment Administrations. These authorities and bodies work to different criteria in deciding on the measures of adult occupational rehabilitation to be applied.

What do we mean by "entitlement to occupational rehabilitation"? We mean that a disabled person under the conditions I have already outlined has a right to

- (a) the payment of his training costs,
- (b) the payment of his subsistence expenses during this period,
- (c) Payment of the subsistence expenses of his family during the retraining period,
- (d) payment of travel expenses defrayed in his journeys to the training centre and
- (e) finally, payment of the costs of teaching materials, educational requisites and work clothing during the period of the retraining.

These forms of assistance form part of the right to rehabilitation. No limit is set by the legislative provisions to the scope of rehabilitation. In principle the deciding factor for the individual rehabilitation process is the aptitu-

Abilities and inclinations of the disabled person, but conditions on the labour market, of course, also play an important part here. Obviously, no vocational training or retraining is undertaken in cases where the subject would have no chance on the employment market. Normally, retraining is provided with the aim of obtaining a recognized occupational qualification. In the majority of cases this means admission to a skilled trade but we also have many subjects who go beyond this level and obtain technicians' or engineers' qualifications and University degrees. I have already said that we have no single authority responsible for rehabilitation and no single rehabilitation law, but instead a whole assortment of bodies and authorities responsible for this field in the Federal Republic. We call this "the compartmentalized system of rehabilitation". A total of 18,000 disabled adults were retrained last year in Federal Germany.

This compartmentalized system of rehabilitation involves certain difficulties in practice, since the bodies I have mentioned, especially the Old Age, and Invalidity Pension Funds, which support the large proportion of almost 70 % of retraining requirements, are not really equipped within the terms of the functions proper to them to assume this kind of responsibility. These Funds after all exist for example, to provide old age pensions. There is thus no single body which is specifically and exclusively competent for questions of occupational resettlement : on the contrary, rehabilitation is never more than a department within a much larger field of responsibilities and any relationship between rehabilitation and the other tasks and responsibilities of the body concerned is merely coincidental. It is only natural that the bodies with the best machinery at their disposal for rehabilitation are the employment offices. These institutions know the labour market, are geared up for vocational guidance and have a range of accompanying services which are indispensable for the resettlement of the disabled and which the other bodies concerned (Old Age Pension Funds, Accident Insurance Funds and War-wounded Pension system do

not have at their disposal to the same extent. These other bodies also have their doctors, but they do not have vocational guidance counsellors, they do not have placement officers, nor do they have technical advisers.

Thus the employment administration occupies a special position in our field of activities among the four main groups of bodies concerned with rehabilitation. The other bodies use the services of the Bundesanstalt für Arbeit (Federal Labour Office) in order to fulfil their obligations in the field of rehabilitation, and they approach the specialized staff of the Federal Office for advice whenever they have rehabilitation cases to deal with. It is for this reason that the possibility has been considered in Germany of changing the whole organization of rehabilitation and transferring responsibility for it to the employment offices. All we have achieved so far is to ensure by means of a new law that these various legislative provisions will be applied according to uniform principles. A special law, providing for some standardization in rehabilitation services, will in future ensure that all disabled persons shall be treated and rehabilitated according to the same principles, in order to eliminate differences in benefits and services offered, due to the fact, for example, that the rehabilitee concerned is covered by the provisions of an Accident Insurance Fund because of an accident at work and not by the provisions of the old Age Pension Insurance system because of general invalidity. This is a step forward but does not solve all the problems of collaboration between the individual authorities. This is the external picture of the rehabilitation situation in the Federal Republic.

Let us turn now to the concrete organisation of occupational retraining. In order to apply the necessary retraining measures we do not have enough occupational promotion facilities such as the Heidelberg centre at our disposal. This means that some disabled persons have to be retrained or given vocational training in other directions and in other ways. This is done partly through private firms. On

the one hand this has certain advantages : the trainee can travel to and from his course each day, he does not have to leave his family, retraining in open industry is not so expensive as residential retraining at a Centre. Normally, the disabled trainee, when he is trained in industry, also has his job in the same firm, he therefore does not have to worry about finding a job after he has completed his course. On the other hand retraining in open industry is only feasible for the non-severely disabled, whereas the severely disabled person, for example a man confined to a wheelchair, frequently fails to find a job under such conditions owing to the difficulties involved in travelling to the plant each day and conditions prevailing within the plant itself.

Alongside retraining in open industry, in private enterprises, the public education and training system in general is also used for retraining the disabled, mainly because we do not have enough employment promotion centres, but also because the existing centres cannot offer such a wide range of courses as the general vocational training system. This applies in particular to the technical training establishments technical universities and ordinary universities. Thus, to meet our requirements for retraining facilities to these higher educational levels, we resort in the majority of cases to training establishments in the general higher education system. Statistically, therefore, the employment promotion centres for the moment come third in order of importance. These are special establishments existing exclusively for the purpose of retraining disabled adults. The model for this form of training establishment is the Employment Promotion Centre at Heidelberg. The basic principles for this system of training were worked out during the 50's and at the beginning of the 60's. The concept is as follows: disabled persons are retrained in a community of disabled persons ; they are retrained in a qualified manner for trades and professions which will enable them to overcome their handicaps, thanks to the high standard of training

given them. It is our objective over the next few years to create a sufficient number of these employment promotion centres, such as the one in Heidelberg, in order to be in a position to give as many disabled people as possible the chance of the best retraining possible at an employment promotion centre.

We are therefore building a whole series of such employment promotion centres. This plan is based on the principle that the disabled person should be retrained as near as possible to his home, that all the disabled from the whole of the Federal Republic should not have to be gathered together in one place, but that each one should have access if possible to an employment promotion centre of this kind at a distance of 100 to 150 km from his home. This means that the location of the centres must be planned on supra-regional basis which also means supra-regional finance planning. At the moment, with the constant increase in building costs, an establishment of this kind with all the accompanying services - accommodation, workshops, sports facilities, medical services, including the training premises themselves comprising 500 places - costs something in the region of 60 mill. DM. The usual size is 400 to 500 places. A minimum economic size has thus emerged, within which all the accompanying services can also be accommodated. Over forthcoming years we shall be building 6 new establishments with a total capacity of some 3,500 places. The existing 13 establishments will at the same time be expanded to provide a further 1500 places, so that we shall ultimately have available some 19 such employment promotion centres.

Now a few words on the question "Who is the proprietor of these establishments - to whom do the employment promotion centres belong?" This is not easy for the outsider to understand. We have no State establishments and none which belong to the individual rehabilitation authorities - for example the Old Age Pensions Insurance system or the Accident Insurance Funds - the bodies responsible for them are Foundations, Associations or Societies.

Let me deal in conclusion with the problems of rehabilitation. I have noted four points about which I should like to comment in this connection, namely

- 1) The preparation of the disabled for this kind of retraining;
- 2) The problems involved with the setting up of an adequate number of these establishments ;
- 3) The selection of the right kind of retraining occupations the retraining orientations ; and
- 4) The problem of finding the technical experts required to staff these employment promotion centres, if the whole operation is to be a success.

We might add as a 5th point the problem of evaluating results to determine our success ratio, which is causing us some degree of concern.

With regard to the preparation of the disabled person for retraining, it is our policy to make a start as early as possible, as soon as the subject's state of health allows him to be submitted to the strain of retraining. The second problem is that we have to endeavour to discover the right project for each individual case, for which he shows most aptitude and which will give him the best chance of fulfilling his vocational expectations. And for the moment in this connection, we are not yet in a position to deal adequately and satisfactorily with all the subjects for retraining coming to us each year and to guarantee that the right solution will be found to suit their particular case. It will in any event never be possible to give an absolute guarantee of any particular solution. Even with good preparation in consultation with the psychologists and occupational guidance counsellors, it will always be necessary to make subsequent adjustments because the first choice proved to be the wrong one.

We have begun in this area to develop a new type of establishment which will take its place between the clinic on the one hand and the Employment Promotion Centre on the other. We call it the "preliminary stage of occupational

rehabilitation" and its function will be to provide as far as possible a smooth and continuous transition from clinical treatment to retraining or return to previous employment. With regard to the second problem of creating or creating with the maximum possible speed an adequate network of employment promotion centres, we are rather concerned over the problem of financing. The problem of co-ordination between the individual establishments also has to be placed in this context, since not all establishments will offer the same programme in the same way.

The fourth problem is the development of new occupations suited to disabled workers, the opening up of new professional activities for disabled people. You all know the sort of jobs traditionally occupied by disabled workers : jobs with no prospects. I have already told you that the aim or an important element in our project is to provide training for modern, high-status professions looking towards the future. And the constant concern of all those involved is to contribute to the opening up of new job possibilities which will get us away from the traditional image of employment for the disabled. We still lack certain basic data to be able to make reliable forecasts for the future. This applies not only to the field of rehabilitation but also in the same way to the rest of the field of vocational training.

Now finally we come to my fourth point ; the staff which is necessary to bring all this to a successful conclusion. There are no legal provisions governing the specialist qualifications of those employed in this field. What we have achieved in the past is largely due to the talent of a small handful of people who have built up these centres. Although there are training requirements for the doctor and the engineer, there are no general requirements governing the qualifications of those specifically concerned with the rehabilitation side.

We are particularly concerned now to frame the necessary rules governing the professions of those who are to work in the field, especially for the doctors' assistants, and to

define them in such a way that we have job profiles and can recruit staff and draw up salary scales.

That is one side of the problem; the other side is the initial and continued training of the staffs. While we have no rules defining the profession, we cannot train people for it; but we must provide supplementary training and three years ago we took a first step in this direction by holding what we call advanced training seminars. Staff from all the establishments come to these seminars and are familiarized with the concept of rehabilitation.

As my fifth point, I should like to touch briefly on the evaluation of results as a follow-up. Individual establishments make attempts to test the success of what has been done in the fields for which they are responsible but there are unfortunately no generally recognized principles of evaluation. Such principles are sometimes necessary, especially when it is a question of arranging the necessary financing. In the present favourable economic situation it is generally the case that employment can be found for all trainees very soon after the completion of their retraining. What the position would be in times of adverse economic conditions, we cannot say at present. We do have some institutional means of finding work for the disabled, for example the so called Severely Disabled Persons Act, but this would certainly be no magic formula in times of serious unemployment. We therefore need to devise methods which will enable us to follow the development of our disabled trainees' working lives after completion of their retraining. For every individual course of retraining undertaken involves considerable investment for each financing body involved ; entitlement to rehabilitation, after all, means that all costs arising have to be paid. At present the monthly cost works out at about DM 2000. The trainee gets DM 1000 for himself and his family in subsistence expenses ; DM 1000 represents the cost incurred by a centre for training and board and lodging. At an average course length of 18 months, you can gauge the extent of investment required in each individual

case. For longer periods of training, lasting 2 or 3 years, this amount is correspondingly more. And this investment, although it finds its justification primarily without regard to its economic value or success, in terms of the interest of the individual concerned, so that his individual right to rehabilitation may be met, must also make economic sense.

I have now reached the end of my review, which I hope has given you a condensed picture of the rehabilitation situation in the Federal Republic.

MR. BOISSEAU

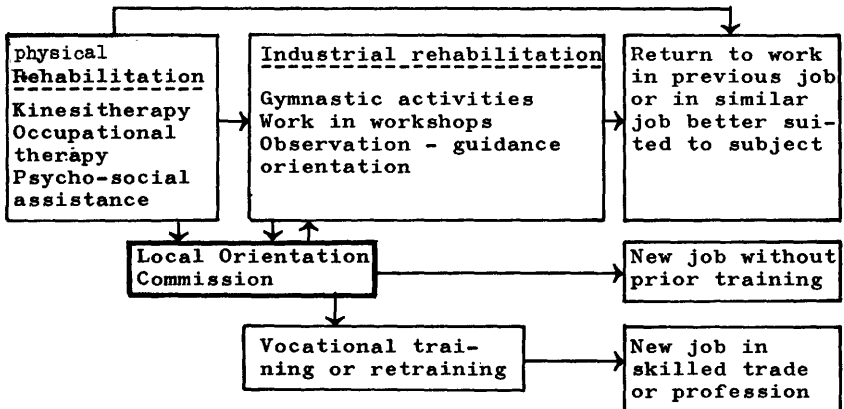
(France)

General situation of vocational training for disabled adults in France

1. POSITION AND ROLE OF VOCATIONAL TRAINING IN THE PROCESS OF REHABILITATION.

1.1. Main outline of rehabilitation

1.1.1. The term rehabilitation covers the whole system of methods used by the disabled person to secure his occupational and social integration. Vocational training, also called vocational retraining, takes its place within the following system ;



It is legally separate from the other rehabilitation processes, especially occupational rehabilitation. It is subject to legal rules of its own.

1.1.2. The principle of early rehabilitation as a continuous process complete in itself is not always followed, and vocational training is not always undertaken with sufficient speed and preparation. Indeed the principle of "continuous orientation" through a period of observation, in which regular assessments are made at specialized establishments, is not applied extensively enough.

1.1.3. The choice of training is always made by a Local (Département) Orientation Commission under the Chairmanship

of an official of the Ministry of Labour and including a doctor, a psychologist, a social worker, an employment officer and a representative of the sponsoring body (Insurance, etc.)

1.1.4. It is difficult to draw up a balance of residual aptitudes, particularly since each disabled individual develops his own compensatory skills and functions and substitutions, and these cannot easily be predicted.

12. Persons qualifying for vocational training

1.2.1. The law of 23.11.57 extended entitlement to vocational training to all disabled workers recognized as such by a Local Orientation Commission.

The term "disabled worker" applies to any person experiencing difficulties in obtaining or keeping employment owing to a physical or mental incapacity. All other cases are dealt with under the State Social Security system.

1.2.2. In practice the identification of disabled persons eligible for vocational training is not always pursued in a systematic manner. Also, if their intellectual and educational level is too low or their disability too severe, a large number of disabled persons have no access to vocational training in the present state of the training establishments and in view of the real possibilities of employment. They clearly encounter great difficulties in finding a job . It is to be noted that for a large number of disabled persons vocational training constitutes the first rational attempt at technical training.

2. ORGANIZATION OF VOCATIONAL TRAINING.

2.1. The centres and the trades in which training is given

2.1.1. Three types of training. 85 Centres ; approximately 6,000 places. The majority are small establishments (less than 100 places). A quarter of the centres have 100 to 350 places. The inadequate size of many establishments may perhaps be an obstacle to the more modern development of training (units of allied trades and professions requiring diffe-

rent levels of training but with a common core of basic training, further development of educational methods, bringing up to date the content of training programmes in line with technical development, multidisciplinary teams staffed with better qualified personnel.) Nevertheless, some centres are endeavouring to adapt their training to a generally more severely disabled "clientele", with due regard to the existing job prospects. Recruitment to the centres is generally on a national basis. They are not evenly distributed over the whole country, which means that trainees have to travel considerable distances.

2.1.2. Less commonly, training is given in centres run by the Ministry of Labour, which are open to the whole population (A.F.P.A.*); 112 centres - 200 trades. Access by disabled persons to this type of establishment is only possible if the disability is slight and has no serious effect on the person's capacity for work. Finally, in very rare instances, training is given under contract by the employer (a highly controversial solution).

2.1.3. In the French master plan for "continuous vocational training" (1971 legislation) training for the disabled is grouped together with industrial retraining.

2.1.4. Financially, the centres balance their budgets by charging a daily fee which is paid by the welfare bodies sponsoring the trainees. They may also receive certain subsidies from the State for facilities and operation (recent).

2.1.5. Three levels. The most common is training for unskilled work or office qualifications (level V. of the classification recently adopted in France).

Training for technical jobs is also fairly common.

Practical training for skilled or semi-skilled workers (level Vb) is less common.

* Association pour la Formation Professionnelle des Adultes. (Association for the vocational training of adults, under the supervision of the Ministry of Labour).

This latter type of training is criticized in some circles, although there is no doubt that it is of value to disabled workers of a low intellectual and educational level and to recent immigrants needing a certain vocational preparation in order to find a job to suit their physical condition.

2.1.6. Trades. Instruction is given in about 100 trades at the specialized centres. Trades accessible to the most severely disabled are no longer covered extensively enough. Instruction in new trades is impeded by lack of research into new jobs arising from technical development. Not many female occupations are covered, and women rarely go in for jobs traditionally done by men.

2.2. The trainees

2.2.1. Disabilities. Most of the centres admit persons suffering from all the various types of physical disability (the blind and the deaf are catered for by special centres), but frequently refuse those suffering from mental or similar disturbances.

2.2.2. Training is rarely given to candidates over 45 (except at day centres).

2.2.3. Selection of candidates is by medical examination and psychotechnical tests (criteria established nationally by the A.F.P.A. for all candidates for admission to adult training) and on the opinion of the Local Orientation Commissions. The criteria will certainly need reviewing.

2.2.4. Motivation. Bearing in mind the selection criteria, the motivation of the trainees is substantial. It increases with age.

2.2.5. Resources. Variable depending on the mode of insurance and support involved, and eligibility for remuneration from the Ministry of Labour (industrial retraining course). The variety of different modes of financing is a source of inequality which is difficult to justify.

3. VOCATIONAL TRAINING PRACTICE.

3.1. A course commonly lasts 11 months - frequently preceded by a pretraining course lasting a few months to bring school

education up to date - courses may sometimes take from 20 to 22 months.

3.2. Training programmes are usually drawn up by the Ministry of Labour (AFPA) and less frequently by the Ministry of Education. The diplomas awarded are therefore official. Some centres have been called upon to draw up new programmes which have received ministerial approval.

3.3. The number of trainees in each course is usually 15. Traditional educational methods are used ; audiovisual techniques but little "programmed" instruction.

3.4. Educational methods are usually more active than demonstrative (AFPA type). Work in groups is not extensively used.

3.5. Instructors are generally drawn from industry or technical education. They have received AFPA educational training. This training is sometimes supplemented by courses of further training in technical education and educational psychology.

4. RESULTS OF VOCATIONAL TRAINING AND DESIRABLE IMPROVEMENTS.

4.1. Results

4.1.1. It is rare for trainees to drop out during a course, and the success rate in examinations is high but varies from one establishment to another.

4.1.2. Jobs are found by the centres, by the official employment services and by the trainee's own job-hunting efforts. How quickly depends on the employment situation. Stability in the new job is important.

4.1.3. Many establishments check on their results by sending out questionnaires to former trainees. Few surveys are conducted on a national basis. For some disabled workers training constitutes the starting point for subsequent further training.

4.2. Desirable improvements.

4.2.1. A slight drop in recruitment to the centres is inevidence at present. This has many causes :

- on the part of the disabled : desire to start earning money as soon as possible by getting a job straightaway,

refusal to leave home, lack
of inclination to study.

- on the part of the Re-settlement Commissions and sponsoring
bodies : excessive strictness in selection.

Studies must be undertaken to remedy this situation. A lack
of information is also to be noted on the existence and
advantages of training, both among the population and in
certain welfare bodies.

4.2.2. More precise definition is called for in vocational
training policy in order to co-ordinate all training measures
(better geographical distribution of centres and occupational
sections, specialization of centres around artisan families).

4.2.3. A Commission under the VIth Plan recommended that the
State and industrial undertakings should play a more active
role in the training of the disabled and that measures for
training them should be incorporated into the policy on
continuous training set out in the law of July 1971.

4.2.4. The criteria for selecting candidates and pre-training
methods should be reviewed in order to enable a larger number
of disabled workers to be accommodated in the training
facilities.

4.2.5. The organization of practical courses in industry
during training is often found to be desirable.

MR RAVACCIA

(Italy)

Report on the situation in the training of the disabled

Juridical and legislative aspects

Although Italian legislation has endorsed in a fundamental manner the right of invalids and disabled persons to receive aid and employment, this legislation is not always put into application, especially in the field of qualification, vocational training and reintegration into working life. Articles 23 and 25 of Law N° 118 of 30 March 1971 recently adopted - dealing with theoretical and practical training and labour protection - stress the importance of the problem which falls within the competence of the Ministry of Labour and Health, but they do not define the practical measures required for properly planned and sustained action. Article 27 also covers the need to consider the possibility of access to public buildings (structural barriers), in order to facilitate the movement of invalids and to make it possible for them to establish contacts.

In Italy contrary to the situation prevailing in the countries of Northern and Central Europe unemployment is still very widespread and we have a large surplus of manpower. It seems that the tendency of employers to give preference to able-bodied candidates is still deeply rooted, although the law requires that one disabled worker (whose capacity for work is reduced by at least one third) should be recruited for every 50 employees. Experience has shown that the rehabilitation of the non-industrially disabled (for example road accident casualties) is much more difficult than that of persons disabled as a result of an industrial accident. This is incompatible in my opinion with the principle of equal rights for all citizens, for in this case only passive aid is given. Moreover, no account is taken of the experience acquired in many other countries, according to which there are in many large and medium-sized firms jobs which can quite easily be done by physically or mentally

handicapped workers.

Fundamental problems of vocational training for the disabled

In Italy the geographical distribution of rehabilitation and vocational training centres for the disabled leaves much to be desired. The schools and special vocational training courses and the sheltered workshops are concentrated in the large urban areas and in the provinces with a high level of industrial development, whereas they are much less numerous in socially and economically backward areas, where there is nevertheless an urgent need for them and where, in any case, those that do exist do not function satisfactorily. It seems to me that, in order to establish a more equitable programme, the most appropriate solution would be to transfer responsibility to the regions and local authorities, as was envisaged when the Regions were set up and the Health Service reformed. We have adequate proof for this in the experience of other European countries, such as Belgium, the Netherlands and Luxembourg, where the administrative units are more or less of the same size as our regions.

In Italy there are many societies, associations and bodies set up by the local authorities, Provinces and the State or by private organisations which assume responsibility for vocational training and the occupational rehabilitation of the disabled. I should like to mention here, apart from the special schools of the City of Milan for those with sight disablements, those suffering from motor disabilities and from speech and hearing defects, epileptics and the mentally ill and the establishments run by the City Administration, in which some 240 disabled receive training in a variety of disciplines (courses in silk screen printing, photography, bookbinding, restoration of old books, electrical engineering, radio, company secretaryship, etc). In the sheltered workshops at Garbagnate (in Milan), courses have been introduced in : fur-making, papermaking, finishing for various industrial products, gardening (a very good field of employment for many disabled workers). The Milan workshops, on the other hand, are divided into three practical

vocational training centres. Here 300 young disabled workers do high-precision as well as simple work in metal machining, for example finishing work on components, fitting etc. I think it is also worth mentioning the outstanding workshops of the "Sacra Famiglia" Institute at Cesano Boscone near Milan, which runs courses for carpenters, turners, printers and type-setters. The establishments at Trieste, Rome and Genoa are still at the development stage. They work under the supervision of the Associazione Nazionale Famiglie dei Subnormali.

1. The National Association of IRI Centres of Vocational Training (ANCIFAP : Associazione Nazionale dei Centri IRI per la Formazione e l'Addestramento Professionale) trains workers, skilled workers, and heads of department for firms belonging to the IRI Group (a Holding Company which manages many of the companies in which the State has shares.

Its activity is coordinated by the (General Management in Rome, it operates in 6 major centres (Trieste, Milan, Genoa, Terni, Naples, Taranto) and in 6 smaller sections subordinate to it.

In 1971/72 about 1100 courses of various kinds were given to 19,000 able-bodied participants, both before and after they were placed in employment.

A characteristic of the activity of the ANCIFAP is that it meets all the training requirements of the companies belonging to the IRI Group (with a pay roll of more than 300,000, for it covers more than the training facilities which can be offered by a single company owing to the many different aspects which have to go into this training and their scope.

The ANCIFAP takes its starting point for its operations from the specific interests of the enterprises concerned. Hitherto it has trained some 270 disabled persons in 15 courses (disabled as a result of industrial or road accidents), either already at work in the enterprise or newly assigned to jobs in the field of production and main-

tenance. This training is divided into two parts :

- Vocational guidance, so that decisions to be taken will be best suited to the particular condition of each individual.
- Vocational training in an individual setting both from the technical and psychological point of view.

The ANCIFAP will endeavour to encourage enterprises belonging to the IRI Group still further and to contribute more intensively to training measures - for the rehabilitation of wage-earning and non-wage earning disabled persons within the framework of the new rules for the European Social Fund.

2. No uniform framework has been devised as yet for the training of disabled adults by private bodies. Action undertaken in this field has often only concerned limited spheres and has only been taken in particular situations, for example on the establishment of new factories. In such cases the problem of training manpower rapidly and effectively may mean that special cases are temporarily overlooked and are only considered later after a critical analysis of the conditions of reintegration. Moreover, it is possible that Italian legislation on the compulsory employment of disabled workers may lead, on the one hand to a paternalistic approach on the part of employers and, on the other hand, to a passive attitude on the part of the subjects concerned. This situation must be remedied as soon as possible by a wholesale and conscious use of all available energies.

It is important that the departments responsible within the enterprise should be supported in their action by psychological measures adapted to each individual case, such as the examination of the disabled person's reactions to his own situation, the attitude of the people who will be his work colleagues and any possible causes of dissatisfaction and tension which he may encounter outside the enterprise against the socio-cultural background. Contacts within the team between the training officers, the firm's

experts, the doctors, psychologists and staff from the welfare bodies are particularly important to this end : a continuous exchange of information and experience will then be made possible in order to devise a lasting solution tailored to each individual case.

Thus the objective mentioned above, the application of all available energies, cannot be regarded as an external constraint but as a personal decision leading to the complete fulfilment of the individual.

An important problem in some sectors of the Monte-Edison Group is the "psychological training of the training officers" to which I will return shortly. The exchange of experience within a team between specialists and training staff is what is needed to produce concrete results which will be much more effective than a theoretical, academic type of training.

3. It is of particular interest to note the recent efforts of the ENAIP (Ente Nazionale delle Aziende per la Formazione Professionale), which has for years been active in the training field (some 100,000 workers took courses last year), and now organizes new programmes of training and functional rehabilitation for around 600 disabled workers, most of whom attend centres open to anyone. In these programmes, in which particular emphasis is laid on vocational training, an effort is made to overcome the sense of isolation and abstraction which is characteristic of traditional institutions in Italy. Also worth mentioning here is the experience of the Cadoparco Community and of other public and private organisations. Direct observation and personal contacts with the physically and mentally disabled strengthen my conviction, which is moreover shared by all those concerned with the professional future of these people, that their interest in and enthusiasm for work are much greater than is generally believed. One of the major obstacles to the emergence and development of innate and hidden talents in disabled people is a lack of ability to express themselves. Many pro-

jects of research, in which our Institute has also had a share, have proved that the achievements of the disabled bear no relation to their level of intelligence; their command of speech or the knowledge they have acquired at school, but rather to their vocational training, especially when this is oriented to a specific activity. The aim pursued in the establishment of a sheltered workshop is not so much to provide protection against the world outside- which would lead to the disabled person being isolated from active and productive life - as protection afforded by special working conditions. In my opinion special care should be taken to ensure that the productive activity of disabled workers should be adjusted to their capacity and their speed of learning. Secondly the sheltered workshop has the task of sustaining and developing interest and capacities and of preparing those individuals with the best aptitudes for their resettlement in normal working life. I think also that it is necessary as far as possible for the disabled to live and work alongside other individuals having different aptitudes and personality structures. In this way, the least talented individuals will be carried along by the others by a process of emulation and competition which is known to be an indispensable mechanism in the psychology of learning.

The problem of determining aptitudes.

Hitherto the determination of aptitudes and distribution of tasks in the sheltered workshops have been the result of the observation by foremen and heads of departments of the disabled during their work. It is however absolutely indispensable that the rehabilitation service should have at its disposal a team of educational psychologists who can follow and observe the disabled at every stage of their training. Few organisations actually operate on this basis ; these include the ANMIL retraining centres in Milan (courses in commercial correspondence and shorthand typing), Bologna (courses for mechanics), Rome (courses for radio technicians), Pistoia (courses for potters), Cagliari and the rehabilitation sec-

tion for the disabled at the Legnano hospital under the direction of Professor Gerundini, who in the course of his work has followed up and supervised the training and placing in employment of 320 rehabilitees (disabled as a result of road or industrial accidents). During his stay in hospital, the patient is treated as early as possible in kinesitherapy during the medical part of his rehabilitation, which exerts a positive psychological influence on subsequent resettlement in working life. Over and above simple functional rehabilitation, this method enables the patient to be reintegrated in the production process, to regain his lost confidence and to overcome his feeling of inferiority beside his colleagues, and it helps him to shake off the feeling of being excluded from the life of the firm. This reintegration was only possible thanks to teamwork and constant contact between the rehabilitation centre, the works doctor and the social worker.

Co-operation between the various services, research and preparation of the training staff.

Another major problem in Italy is close and rapid co-operation between the bodies responsible for training and therapy, on the one hand, and the world of employment on the other. This co-operation is indispensable for research into job opportunities, for planning and for the design equipment and machines to suit the aptitudes and safety needs, of the disabled worker. Many experts stress the paramount need for effective coordination of all social resettlement measures for the disabled in order to facilitate an exchange of information and experience and to promote the integration of disabled workers into the firms in which they work. Based on the model of similar organisations in other countries, the AIRM was created in Italy in 1961 (it is affiliated to the International Society for Rehabilitation of the Disabled, which has 90 member countries). During the past few years this organisation has endeavoured, at the instigation of the Centro Studi e Consulenze Invalidi in Milan, to institute closer co-operation between associations

concerned with invalids and the disabled. To this end it provides free advice and aid not only to the disabled themselves but also to other persons, societies and institutes whose objective is the care and vocational training of the disabled.

I should like to touch briefly upon the subject of research in training and resettlement of the disabled and upon the results of a survey conducted by the Institute of Psychology of the City of Milan on the professional development of former trainees of the Special School since 1962. This survey was aimed at analysing the state of health and social and psychological situation of 586 former trainees. Of these, 124 were sighted disabled, 72 suffered from motor handicaps, 118 had speech and hearing defects, 75 were epileptics and 197 mentally handicapped. 55 % of the men and 47 % of the women had jobs ; i.e. more than half of the respondents are now in employment. Some of the others are attending an establishment of secondary education or a university and only 10 % of the men and 11 % of the women have been dismissed as unsuitable for their jobs or sent to care institutions. It is interesting to note the wide variety of occupations and professions in which physically disabled and mentally handicapped persons find employment. The proportion of posts occupied by disabled persons is 1.98 %. For epileptics this figure is above the average, although this type of handicap is only accepted with greatest reservations and is often considered to be a source of disruption. Moreover, epileptics frequently do not mention their disability when they apply for a job, because they believe that it will go unnoticed.

With regard to types of work, it has been noted that disabled workers tend to be employed less and less in craft and small workshop activities and in small firms, while an increasing proportion are finding employment in large and medium-sized industrial firms. The interval between leaving school and starting work varies from 7 to 12 months depending on the type of injury. We think that this interval is satis-

factory, because it is hardly any longer than that required by the able-bodied when settling in employment. Among those answering this survey who expressed satisfaction with their present job, young people were in the majority. Only the sighted disabled - a large proportion - wished to change their jobs, followed by the epileptics, those suffering from speech and hearing defects and those with motor disabilities, whereas few of the mentally handicapped wanted a different job. Those not wishing to change jobs were in the majority in all groups.

To sum up we might say that the disabled on the whole show positive attitude to their employment. Their attitudes to their superiors and work colleagues on the other hand vary greatly. Their opinions also vary on the question as to how well they are accepted at their place of work. The sighted disabled and the mentally handicapped replied positively to this question ; these are the groups best integrated at work. Those suffering from speech and hearing defects and motor disabilities gave an average response, while the epileptics were less satisfied ; they felt that they were not very well integrated at work.

The technical and psychological preparation of the instructors and training assistants is an important factor in the success of vocational training for the disabled. In Italy the number of courses and schools for this type of training staff has increased substantially over recent years. In addition to the school for instructors and training assistants of the Catholic University of Milan which was already in existence (with centres in Milan, Turin, Brescia and Sassari), courses in physiopathology have been instituted for example by the ANSI (Associazione Nazionale della Scuola Italiana), which has its head office in Rome. These courses ensure that the teaching staffs in primary and pre-school education are alerted to the problems of educating and training the disabled.

I should like to say in conclusion that, with regard to the problem of the disabled, the biggest mistake now being

made in Italy is to have been exclusively concerned from the outset with the health aspects and to have adopted too restrictive an approach to training by ignoring the social aspect.

Any difficulty - physical, economic or social - must lead to isolation, exclusion, maladjustment : the mentally ill are shut up in asylums, problem or backward children in institutions, old people in old peoples homes, and the disabled frequently only get medical help. All this shows that our society is not yet a society for human beings but that it is conditioned by productivity, efficiency (the output principle) and the consumer mentality. It seems to me that each country and the European Community as a whole should launch a determined effort in the field of education and therapy directed both at individuals and public opinion.

MR. NOESEN

(Luxembourg)

Situation and problems of the vocational training of the disabled in Luxembourg

I. Prevention.

Occupational handicaps, and hence occupational failures, can be avoided by preventive measures either before or immediately after a trade or occupation has been chosen in particular by

1. Vocational or educational guidance in advance,
2. Occupational guidance
3. Medical aptitude examination designed to reveal any contra-indications with regard to certain occupational fields and, where necessary, compulsory reorientation.
4. Occupational medical examinations to adjust the worker and his workplace to one another (measures inspired by ergonomics).

II. Legislation.

1. Ministry of Education.

Vocational training can, in theory, be provided in the State vocational training schools and centres, which have specialized sections for disabled trainees. The intervals laid down for examination, and thus also the number and scope of subjects taught, may be reduced.

2. Ministry of Social Security.

Social Security : entitlement to vocational training is embodied in the legislation for all insured persons whether Luxembourg nationals or not. The insurance body concerned decides what cases are to be submitted for training.

3. Ministry of Labour.

The law of 28 April 1959 provides for the creation of the Office for Employment and Retraining of Disabled Workers. Those qualifying are all registered or recognised disabled workers irrespective of the origin of the

handicap in question. An advisory commission examines the worker and decides whether he is to be recognised as a disabled worker. The management committee of the Office decides on the action to be taken. The Office's decision commits the insuring bodies or, where none are involved, the State to take charge of the case.

The minimum level of loss of capacity for work required is 30 %. The law did not define the system of reference. The preamble to the act referred to the international definition of a disabled worker. The criteria for the evaluation of a disability also remained to be fixed. A Grand Ducal Order stipulated that the advisory commission should report on the reduction of the individual potential for work in relation to previous employment, taking into account the capacity for work remaining.

It is no longer a question of tariff ratings or labour market factors but of a complex of anatomical, functional and psychological factors.

The application of the law setting up the Disabled Workers' Bureau has just been extended to foreign or migrant workers, provided they meet certain conditions of residence and employment.

4. Ministries of Public Health, Family and Social Affairs

The former Bureau for War Disablement has now been absorbed by the services of the Ministry of Public Health. The other Ministries provide various allowances and forms of assistance, care and resettlement aid for the disabled.

III. Practice.

1. The Office for the Employment and Retraining of Disabled Workers generally sends the disabled workers to retraining and vocational training establishments in other member countries of the Community.
2. At the post-school level a medico-occupational institute for the mentally and cerebrally handicapped aged

between 15 and 21 years, with teaching workshops, known as Impro-Cap, was created in 1969.

3. A vocational training centre for migrant workers receives the latter on their arrival in the country. We are usually concerned here with social handicaps, whether or not associated with other minor handicaps.

IV. Problems.

1. Should vocational training be provided in specialized centres or should it be integrated into the facilities offered by existing establishments of vocational education?
2. Should we set up one or more sheltered workshops?
3. Training of training staff?
4. Vocational training for foreign workers with severe disabilities.

MR. DE BOER

(Netherlands)

Special vocational training for the disabled in the Netherlands)

Specialised vocational training for the disabled is not provided in the Netherlands in centres specially set up for this purpose. Specialised vocational training for the disabled, considered to be of value in enabling or assisting their reintegration into working life, may be provided in a general way in the same manner and according to the same selection criteria as normal specialised vocational training for adult workers, which designed for the unemployed or for workers threatened with unemployment. From this point of view there is no problem with regard to the application of the different methods of vocational training practised in the Netherlands. These methods include ;

1. Specialised vocational training in centres for the vocational training of adult workers ;
2. The granting of a re-employment subsidy to an employer who agrees to take on a disabled worker with the intention of training him for a particular trade or occupation.

(application of the so-called Training Subsidy Regulation)

3. The refund of costs of study and ancilliary costs occasioned by participation in a course of specialized theoretical study (application of the so-called (Grants for Studies Regulation).

The attached leaflet "Scholingsvoorzieningen" (provisions governing vocational training), gives a detailed explanation of these vocational training methods.

It can be said that all these forms of vocational training are accessible to disabled persons, once it has been decided through the selection process that the vocational training desired will aid resettlement in working life and that the disabled person concerned is a suitable candidate for training and for the trade or occupation to

which it will lead from both the medical and psychological point of view.

Medical selection.

Any form of specialized vocational training requires an answer to the following questions :

- a) Is it necessary or desirable from the medical point of view that the disabled person concerned should leave the job he was previously doing or can he continue to do his former job with or without supplementary vocational training ?
- b) Will the disabled person concerned be capable of doing a new job after completing his vocational training?

With regard to the latter point it needs to be clearly stated that vocational training is regarded as actual training, and not as a form of therapeutic treatment provided at a time when it is still impossible to predict the success of integration into working life. Medical selection must not only make possible the admission of the persons concerned when it can be expected with a degree of probability bordering on certainty that the vocational training chosen will be successful. In many cases it is also necessary to take a calculated risk when the motivation of the disabled person with regard to the vocational training chosen by him is clear.

The disabled person must be kept under medical supervision for the whole of the duration of his training so that certain difficulties which may arise in connection with the training can be solved in good time.

Psychological selection, where the disabled are concerned, must be based as far as possible on a thorough psychological examination. This examination must not be limited to summary tests. It must as far as possible reveal a positive affinity for the field of study chosen.

Finding work.

The training should be arranged with reference to the prevailing employment possibilities, so that after completion of the course the trainee can be resettled in employment as quickly as possible.

I. Specialized vocational training for adult workers.

There are at the present time 25 centres for specialized vocational training for adult workers, providing some 3000 places for course participants. The trades and occupations taught are partly in the engineering industry and partly in the building industry, but there are also some highly specialized sections (for example, training for stonemasons). The purpose of these centres is first and foremost to help fill gaps existing on the labour market. If the training is looked at in terms of its suitability for disabled workers, many courses will be seen to be unsuitable, whilst courses for certain trades may prove very well suited to certain categories of disabled workers (a man whose forearm has been amputated for example can quite easily become an all-round welder if he has become sufficiently well accustomed to the use of his artificial arm).

Training at a vocational training centre for adult workers has certain distinct advantages :

1. The course is followed alongside non-disabled trainees;
2. The atmosphere of the centre approximates as far as possible to the atmosphere in which the trainee will do the job in outside society;
3. The training is based on an individual system, whereby it is possible to take up the course at any given time, there is thus no need to wait until the start of a course :
4. This system enables the training to be adjusted to the working rhythm of the disabled person, although the normal working rhythm is aimed at as far as possible ;
5. All courses are split up into parts so that the most suitable mode of training can be selected at different times during the training. This means that the trainee in metal work at the beginning does not know exactly what he will end up doing. It may

happen that, having started off training to be a turner, he is switched on the basis of results obtained in practice to a course for pattern-makers or precision fitters. Frequently, the doctor following the case concerned acts in an advisory capacity regarding the choice of the branch of training when the person concerned has reached a stage where a decision has to be made.

Of course this system also has its disadvantages. It should be noted first of all that it is not possible - far from it - under these circumstances to provide training for all disabled persons. This is due in the first instance to the limited range of possibilities. The buildings - in many cases old industrial premises - may not be suitable for use by severely disabled persons (e.g. those who cannot do without lifts) The project leaders and the director are appointed on the strength of their capabilities as teachers and instructors. They are used to dealing with able-bodied trainees. Also the system of assessing the progress of course participants leaves little scope for the disabled trainee. This seemingly rigid attitude is partly explained by failure to understand disabled people. Where it is a question of physical anomalies it may still be possible to solve the problems. This becomes more difficult when we are dealing with psychological difficulties. The vocational training of a psychiatric patient, which may be necessary for his reintegration into society, is often extremely difficult to achieve.

It is always difficult to give an indication of the need in the Netherlands of specialized centres for the vocational training of disabled workers. There is one centre for the occupational rehabilitation of the blind (45 persons), but this is a category which needs special attention in any case.

II. Regulations on vocational training in industry

These provide for the reimbursement of costs to employers accepting a disabled worker through the intermediary of an

employment office with a view to training him for a trade or occupation. The Public Authorities make a financial contribution designed to compensate for the time used unproductively by the disabled trainee. Where these provisions are applied, a training programme is drawn up in consultation with the employer, defining amongst other things the duration of the training. The sum refunded usually covers half of the costs of wages paid during the training. These provisions are applied to both disabled and non-disabled workers. The advantages are as follows :

1. The rehabilitee works a normal working day in a normal industrial undertaking and receives the normal wage ; the refund is paid to his employer.
2. The disabled trainee usually remains in the employment of the employer who has given him his training.
3. The number of trades for which the disabled person in question can be trained is considerable ; personal factors can be taken into account in this connection.

Selection takes in amongst other things a medical and psychological assessment. From April to December 1971 grants were paid in 653 cases under the terms of the provisions for training in industry. Expert opinions were given on the choice of trade or occupation in 36 % of cases. A medical assessment was made in 104 cases, i.e. 15.9 % of the total. These medical reports were supplied in particular for subjects suffering from mental disorders, organic disorders of the central nervous system and disorders of the motor faculties.

Between April and December 1971, 144 of the 653 participants left courses which they had started since 1 April. 108 of these had completed the course. 36 had abandoned it before completion and, in 4 cases, this was due to medical reasons.

This form of vocational training has existed for a long time. The statistics relate to the period indicated owing to reorganization measures introduced on 1 April 1971.

These figures are only mentioned in order to give an idea of the extent and results of the provisions on vocational training in industry.

III. The Grants for Studies Regulation

The Grants for Studies Regulation was introduced in 1967. The provisions under this Regulation apply to persons registered at an employment office as unemployed and whose resettlement in working life is impeded either by circumstances surrounding the employment situation or by factors relating to the person concerned and his situation. The disabled, who fall into the second category, qualify for the refund of costs for studies. The training must be preceded by a medical aptitude test. This aptitude test may be based either on opinions supplied by the medical social services or on a medical examination carried out by the physician attached to the employment office. Costs which can be refunded are course fees, registration costs, costs of educational material (books), examination fees, travel and subsistence expenses and other expenses directly related to attendance on the course. These costs are refunded to the trainee himself.

From April to December 1971, 2100 persons obtained study grants. The medical aptitude examinations revealed 825 cases of disability of a medical nature. The anomalies reported were due in 17.8 % of cases to injuries to the lower extremities, in 24.3 % of cases to disorders of the spinal functions and in 41.6 % of cases to organic disorders such as heart diseases and cardiovascular disorders, respiratory diseases and other similar disorders. Although clearly these persons do not all come within the category of the severely disabled, it was possible to note that medical factors were one of the reasons for choosing a less strenuous occupation.

Of 2106 participants in a training course starting on 1st April 1971, 155 finished their training. Fourteen of these had abandoned the course for medical reasons. Statistics covering a longer period will be needed to show the

influence which this form of vocational training has.

MR. OLAFSEN

(Norway)

According to the Norwegian Constitution, it is the responsibility of the Public Authorities to guarantee employment to each person capable of work. The disabled also fall within this category of persons capable of work or who can be made capable of work.

In Norway this responsibility falls within the competence of the Ministry of Local Government and Labour, which operates under the terms of a law on employment and placement in employment dating back to 1947. The word "disabled" is not mentioned at all in the Act. Even so the disabled are regarded as an integral part of the labour force, and a regulation promulgated in 1965 down guidelines governing their placement in employment .

In 1946 the first employment officer for disabled workers was appointed by the Oslo employment office. Today, all employment offices have special employment counsellors who are distributed in such a way that each employment office has the services of one of them on a full or part time basis.

It was also in 1946 that the first modern rehabilitation institute was opened and 4 institutes are now in operation. Their main task consists in drawing up a complete diagnosis, i.e. not only medical but also occupational social, psychological and educational. This diagnosis serves as a basis for working out a rehabilitation programme which draws on all available resources in society. Moreover, these institutes are in a position to place at the disposal of each disabled worker an individual programme of physical, social and occupational rehabilitation. After this the disabled person should be in a position to commence training in a traditional establishment or at his place of work.

The first workshop for the disabled was opened in 1947. Today, there are such workshops spread over the whole of the country. Over the next four years a fourfold increase is planned in the number of places available in workshops for

the disabled.

Employers are not obliged by law to recruit any particular number or percentage of disabled workers. A few years ago there was much discussion among European employment authorities on the value of such a quota system and similar social policy measures. The Scandinavian countries rejected this approach, since we believe that it would be of no advantage in our countries and it would have a discriminatory effect.

In 1960 a general system of invalidity insurance was introduced. Any person who, as a result of sickness, injury or infirmity, possesses permanently a capacity for work which is less than half the normal is entitled to the invalidity pension to the extent that it is impossible to increase his capacity for work by rehabilitation or other measures.

This insurance act presupposes an effective and comprehensive rehabilitation infrastructure. Unfortunately, we did not have this infrastructure either when the act first took effect or subsequently. Even now our capacity is too low to meet the requirements of the law. This is why I think that in Norway we have a relatively higher number of invalidity pensioners than in the countries with which we are accustomed to making comparisons.

It is more than 100 years since the general education of handicapped children was improved by the creation of special schools for the deaf and blind. Today we can say that the training possibilities for these categories are satisfactory, including the university and higher educational level. The fact that we have disabled people of a high level of professional and university training in active working life proves this.

The situation is not so favourable with regard to the mentally handicapped. The number of schools and residential institutions for this group has for a long time been scandalously inadequate. 10 to 15 years ago the situation took on such political importance that an effective programme was

worked out and finance was made available for its implementation. Even so a number of improvements remain to be made with regard to both quantity and quality before we can say that we are satisfied.

The situation with regard to the physically disabled has improved rapidly since the second world war, when rehabilitation in general was introduced. Although the number of severely disabled students is limited in the institutes of higher education and universities, these persons nevertheless have in theory the opportunity of drawing the maximum practical and economic advantage from their intellectual faculties.

The most important debate in this context concerns the question of whether schools should be run for retarded children or whether they should be integrated into the traditional schools! The present situation is such that, outside the schools for the blind, deaf and mentally handicapped, we have few schools for retarded children. With regard to general education, higher education and vocational training, the disabled person has no other alternative but to attend the traditional establishments, and the educational authorities do their best to overcome the difficulties of each student.

In the present situation no one would seriously suggest reviving the discussion on schools for retarded children.

The situation is also relatively favourable with regard to retraining or further training for disabled adults. In 1971 close on 30 % of all disabled persons newly registered at employment offices had received training under one form or another.

General education for adults has been considerably developed over the past 10 years and vocational training in particular has been improved in terms of numbers, duration and quality. The range of occupations taught is extensive; the employment offices undertake to fill all places. The usual duration is between 10 and 20 weeks; for some special subjects there are courses of further training.

This vocational training is also available to disabled adults ; the choice of a trade or occupation is the greatest difficulty. The short duration of vocational training given to the disabled is also a target for criticism.

A large number of disabled persons also attend ordinary vocational training establishments, in which training is given extending over several years, the technical schools and - as has already been pointed out - institutes of higher education and the universities.

Our earlier policy, according to which disabled candidates were trained to a level at which they were competitive on the labour market, is now superseded and we are convinced that each disabled individual should decide for himself in terms of his capabilities what the duration of his training should be.

Allow me to mention in this brief survey the Norwegian definition of the word "disabled". This was laid down in 1971 and runs as follows : any person is considered to be disabled if, as a result of permanent illness, injury, infirmity or behavioural disorder, he is extensively hindered in his practical life in relation to his social environment .

The definition of the word "rehabilitation" refers to it as a systematic operation designed to ensure that disabled persons enjoy maximum possible independence, normal employment and full social adjustment.

These two definitions cover the social factor. In my opinion "social" in this context means : to be happy. This is why a man who has been properly rehabilitated is not only a productive man but a happy man. And if a choice had to be made between these two concepts, we in Norway would prefer the happy man. Perhaps this can be the conclusion to my report on Norway.

B II. REPORTS ON EXPERIENCE IN THE FIELD

1. Mr. Boll
2. Mrs. Mutterer
3. Mr. Claude
4. Mr. Battaglia
5. Mr. Léga
6. Mr. Symoens
7. Mr. Breukel
8. Mr. Molina

Mr. Boll

(Federal Republic of Germany)

The Heidelberg Employment Promotion Centre.

We have 1600 residential and training places at the Heidelberg Employment Promotion Centre. Our establishment is extensively modelled on the educational concepts of the German Trade Union Confederation. We have gathered experience from all over the world : In the USA, the Scandinavian countries, Poland, the Soviet Union and many other countries. I wanted to tell you that in order to stress that there is no such thing as "Heidelberg rehabilitation", and that what we have is not a German invention, but that we have drawn upon and applied ideas and concepts from all over the world. I wanted to say that because I personally and my colleagues with me are of the opinion that there is no such thing as German rehabilitation or French or Dutch rehabilitation but simply rehabilitation of the disabled, irrespective of their country of origin. This is why we take in any disabled persons without regard to nationality. We deplore the fact that our quota of foreigners is only 5 %. But the language barrier and administrative obstacles - to some extent unjustifiable and anachronistic bureaucratic obstacles- have helped to keep it down to 5 %.

No disabled person comes here against his will ; on the contrary we, along with all those whom I know engaged in the same field, set great store by the fact that the disabled people who come here for training and resettlement take part in the process with the conviction that what takes place here is right for them, because they come to an establishment where they have a share in deciding what takes place. We have full partnership. The training plans, the whole process of training, is determined on a joint basis by training committees consisting of equal numbers of representatives of the Stiftung Rehabilitation, i.e. our employment promotion centre, and of representatives of the disabled themselves. Hence, we have full partnership in this establishment. In our opinion it is necessary. It is just as important as the

training itself, because these people have to leave this establishment as mature citizens with a critical awareness. I am saying this deliberately so that you know what kind of establishment you are dealing with.

We have disabled persons aged from 18 to 59. I would say again 59, because we have realized - and we have known this for a long time - that it is wrong to think that a person of 40 or 45 is no longer capable of readjustment to modern economic life. The contrary may be the case if the methods of rehabilitation, methods of training, not just the training itself, but also the various measures accompanying training therapy, diagnosis and social rehabilitation aids are adjusted to the situation of the older adult. We have adjusted our methods to these older persons, and you can see that, unlike vocational training centres for young people, we use methods of vocational training for adults which differ fundamentally from the methods applied in the instruction of young people. I stress the term vocational training for disabled adults because the methods applied for disabled persons can differ very fundamentally, in both rate of progress and means applied, from methods of conventional adult training. An entirely different rate of progress is required. I know there are rehabilitation practitioners who are ideologically opposed to this concept. If we oppose it we must accept the consequence that thousands and tens of thousands of disabled persons cannot be resettled. This is the price of rehabilitation ideology. For the rest, we have here in Heidelberg a mixture of all types of disability. We take in any disabled persons irrespective of the severity of their disability and irrespective of its cause or type, provided they are employable or can be made employable by modern rehabilitation methods. Each case is not necessarily employable from the outset, but he can be made employable if modern methods are applied in a rehabilitation centre, which differ sometimes very extensively from traditional training methods in industry. This is why we adopted the view that rehabilitation in industry to a

large extent is a thing of the past, because industrial undertakings are no longer in a position, especially given the nature of our present society, to provide rehabilitation, and because the population of disabled capable of reintegration in open industry is not identical with the population which today needs our help. This is why we have switched to other methods.

Let me first of all say something about the population concerned. We have a selection of all types of disability. We have a great many cases of cerebral damage, about 10 %. We have a large number of epileptics, about 7 % ; we have about 8 % of cases of paralysis of all kinds, and we have a large number of cases suffering from disorders of the motor faculties. We also have blind people. The age of separate vocational training for the blind is past. A new era has begun. We have deaf people because the notion that the deaf cannot be trained and resettled together with others also belongs to the past. We have many cases suffering from heart and circulation disorders and psychiatric cases, because it is no longer admissible to say that nothing can be done with persons suffering from endogenous psychoses who, in spite of behavioural disorders, are nevertheless intelligent. Of course any group of trainees of some 25 to 30 disabled persons cannot include more than 4 persons with psychiatric disorders. But there is every reason and justification for including a group of this number. It is wrong to say that this is not possible.

This mixing together of different types of disability means that the negative phenomenon of the so-called "disabled ghetto" does not arise, because a situation is created which corresponds to the situation in the world outside. This can no longer be ignored today. We have an up-to-date occupational range with about 50 occupations extending from trade apprenticeship level to university degree level, to suit all talents and aptitudes. This broad range is necessary because in spite of careful preparation we always have to switch about 5 % of course participants to other arrangements,

owing to undetected behavioural disorders or wrong assessment of ability to stand up to stress. It is not admissible in rehabilitation that the wrong selection should be made simply because somebody has made an error of prognosis. But in order to avoid the possibility of a total failure in rehabilitation, it is necessary to adopt such contingency arrangements. As the rest of you have also done, we have concentrated our efforts on certain critical areas of vocational training. One of these is electronics, which plays an increasingly important part in the economy of our Community. Training extends from apprenticeship to university degree level and is intended for all types and degrees of disability and for all talent structures. The occupational field of quality control, which is also suitable for disabled persons of all talent structures, is playing an increasingly important role, and those with above average talent can also be trained at our centres up to university level. We all know that the disabled person tends to compensate for the lack of private interests in his life and that he tends to fill this gap through his job. In his working life, therefore, he frequently has an advantage over his able-bodied colleagues. The handicap of disability is overcome or recedes into the background. Occupational rehabilitation usually takes less time than the training of the non-disabled. The period of training required is twelve months for apprenticeship trades 18 months for skilled workmen and technicians, 30 months for advanced technical qualifications and 36 months for university professions. It should be noted in this connection that these periods are not merely periods of training but also include all the ancilliary services accompanying the training. It should also be noted in these considerations that the training set-up, covering all fields which we have here and which also exist in other employment promotion centres and in other countries, could be impossible to achieve in an industrial undertaking or at a university. Of course, the training methods applied must be adjusted to the needs of adults and be partnership-based. This includes instruction

given in conjunction with the media, the use of methods of computer-based training and closed-circuit television because it is not just a question of imparting manual skills but to an ever increasing extent it involves the communication of knowledge. Manual occupations are today risk occupations in rehabilitation. Even for the so called "lower level" there are ample possibilities. We are certainly satisfied that the optimum training level has only been achieved when the upper limit of performance has been aimed at and the talent reserves of the disabled trainee have been exhausted. There will in the future certainly be a rehabilitation clinic in every major centre in order to guarantee that the many rehabilitees, who need stationary treatment during their training, can continue their vocational training from their sick beds by the use of various technical aids. I might quote the haemophiliacs as examples in this connection, who without these possibilities would be prevented from benefiting from rehabilitation by the haemorrhages which occur 3 or 4 times each year thus rendering clinical treatment necessary.

In order to accept a trainee, we require a programme of rehabilitation which as a rule is worked out by the team of consultants from the employment office. Our own rehabilitation team can then study the case concerned at an early stage and where appropriate get a preparatory promotion project underway. On the basis of the performance profile submitted by the employment office, the disabled trainees concerned are prepared for their subsequent training by advance promotion programmes in clinics, sanatoriums or even at home. They are given constant tutorial direction and the results are kept under observation. This makes for optimum homogeneity of the future trainee group.

For 30 % of the severely disabled this investigation through the employment office is not sufficient. The rehabilitation institute for placement and job analysis of the Foundation studies these marginal and problem cases. The scene is then set for the occupational future of the person

concerned by special methods and with the help of specially trained staff in a special course lasting two weeks. The result of these investigations is sent in a report to the employment office and the sponsoring body.

Finally, to sum up : the rehabilitation of disabled adults is a comprehensive operation. The age of separate medical treatment followed by the occupational phase is past. The training machinery and organisation in rehabilitation must be 5-10 years in advance of the rest of the training field because otherwise many disabled persons could not be resettled.

A second aim of rehabilitation in resettlement is that for 80 % of all disabled persons a means of occupational and social advancement is achieved. Today, with modern methods of rehabilitation, this is no pipe-dream but reality. We have recently conducted a success evaluation of 10,000 completed rehabilitation projects. We have ascertained that, three years after completion of training, 93.8 % of all trainees are employed in a manner corresponding to the ambitious aims set by the Heidelberg Employment Promotion Centre. In 80 % of cases substantial social and professional advancement was achieved. More important than vocational training, however and more important than diagnosis and therapy are the aids available to us for social resettlement. We are concerned in this day and age to train mature citizens with a critical awareness and who can give a good account of themselves in our society.

Mrs. MUTTERER

(France)

THE REHABILITATION CENTRE OF MULHOUSE.

1. The general framework

1.1. Facts and figures

The rehabilitation centre of Mulhouse is run by a non-profitmaking association formed in 1946. It is duly approved and articulated in accordance with the legislation in force. The establishment is a rehabilitation unit open to adults of both sexes and comprising :

- A physical rehabilitation department with 100 places (70 beds - 30 day patients) ; 16 beds are set aside for paraplegia cases admitted at the acute stage. This department takes in others with motor disabilities. The rehabilitees are recruited from locally.
- An occupational rehabilitation department with 50 places (40 beds - 10 day places) open to all disabled persons, recruited nationally but more often from locally.
- A vocational training department with 300 places (270 beds - 30 day places) admitting all disabilities (except the blind), recruited mainly on a national basis.

The various vocational training sections are grouped according to common techniques or technological orientations. There are three groups :

- Commercial (4 sections).
- Draughtsmanship (4 sections).
- Electronics' (5 sections).

1.2. History

The date of its creation (after the Second World War), its geographical situation (provincial), the emergence and application of legislation specifically covering rehabilitation and experience gained all contribute to explain the centre in its present form.

1.3. Problems.

In spite of progress achieved in many fields, both scientific and technical, from which rehabilitation has also

benefited , a certain number of obstacles remain. Others emerge in the train of new techniques and new ways of life. These difficulties all act as a stimulus in the development of the rehabilitation unit. They justify the structure of the Vocational Training Department in the interests of greater efficiency in the apparatus of education.

2. The main aspects.

2.1. The Rehabilitation Unit

2.1.1. Description

This is provided by the establishment in one place and the integration in an organic whole of three aspects of the rehabilitation process :

- Physical rehabilitation.
- Occupational rehabilitation.
- Vocational training.

2.1.2. Aim

This Rehabilitation Unit must contribute to the continuity, rapidity and cohesion of assistance given to the disabled in their social and occupational resettlement.

2.1.3. Objectives

Each of the sections contributes to the smooth operation of the whole by providing the necessary accompanying measures for whatever main project is in progress. The comprehensive unit thus created contributes to maintaining a consensus of views and to the continuous and mutual education of the experts working at different stages in the process of rehabilitation. It is an excellent training ground for all rehabilitation experts or persons concerned with rehabilitation.

2.1.4. Facilities

- The design of the premises without structural barriers or obstacles makes it possible for all the rehabilitees to move about freely ; the centre is open to the community. The build-

dings all have their own particular function but are arranged in such a way in relation to one another as to encourage exchanges and encounters.

- Thanks to its large capacity (450 places), the centre is well equipped with suitable and up to date facilities.
- It is the task of good management to keep these facilities properly maintained and up to date.
- The multidisciplinary team of staff which is necessary for the execution and leadership of special projects helps to ensure that all rehabilitees admitted get better service.
- The structure at present adopted provides a model which should enable the Rehabilitation Unit to achieve its aims and objectives more effectively.

2.1.5. Evaluation

The advantages and disadvantages balance themselves out.

- For the rehabilitees the moral benefit of continuous and comprehensive rehabilitation, ensured by the presence of staff in all specialities, is incontestable. But the co-existence of rehabilitees with different disabilities raises some problems (to be discussed), especially in the Occupational Rehabilitation and Vocational Training Departments.
- It is important that the teams of specialists at the Centre (medical - psycho-social-educational) should remain open to the world outside, so as to promote an awareness of the continuity and unity of the rehabilitation process among the different bodies with which they deal (hospital - Commission for Orientation of the Disabled - social services). However, this

approach will only meet with responses if the exchanges and identity of views within the Centre are real.

- The diversification of the departments and the scale on which the Centre works economically justify the facilities and equipment installed and make possible optimum occupation of places. But the capital cost of these installations can weigh heavily.

2.2. The organisation of vocational training.

2.2.1. Orientation and organisation of training courses

The fields in which training courses are offered by the Centre should not fluctuate greatly over the coming years. They come within the sectors in which manpower demand is high. Moreover all the jobs for which training is offered can be done either wholly or partly in a seated position.

Organisation according to groups of occupations based on common techniques or falling within a common technological field was found preferable to a greater diversification of fields or to the duplication of parallel departments.

Training can be followed in two phases, thanks to preparatory sections or periods, which will vary in length depending upon the general or basic technical level of the candidates.

<u>Electronics group</u>	<u>Duration</u>
Electronics draughtsman	14 months
Platform technician in industrial electronics	14 months
Radio and television technician	14 months
Preparatory training for the above courses (2 sections)	7 months
Electronics fitter	10½ months(1)
Electronic and electrical engineering fitter	10½ months(1)

<u>Draughtsmanship group</u>	<u>Duration</u>
Technical draughtsman (general engineering)	10½ months
Steel construction draughtsman	10½ months
Preparatory training for the above courses (1 department)	10½ months (2)
Draughtsman in building construction	10½ months
Ferro-concrete draughts- man	10½ months
Preparatory training for the above courses (1 section)	10½ months (1)

<u>Commercial Group</u>	<u>Duration</u>
Bookkeeper	10½ months
Accounts assistant with shorthand typing)	10½ months
Mechanised accounts as- sistant	10½ months
Preparatory training for the above courses (2 sections)	10½ months (2)
Commercial clerk	10½ months (1)

(1) including a preparatory period of 3½ months required for all trainees at this level.

(2) admission in mid-session possible for a shorter preparatory course.

2.2.2. Aim

This procedure makes it possible to suit the vocational training in the best possible way to the aptitudes of the disabled trainees and to adjust it to trends in the supply of jobs.

2.2.3. Objectives

The working conditions thus achieved must make possible :

- greater flexibility in accommodating trainees
- harmonization and coordination of training
- a certain interchangeability of courses
- harmonization of facilities and equipment required for the training.

2.2.4. Facilities

A modular design makes it possible to adapt facilities to new needs and to extend them.

The structure based on groups of occupations makes possible the use of optimum equipment and a wide range of educational materials.

The instructors are mostly multi-skilled. They come together on the basis of occupational groups, main technological fields or general competence.

The integration of the department in the Rehabilitation Unit is highly favourable to exchanges and research.

2.2.5. Evaluation

The policy of our Centre is in line with the latest research on the better adjustment of vocational training to the economy. But information, exchanges and research must be promoted on a wider basis ; the resources of a single establishment are not sufficient, especially in the following fields :

- orientation of vocational training courses, levels of courses ;
- interchangeability of training, duration of courses ;
- educational methods applicable to disabled adults, individualized training or training by groups of a similar level ;
- new facilities and equipment, frequently expensive ;
- training for instructors and project leaders.

3. Improvements needed

- 3.1. A viable and effective Occupational Rehabilitation Department.
- 3.2. Improvement of educational methods and social and cultural support action.
- 3.3. Creation of a residential centre for the severely

disabled.

3.4. Simplification and harmonization of legislation.

MR. CLAUDE

(France)

THE OCCUPATIONAL REHABILITATION CENTRE OF PLAPPEVILLE
(MOSELLE).

Introduction

Mr. Boisseau has indicated that in France there are 85 centres, most of them small, since only a quarter of them have a capacity in excess of 100 places.

The Plappeville Centre is one of these smaller establishments, created on the initiative of people who, themselves disabled through illness or accident, have set up private associations to sponsor a specific project.

Its origin : in 1933, a group of persons including a priest set up an association to care for tuberculosis patients leaving the sanatorium and to prepare them to re-enter employment.

Thus, from the beginning, it was a post-curative and convalescence establishment. Gradual return to work was from the outset an important objective. Workshops were created first of all on an occupational basis, which gradually became training units.

For more than 25 years the Centre catered exclusively for former tuberculosis patients. Then other categories with various disabilities were taken in, disabled through illness or accident.

The Centre has evolved, both from the point of view of the various disabilities accepted and from that of the content of the rehabilitation provided, in a continuous and empirical manner.

Today : The centre concentrates on vocational rehabilitation and takes in men aged at least 17 years for various periods of stay.

Its capacity : 110 to 115 trainees

Basis Residential

Disabilities not accepted : Sensory and mental handicaps

Area of recruitment : The whole of France, majority of trainees from the east, large minority from the Paris area.

This has to do with the Centre's previous location and the welfare body governing its activities. 30% to 40% of immigrants (mostly North Africans, then persons from French-speaking African countries ; Portuguese, Spaniards, Italians).

Training provided : Four sections on FPA lines

- | | |
|----------------------------------|-----------------------|
| - Assistant bookkeepers. | Duration of courses : |
| - Carpenters. | 9 to 11 months with a |
| - Coil winders. | preparatory period of |
| - Industrial plant electricians. | 3 months for 50 % of |
| | the candidates. |

Two sections for industrial rehabilitation

- | | |
|-------------------------------------|-----------------------|
| - Courses for skilled metal workers | Duration of courses : |
| | 6 months. |

One preparatory section covering :

- | | |
|--|---|
| - Physical rehabilitation | The occupational rehabilitation part carries |
| - The bringing up to date of school education. | the original mission of the Centre, namely that of a post-curative establishment. |

Distribution of the trainees according to their activity at the Centre

About 40 % : re-training (on FPA lines).

About 30 % : industrial rehabilitation.

About 30 % : physical rehabilitation.

(Guidance given by the Commission of Orientation for the Disabled on the basis of several criteria : the nature and severity of the disability - predictable possibilities of a return to the previous employment - aptitude for obtaining a qualification).

Nature of disabilities requiring rehabilitation

About 40 % : tuberculosis (decreasing).

About 30 % : Accident victims (fractures and their side effects, amputations etc).

About 30 % : all other disorders - cardiovascular, respiratory, digestive, orthopaedic, neurological, etc.

All these cases require medical supervision, the provision of treatment, kinesitherapy.

Occupational history and social background

75 % of trainees had no previous occupational qualification

(unskilled labourers). 10 % had some qualification and may even have held a post of responsibility (gang leaders, foremen) but are unable to continue in this job because of their accident or illness.

15 % had never been employed : young people whose studies or training had been interrupted by ill health.

The vast majority come from humble socio-occupational backgrounds of a very low educational level.

60 % require supplementary schooling, and of these :

20 % approximately come to us illiterate.

Specific problems.

- Social maladjustment - owing to a low socio-cultural level, different ethnic origins, difficulties encountered previously (occupational instability), a large number of trainees are more or less socially maladjusted and are lacking in intellectual and moral resources.
- Associated disorders - as a consequence of psychological disruption (migration, loss of job, unemployment) and of illness or accident, many trainees show neuropsychiatric and behavioural disorders.

Consequences

Difficulties in becoming integrated into the life of the community, into the working group ; difficulties in seeing their situation clearly, lack of realism, excess or lack of confidence in themselves. Hypersensitivity towards others in general, aggressiveness or passiveness.

Placement difficulties.

Conclusions

Is the centre equipped to deal with the trainees it takes in?

- Fairly well equipped for retraining candidates with strong motivation.
- Rather well equipped for those needing simple occupational rehabilitation.
- Less well equipped for those having difficulty in getting their situation into focus and in seeing their way forward. Since preliminary guidance and preparation is often provided

elsewhere than at the Centre, using different methods and with insufficient liaison, adjustment at the start of a course is sometimes very difficult.

Problems of structure.

- size and capacity : fairly appropriate. The size of the Centre enables it to make adjustments for special cases and to avoid adding to existing disorders of a psychosociological nature.
- technical and educational framework: Just adequate from the point of view of technical instructors - inadequate from the point of view of general instruction staff - highly inadequate from the point of view of supervision and **detection** of aptitudes and general cultural background - also inadequate from the point of view of medical and paramedical supervision.

The Centre has retained its original social mission, whilst its function as an establishment for vocational retraining has been defined and consolidated. Having started as a private project, remaining somewhat isolated during its subsequent period, it must now accommodate itself more within a framework of general rehabilitation policy and adapt its methods and educational approach to a different population.

MR BATTAGLIA

(Italy)

THE REHABILITATION CENTRE OF CADOPARCO.

The initiative which it is my task to present to you does not, I think, derive its originality and its value either from a particularly high technical level or from the extent of resources applied. It does, however, differ from all the other Italian projects in one or two respects, which I personally consider as decisive for a really effective solution to the problem of training and resettlement of the disabled in Society. The Institute which I represent is called "Comunità di Cadoparco" (Community of Cadoparco) and was born 5 years ago of the spontaneous initiative of 12 individuals, almost all severely disabled. By taking this decision, they repudiated the rejection and the marginal role to which they had automatically been condemned by the health establishments and by their own families, with no chance of employment or social rehabilitation. For this reason they abandoned the life that they had been leading up till then in order to go and live from their own work in a remote old villa at a village in central Italy, where they put their new initiative into practice. Today they constitute an officially recognised centre for physical and functional rehabilitation. The community has 150 members; 130 of whom are disabled.

Although it was created to meet the special needs of a small group of disabled persons, it has over the last few years developed highly effective methods of therapy. First of all we maintain that, in spite of differences in special treatments, there can and must be no fundamental separation between the different groups of disability, i.e. victims of accidents in general, victims of industrial accidents, invalids, the mentally ill and socially maladjusted. They all have in common the fact that they have been deprived of the facility of maintaining proper human contact with the reality surrounding them and, in particular, have been excluded from the world of employment, and all this in a society regulated exclusively by standards of success and

And productivity.

Although our centre in fact only deals with the physically disabled we also take in those suffering from other types of handicap, who frequently find themselves in marginal situations, both physically and psychologically.

We do not think it is fair to be exclusive, for we believe that it is essential to acknowledge that each individual, over and above his capacity for work, possesses human dignity and the right to be accepted and respected by Society. The planning of courses has always been of paramount importance at our centre, particularly vocational courses in electronics and ceramic work, which are financed by the Ministry of Labour. The achievement of psychological equilibrium, knowledge of the limits of his own physical aptitudes, the discovery of his value as a human being : these are the qualities required of the individual wishing to follow vocational training courses. It is only then that this training takes on meaning : Its most important objectives must be, on the one hand, a suitable occupational qualification and, simultaneously on the other hand, a general maturing of the personality by the development of personal responsibility, identification of the role the individual has to play in society and, finally, an understanding of the social significance of the work done by him.

We attribute great importance to the role of teacher. In most cases he shares the life of the disabled person, lives within the community and puts back into it what he receives from it. He thus has the same entitlement as everyone else to his share of the resources, which are distributed according to the needs of each individual. And this is because really productive work can only be done under equal conditions, in a situation where there is no hierarchical separation between teacher and pupil, but simply a common study of social reality, critical understanding of the problems and a true definition of the behaviour of the individual. Equality between teacher and pupil does not merely exist in theory, for the community as a collective unit lays

down the guidelines of action, not only where vocational training is concerned, but also in fundamental decisions affecting the life of the community. All are full members of the General Assembly, which is the supreme decision-making body at our centre. The smaller organisational groups and committees are also under the direct control of all.

Vocational training is not pursued in isolation, but is linked to a whole range of other activities of a cultural and general educational nature, such as : Round table discussions, debates and studies. The most important aspect is perhaps the total frankness of exchanges. For more than 5 years, over 3,000 young people from all over the world have lived for various periods of time in the community : this provided a permanent exchange of experience which has been a source of enrichment to all - both the members of the community, disabled and able-bodied alike (we make no distinction) and the guests, which has acted as an incentive to each and every one to continue extending his fund of knowledge and experience.

At the same time, the community has maintained constant contact with outside reality through a dialogue with the local institutions and, especially, the population of the area.

But this should not be regarded as a limited and self-contained experiment. The community does not wish merely to solve its own problems ; it will apply itself to any initiative promoting human development in any field. After overcoming immense difficulties, especially of an economic order, a small new community has emerged at Udine to arouse the interest of the disabled in Friuli Province.

In Fabriano (Umbria), a small group of disabled attend the State schools. In Rome the Research Centre for the resettlement of the disabled has been set up to study the social situation of these cases in our country ("Centro Ricerche per l'inserimento degli handicappati"). Other initiatives are envisaged from next July, especially in the economically

backward regions, such as Sardinia.

We have recently been in contact with the ENAIP (Public Society for the Promotion of Employment) a training body set up by the Labour movement, which pursues the same aims as ourselves. We have made arrangements with this Society for concrete co-operation in courses of vocational training in a working class district of Rome, in which social discrimination is acute. This new project, which is designed for underprivileged sections of the Roman population, is of great importance to us, because we shall in this way be able to use the experience gained by ENAIP at its centres in Rimini, Brescia, Rovigo and Reggio-Emilia in the field of the promotion of employment for the physically disabled and mentally handicapped.

Our greatest concern, however, remains real reintegration in the world of employment. This is very important in enabling our centre to achieve complete autonomy and in this way to take a new step forward along the road to total reintegration of the disabled into society. The chances of a disabled person finding work in our country are very limited; we believe especially that the present system of production is not conducive to the rehabilitation of personnel with substantial disabilities. In fact, fundamental changes in the present organisation of work are necessary. This is why we are convinced that it would be worthwhile to create new production structures with both able-bodied and disabled personnel, which would respond to new criteria of production and remuneration and which would, above all, be controlled and managed by the workers themselves. It is in this direction that we are channelling our efforts, because we are of the opinion that the realization of such structures is not only of value in itself, as an example of the capacity for work of the disabled person, but also as a means of proving in practice a new form of work and production applicable to all.

The elimination of the social grounds for discrimination

is a distinctive characteristic of all our efforts, for we are convinced that the problem can only be solved within the framework of a fundamental renewal of society. A great deal of effort will be necessary to shake public opinion sufficiently to bring about the recognition that the disabled person has a right to a normal life and to human dignity, by dint of both what he can and what he cannot produce.

For it is precisely in the light of the true value of the disabled person and his contribution to society, which is not only purely productive but above all human, that concrete initiatives may emerge towards the construction of a new society in which many place their hopes.

MR. LEGA

(Belgium)

THE OCCUPATIONAL REHABILITATION CENTRE OF ABTEE SCRY

Introduction

The basic facts and figures can be quickly presented. I am speaking about the Occupational Rehabilitation Centre of Abbée Scry, in the Province of Liège, which has some 60 rehabilitees under treatment and has been in operation for 10 years.

To give a brief description of the preparation of the rehabilitee at the centre : there is, to begin with, one week of observation followed by a fortnight of practical selection prior to the final assignment of each case to a definite occupational section : engineering work, welding, draughtsmanship, woodwork or electrical engineering. The bodies sponsoring the candidates during their rehabilitation are listed and, finally, the general scope and objectives of the Centre are defined : occupational rehabilitation accompanied by physical rehabilitation, medical supervision and supplementary schooling is provided with the aim of securing the genuine socio-occupational resettlement of the disabled individual.

The difficulties generally encountered during the course of rehabilitation are then indicated. There is first of all the lack of properly absorbed primary education, even illiteracy, which impedes the normal process of training.

In this connection, foreign workers raise special problems of language and group integration.

Selecting the right form of training for a worker who combines a poor level of education with a severe disability is particularly difficult and even impossible in certain cases.

Then the low motivation of many trainees severely disrupts their rehabilitation (absenteeism, coming late, unwillingness to make a sustained effort). It is indispensable, in order to avoid this pitfall, to reduce the fallow period, which is often too long, separating effective cure or stab-

lization from occupational rehabilitation proper : the present slowness of administrative processes encourages too many patients to acquiesce in their **invalidity, to hide behind their handicap** and to stagnate in disastrous and pernicious inactivity.

Moreover, the inherent instability and emotional immaturity of many disabled persons are, in turn, reflected in inability to apply a sustained effort, discouragement, escapism or aggressive refusal, periods of depression or alcoholism and an overwhelming state of dependency which, coupled with weak motivation, lead to a relatively high failure rate.

Differences in educational level and this absenteeism imply a need in theory for training tailored as far as possible to the individual's needs, but in practice it is too often the case that we have to resort to sometimes rather arbitrary groupings or to certain forms of mutual instruction. Another consequence of this situation ; the extreme mobility of timetables for theoretical courses.

In addition, groups with varied age structures also raise problems of mutual tolerance and discipline : the instructor is forced to adopt different attitudes, depending on whether he is speaking to mature adults or to immature adolescents (or to persons suffering from behavioural disorders).

The problem of resettlement will be dealt with from the statistical point of view, covering several hundred cases. It will be pointed out that frequently resettlement depends on the good will of the employer concerned but also on the efforts of the teaching staff of our establishment : indeed the official body concerned frequently intervenes too late or to no avail, or sometimes fails to intervene at all, and, on the other hand, our centre does not have the required placement officer.

Finally, it should be pointed out that in Belgium there is no officially recognized diploma for day courses of intensive vocational training for adults : the absence of this important factor makes it impossible to resettle our trainees in the public services.

Conclusion

Indeed, the occupational rehabilitation of the disabled is a problem which is not sufficiently well known among certain of the Public Authorities at both national and local level.

Moreover training at specialized centres has not become established as a formula for the future : our centre, after 10 years of operation, is still regarded in Belgium as an isolated private project experiencing difficulties in recruitment and suffering from a lack of information. It has thus not yet been possible to deal with or even touch upon the question of "training for training staff". Even so, we can put forward some practical proposals, since our establishment has, after all, emerged from its experimental stage.

MR. SYMOENS

(Belgium)

THE REHABILITATION CENTRE OF GHENT

Brief outline of the subject to be discussed

a) Background :

First of all, a short review of the aims and structure of the Training Centre is given.

This introduction indicates what disabled persons are eligible to follow a course of vocational training. It lays special emphasis on the restrictions on admission, which exclude various categories of disabled person. Having regard to the fact that we are the only vocational training centre for the disabled in Flanders, we consider it essential to stress that the vocational training opportunities for the disabled are very limited. In Belgium the "Rijksfonds voor Sociale Reclassering van de Minder-Validen" (National Fund for the Social Resettlement of the Disabled) is concerned in a concrete manner with the creation of as large as possible a range of vocational training opportunities by means of contractual arrangements and the adaptation of conventional education. The fact remains that a large proportion of these disabled trainees need to be followed continuously for the duration of their training. As far as this group is concerned there is no real substitute for training in a centre.

There follows a very brief survey of programmes and methods applied. Although we also have acute problems with regard to the training of training staff, we shall not go into this point since other speakers will deal with it in detail.

b) The preparation of disabled trainees.

Since our Centre only has patients whose condition is more or less stabilized, we do not undertake functional or medical rehabilitation. The only form of preparation given is the orientation examination. Our vocational training centre is linked with an orientation centre. We touch briefly on the organizational structures and method of working of this centre. In view of the fact that this

is a guidance and advisory service of a conventional kind, more in the way of a bureau dispensing advice than an observation centre, we do not think it worthwhile to spend a great deal of time on this subject, especially since this method of guidance does enable us to achieve our aims.

The search for suitable accommodation constitutes another aspect of preparation. This is a real problem when we are dealing with mentally and psychologically handicapped persons.

- c) The care of the disabled and handicapped during their vocational training is centred essentially on 4 main fields : the education, social, psychological and psychiatric fields. Educational care is particularly **necessary** for the group of intellectually weak and ungifted. The main concern here is to transmit the school knowledge and social accomplishments **which** are necessary for genuine social resettlement. In the case of psychological and psychiatric care we are mainly concerned with the mentally sick group. Individual psychological care is given to provide them with new faculties for relating and communicating, so that they can learn to integrate into the group. Psychiatric care is only given for patients suffering from psychotic disorders.

The physically disabled also frequently show a distinct need for **special** accompaniment measures. A problem often arises from this group with regard to the meaning of their efforts during training and the meaning of any job which they may find after resettlement. With our help they must learn to regard their work as a reasonable means of fulfilling their lives and not as a purely economic and material affair. It sometimes happens in this connection that resettlement only enables the rehabilitee to increase his income very slightly, which eliminates the financial attraction.

- d) Evaluation of results and reintegration.

On this subject, we give a general survey of results

achieved in the various branches of vocational training.

For the bookbinders we have the odd situation that few jobs are available, in spite of the high level of employment of this sector. In the Ghent area delivery dates for bookbinding orders exceed 6 months. In this area the binding ~~whorshops~~ are frequently in the hands of small family businesses. The heads of these small businesses have a horror of staff costs. Many jobs could be created in this sector.

It is easier for house painters to find a job. In their case finding a vacancy depends to a large extent on the situation in the building industry.

We have no experience of conditions which will affect assistant bookkeepers, since we only recently began to provide training for this job.

In conclusion we sum again the main problems with which we have dealt in our account.

MR. BREUKEL

(Netherlands)

VOCATIONAL TRAINING FOR DISABLED ADULTS IN THE NETHERLANDS

As Mr. De Boer has already said in his general introduction, we do not have any specific provisions in the Netherlands for the vocational training of disabled workers. But I should like to point out in this connection that, when provisions of a general nature are subject to restrictive standards - I am thinking in particular of age limits and amounts which can be spent - these restrictions do not apply to the disabled. Admission to a course of vocational training depends upon a medical and psychological selection process.

The medical counsellor determines the extent to which the person concerned may be subjected to stress, and he indicates on form AA4 any restrictions and contra-indications. The vocational counsellor indicates in his report the profile of talents, general level of intelligence and any special skills and aptitudes.

With regard to the severely disabled, we often meet with the following difficulty : It is possible to determine both medically and psychologically what is possible, but it remains for the candidate concerned to prove it. We do not unfortunately have this possibility in the Netherlands though, for example in Britain, there are the Industrial Rehabilitation Units - of keeping the candidate under observation for a certain period and, where appropriate, enabling him to find out for himself what he can or cannot do. In some cases, the vocational counsellor cannot, in my opinion, provide in his report the information we need, namely when we are concerned with candidates to whom the range of conventional tests cannot be applied or can only be applied to a minor extent. It would be worth knowing what has been done elsewhere in this field. I am thinking, in particular, of persons with hearing and speech defect, persons with severely myopic vision and those with motor handicaps.

An aspect of the second phase of the training process is what I should like broadly to term accompaniment . I think

that one too often forgets what it may mean to a man to be forced to take a different job. In my opinion it is essential that the vocational counsellor should indicate in his report whether certain deficiencies are to be expected or whether the stress brought about by the changeover can be eased by talks with the person concerned, adjustment of the working rhythm or variations in the training programmes, which may sometimes be rather rigidly designed.

Unfortunately, in the Netherlands we have 3 different forms of vocational training, as can be seen from the documentation, namely : training given in specialized vocational training centres for adult workers, the regulations concerning grants of study and the regulations governing vocational training in industry. For the sake of brevity, allow me to refer you to the literature which has been distributed on the content of these different forms of vocational training. With regard to the specialized centres for adult workers I should point out- as Dr. De Boer has also done- that the whole body of methods, training of staff and evaluation system have been (designed) to cater for the non-disabled. It can thus hardly be expected that the instructors (teachers trainers) should have the necessary competence and have the right personal approach to provide the accompaniment the disabled trainee needs during his training. This task thus falls to the consultants responsible for placing the disabled trainees in employment. But these officials do not have consultancy sessions at the adult workers' vocational training ~~ing~~ centre ; they have to go there of their own accord, and they are thus frequently not there when their help is needed. Difficulties which can be expected thus have to be reported in advance. And this procedure is only followed at those centres where the director is sympathetic to these problems and draws attention to difficulties emphatically and in good time.

With regard to the grants of study regulations, things are somewhat simpler. It is for the disabled workers' placement officer to make a proposal, in consultation with the

disabled worker concerned, to discuss it with him, and he is kept periodically informed by the training establishment of the trainee's progress. In this way it is also possible for him to act in good time on the reports he has received and call the trainee in for a talk. This **also** applies to the regulations on training in **industry** where the talk can take place at the plant concerned, and the placement officer can also have discussions with those concerned **with** the training in the firm. As a rule in the Netherlands we do not favour the promotion of employment on social grounds through the framework of the labour administration. The usual procedure is that a case is brought for discussion before a regional team of rehabilitation consultants who approach the department envisaged to take on the task of accompaniment. Unavoidably at this stage, an expert has to be called in to concern himself with the candidate in question. It sometimes seems to me that the candidate is at a loss to know to whom he has to apply for what aspect of his training.

We are not yet, however, at a stage where a single person can be appointed as project leader and who would be responsible for co-ordinating all the various activities.

For the sake of clarity, I should like to say something about the regulations on vocational training in industry. In principle this should be the best way of training disabled workers for any occupation. Once a single employer has been found **who** is prepared to take on the rehabilitee and to train him in accordance with a programme drawn up by the employment office, the choice of occupation to which this training can be directed is unlimited. There are, however, two drawbacks to the application of these regulations. First of all industry does not show any great enthusiasm to take on this extra burden for it does take up part and sometimes a quite considerable part of the time of the employee appointed as instructor to **supervise** the training programme. This also involves a whole pile of paper work - cost refund forms and progress reports - which tends to discourage employers from taking on responsibility. Another drawback

is that the employer concerned has to **commit** himself at the outset to giving the trainee a job, and absenteeism due to illness frequently plays a part here.

Once these difficulties have been overcome - and we are successful in many cases - this procedure in my opinion constitutes the best form of training.

The third phase which I would like to discuss with you is that of placement in employment. The starting point for the training is that there should be openings on the labour market for the occupation in which it is given. But here an economic recession but also a merger of companies or the closure of plants can bring us back to square one. For this reason the future employment possibilities, especially for disabled workers, must be carefully analysed and, where possible, agreements must be reached with future employers participating in rehabilitation programmes : agreements without **binding** force with employers concerning future possibilities of employment. Also in my opinion we should not forget that there is, generally speaking, a strong aversion to taking on disabled workers. Many reasons are presented for this. First of all - I have already referred to this - the risk of illness - we can indeed counter this argument by referring to (very old) **american** statistics but, precisely because these figures are not up-to-date, our argument does not make a very strong impression. It is better to quote examples from practice in which the expected risk seldom actually arises. Many employers also hide **behind** the argument that the output of a disabled worker is lower than that of his colleague. This can only be countered by pointing out that it is precisely training which has enabled the rehabilitee to do his work to the best possible standard of efficiency and that this can only be proved by putting the disabled worker to the test. In many cases the real reason does not emerge, and it is then extremely difficult to present arguments.

Last year in the Netherlands we circulated a leaflet in which information is given on the contribution of the

disabled to work in industry. It is too early as yet to assess the results of this information campaign. At all events this is one way of approaching firms and discussing with them the possibility of employing disabled workers.

In conclusion let me give a few figures.

The grants of study provisions were used from 1968 to 1971 for 5,584 cases ; 1,184 of these cases (34 %) were disabled.

The provisions on training in industry were applied between 1968 and 1970 in 1,251 cases ; 110 of these cases (easily 8 %) were disabled.

At the centres of adult vocational training between 1969 and 1970, a total of 4,206 persons were trained. These included 197 (a good 4 %) disabled trainees.

MR. MOLINA

(Italy)

VOCATIONAL TRAINING FOR THE DISABLED IN AN ITALIAN ENTERPRISE

Mr. Fotré said yesterday that it would be worthwhile hearing what private firms have to say. I should like to report to you on some experience gained in our country, whilst at the same time pointing out that I do not regard myself as an official representative, for our field of experience is very limited and I wish to maintain my independence as a "health expert".

I shall refer therefore to the basic concepts already set out in the report of Mr. Ravaccia on Tuesday, and I shall briefly highlight some points which seem to me to be important, irrespective of the programme of action to which they belong. This action indeed only constitutes an example of what has been done for the disabled in private firms (There is little coordination and the measures applied do no more than complement one another).

I am going to speak about a petrochemicals plant in Southern Italy belonging to the Montedison Group. Disabled persons of working age were given jobs in accordance with Italian employment legislation in this plant, which had recently been set up. Owing to the prevailing circumstances, however, it was not possible to give them special attention during the first years following the commissioning of the plant.

An analysis of the occupational and socio-cultural situation of this group of disabled workers (numbering 202) enabled a programme to be launched for the vocational training of a section of the workers who had not yet been fully integrated into working life, although their disabilities were not severe.

The programme was applied on the following principles :

- Recruitment of highly qualified training staff especially alert to the human problems ;
- Preparation of this staff by means of constant exchanges of information and experience, both with the plant psychologists and with the other members of the team (doctor,

social worker, management);

- Organisation of graduated programmes of incentives providing good opportunities for all to learn ;
- Active teaching methods with many study groups and working parties ;
- Training the disabled worker after a study of his aptitudes and his socio-cultural background, including his job and his ambitions ;
- Simultaneous psychological accompaniment of each one ;
- Jobs provided in the enterprise.

This programme seems to me to be an innovation in many respects. It has many particular features of the kind which have also been looked at during the course of this Seminar and especially in the working parties.

The greatest difficulties arose when it was noted that those with most to catch up on were also the oldest group (over 30 in 84 % of cases) and that they had a very low educational level (in 78 % of cases, they had to be classed in the illiterate category. These figures cover 35 of the individuals selected for training).

Two half-year courses had to be instituted for these groups : A primary course to enable them to catch up on their lack of general knowledge and to create a basis for the training to be given subsequently and, secondly, a course directed essentially towards subsequent occupational activity.

The remarkable amount of effort and enthusiasm applied by each individual led to results going beyond all expectations when the trainees were recruited for jobs at the plant; the same can be said for the manner in which they asserted their personalities.

At first the disabled workers were only given jobs of a general nature or menial tasks to do. They were subsequently given **training** to become qualified chemists.

this is just one experience, and is not to be compared with what we have heard and seen during this Seminar. It

bears the imprint of the production objectives of the enterprise concerned ; but the special treatment given to the disabled workers did play an important part. In my opinion the contacts between the disabled and the able-bodied were not always genuine during the courses. This perhaps had to do with the fact that the able-bodied workers were not sufficiently well prepared for their encounter with the disabled workers.

Two principles were used as a guide, and these had a positive social repercussion :

- The dialogue between the two groups was promoted by listening to and stimulating on both sides the opinions and demands of those concerned ;
- A study was made of the reactions of the disabled workers to the training measures applied to them.

I think I can safely say that this initiative - albeit modest in scope - has produced good results, and in my opinion this explains the wholehearted participation and obvious enthusiasm of those concerned.

III. GENERAL REPORT

1. Community orientations and general review of the situation and problems of occupational rehabilitation for disabled adults in the countries of the European Community

1.1. Community orientations.

At the beginning of the Seminar, Mr. Vidali and Mr. Potré representing the Commission, gave an account of the guidelines of Commission policy on vocational training and rehabilitation.

With regard to rehabilitation, our task is to devise within the social policy framework a common policy to be applied by all member countries of the European Communities. The Commission, at the end of 1970, submitted to the Council of Ministers a series of proposals concerning the social and occupational resettlement of the disabled. Our concern in this was to establish a link between economic data and the requirements of rehabilitation. This is why the Commission has proposed to the Council that a working party should be set up to define the criteria governing future tasks.

Apart from encouraging projects already underway in the field of research, the commission has also taken quite concrete measures

Last year it organised in Luxembourg a European Symposium on occupational rehabilitation and employment for the disabled. The results were published in a report. The Seminar now taking place has the task of giving closer study to problems which arise in the vocational training of the disabled. Thirdly, the Commission is preparing a conference to take place this year at the end of November which will deal more specifically with the results of medical examinations.

Next there was the question of links between, on the one hand, common policy in the Community on vocational training and, on the other hand, the rehabilitation of disabled adults. The basis of these deliberations is that laid down by the Council decision of 2

April 1963 concerning the general directives for the application of a common vocational training policy within the Community.

New guidelines on vocational training have emerged both from the Council directives on the drafting of a new programme of action for 1971 and from the decisions taken at the end of 1971 - early 1972 on the reform of the European Social Fund.

Major objectives of the new programme are :

- Adaptation of systems and methods.
- Co-ordination of research.
- Promotion and development of modern methods of education and study and training for training staffs.
- Special problems emerging in vocational training for different groups of trainees in a varied range of regions and fields of activity.

In conclusion, Mr. Potré drew attention to new possibilities - including occupational rehabilitation for the disabled - for the promotion of vocational training using the European Social Fund.

- 1.2. General review of the situation and problems of occupational rehabilitation for disabled adults in the countries of the European Community.
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1.2.1. Legislation

In a general way we were shown that in this area all disabled persons had a right to rehabilitation in all the Community countries, but the provisions for application varied greatly. There are, in this field especially, a great many regulations and competent bodies concerned with rehabilitation : hence the need to establish co-ordination.

1.2.2. Organisation and application of rehabilitation measures.

There are today several systems for the application of rehabilitation measures. The rehabilitation centres, vocational training centres for adults and rehabilitation provided in private firms have been

identified as essential models for organisation.

The regional distribution and dispersion of the various centres constitute a major problem for almost all the countries. It has emerged that the scope of rehabilitation varies from one Member State to another. The rehabilitation facilities available, the economic development of a country and the employment situation also play a crucial role in the application of rehabilitation measures.

It has been noted that in most countries much was left to private initiative. In a general way it has been observed that the number of places available at vocational training centres was inadequate. Moreover, not only do the conception of rehabilitation measures and the size of the centres vary from one country to another, but also the selection of jobs offered for training their level and the taking into account of the needs and aptitudes of the disabled are conspicuous by their diversity, whilst it is generally understood that in all countries the problem of foreign workers is treated separately.

1.2.3. Problems and improvements sought.

1.2.3.1. Legislative provisions for rehabilitation

There is a general call for simplification of the legislation governing the field. An essential factor is that finality and not causality should in future be the guiding principle, i.e. the re-integration of the disabled person into social and occupational life. The diversity of competences highlights the need for harmonization and co-ordination but also the need for the public authorities to take initiatives.

1.2.3.2. Preparation of the disabled person for rehabilitation.

In this field it is important to stress that the process of rehabilitation should be regar-

ded as an operation covering a series of measures between which there should be neither gaps nor interruptions. Continuity must be guaranteed.

Other points to be observed in the preparation of the disabled person for his rehabilitation :

Understanding ;

Information and guidance ;

Relationships between the rehabilitation process as such, vocational training and future employment ;

Preparation ;

Diagnosis ;

Selection of occupation and verification of aptitude for the occupation selected ;

Education of public opinion and information to parties concerned.

1.2.3.3. Systems and methods of occupational rehabilitation.

The systems and methods applied depend to a large extent on the style and scope of the rehabilitation. The present tendency is to reject conventional occupations and methods and to develop in their place competitive projects oriented towards the future. The question of costs also played a part in the discussion of this subject. All speakers drew attention to the need to develop methods taking into account the needs of adults. Technical facilities for educational purposes may play an important part here.

1.2.3.4. Evaluation and follow-up

The evaluation and analysis of results of rehabilitation projects constitute a difficult problem in all the countries, especially after the completion of a project. Criteria and methods remain to be worked out in many cases. The question of the retroactive effect on the organisation of rehabilitation measures plays

an essential part.

1.2.3.5. Training and supplementary training of instructors and rehabilitation specialists.

It has emerged that a distinction needs to be drawn between training staffs competent for disabled trainees and staff specializing in social questions, and even functions within these two groups, since the conditions required for the various tasks concerned differ greatly. It is, however, important to create for these two groups methods of training and study which meet the requirements of the moment and the needs of the trainees.

2. GENERAL REVIEW OF REPORTS PRESENTED. MR. BOISSEAU

During Phase C we heard nine accounts on experience in the field. These were, in the order in which they were given

- * The report of Mr. Doll, followed by a guided tour of the Heidelberg Centre, then the following day
- ** Two French reports :
 - one from Mrs. Mutterer on the centre she directs in Mulhouse.
 - the other from Mr. Claude on his centre at Plappeville-les-Metz.
- * Then Mr. Olafsen gave us an account of training for the disabled in Norway.
- * In the afternoon Mr. Battaglia reported on a special project in Italy at the Cadoparco Centre, followed by
- ** Two Belgian reports :
 - one from Mr. Lega on the Centre of Abbée Scry
 - one from Mr. Symoens on the Centre at Ghent
- * The next day Mr. Breukel spoke to us on vocational training in industry in the Netherlands, and
- * Mr. Molina described an example of training for the disabled in an industrial concern in Italy.

Three observations to begin with

- * The first is that all the centres which have been described meet a real need for vocational training felt by the disabled.

Vocational training, i.e. the acquisition of an occupational qualification, is one of the means available to the disabled to achieve economic independence and a place in society.

Training is also a means to personal fulfilment which is indispensable to many disabled persons.

- ** The second observation is that all the examples of experience which have been presented to us have resulted from private initiative. Most have received sometimes extensive financial aid but the sponsors were private individuals, sometimes disabled persons themselves.
- *** The third observation, less clearly formulated but

which can be deduced from some references or from an analysis of the situations described, is that these specialized centres for the disabled are not enough. Two in Belgium a few in the Federal Republic of Germany, but several projects on the model of Heidelberg, a few centres for the disabled in the Netherlands, etc.

I should now like to explore some of the themes dealt with by the rapporteurs, in order to highlight identities, differences and even clashes of view which have emerged.

These themes are :

1. Different types of vocational training.
2. Reception and preparation of the disabled candidate for vocational training.
3. The structure of the centres.
4. Training : objective, facilities and resources, methods.
5. Motivation.
6. Results of training and placement.
7. Improvements desired by the rapporteurs.

Different forms of vocational training.

Three modes of training can generally be offered to the disabled trainees. Training at a specialized centre for the disabled, training at an ordinary centre for adults, and training in industry, in some cases under contract.

Comparisons were repeatedly drawn between training at a specialized centre and training in industry each of which has its advantages and disadvantages.

Advantages : The range of trades and occupations offered and placement already secured for the disabled trainee within the enterprise.

Disadvantages : A risk that the training may be less substantial in depth with no diploma at the end of it, which would be prejudicial to the occupational mobility of the disabled worker.

All the same the originality of the project carried out by Montecatini Edison and described by Mr. Molina permits us to correct an excessively severe view of the relative

value of training in industry. Indeed, if the training operation applies all the necessary resources, the objective pursued is in conformity with what one would have wished for certain categories of disabled trainees. As a complement to this report, Mr. Kettenis also talked to us about the possibility of achieving our training objective for disabled workers by admission to the training centre of a private firm.

The reception and preparation of disabled persons for vocational training.

With regard to the different categories of disabled persons admitted, it seems to be the unanimous view that the age of specialization - I might even say segregation - by disability is past.

In the Federal Republic of Germany, France, Belgium and Italy persons with different kinds of disability are accepted in the same establishment, but quota systems are frequently applied, especially where the mentally handicapped are concerned. Mrs. Mutterer mentioned the strains imposed on the educational structures and methods by mixing disabilities.

With regard to ages : the German and Belgian projects take elderly cases, whereas in France 45 is considered to be the age limit.

Disabled immigrant workers, who have even been described as doubly handicapped owing to their ethnic origin, are generally admitted to the centres, but they raise specific problems. The Plappeville centre admits up to 30 % to 40 %.

I should like in passing to raise an objection to the rather glib manner in which speakers have talked about a double handicap, and perhaps you would permit me to present an opinion not contained in the reports. The receiving countries are also doubly responsible for the situation of these immigrant workers, for there is some justification in asking what they have done to prevent this double handicap, suffered by workers whom they have brought in (preparation for work, information on hazards, education, etc.)

Some centres undertake more or less direct occupational guidance, i.e. assistance in the choice of occupations, and attach much importance to this prerogative. This has been done in various ways in the different projects.

- At Abbée Scry, orientation and testing procedures have been systematically applied to all candidates seeking admission to the centre.
- In Heidelberg, a section of the Foundation has the task of preparing comprehensive performance profiles.
- In Mulhouse, the functions of the occupational rehabilitation department also include the task of orienting some of the trainees to the appropriate occupational field, after a period of observation.
- Mr. Breukel regretted that in the Netherlands there were no facilities for ascertaining the aptitudes and inclinations of the disabled trainees at special establishments, as is done in the United Kingdom at the IRU's. I should like to inform him that structures are to be found in the Community countries, which perform this function and to which reference can also be made.

An important function of the centres is also filling in the gaps in basic education, in order to homogenize the level of the groups of candidates for training. This period of basic education partly precedes the choice of occupational orientation and is frequently continued into the first phase of vocational training. Thus, at Mulhouse, the vocational training can be divided into two phases as required :

- one preparatory phase basic to several training sections.
- one phase of vocational training proper.

Finally, it is interesting to note, within the perspective of an analysis of overall policy on training for the disabled, that for a large number of disabled persons the vocational training provided constitutes the first rational training they have received, and not substitutional training after the loss of a skill or qualification.

The structure of the centre.

We have heard accounts of projects on a small scale (40 - 60 trainees), on a medium scale (100 - 350) and on a large scale as in the case of Heidelberg. Mrs. Mutterer highlighted the advantages and disadvantages of the large unit. Mr. Claude stressed the value of having centres on a "human scale" for certain categories of disabled.

A trend towards democratization emerged from the accounts of some projects. Mr. Boll is not the director of the Heidelberg Centre, but simply Mr. Boll. The trainees sit on joint committees to supervise the running of the Centre.

The Cadoparco Centre is a community in the full sense of the word, and the trainees themselves take charge of their own vocational training

Courses for 15 trainees at a time are common but the complement at Heidelberg is 30. The training sections are often grouped into occupational families.

Accompaniment measures : The Various forms of medical, psychological (even psychiatric) and social aid are available at most centres during the course of training, and those centres which do not have such facilities deplore their absence.

The importance of multidisciplinary teamwork in accompaniment is stressed in many accounts.

Emphasis has been placed on :

- the need for interaction between the centre and the community (Mulhouse - Cadoparco) and relations which centres may foster with other training bodies (e.g. Cadoparco with the INAIL in Italy).
- relations with industrial circles, in order to keep the content of the courses and the training of training staff up to date (Mr. Boll - Mr. Battaglia).

Training

Objective.

To provide a professional or occupational qualification which is competitive on the labour market. Generally speaking to achieve the first level corresponding to the subject's

capabilities. Mr. Boll, on the other hand, stressed the need to go as far as possible and to ascend the scale through several levels, in order to achieve optimum vocational training. At Cadoparco the objective through vocational training is to make the trainee responsible for his productive role in society.

Levels.

That of the skilled or semi-skilled worker was only mentioned by Plappeville, but it covers 30 % of the total. This practical training is known as industrial rehabilitation.

That of the skilled tradesman or qualified clerical worker is the most common instance.

That of the technician is encountered at Mulhouse and Heidelberg. Mr. Boll even mentioned higher levels.

Trades and occupations.

The importance of electronics and occupations increasingly in demand was stressed. Mr. Boll emphasized the need to provide training with several years advance over conventional training.

Some centres, particularly that of Ghent encountered difficulties in finding outlets in traditional occupations - for example bookbinders - which confirms the need to abandon, as has been done in many countries, those occupations traditionally considered suitable for the disabled in the first training projects (reference to crafts and artisanry).

The content of training.

This is generally precisely defined, but kept permanently up to date (Heidelberg-Mulhouse). At Cadoparco the trainee shares in the working out of the content of his own training, and this novel feature is worth noting. The aspect of interchangeability of training was raised by one rapporteur.

The need was felt for special training for those responsible for the training of the disabled and supplementary and refresher training was sometimes provided on a conti-

nuous basis in some projects.

Educational facilities and resources.

These are generally traditional. Only Heidelberg reported on the use of programmed instruction with a computer and instruction in "laboratories".

Educational methods.

Several rapporteurs drew attention to :

- The tendency to democratize the educational relationship in order to abolish its traditional authoritarian character.
- Efforts to bring closer together - even to mix - training and outside activities.
- The need to individualise certain parts of the training, in order to enable each individual to proceed at his own rate (e.g. refresher tuition in basic school education for trainees of a low educational level by means of individual courses and the possibility of additional exercises for the mentally handicapped, who are generally slower to learn).

Motivation.

We have heard very different opinions on this subject. For Mr. Boll trainees are "volunteers" and are more interested than anyone else in the occupation they must learn, for it is the means whereby they will be able to regard themselves as men on equal terms with the rest.

Mr. Lega and Mr. Claude had some reservations on the motivation of certain trainees - due to personality difficulties - manifesting a hostile reaction to the situation of being disabled, or the consequence of emotional immaturity. The early preparation of a continuous rehabilitation ~~plan~~ avoiding gaps and interruptions in its application, should, according to Mr. Lega, make it possible to abviate some of these psychological maladjustments.

The results of training and placement.

Most accounts indicated satisfactory results. On the one hand there was a high success rate in acquiring diplomas, and subsequent placement was fairly easy, except for some occupations.

Mr. Boll reported that : of 10,000 persons questioned, 93.8 % were in employment which corresponded to the training they had been given, three years after completing it. This is certainly a record figure !

Mr. Lega indicated much more modest figures but in view of the brevity of the accounts we have heard, it is difficult to interpret these figures, for it is not certain whether we are comparing comparable realities.

The centres play a role in placement but the official employment services intervene in nearly all the countries. The role of the centres was emphasized.

The question of compulsory employment quotas and of the reservation of jobs selected by the employment office was mentioned. It does not seem that, in any of the situations reported upon, these provisions are put into practice or controls applied.

Several rapporteurs added that persuasion in this connection was preferable to compulsion.

Improvements called-for by the centres.

First of all, with regard to legislation.

The rapporteurs expressed a unanimous wish for simplification and co-ordination of legislation (particularly Belgium and France).

They also drew attention to the need for residential centres or homes for the severely disabled.

Conclusions.

All these experiences deserved to be known and especially to be known to one another.

Perhaps it is regrettable that the time allotted was not sufficient for more questions, but I am certain that

everyone has continued the exchanges outside the sessions, and we know from experience the importance of two or three people getting together "outside hours".

Finally I think that all of us have been touched by the human warmth of some of the accounts given.

Mr. Olafsen for example said that a disabled person who was well integrated into society was, first and foremost, the one who was happy and not the one who was productive.

Moreover while some of us may have been a little disconcerted by the report of Mr. Battaglia we must all recognize - that Society is not sufficiently open towards the disabled as towards all outsiders and yet it is often Society which has created them.

- that Society must reform itself and why not through the action of the disabled who, owing to their special social situation, will be more in a position to propose better production structures and better conditions of existence for all.

3. REPORTS OF THE WORKING PARTIES

3.1. Theme : The evaluation of results

Chairman : Mr. Linet.

Rapporteur : Mr. Terrier.

We have followed the proposed scheme of procedure in our work, but our exchanges have covered a wide area, and the various points made have only given us a partial view, but, it is generally felt, comprising the essentials.

3.1.1. Evaluation of results during training

This is general practice, and it is not called into question by the Working Party (on the contrary) but we do feel it to be essentially a requirement of educational practice and, in this case, it has to be determined by the methods of instruction applied.

It has also proved to be an administrative and even financial requirement for the social institutions and financing bodies which act as sponsors for the rehabilitation. It must therefore go beyond the technical and educational fields and take in the medical and psychological aspects which will make it possible to determine the suitability of the rehabilitee concerned for the training undertaken in the chosen occupation and allow for re-orientation where necessary.

These assessment procedures will have to take different forms depending on the mode of training. They are essentially the responsibility of the instructors themselves in collaboration with the personalities or the team which intervened at the stage of prior orientation.

3.1.2. Evaluation on completion of training.

This point was examined from the viewpoint of qualifications awarded on the successful completion of training. This verification of knowledge acquired for the subsequent pursuit of a trade or occupation is considered necessary and is based upon an examination of the traditional type, but also on the results

obtained during the course of the training.

The Working Party expressed the wish that this certification procedure should consist in the award of an associated or assimilated diploma of truly equivalent status with awards granted on the completion of other, so-called "normal" training courses.

The Working Party also expressed the wish that this document should be awarded by an examining body which would be representative of the field of employment concerned and would consist jointly of employers (users of the manpower sector concerned) and representatives of the Trade Union organisations with the possible participation of the Public Authorities.

3.1.3. Evaluation after placement.

In its consideration of this point, the Working Party concentrated its attention on placement as such, which might be achieved in accordance with the legislation in force either through a resettlement officer employed by the centre itself or by the official employment services. The first solution was considered to be the most appropriate and the most effective. But the two procedures could be usefully linked.

With regard to the evaluation of results after placement, we considered the question both from the observational point of view and from that of the continuation of support and psychological and social assistance.

The follow-up provided should be both systematic and personalized :

- Systematic : i.e. it must cover all disabled workers having received vocational training.
- Personalized ; it must be provided by a person who already knows the disabled worker, and they must meet for a talk (human contact).

Nevertheless the written questionnaire procedure already extensively used could be developed further and improved.

It is difficult to lay down a frequency for these evaluation measures. It seems however that the first contact must take place within the first few months following the completion of training. It would benefit by being continued over a period to be determined in the light of the results noted.

These evaluation measures should be applied :

- By the placement body.
- By the training body.

This does not mean that the interventions of the industrial medical services are not essential also.

The Working Party expresses the wish that legislation on the resettlement and follow-up in employment of disabled workers after rehabilitation should be harmonized and even standardized.

3.1.4. Integration of evaluation results .

The first question arising is that of knowing whether the job found corresponds to the qualification gained by the trainee concerned and makes it possible to avoid the risk of occupational "maladjustment" or of accidents.

If the answer is in the negative a check must be made to establish whether the training given really meets the requirements of the job both in its orientation and level of skill.

Another point is the inspection of any adjustment in the job or place of work or a study of possibilities in this direction.

There is also a need to ensure that the training methods applied give adequate preparation for the actual working conditions which will be encountered in industry.

This procedure will also show how well measures have been suited to the technical and occupational realities of the moment and to their continued development.

This feedback of information would enable objective comparisons to be drawn between the different

systems of training applied and make it possible to improve them and perhaps to give priority to those which seem best suited to the objectives pursued :

- The social and occupational resettlement of the subject concerned.
- The human fulfilment and development which this should make possible.

Knowledge of these results and their dissemination would contribute significantly to the promotion of entitlement to vocational training and to ensuring its application in practice.

Useful lessons can also be drawn from the evaluation of these results for application in the training of instructors and technical rehabilitation staff.

3.2. Theme : the preparation of the disabled person.

Chairman : Mr. Van Beek

Rapporteur : Mr. Molina.

The EUR Working Party, in drawing up the balance sheet of its activity, in the light of the contribution of the two other Working Parties, takes as its preference a model on up to date lines for rehabilitation centres for adults, which would be based on the following general principles :

- The objectives of rehabilitation should not be limited by age or the extent of disability of the rehabilitee save in exceptional cases.
- Prompt action is necessary, especially where psychological assistance is concerned. Also, all necessary measures aimed at resettlement should be taken as early as possible.
- Action should be dynamic and oriented towards the future, whilst at the same time the constant endeavour should be to provide rehabilitation in line with therapeutic concepts and the principle of continuous further training.
- Rehabilitation must be pursued not only with the aim of optimum reintegration into working life but also in the interests of the rehabilitees social advancement.
- Detailed evaluation of results must be pursued in accordance with an objective and impartial method.

Some principles of practical orientation for future action emerged from these basic guidelines. These will be briefly reviewed here.

Objectives.

Proper information for the disabled person and education of public opinion (right of the disabled person to information), also through natural means of communication, such as doctors. Fight against prejudice,

elimination of pietistic and paternalistic attitudes, minimization of the danger that disabled people may become isolated. The disabled person must be integrated as early as possible within a group of his own age and have good opportunities for psychological interaction with this group, the members of which must also have received appropriate preparation. His hope for the future will be strengthened in this way.

Programmes of long term rehabilitation, split up where appropriate into several phases and supervised by the doctor or guidance counsellor, in order to guarantee continuous feedback, and the active cooperation of the disabled person, where it is considered necessary the team can be supplemented by a specialist in clinical psychology.

The coordinator of such programmes could be "a rehabilitation counsellor" of the kind employed in German and Dutch projects. He would, however, need to have appropriate theoretical and practical training.

Teams of specialists, : In every case the members of a team are encouraged to work with a completely open mind, within a framework of multidisciplinary integration and constant and reciprocal exchange of experience.

Need to take into account and prepare certain secondary aspects which reinforce the effectiveness of the rehabilitation process itself (filling in the gaps in school education, provision of additional modes of assistance, transformation of the community at the place of work and in the environment, in which the disabled person is living at the time of his retraining, into true therapeutic and helpful communities).

Creation of experimental rehabilitation centres in Europe using the recently reorganised European Social Fund. These pilot centres must be oriented towards scientific research and maintain regular contacts with the universities. They must endeavour to establish

good relationships between one another and maintain a mutual exchange of experience. The smaller-scale centres must also be linked together, but without being dependent on one another.

Good coordination between the centres could be assured by a commission consisting of representatives of all of them, who would themselves be responsible for the choice of and, where appropriate, the taking of necessary measures in rehabilitation matters.

With regard to the occupations selected, it does not seem necessary- except in the case of a concrete project in which the objective has already been fixed- to make a clear distinction between a specialized course with a guaranteed future and preparation based more on flexibility and interchangeability. The following intermediate solution could be suggested : an interchangeable course which would be orientated towards the future and which would give the disabled person modern training with inherent opportunities for retraining and supplementary training. Certainly any contra-indications would have to be taken into account, and these would vary according to the case in question. In this connection, the possibility must be borne in mind of turning the disabled trainee into an instructor who, in turn, would train other disabled trainees.

With regard to available methods and resources, exhaustive use should be made of the possibilities offered by modern technology, audiovisual techniques and programmed instruction. Traditional methods of education based on the accumulation of knowledge and repetition should be abandoned. So called "active" educational methods and group systems should be adopted.

Finally, with regard to the evaluation of results, it seems that the best framework is the centre itself, since this is almost always accepted by the disabled person. Once a rehabilitee has regained confidence in himself, the centre has the possibility of referring to other bodies where appropriate. Of course, the centre is directly concerned

with the evaluation of results, especially since it is highly desirable that the persons concerned, i.e. the disabled themselves, should participate actively in the programme of the centre and in the organisation of activities and evaluation procedures.

The EUR group concludes its work with some recommendations destined for European organisations on the subject of certain problems which still call for an exchange of views on a European scale.

- Concept and degree of disability.
- Compulsory requirement to notify cases.
- Job description for the coordinator of rehabilitation programmes.
- Specialized or mixed activities in other European Centres.
- Problem of professional secrecy.

3.3. Theme : Systems and methods of vocational training for disabled adults.

Chairman : Dr. Hülsmann.

Rapporteur : Mr. Wittwer.

Preliminary observations.

The Working Party has prepared a report. There were differences of opinion and these were exhaustively discussed. The final results therefore represent the unanimous view of all members of the Working Party.

Since these discussions took place in German, the Working Party agreed that, in any difficulties of interpretation, the German version should be regarded as authentic.

General framework

3.3.1. Different systems of vocational training.

3.3.1.1. Vocational training in specialized centres for the disabled.

3.3.1.1.1. Centres for persons with all forms of disability.

3.3.1.1.2. Centres for persons with special disabilities.

3.3.1.2. The mixing of the disabled and non-disabled.

3.3.1.3. Vocational training in industry.

3.3.1.4. Fields and levels of training (occupations oriented to the future, need for continuous further training)

3.3.2. Special methods required in the various sectors of vocational training for disabled adults.

3.3.3. Training and further training for specialized rehabilitation staff and instructors.

3.3.1. Different systems of vocational training.

3.3.1.1. Vocational training in specialized centres for the disabled.

3.3.1.1.1. Centres for persons with all forms of disability.

The working party was of the opinion that :

- a) preference should be given to a universal centre which took in all categories of disability wherever possible.
- b) the centre should be as large as possible and that the population and geographical circumstances of the individual member States should be taken into account accordingly,
- c) funds should be made available from the European Social Fund to countries such as Belgium, Italy and the Netherlands to enable them to set up a large central establishment.

The working party justifies its support for a larger centre on the following grounds :

- better operating economy is achieved.
- greater security of employment can be offered to the staff of the centre.
- better facilities for freedom of choice of employment for the rehabilitees - comprehensive training

programme.

- properly qualified accom-
paniment services can be
offered (doctors, psycholo-
gists, social therapists
etc.)
- technical aids and resour-
ces can be employed to the
best advantage.
- it is possible to modify
the forms of training pro-
vided and to adapt them to
difficult cases.
- the scope for training
and further training of
staff is improved.

3.3.1.1.2. Centres for persons with spe-
cial disabilities.

To the extent that it is not possible or not yet possible to create larger establishments the Working Party considers cooperation between smaller establishments to be indispensable when this is not prevented by too great a geographical separation. Finally, the Working Party expressed a conviction that the rehabilitation centres should maintain close contacts with the scientific institutes.

3.3.1.2. The mixing of the disabled and non-

disabled

All disabled persons who can be trained at a normal training centre should be sent to such a centre for training. The question of mixing disabled with able-bodied thus no longer arises. Mixing is not possible for the personnel remaining, since this would require adjustment to a physiologically unnatural training rhythm either of the disabled or able-bodied trainee. For the personnel remaining, modern vocational training objectives can only be achieved at a special centre for the disabled.

3.3.1.3. Vocational training in industry.

The recommendation is that, in future, vocational training for adults in general should be provided only at external centres or centres operated jointly by several enterprises.

Persons with disabilities which suit them for training only to a simple apprenticeship level must continue to some extent to be trained in private firms.

To the extent that training at external centres or centres operated jointly by several enterprises is not now possible and is not likely to become possible in the near future, consideration may be given temporarily to training in industry, if the enterprise concerned meets the necessary basic requirements.

3.3.1.4. Training programme

- ~~3.3.1.4.1.~~ As broad as possible a range of occupations must be offered ;
- 3.3.1.4.2. Trades and occupations oriented towards the future, ranging from apprenticeship to university level, should be aimed at, e.g. jobs in
- Electronics
 - Quality control
 - Electronic data processing
 - Information technology
 - Modern administration
 - Precision engineering and other fields of automation technology
 - Modern engineering, especially the programming of numerically controlled machines
 - Draughtsmanship and design
 - Social work and the health services
 - Laboratory work
- 3.3.1.4.3. The training programme should be constantly adapted to changing conditions in industry in collaboration with modern enterprises, industrial organizations and educational institutions. In this connection the results of success follow-up checks after completion of a course of rehabilitation must be taken into account.

3.3.2. Special methods required in the various sectors

of vocational training for disabled adults.

- 3.3.2.1. A method is indispensable in the vocational training of disabled adults.
 - 3.3.2.1.1. The method must be properly designed for application to adults.
 - 3.3.2.1.2. "Designed for adults" means in particular the introduction of teaching and learning methods based on the partnership concept.
 - 3.3.2.1.3. Use of the partnership concept in the teaching and learning methods places teacher and trainee on an equal footing, which is absolutely indispensable ; the teacher thus only has technical competence.
- 3.3.2.2. Alongside the theoretical and practical aspects of training, elements of a non-occupational nature and other aids to social resettlement should be included.
- 3.3.2.3. Teacher-based instruction should be given a much less important part to play since the multi-media approach is taking on increasing significance ; this includes closed-circuit television programmed instruction computer-based training and other audiovisual teaching and learning techniques.
- 3.3.2.4. Preference should be given to instruction in small groups and training in modern laboratories and studios rather than in traditional workshops.
- 3.3.2.5. Ergonomic factors must be taken into

account in the installation of the training areas.

3.3.2.6. The educational base level should be aligned as extensively as possible by individual preparation.

3.3.2.7. The Working Party recommends

3.3.2.7.1. That research in the field of vocational training for disabled adults should be constantly extended, in order to create a scientific basis for the training of adults.

3.3.2.7.2. That research institutes should therefore be set up, with research projects commissioned by the European Communities and a constant exchange of research results between the individual institutes.

3.3.2.8. In the case of special disability categories, e.g. the blind, permanent further training must be provided in rehabilitation centres.

3.3.2.9. The theoretical and practical vocational training, the social resettlement aids and other accompaniment services (diagnosis, therapy) must form an integrated whole.

3.3.3. Training and further training for rehabilitation staffs and specialists.

3.3.3.1. Training.

3.3.3.1.1. All vocational training should comprise information on the problem of the disabled person and on rehabilitation.

3.3.3.1.2. General information, however,

is not enough. Special training is also required. The need for special training derives from the principles for training methods in rehabilitation centres formulated by the Working Party (special training rhythm, partnership concept in learning and teaching methods, group instruction, teamwork, etc).

This special training must be provided at a special centre or in specialized departments of existing institutions in the educational system or in specialized institutes or existing rehabilitation centre. Because of the practice-oriented nature of the training, close contacts with existing rehabilitation centres must be constantly maintained. Where the establishment of specialized institutes proves impossible or undesirable in one country or another, the European Community should sponsor the establishment of joint institutes for several countries.

3.3.3.2. Further training

Instructors and specialized rehabilitation staff must be given regular refresher training in methods and technical aspects in modern firms, institutions of the educational system, industrial orga-

nisations or at specialized establishments or departments to be set up. Further training should be supplemented, for example, by participation in conferences, congresses and meetings and by study visits to exhibitions.

IV Analysis of results and conclusions.

1. Remarks from participants

One of the salient points to note, first of all, is the impression of success reported by various participants in spite of certain difficulties at the start, it was possible to find a common language, to establish contacts, to exchange points of view and experiences. Within a European perspective, all the participants considered it of great importance that a common denominator had been found for their endeavour to arrive at a basis of common action which would enjoy wide support. Some convictions formed during the course of this Seminar have proved to be of such importance for some participants that they are to be immediately applied in practice in the countries concerned.

All the participants are agreed that the stimulus provided by this Seminar must serve to sustain the work of rehabilitation in the future, particularly in the sectors which have been revealed at these meetings to be the most **neglected**. All the participants have stressed the fact that the work done this week has given them a better overall view of the conditions governing the rehabilitation of disabled adults in the various countries.

In the field of organisation and working methods, it was suggested that in future the list of participants including a description of the functions of each one, should be circulated sufficiently in advance and that reports on projects and experience in the various countries should not be given at the Seminar itself, but should be distributed among the participants in advance. According to the participants, work in small groups set up on the basis of the various languages is certainly not an ideal solution, but owing to the time factor and technical and organisational reasons no other procedure was possible. It was recommended that, in future

less extensive fields should be considered in the choice of subjects.

2. Closing address

MR. HENZE

Commission of the European
Communities
Directorate General for
Social Affairs.

Let me first of all tell you how pleased I am that the invitation of the Commission to this Seminar has elicited such a wide response and that we have been able to assemble here such a gathering of highly qualified personalities. Let me also express to you my pleasure at having been able at least to participate in the closing phase of this Seminar. I can assure you that I was deeply impressed by what I saw and learned yesterday evening during the various discussions and today during the session. I am firmly convinced that this week has been marked not only by intensive work but also by considerable results. This proves to us that, within the field of rehabilitation, Community cooperation going beyond the existing differences is of benefit and even necessary. The debates, together with other manifestations, showed the birth of a European friendship among officials responsible for rehabilitation in the various Member States, among whom I also include the representative of Norway. I think that this fact was of great importance to the enrichment of the discussions. I should like to express my satisfaction that the initiative of the Commission has provided an incentive to co-operation and encounter and that the Community spirit has become a living spirit here in Heidelberg.

This first Seminar of officials responsible for the occupational rehabilitation of disabled adults was partly the result of efforts of the Commission, forming part of the work of framing a common policy on vocational training. The main essential, both for the Commission and for the persons and departments concerned with

rehabilitation is to ensure that all concerned are comprehensively informed on the conditions of rehabilitation in the various member countries and to formulate on this basis new initiatives, making it possible to improve the situation.

Allow me, ladies and gentlemen, to attempt now to analyse from the point of view of the Commission the first results which have emerged.

I wish to note first of all that the objectives assigned to this Seminar have been achieved in full. An exchange of experience and information has been made possible, enabling all the participants to gain new knowledge and formulate new convictions. But it is the concrete proposals emerging from this co-operation and constituting a constructive basis for subsequent development which seem to me to be most important. I should like here to extract some of the main points from the multitude of problems dealt with during your discussions.

Ladies and gentlemen, we have to develop a clear and viable concept of rehabilitation both at member state level and at that of the Community. The underlying principle of our action should be at all costs to integrate the disabled into our endeavours to achieve greater equality of opportunity in our society. Within this perspective, the Seminar has shown that the achievement of this objective requires better co-ordination of legislative provisions, on the one hand, and the creation of official bodies concerned with rehabilitation on the other. To this must be added the need to harmonize these provisions, having regard to the continuing process of European integration, and in particular the free movement of workers. With regard to rehabilitation measures, the need for a specific solution to specific problems has emerged very clearly. This applies both to the preparation of the disabled person for vocational training and to the systems and methods applied in the

vocational training itself. Legislative provisions and an overall conception of rehabilitation are certainly part and parcel of the necessary conditions, but we also know that the existing reality needs to be transformed. This is why we are grateful to this Seminar for having suggested that model rehabilitation centres on up-to-date lines should be set up in the various countries of the European Community with aid from the European Social Fund. This would in my opinion - and I think in yours too - constitute a basis for fruitful co-operation in the future and a motive force for the future development of certain sectors.

Ladies and gentlemen, allow me in concluding my address to thank you all sincerely all of you who have attended this Seminar, who have participated so actively and so assiduously, in particular the speakers, officials and rapporteurs of the working parties and the organisers, Mrs. Mutterer, Mr. Breukel and Mr. Pipan. I should like to address a particularly warm word of thanks to the Stiftung Rehabilitation for its vigorous and effective support in the organisational field and the work done by Mr. Boll and his assistants, Mr. Albers and Mr. Nolte. Please also pass on my thanks to the City of Heidelberg and its Burgomaster for the hospitality shown to us all during this week.

Ladies and gentlemen, I should not like to finish without thanking, in the name of all concerned, the whole team of interpreters who have been severely put to the test during this Seminar and who in spite of the difficult nature of the subject and of the discussions, have contributed much to the success of the Seminar.

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1st Seminar for officials responsible for the vocational training of the disabled

Heidelberg, 5-9 June 1972

PROGRAMME

Monday 5 June	Tuesday 6 June	Wednesday 7 June	Thursday 8 June	Friday 9 June
<p>Time a.m.</p> <p>8.30 Opening Session Dr. Vidali (CEC)</p> <p>A. Community policy guidelines Mr. Potré (CEC) General debate Guidelines for the work of the Seminar</p> <p>12.00</p> <p>I.30</p>	<p>B. Situation and problems of vocational training for the disabled in member countries MM. Ravaccia (Italy) Dr. Noesen (Luxembourg) Dr. DE Boer (Netherl.) Mr. Olafsen (Norway) Reports and debate in plenary session Round-up</p>	<p>C. Reports on experience: Mrs. Kutterer Mr. Claude Discussion in working Parties</p>	<p>C. Reports on experience Mr. Breukel Mr. Molina Debates in Plenary session Guidelines for the afternoon's proceedings</p>	<p>D. Round-up of work and guidelines for action General review Debate in plenary session</p> <p>E. Analysis of results and conclusions Mr. Henze (CEC)</p>
<p>B. Situation and problems of vocational training for the disabled in member countries Mr. Delfosse (Belgium) MR. Junger (FRG) MR. Boissau (France)</p>	<p>C. Reports on experience in the field : the Heidelberg Centre (with tour) Mr. Boll Debate</p>	<p>C. Reports on experience Mr. Battaglia Mr. Léga Mr. Symoens Discussion in working Parties</p>	<p>D. Round-up of work and guidelines for action Discussion in working Parties Pooling of Results.</p>	

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