MENTAL HANDICAP

LIKE A PEBBLE TOSSED INTO A POOL

Peter Bates describes a vocational rehabilitation scheme, which helps people return to work, being run at a Nottingham hospital

ealth Service administrators have been learning new skills recently. The study of land sales and property values has taken them high into the air, flying over Victorian asylums and taking photographs which now adorn their office walls. Sometimes an industrial therapy or industrial rehabilitation unit is found tucked away in a forgotten corner of the campus, understaffed and neglected. What is to happen to these facilities as hospitals continue to close?

A closure provides an opportunity to review philosophies and working practices, since the shape of selected buildings affects what can be done in them. The crisis of a move generates a potential for change in staff and clients, and the possibility of a different mix of capital and revenue demands a rethink of all established services.

In 1963 Mapperley Hospital in Nottingham opened its industrial therapy unit as a vocational rehabilitation environment to assist recovering patients return to work. A factory environment was simulated by using a clocking-on machine, employing people on repetitive assembly work and encouraging patients to be obedient to the stereotypical requirements of daily work.

There were two catches. First, as people remained on state benefits, the "pay" amounted to only pennies per hour. This did serious harm to real work simulation, and for most people the illusion could not be sustained. Second,

as the recession began to bite during the 1970s, fewer people moved from the unit into real jobs.

Over the years institutional malaise crept in. Tasks were selected in the workshops which demanded a maximum of time and effort to achieve a minimum of result. There is an apocryphal story about a storeroom where successive clients would move the goods from shelving on the left to shelving on the right, and back again a week later. People who preferred to talk rather than "work" would be moved away from their friends in order to increase their output. Clients became segregated from normal living, and opportunities for creative therapeutic intervention were missed.

A group began to tussle with some of these issues in 1986, and by October 1989 a manager was introducing a new philosophy to the unit: Skills and Practical Activities Network. It has four main principles.

First, clients involved in the project (about 150) are members and take part in decision-making. Long-term institutionalisation erodes the capacity to make decisions, so members are encouraged to participate in every decision. The case has to be made to exclude, rather than include, clients from decision making or access to information which affects their lives. Deciding the weekly pattern of activities, assisting with selecting staff, and spending the money generated in the unit are all examples of this involvement.

When this new way of working began there was a number of difficulties. Some people did not want a share of the responsibility, so it was important to work



Making up type for printing Christmas cards and invitations

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Building dolls' houses is just one of the jobs in the hobby shop

with those who did, while methods were devised to draw reluctant or inarticulate members into the circle. Learning to absorb information, weigh up options, form a view and express it and accept inning or losing, are skills which are

why and sometimes painfully acquired. Some who found a voice began by shouting — making unrealistic demands or putting pressure on others to conform to their ideas. Increasing the power of the members meant a corresponding reduction of the power of "the office" and it was difficult at times to adjust to the new requirement to discuss and share rather than simply do. Initial fears about these things gradually subsided as time went by and everyone's experience grew.

The second principle recognises the value of practical activity which generates income. Many projects begin by identifying a person's problems; SPAN begins by identifying a person's strengths and potential and inviting them to take part in practical activity. Whereas many traditional services cast clients as inadequate, ignorant and dependant SPAN emphasises the fact that talents, skills and wisdom are as likely to be found among the members as they are

among the staff. Tasks are sought which are worthwhile, such as renovating furniture for people about to leave hospital, or building cycles.

Some activities create income and, in the past, the health authority would "absorb" money generated in the unit. Some people at SPAN have described this as theft and SPAN works on the principle that all money generated by the members belongs to them. This releases each group from an externally imposed output requirement and allows the environment to be designed around members' needs and aspirations rather than production obligations.

Money generated by a particular group falls into a common fund managed by the members who usually open a building society account. Members remain on state benefits and the provisions within earnings disregard therapeutic earnings and occasional voluntary payment regulations are employed to enable the group to cycle this money back to the people who created it.

The third principle concerns the development of transfer skills. Friendship building, using leisure time, self-advocacy and independent living skills join traditional job finding as legitimate goals of intervention. A typical week might include a trip to the town centre, swimming, adult literacy, or a tea dance as well as the core workshop activities. Every activity is scrutinised to examine how it develops transferable skills, and goals are made for the replacement of unhelpful activities.

The first few months of this broader curriculum brought a mixed response from members. Some revelled in the greater variety of activities while others, felt the only acceptable tasks were those related to production needs, rather than their personal needs. SPAN is drifting towards a supermarket model of therapy for most members, where the client is right and knows his or her own needs better than the staff. By and large, people have made better choices than professionals expected.

The fourth principle is referred to as "dispersal" and concerns lessons which have been learned from the ideas of normalisation. Many clients have lived in a psychiatric ghetto for years and the only people they know are other service recipients and providers. The aim is to help people leave this ghetto, or at least



Peter Bates is SPAN manager with Nottingham Rehabilitation and Community Care Services make an occasional foray into the rest of society, leaving behind their traditional role of "patient" for a while. This means using alternatives to the welfare circus of psychiatric, social work or probation resources which take people who are devalued in our society, congregate them together and segregate them from the rest of the community.

Over the next two years SPAN will leave the hospital campus and move into three workshops in different parts of Nottingham. Smaller units will-encourage members to make contact with other citizens, as long as that contact is on a basis of equality and respect. Groups will continue to meet in these premises and at other venues, making SPAN a launching pad and an opportunity to discard the psychiatric label.

How is the theory working out in practice? In an evolving system there are always bits of the old mixed with the new, areas which have been missed out in the review, or aspects which overstretched staff have been unable to tackle. Some of the activity remains repetitive, diminishing and exploitative. Some people still want staff to control rather than facilitate and they find the new world of open information and participative decision-making threatening.

Despite difficulties, the personal growth among members demonstrates

the success of the project. One individual who began so anxious that he required an escort to the unit each morning recently helped with a presentation to 30 people. A group of previously withdrawn people redecorated the flat of one of their members. Immense generosity has been shown by people who have lived with chronic, enduring poverty. For example, when one member was in hospital a group sent half their funds to him for fruit and other bedside comforts.

People enjoy the chance to generate some income — they believe it gives them a voice. The large monthly meeting open to all now has about 60 attenders, most of whom make a contribution. Some have left the project and moved into employment; others have begun to use a wider range of community resources. Positive changes in SPAN have been like a pebble tossed into a pool and the ripples have affected aspirations for independent accommodation, friendships, and the other elements that make up an ordinary life.

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