

# Vocational Rehabilitation of the Disabled in Poland

by

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*Since the end of the Second World War many countries have instituted vocational rehabilitation programmes for their disabled citizens. These programmes have both social and economic objectives: to overcome the occupational handicaps imposed by disabilities and to avoid wastage of manpower. The importance of this subject has recently been recognised by the International Labour Conference, which at its 38th Session unanimously adopted the Vocational Rehabilitation (Disabled) Recommendation, 1955.*

*In the present article the author, who is the head of the Vocational Rehabilitation Department of the Polish Ministry of Labour and Social Insurance, describes the workings of the system set up in his country to tackle the problems of rehabilitation.*

**I**N Poland today there are some 700,000 persons suffering from severe physical disabilities—victims of two world wars, of industrial or non-industrial accidents and of sickness. A considerable proportion of them are young persons who, while children or adolescents, were blinded or suffered amputation of upper limbs during the Second World War.

The problems raised by these large numbers of physically handicapped persons have been dealt with in Poland in a number of ways. One of them is vocational rehabilitation, which forms part of the state social assistance scheme and is considered, along with disability pensions, to be one of the most effective forms of social assistance offered to disabled persons.

Vocational rehabilitation in Poland is administered by the State and is available to all without charge. Every year a special credit is opened in the state budget to cover the cost of existing rehabilitation services and to allow for extension of the scheme. (The credit allowed for 1956 is 21 million zloty.) The facilities provided by

the scheme are available to young persons, adults and aged persons without distinction of sex or discrimination of any kind.

The principles governing the organisation of the scheme are based on the Constitution of the People's Republic of Poland, which includes provisions guaranteeing the right to work and the right to assistance in the event of incapacity for work.

The administration and supervision of the scheme are in the hands of the Ministry of Labour and Social Insurance, which exercises its functions through its Vocational Rehabilitation Department.

The methods used in vocational rehabilitation are based on the principle that its success depends above all on medical rehabilitation. It is held that vocational rehabilitation can only achieve its ends when the greatest possible measure of physical rehabilitation has been effected by clinical treatment, physiotherapy, medical gymnastics, work therapy, an atmosphere in the treatment institution facilitating a return to normal life and the use of prosthetic and orthopaedic appliances. Vocational rehabilitation itself consists of the following phases: (a) vocational guidance counselling; (b) training for employment; (c) placement; and (d) protection in employment.

#### VOCATIONAL GUIDANCE COUNSELLING

Vocational guidance counselling is provided by committees on disability and employment questions (there are at present 171 such committees), which are responsible, *inter alia*, for the following tasks: (a) determining the degree of incapacity of workers for their previous trades; (b) determining the aptitudes of disabled persons for employment, on the basis of the medical indications and contra-indications concerning their future work, and indicating the system of rehabilitation to be followed and the type of work the persons concerned can take up; (c) inspecting the conditions of work of disabled persons in their new jobs; and (d) ensuring that the employment provided corresponds to the training received.

In vocational guidance counselling medical, social and occupational considerations are taken into account. A disabled person can still obtain counsel after he has been placed and for as long as he is in employment.

The committees work on the basis of the information given to them by the disabled person concerning his previous occupation and the treatment he has undergone. They not only interview the person concerned but, where necessary, obtain the advice of specialists in different fields. However, the vocational guidance

committees have only been in existence for a short time and there are not yet enough of them to cope with the problem ; furthermore, their methods of work have not yet been finally laid down.

### TRAINING FOR EMPLOYMENT

Disabled persons can be given vocational training in three different ways, namely in special institutions established for this purpose, in undertakings or in their own homes. This training is available to persons who, owing to injury or sickness, are no longer able to work in their previous occupations, and to disabled young persons who have never received any training.

Vocational training in institutions specially established for the purpose is designed mainly for disabled adults under 30 years of age. These institutions have vocational and technical schools attached to them, in which training and practical apprenticeship courses, lasting between three and five years, are given. There are five such institutions in Poland today—in Wroclaw, Poznan, Cracow, Przemysl and Otwock—with 19 schools, with a total capacity of 1,200 pupils, attached to them.

The following trades are taught : precision mechanics, the repair of office machines, the overhaul of agricultural machinery motors, welding, shoemaking, saddlery, medical laboratory work, rural accountancy, commercial book-keeping, radio mechanics, town planning, the inspection of roads and bridges, sewing, dress-making, weaving and medical massage.

Vocational training in undertakings is intended mainly for older disabled workers who can no longer do their normal work owing to an industrial accident or an occupational disease and wish to take up a different kind of work in the same undertaking. Training of this kind is also provided for persons who, for various reasons (for instance because of family circumstances), cannot spend a long period in a rehabilitation institution. Several thousand people in these categories are retrained every year.

Vocational training is provided in their homes for badly disabled persons, or persons suffering from serious illnesses, who are unable to travel or to work regularly under normal working conditions. This training is in the hands of specialised instructors.

The problems inherent in the vocational rehabilitation of physically and mentally handicapped persons makes it impossible to give them the same type of training as normal persons. These problems are at present under close study by training experts. The vocational training of a disabled person has a twofold aim : first, he must be prepared for his re-entry into employment, and

secondly, he must be taught a trade. The first of these aims is achieved at the outset by clinical treatment (medical gymnastics and psychotherapy), and subsequently by various methods employed side by side with vocational training proper.

The tendency today in the framing of re-education and vocational training programmes is to take more account not only of the physical effects of disability or disease but also of its effect on the mentality of the person concerned. The teaching methods and facilities provided must be carefully chosen according to the special physical handicaps of certain categories of disabled persons, e.g. inability to make visual observations, or to be taught orally, difficulty in handling tools or in moving from place to place during work, abnormal fatigue and inability to perform sustained efforts, and abnormal reactions to surroundings (which may be manifested by all types of handicapped persons, and particularly by those with lesions of the nerve centres, as a result of the mental effects of their disabilities).

The first step is to make the disabled person feel that he can take up vocational training by teaching him to perform simple tasks skilfully and giving him suitable means of performing them. This paves the way for vocational training at a later date and has a highly beneficial effect on his morale. For instance, persons with amputated forearms are taught to write and draw; double-leg amputees are provided with special seats in which they can work without getting tired; and double-arm amputees are taught to overcome the difficulties of minor day-to-day tasks and to look after themselves (make their own beds, shave, etc.). The teaching methods used must be carefully thought out so that the disabled person does not have to go through the difficult and clumsy process of trial and error that he could not avoid if he were left to his own devices. For this purpose satisfactory results obtained by persons in training, or retrained under the scheme and working in undertakings, are analysed and recorded.

Teaching methods for the vocational rehabilitation of the disabled are developing along different lines from those followed in retraining centres for normal persons. The main differences lie in the number of classes per day and their length, and the apparatus and teaching material used; in addition apprenticeship training is being given in specially equipped workshops where the work is performed at a speed adapted to the condition of the handicapped trainees. These new methods are intended to make the training as efficient as possible and also to have a beneficial effect on the bodies and the minds of the trainees. Mention should also be made of the importance of the probationary period which comes before training, during which the aptitude of the disabled

persons for new trades is determined, and the period following training, during which the disabled persons are acquainted with the normal working methods in undertakings to which they will have to adapt themselves.

Vocational training methods specially conceived for disabled persons are now being used in all the different kinds of vocational rehabilitation, and the rehabilitation centres have accepted them as the basis of their retraining schemes.

#### PLACEMENT OF THE DISABLED

All undertakings are obliged to give employment to disabled persons provided that their disability or disease allows them to do the work available. This obligation stems from the constitutional provision guaranteeing all persons the right to work.

Effect has been given to this provision by orders issued between 1950 and 1952 by the competent Ministers and the chairmen of the central co-operative federations. By way of example a summary is given below of an order issued by the Ministry of Light Industry on 10 April 1951 concerning the employment and protection of disabled persons in undertakings under the control of that Ministry.

The order makes it compulsory to employ disabled persons in jobs for which they are qualified and which they are able to perform. (There are large numbers of jobs of this kind in light industry.) The placing of disabled persons is to be developed systematically and continuously. Other qualifications being equal, preference must be given to disabled persons. The head of the undertaking is responsible for (a) ensuring that disabled persons have effective protection; (b) helping them to readapt themselves to work and gradually to prepare themselves for more skilled jobs; and (c) ensuring that every case is given individual consideration.

The head of the undertaking supervises the work of disabled persons through an instructor specially appointed for the purpose. A person who has become disabled as a result of working in a particular undertaking should, wherever possible, be retrained in the same undertaking.

Other Ministries have also issued orders requiring heads of undertakings to provide vocational training for disabled persons, to employ them and to give them constant protection.

Every undertaking now has one or more instructors dealing with disablement problems (see below), who are responsible for the enforcement in the undertaking of the orders issued by the competent Ministry or the head of the competent department. To promote the development of vocational rehabilitation the

Central Council of Trade Unions issued recommendations between 1948 and 1951 inviting the trade union cells to co-operate with the rehabilitation services, to organise medical supervision of the work of disabled persons in undertakings, to grant priority to such persons in matters of leave and rest cures, and to supervise their living conditions (e.g. housing) and the transport facilities provided to enable them to travel to and from work.

A special service has also been established to handle the rehabilitation of disabled persons. It is administered by the vocational rehabilitation inspectors in the provinces and by the district heads of the Pensions and Social Assistance Department. There are over 500 persons working for the services. The vocational rehabilitation inspectors are responsible for organising rehabilitation schemes in their provinces and for dealing with all the relevant problems that arise. The responsible officials in the districts deal with the placing of disabled persons, the choice of jobs for which they are qualified and the supervision of their working conditions.

#### GENERAL PROBLEMS OF REHABILITATION

Settling disabled persons as normal workers is a difficult task, and the problems it raises may be divided into four groups, namely medical, technical, occupational and social problems.

##### *Medical Problems*

The first step in the placing of disabled persons is to decide what types of employment they are medically fit for. This involves determining the physical aptitudes of the person concerned and analysing working conditions in the job selected for him, the health and hygiene conditions under which the work is performed and the facilities best suited, in view of his physical condition, to enable him to achieve the highest possible output in his work—for instance a comfortable working position, reducing the range and difficulty of the movements to be performed to a degree compatible with his capacity and strength and the use of additional apparatus and installations in order to make his work easier. In 1955, for example, a special seat for persons suffering from paralysis of the hip muscles was designed and tried out on an experimental basis. These medical problems are the responsibility of the health services and the works doctors.

##### *Technical Problems*

The workshop installations for disabled persons and the tools they use must be specially designed in order to help them to

overcome the difficulties caused by their disabilities and to do the work properly. In addition it may be necessary to install additional safety devices adapted to the machinery and apparatus used, as disability or disease may result in reduced rapidity of reflexes and reduced efficiency of the sensory faculties, and may also restrict the range of movements the worker can make.

Problems of this kind are the province of the engineering and technical services and the safety and health services. The Ministry of Labour and Social Insurance has delegated responsibility for these matters to the factory technical departments.

### *Occupational Problems*

Vocational guidance must take into account the past career and preferences of the disabled worker, and vocational training teaches him the skills of a given occupation, gives him a general knowledge of the equipment and tools to be used in his future employment, and acquaints him with the other techniques used in similar departments of the same undertaking.

As has already been mentioned, vocational training is being based more and more on the development of specialised techniques for disabled persons. It takes into account medical opinions concerning the physical condition of the person concerned and the secondary effects of his disability, his personality, and his personal and family circumstances. The actual teaching of the trade is done by the foreman and the instructor responsible for training of disabled persons in the undertaking.

### *Social Problems*

Disability and disease, and their repercussions on the general state of mind of disabled persons, tend to make the latter feel different from other workers and to some extent to isolate them from their colleagues. It is therefore essential to ensure that disabled persons play an active part in the social life of the undertaking. This is particularly true of the blind, the deaf and dumb, and persons suffering from motor disabilities.

The main task is to make disabled persons feel that they have the same responsibilities as their able-bodied colleagues in the running of the undertaking. To develop in them a positive attitude towards the different aspects of community life in the undertaking they must be encouraged to take part in the work of the trade unions, in cultural life and in all social events. Sometimes a disabled person needs direct encouragement: if he feels that his work is appreciated he will gain in self-confidence and his health and output will improve.

### *The Role of Rehabilitation Instructors*

All these medical, technical, occupational and social problems are interlinked and crop up in the various stages of the vocational rehabilitation and placement of disabled persons. The essential task of developing close co-operation among the works doctor, the technical staff, the safety and health services, the technical and social labour inspectors and the foremen has therefore been entrusted to rehabilitation instructors attached to undertakings.

A special set of instructions has been drawn up for the use of rehabilitation instructors in undertakings making them responsible for settling disabled persons in undertakings, training them for work, and protecting them in their work. The instructors are required to analyse jobs and select those suitable for disabled persons, to teach them their new jobs in co-operation with the foreman in charge, to supervise their work and to submit written reports on the results.

### PROTECTION OF DISABLED PERSONS IN EMPLOYMENT

The protection of disabled workers forms part of the vocational rehabilitation process and has a number of different aspects. First of all it involves determining the effect of the work on the health of the person concerned, improving his working conditions as far as possible and providing him with what he needs to make his work easier. The protection of disabled persons in undertakings is in the hands of the works doctor, the foreman who is teaching the worker the trade, the technical staff (engineers and technicians) and the rehabilitation instructor. Since the aim of vocational rehabilitation is to facilitate the complete reintegration of disabled persons into the normal life of the community they are normally employed in ordinary undertakings and do the same work as able-bodied workers. However, special arrangements have had to be made for seriously disabled persons who are unable to stand up to the normal working conditions of able-bodied workers. For such persons special undertakings organised as multiple-branch co-operatives have been set up. There are at present some 360 of these, employing 80,000 persons in all. For some of these persons sheltered employment, i.e. employment under special working conditions, has to be provided. Efforts are being made to reserve sheltered employment mainly for persons suffering from chronic diseases, certain categories of tuberculous persons and persons suffering from mental diseases or rheumatoid arthritis. Output in sheltered employment is lower than among able-bodied workers and special working conditions are provided (premises, installa-



tions, medical supervision, etc.). Special undertakings organised on co-operative lines are being established to provide sheltered employment for certain groups of disabled and sick persons ; in addition, departments in individual undertakings are being re-organised for such persons.

Not all these problems have yet been solved and in many cases the foregoing is only an indication of the theoretical aims of the vocational rehabilitation services.

#### CONCLUSION

Vocational rehabilitation is making steady progress in Poland. Great difficulties have been overcome and many mistakes have been made. During the years immediately following the Second World War there were large numbers of disabled persons who had to be trained for work at all costs. No systematic programme could be organised at first owing to the housing shortage and the lack of equipment and qualified staff. Even today there are still shortages of qualified staff and technical installations and the scientific basis of the system leaves something to be desired. So far principles governing vocational rehabilitation have been worked out for persons with crippled or amputated arms or legs, the blind, the deaf and dumb, and tuberculous persons. Appreciable results have been achieved in finding jobs for persons in these groups. On the whole the work of the rehabilitation service has been successful. Difficult cases, such as persons with serious arm disabilities who have had little or no vocational training, are found special jobs (e.g. as announcers on railway station public-address systems, technical draftsmen, telephone operators, industrial painters, or electric welders, etc.).

No detailed study has yet been made of the most suitable methods of rehabilitating persons suffering from chronic rheumatoid arthritis, mental diseases, epilepsy or mental deficiencies, particularly in severe cases. However, it should not be thought that disabled persons in these groups receive no vocational training and are not found work. An experimental centre for vocational retraining of persons suffering from chronic rheumatoid arthritis has been established in Srem, near Poznan. The inmates are given clinical re-education and at the same time are trained for handicraft work.

The problems of vocational rehabilitation have aroused the interest of a number of scientific institutions, including the Polish Academy of Sciences, which last year organised a special meeting on the rehabilitation of persons suffering from impairments of the locomotor system. During the last few years it has been possible

to correspond with representatives of rehabilitation centres in other countries, which the author has been able to visit. However, Poland is more and more in need of a scientific centre capable of making a comprehensive study of the retraining and vocational rehabilitation of disabled persons. Preparations are being made for the establishment of a scientific institute for the rehabilitation of the disabled.

Full employment, the development of social insurance for the disabled and the financial assistance of the State have all contributed to the systematic development of vocational rehabilitation in Poland. This progress could be greatly accelerated—both in Poland and in other countries—by international co-operation in the form of technical assistance, exchanges of experience and other activities of a similar kind. The need for such co-operation is mentioned in Paragraph 42 of the Vocational Rehabilitation (Disabled) Recommendation, 1955. A great deal could also be achieved by international co-operation under the auspices of the International Society for the Welfare of Cripples.

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