

## MISCELLANEOUS

It is not merely a question of educating individual men, women and children; structures have to be changed to bring about this reciprocal adaptation of men and structures.

Structural reform is in truth another type of educative action for it must not be believed that structures in the field of social work are the result of laws and regulations; structures and their development can only be due to the conscious will of the whole population.

Social workers who are aware of the necessity of adapting structures to the needs and requirements of men must therefore contribute to this education of opinions. It is through them and only through them that this education can be put to effect, thus permitting an evolution which brings the rhythm of structural reform nearer to that of man's evolution, so that evolution of each is reciprocal and smooth.

With due attention to this premise—which seems to be a salient conclusion of the work of the three commissions—and with this concern for a harmonious evolution which is translated in social reality into economic, technical and demographic changes in the contemporary world, we can look forward to finding the beginning of a solution to tomorrow's social problems.

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## REHABILITATION OF THE DISABLED IN POLAND

*There has in the last few years been an entirely new approach to the welfare of the disabled. The aim is now their full social and vocational integration into society. This attitude finds greater and greater acceptance among those responsible for readaptation which no longer merely implies therapy but full preparation to fit the disabled for daily life.*

*National Red Cross Societies have been prominent by their avant-garde work in this field. The ICRC itself is concerned particularly for those disabled who are victims of war. However, whether due to war*

*or accidents the problems of the disabled are the same and call for the greatest attention in view of the increasing number of persons disabled by war and traffic accidents.*

*For that reason International Review has given a number of articles on this subject and considers its readers will be interested in the conclusions, given below, of a recent study in Poland on Rehabilitation of the Disabled.<sup>1</sup> This information follows up that published by us in June 1968 on the effective work being carried out in Czechoslovakia to enable the disabled to exercise a professional activity.*

*The author, Mr. Tomasz Lidke, Director of the Department of Rehabilitation of the Ministry of Health and Social Welfare, Warsaw, states his opinion that, from the State's and the individual's point of view, vocational rehabilitation is the most useful social security service for the disabled. The extent of this assistance to each disabled person is commensurate with that person's needs as well as various factors according to the following considerations mentioned by Mr. Lidke:*

(1) Needs must be compared with possibilities, on the basis of a sound knowledge of both. It is also necessary to have a clear understanding of the difficulties and of the efficacy of the rehabilitation programme. We realise that vocational rehabilitation of disabled persons with limb defects can often be achieved quite rapidly and that the best results are generally achieved with the young. The rehabilitation of elderly persons and those suffering from severe illnesses or handicaps presents greater difficulties. For the moment the problem of vocational rehabilitation of severe cases of mental handicap and spastics has not yet been solved. However, in our plans for the development of vocational rehabilitation, we have envisaged covering all those who require its services, including very severe cases.

(2) It must be borne in mind that there are limits to the vocational rehabilitation process, which are often determined by the disability.

(3) In addition to its humanitarian aspect, vocational rehabilitation has an economic one, and this should not be forgotten. If it is neglected, the real meaning and aim of vocational rehabilitation

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<sup>1</sup> See *International Labour Review*, International Labour Office, Geneva, June 1968.

is lost and this might lead to a failure of the rehabilitation programme as a whole.

In connection with employment of the disabled, two points are worth making. First, for persons unfit for employment even under sheltered conditions, all that can be envisaged are various forms of therapeutic activities; secondly, for the others, while applying all the basic principles of rehabilitation, it is necessary to seek the most efficient and economical form of it. In our opinion, the best approach is the integration of the disabled into carefully selected forms of training and employment preparation that already exist for the able-bodied. The disabled should be provided with assistance in making their choice at the very outset. On the other hand, new, special rehabilitation establishments for certain groups of severely handicapped individuals are obviously needed. It must be remembered, however, that in these special centres—even the model ones—the problem of rehabilitation of the disabled cannot be entirely solved.

Reference has already been made to the need to possess a sound knowledge of current requirements when elaborating plans for the development of rehabilitation services. This is not easy. In Poland we have precise statistical data on the increase in the number of insured invalids, and in our research we also use international indices and sample tests of particular groups of invalids. The preparation of a general list of disabled persons, at which we have been aiming for some time, is an extremely difficult and complicated task; an accurate determination of the disability in each case and an assessment of its severity would require, first of all, the carrying out of medical examinations on a mass scale.

In planning rehabilitation programmes it is also necessary to take into consideration the incidence of disabling diseases. For instance, thanks to medical progress and the general application in our country of anti-polio inoculation, no new cases of disability resulting from this disease occur nowadays. Tuberculosis, which until recently accounted for 12 per cent. of the increase in the number of invalids, is becoming less of a problem owing to an effective anti-tuberculosis campaign. On the other hand, an increase in disability resulting from cardiovascular diseases and mental and nervous illnesses has been noted.

The part played by social organisations should be taken into account when planning rehabilitation services for the disabled. If rehabilitation is to develop satisfactorily, however, it must be directed and co-ordinated by the State. This is obviously not the same as centralisation. The part played by social organisations is appreciated, and indeed the State assists the Polish Association of the Blind, the Polish Association of the Deaf and other organisations to develop, by granting allowances. We consider, however, that the activities of these social organisations should be placed within the general rehabilitation programme and plans of the country.

*The author finally concludes his article as follows:*

In conclusion, the aspects of rehabilitation and lines of development that we consider to be particularly important can be summarised as follows.

(1) It is desirable to develop scientific research alongside the practical approach; research in the field of rehabilitation is included in the general programme of scientific research work considered to be particularly important for the national economy.

(2) The further development of rehabilitation is conditioned to a great extent by the existence of properly trained staff. Rehabilitation has been included in the training programmes for physicians in all branches of medicine. Our aim is to see that each physician possesses basic knowledge in the field of rehabilitation. The training of general practitioners and ancillary medical staff in this field will mean that rehabilitation can take place through open treatment on a wide scale. Our aim is to make rehabilitation cheap, efficient and available to all.

(3) In our opinion, the solution to the problem of vocational rehabilitation of the disabled, in particular of young persons, depends in the first place on providing appropriate training in occupations that are related to the general development of the national economy. In principle, vocational training should normally take place in ordinary schools; special establishments should be resorted to only where this is absolutely necessary.

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(4) It is a well-known fact that a skilled worker will always find a job and that the employment of the disabled out of pity cannot be accepted by the undertaking or by the disabled person himself—such an attitude being contrary to the principles of rehabilitation. For that reason also, in employing the disabled, we accept as a basic principle that it is the skilled worker we are employing and not the handicapped individual.

(5) As regards older persons who become handicapped, the principle that all who are able to work should work will be applied.

(6) The undertaking in which the disabled person is employed should provide him with appropriate care. Such care is the responsibility of the industrial physician, the engineers, the technicians, the foremen, the occupational health and safety instructor and the plant instructor responsible for the disabled. This team within the undertaking should select a suitable job for the disabled person; the state administrative apparatus is then called upon to assist the undertakings and supervise the implementation of the rehabilitation programmes.

(7) The employment of disabled persons is based and will continue to be based on the principle of residual ability. Only in this manner can the problem be solved on a mass scale. The disabled person should work under normal working conditions as long as he desires and can efficiently do so. There are no legal provisions specifying that unsuitable employees must be kept on. Any attempt to employ unfit disabled persons only hampers their vocational rehabilitation prospects and their integration into social life.

(8) For the disabled who cannot obtain suitable employment under normal working conditions but whose work, from the social point of view, is profitable or will become so after a certain time, a powerful co-operative organisation has been created. We assume that the organisation as a whole should be profitable. This makes it financially possible to provide vocational rehabilitation to severely handicapped individuals whose wages have to be supplemented over a short or long period. In the most severe cases, where there is no hope of improvement, therapeutic activities are undertaken in social assistance establishments.

(9) We believe that there should be one institution responsible for classifying disability on the basis of uniform principles. The work of the Medical Commissions on Disability and Employment in Poland is in line with this concept; these Commissions determine the disability not only from the clinical point of view but also from that of the activity performed by the disabled person before classification and the one likely to suit him in the future.

(10) The problem of vocational rehabilitation of the disabled is and always will be linked with the question of disability pensions and other forms of social security. As regards disabled persons who are fit to work in ordinary undertakings after training or transfer to appropriate work, they will be given incentives to take up employment.

(11) Three points must be stressed. Rehabilitation of the disabled cannot be considered in isolation from the social and economic conditions of the country; these conditions determine the nature and form of vocational training for the disabled as well as their employment. Furthermore, rehabilitation of the disabled may be carried out on the widest scale provided the basic aims and methods are kept in view; it is therefore necessary to provide appropriate training for those responsible for carrying out this work. Finally, even where resources are modest, medical and vocational rehabilitation can and should be developed simultaneously.