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**JOINT EXPERT COMMITTEE  
ON THE  
PHYSICALLY HANDICAPPED CHILD**

**(convened by WHO with the participation of United Nations,  
ILO, and UNESCO)**

**First Report**

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**JOINT EXPERT COMMITTEE  
ON THE PHYSICALLY HANDICAPPED CHILD**  
(convened by WHO with the participation of United Nations, ILO, and UNESCO)

**First Session**

*Geneva, 3-8 December 1951*

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# JOINT EXPERT COMMITTEE ON THE PHYSICALLY HANDICAPPED CHILD

(convened by WHO with the participation of United Nations,  
ILO, and UNESCO)

## First Report <sup>1</sup>

The Third World Health Assembly recognized the importance of the problem of the physically handicapped child by adopting the Organization's 1951 programme for the general promotion of health which included the convening of an expert group on the problems of crippled children.<sup>2</sup> Following the establishment in 1950 of the United Nations Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, it was proposed, at the second session of the working party in April 1951, to organize a joint meeting of experts to consider the problems of handicapped children in which the United Nations, the International Labour Organisation (ILO), and the United Nations Educational, Scientific and Cultural Organization (UNESCO) would participate with WHO.<sup>3</sup> This proposal was approved and the Joint Expert Committee on the Physically

<sup>1</sup> The Executive Board, at its tenth session, adopted the following resolution:  
The Executive Board

1. NOTES the first report of the Joint Expert Committee on the Physically Handicapped Child;
2. THANKS the members of the committee for their work;
3. THANKS the United Nations, ILO and UNESCO for their excellent collaboration;
4. RECOMMENDS to the joint expert committee the extension of its future studies into the problems of less developed countries, and of children suffering from certain specific types of disability; and
5. AUTHORIZES the publication and distribution of the report.

(Resolution EB10.R12, *Off. Rec. World Hlth Org.* 43, 4)

<sup>2</sup> *Off. Rec. World Hlth Org.* 23, 145; 28, 40 (Resolution WHA3.68)

<sup>3</sup> United Nations (1951) *Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped. Second session, 16-19 April 1951. Report*, p. 7 (Document ST/SOA/CONF.2/REP.1)

Handicapped Child held its first session in Geneva from 3 to 8 December 1951. The session was opened by the Director-General of the World Health Organization, Dr. Brock Chisholm. Sir Harry Platt was unanimously elected Chairman, Mr. Hans Radl, Vice-Chairman, and Dr. Edward Davens and Mr. H. Vandries, Rapporteurs. The agenda submitted was approved and adopted.

### 1. Introduction

Every child has the right to expect the greatest possible protection against the occurrence of preventable physical handicap before, during, and after his birth.

Every child also, regardless of the nature of his physical handicap, has the right to develop to the maximum of his abilities, in spite of his disablement. This implies that the child with a physical handicap should have ready access to the best medical diagnosis and treatment, allied therapeutic services, nursing and social services, education, vocational preparation, and employment. In this way he should be able to satisfy the needs of his own personality to the maximum, and become as far as possible a useful and independent member of the community.

In considering the method of achieving these aims, the committee accepts the view that each child from birth is a unique personality who will grow and develop physically, intellectually, emotionally, socially, and spiritually. These aspects are not separate but are combined—in an individual pattern for each child—to constitute what is called the "whole child".

When faced with the task of the rehabilitation of a child with physical handicap, one is immediately confronted with the increasing diversity of professional skills and the dispersion of the necessary services and facilities among a variety of agencies, often widely separated geographically. The central problem is to bring these professional services and facilities to the child, without disturbing the equilibrium of normal growth and development.

Apart from a small proportion of children in whom the physical disability is associated with cerebral damage, and who may have a degree of intellectual impairment or a marked lack of emotional control, handicapped children in general show the wide range of individual differences characteristic of other children of the same age. However, the committee fully realizes that children with physical handicaps who have not received proper attention are liable to present intellectual and emotional disabilities in addition to their handicap. This constitutes a further problem in the

development of schemes for disabled children, and offers another argument in favour of the prevention, early recognition, and early treatment of such cases. Emotional disturbances, when they occur, are frequently initiated or exaggerated by the unenlightened attitude of people in the child's environment, and here it is recognized that the reaction of parents to the existence of the child's handicap is of great significance in his readjustment. Attitudes of exaggerated pity, or of public indifference to, or even rejection of, the physically disabled are still only too characteristic of many communities. This often makes it more difficult for the handicapped child to achieve satisfactory adjustment.

Although the committee did not attempt a formal definition of the term "physically handicapped child", for the purposes of this report a child is considered handicapped if, over an appreciable period, he is prevented by a physical condition from full participation in childhood activities of a social, recreational, educational, or vocational nature.

The scope of the subject proposed to the committee for consideration includes children with all types of physical handicaps, with the exception of the blind and the deaf. It also omits the special problem of the mentally defective child. This does not, however, imply any narrowing of the above-mentioned broad definition; the committee recognizes that the general principles underlying the conclusions of this report are applicable equally to the problems of children with isolated disabilities of the special senses. Such children, however, require additional specialized educational and medical techniques and are excluded only because they require additional separate consideration. The basic general principles outlined in what follows do constitute a framework within which they should be included, and any comprehensive programme of services for the handicapped would naturally provide for such children.

It cannot be too strongly emphasized that, although the problem under consideration has major medical implications, the physically handicapped child will also require the direction and assistance of technical personnel for physical, speech, occupational, and recreational therapy, and of educators, psychologists, social workers, and vocational counsellors. This is true not merely of the hospital stage, when the child is actually receiving skilled medical and nursing care, but equally so after he has left the hospital and is receiving education or training for an appropriate job.

## **2. Research and Fact-Finding**

Since there are many unanswered questions in the realms of both prevention and methods of treatment, the committee strongly urges that in

a programme for the rehabilitation of the physically handicapped, consideration should be given to research studies on the following :

- (1) the incidence of various conditions causing physical disability ;<sup>4</sup>
- (2) the relative degree of severity among these conditions, and the functions or parts of the body affected ;
- (3) preventive measures ;
- (4) methods of medical rehabilitation to obtain the maximum utilization of residual functions ;
- (5) emotional, social, and educational aspects of the problem.

The committee also urges the encouragement of a more regular interchange of information between pathologists, obstetricians, paediatricians, neurologists, epidemiologists, and others, to facilitate analysis of the numerous and often multiple factors concerned in the production of congenital malformation, with the aim of co-ordinating the clinical, laboratory, and epidemiological approaches in attacking this problem.

In some countries, considerable information exists concerning the various types of handicapping conditions, but these data are still fragmentary in many respects. In a larger number of countries, there is only negligible information on both the prevalence and nature of handicapping conditions, and moreover such information, when available, is often particularly deficient concerning the exact classification and varying degrees of severity of the conditions found. The committee considers that, in areas where no services can be established, the collection of statistical data is of doubtful value, or might even prove detrimental, by producing a sense of frustration in those who may thus become acutely conscious of the problem. The committee, however, agrees that, occasionally, in an area where services could be envisaged in the near future, sampling surveys may prove beneficial, especially in promoting interest in programme development by governmental or voluntary agencies. The committee is emphatic that the most accurate and useful method of gathering the facts is that of making diagnostic and treatment services easily available in local areas. It is further of the opinion that data on the incidence of handicapping conditions are most useful if kept in local or regional registers and closely integrated with the local programme of complete services for the physically handicapped child. It also agrees that such local data, when compiled, should be analysed at a national level, since only from a careful

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<sup>4</sup> The committee recommends that, in the interest of uniformity, the terminology of the International Statistical Classification of Diseases, Injuries, and Causes of Death, adopted in 1948, be used as far as possible. See : World Health Organization (1948) *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death*, Geneva, vol. 1 (*Bull. World Hlth Org., Suppl. 1*).

study of all the information on the nature and extent of the problems can a proper perspective be achieved and balanced programme-emphasis be evolved.

### 3. Prevention

In discussing the importance of prevention, the committee reviewed the major categories of causative factors producing physical handicaps. Such conditions can be described broadly under three main headings :

(a) congenital conditions, including those determined by heredity and by the circumstances surrounding the birth of the child, such as cerebral palsy, clubfoot, complete or partial absence of extremities, cleft palate, spina bifida, and congenital heart-disease ;

(b) traumatic conditions,<sup>5</sup> especially accidents such as fractures, injuries to the central nervous system, amputations, and contractures following burns ;

(c) conditions related to various other diseases, such as poliomyelitis, tuberculosis, and rheumatic heart-disease.

The committee stresses the important part which economic and social factors play in the prevention of physical disability, and recognizes the role of the United Nations in promoting active interest in this subject.<sup>6</sup> At the same time, emphasis is laid upon the importance of adequate and generally available public-health services, among which the control of environmental conditions, tuberculosis control, venereal-disease control, measures for proper nutrition, and adequate maternal and child health services are of primary importance. The committee is interested in the conclusions reached by the following expert groups of WHO : Expert Committee on Maternal and Child Health,<sup>7</sup> Expert Committee on Maternity Care,<sup>8</sup> Expert Committee on Mental Health,<sup>9</sup> Expert Group on Prematurity,<sup>10</sup> Expert Committee on School Health Services.<sup>11</sup> The committee directs particular attention to the part played by inadequate maternity care in producing a variety of handicapping conditions in the child ; it has also noted the conclusions of the first report of the WHO Expert Committee

<sup>5</sup> In this connexion, the committee recognizes the substantial increase in the number of physically handicapped children in war-devastated countries.

<sup>6</sup> The United Nations Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped was established in 1950 to deal with the planning and co-ordination of activities in this field by the United Nations and interested specialized agencies.

<sup>7</sup> See *Off. Rec. World Hlth Org.* 19, 35.

<sup>8</sup> See *World Hlth Org. techn. Rep. Ser.* 1952, 51.

<sup>9</sup> See *World Hlth Org. techn. Rep. Ser.* 1950, 9 ; 1951, 31.

<sup>10</sup> See *World Hlth Org. techn. Rep. Ser.* 1950, 27.

<sup>11</sup> See *World Hlth Org. techn. Rep. Ser.* 1951, 30.

on Maternity Care<sup>12</sup> which describes the preventive role of prenatal care, and formulates standards for high-quality maternity care.

The committee recommends that, at all stages, programmes of services for physically handicapped children should be completely integrated with preventive measures. It is felt that a useful distinction may be made between the terms "primary" prevention and "secondary" prevention. Primary prevention relates to measures which prevent the initial occurrence of physical handicap—for example, the control of tuberculosis. Secondary prevention relates to early discovery, early diagnosis, and early and continuous medical treatment and rehabilitation, so that the extent of the impact of the disability will be mitigated as much as possible. Pertinent examples of this are the early diagnosis and prophylactic measures for the control of rheumatic fever and rheumatic heart-disease, the early treatment of osteomyelitis with antibiotics, and the early diagnosis of poliomyelitis.

Furthermore, the committee points out the necessity for special measures to prevent industrial accidents, and to prevent the employment of children at too early an age, or in occupations which are not suited to their normal and healthy development. It recognizes the role which the ILO has played in promoting proper measures to this end, and recommends further action on these lines.

#### 4. Health Services

##### 4.1 *Early diagnosis and treatment*

One of the main reasons for the extent of serious and permanent disablement among children in many countries lies in the inadequacy of facilities for early diagnosis. Because of this, particularly in rural areas, the organization of diagnostic clinics, to be assisted by specialists from university medical schools or large hospitals, plays an essential part. These diagnostic centres should be a part of, or closely integrated with, the local public-health services, so that full advantage can be taken of all the community facilities.

The committee therefore considers that the success of this scheme will lie in the promotion of organized co-operation between university medical schools, regional or local hospitals, public-health services, and the family doctor. It wishes to refer to the experience gained in certain countries concerning the educational value of involving the family doctor in the diagnosis and follow-up of his patient. Implicit in early diagnosis is the need for an active case-finding programme. It is obvious that the earlier the condition is discovered, the better will be the results of treatment.

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<sup>12</sup> See *World Hlth Org. techn. Rep. Ser.* 1952, 51.

For this reason the routine medical inspection and organized case-finding programmes in schools, although of great importance, do not by themselves fulfil the need. Infant and preschool clinics, nursery schools, and other facilities for the preschool child provide an excellent source of early discovery. The ultimate aim should be to arouse the enlightened interest of all doctors, nurses, teachers, social workers, and parents, so that a continuous rather than a sporadic case-finding system will be achieved. Continuous health supervision of all children by family doctors, paediatricians, and clinics is a fundamental method of early case-finding.

#### 4.2 *Hospital centres*

A series of well-staffed and well-equipped hospitals, with a full range of specialist services, forms the most essential of all links in the chain of medical services which will help the physically handicapped child. Unfortunately, such centres are far too few in many countries, or far too difficult of access, and other means have to be devised in order to bring the specialist services within easier range of the children needing them. Therefore, the specialized diagnostic clinics connected with these hospital centres are useful in bringing treatment services to children in more remote areas.

It is suggested that, where feasible, specific geographical areas be assigned to the main hospital centres, so that the team which makes the initial diagnosis can also be available to direct the hospital care and the follow-up care after discharge.

In those areas where the means to implement the programme are insufficient and where there is an acute shortage of personnel, the few medical teaching centres should give consideration to the organization and staffing of modified hospital centres with a less extensive range of specialist services. These affiliated subcentres would provide diagnosis and treatment of conditions for which their facilities were adequate, and would develop transport arrangements to send the more complex cases to the parent centre.

With increasing recognition of the importance of dealing with the total personality of the child, and in dealing with his parents, there has been a noteworthy increase in the use of teamwork among the various professional groups in planning treatment, with the appropriate medical specialist acting as leader of the team. The committee feels that the teamwork approach, with the benefits of "cross fertilization" of ideas and the use of staff conferences on individual cases, is of utmost importance in promoting continuity and improved quality of treatment in the total care of the child.

An interesting example of such teamwork is the collaboration of the paediatrician, orthopaedic surgeon, nurse, physical therapist, play and

occupational therapist, social worker, educator, and vocational counsellor, in the rehabilitation of the child with poliomyelitis. An example in the field of handicaps of the special senses is the teamwork of otolaryngologist, paediatrician, clinical audiologist, and speech therapist in guiding the diagnosis, treatment, and rehabilitation of children with hearing impairment.

#### 4.3 *Medical rehabilitation*

The committee recognizes the great progress made in recent years in the understanding of the significance and value of medical rehabilitation, and the steps which need to be taken to establish an efficient service. Speaking generally, medical rehabilitation is directed towards helping the patient obtain the maximum physical, social, emotional, educational, and vocational achievement within the limit of his disabilities. This is an active process which must be built around the needs and abilities of each individual, and one in which he has the primary role. If such measures are to be successful, it is plain that they should be applied at the earliest possible moment after the onset of a handicapping disorder, and should continue without break during the whole period in which there is a possibility of physical recovery.

The organization of efficient rehabilitation centres requires the services of a medical director specially trained in rehabilitation technique, assisted by a team which will make available adequate services for physical therapy, play and occupational therapy, speech therapy, psycho-social readjustment, and the provision of prostheses and mechanical aids to restore maximum physical function, so that the child may be able to move about, care for his daily needs, speak adequately, and as far as possible approach the normal. This team will again work in close relationship with public-health and medical-care programmes, as well as with schools, vocational-rehabilitation agencies, and other services in the community, and such a team under the guidance and direct supervision of the medical director should devise a concerted plan for the rehabilitation of each individual child.

#### 4.4 *Prostheses and mechanical aids*

The committee recognizes that the provision of suitable appliances is one of the essential means for assisting the physically handicapped child to become more independent. Not only should the actual prescription of such appliances be under medical control, but the doctor should also take a leading part in supervising the fitting of the appliance, and in training the patient in its use. Provision for subsequent supervision, for main-

tenance, care, and repair of the appliance, and for change when outgrown, is an essential part of this service, in which both physical therapists and public-health nurses can give valuable assistance.

The committee was pleased to be informed that as part of the recommendations of the third session of the United Nations Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped, held in October 1951, it had been suggested that WHO should explore the development of international standards for the production, fitting, and use of prosthetic appliances.<sup>13</sup> In view of the enormous needs in many countries which have very limited means, the committee would like to suggest that emphasis be given to new ways of producing in quantity simple and inexpensive types of appliances.

#### 4.5 *Medical follow-up*

Since the physically handicapped child should be kept under medical supervision throughout the whole period of growth, everything possible needs to be done to ensure that information about services carried out by one agency should be passed on to the next, and a continuous follow-up system be thus established. This is possible only if all the agencies concerned in the rehabilitation of the particular child work in full co-operation. This can best be achieved if the programme for the physically handicapped child is part of the general public-health and medical-care programmes which serve to strengthen co-ordination between the hospital, community agencies, family doctor, and the family. It is in this sphere that the public-health nurse, the social worker, and the teacher can be of utmost assistance.

#### 4.6 *Role of the public-health nurse*

In considering the role of the public-health nurse, the committee recognizes that she forms one of the co-ordinating links between the hospital, the home, the school, and other community agencies. Through her health teaching of the family and in her supervision of the healthy child she plays an important part in the prevention of physical handicap. She is a vital source of early discovery, and through her continuing contact with the members of the family she helps them to understand and carry out medical recommendations and assists in the problems of adjustment of the handicapped child.

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<sup>13</sup> United Nations (1951) *Ad Hoc Technical Working Party on the Rehabilitation of the Physically Handicapped. Third session, 22-26 October 1951. Report*, p. 23 (Document ST/SOA/CONF.2/REP.2)

### 5. Emotional Adjustment

A child's reaction to illness depends on many things—how ill he is, what his treatment involves, his relationships with his family, and how he usually copes with his problems. Physical handicap obviously causes emotional reaction, and events such as sudden disablement, operation, and hospitalization present periods of particular stress to the handicapped child. A sick child, for example, sometimes goes back to earlier ways of behaviour, and he may become much more dependent on his mother. Similarly, the reaction of parents to a child's illness is also of great significance to him; the more the parents worry, the more disturbed the child becomes. If it is essential for him to be separated from his parents and go to a hospital, he may not understand why this is necessary, thus the attitude of those who care for the child in the hospital is of great importance. During long periods of treatment and after-care, considerable harm may be done if the professional staff and others who are helping to care for him do not understand what his illness and separation from his parents mean to him, and do not help him to find some compensations.

There is increasing knowledge about the emotional needs of children, and ways of helping them are being developed. The committee urges that efforts be made in the training of staff and through parent education, individually and in groups, to spread this information abroad. In this way undesirable reactions may be minimized by the efforts of those who have contact with the child, through a general acceptance, emotional as well as intellectual, of the child's handicap, and by ability to take constructive action about it. The committee also feels that it is necessary to consider to what extent the period of hospitalization could be shortened and convalescent care started at home earlier. Further efforts too should be made to maintain parent-child relationships through opportunities for parents to talk with doctors and others who are caring for the child, frequent visiting of and correspondence with the child when in hospital, and, if possible, by the child spending short periods at home. The committee draws attention to the harm which is being caused when too rigid measures are applied to children in hospitals and residential institutions.

The child's continued growth and development will be facilitated if, in addition to their initial training, the personnel of the hospital have an opportunity for continuously increasing their understanding of the mental-health needs of the particular children under their care. This can be achieved by conducting regular staff conferences at which the various members of the professional team discuss the needs of each individual child, and a final collective decision is reached in planning the best course

of action. Special help should be given to parents and children in preparation for any form of treatment, particularly that which will involve separation. So, too, a continuing campaign to educate the general public out of attitudes of exaggerated pity and distaste, or of indifference to physical disability, and towards a true conception of what can be achieved, is a task in which teachers, social workers, doctors, and all who have to do with handicapped children should play a part.

## 6. Education

Every physically handicapped child has a right to be educated, even if there is doubt about his future ability to be employed. A good general education, however, will provide such a child with a firm basis for future economic independence, which is normally an important factor in the individual's complete development, and leads to recognition by the community of his value as an individual. The content of the education of the physically handicapped child should not differ, in essentials, from that of the ordinary child, but he may need additional opportunities to compensate for deprivation in surroundings, activity, and social contacts, as well as special help to overcome those difficulties in learning and in emotional growth and social adjustment which may result from his disability and the exigencies of treatment.

In order to provide each physically handicapped child with a liberal general education and this special help, a variety of administrative arrangements are necessary, since within the group are children suffering from different types and degrees of physical handicap, at different stages of treatment, of varying home and geographical environment, and within a wide range of age, ability, and temperament. While every effort should be made to enable handicapped children to attend the ordinary school, experience in countries with a history of medical, social, and educational care of the physically handicapped shows that a variety of special educational arrangements is necessary for children under hospital treatment, or temporarily unable to attend the ordinary school, and for those, fortunately fewer in number, who need prolonged or permanent education in a special school. The committee recognizes that a complete educational service for the physically handicapped child should therefore include provision of special equipment or transport to enable him to attend the ordinary school, and of teaching facilities in the hospital or at home, as well as special day- and boarding-schools. During school life, according to the nature of his disability and medical treatment, he may have need of some or all of these special arrangements if there are to be no gaps in his education. Administrative arrangements should therefore ensure that

he passes easily from one to another, where necessary ; and in order that he should not remain longer than is required in a special school, there must be provision for frequent reconsideration of his situation. Here it is important that there should be conferences between the parents, teacher, doctor, and social worker, since judgement of the child's ability to take his place in an ordinary school should take into account social, psychological, and educational factors, as well as the degree of his physical disablement.

The committee recognizes that no general rules can be laid down about the choice of the place of education for any one physically handicapped child. The decision must rest mainly on individual physical and psychological factors, but there are certain external circumstances which must also be taken into account. Naturally, the child in hospital who requires teaching must be taught there. Special day-schools can usually be provided only in large centres of population because of the relatively small number of physically handicapped children, and transport for these must also be provided. The boarding-school may be necessary for the child who lives too far from, or is temporarily or permanently unable to attend, a suitable day-school, or for the child who has no suitable home. Attendance at an ordinary school, though desirable, may be impracticable if the school is unsuitable in situation or structure for that particular child. In addition to schools, the need may therefore exist for home teaching, which should include regular visits from a teacher, or teaching by correspondence, as well as the use of such aids as radio and television where available.

Wherever the physically handicapped child is taught, his essential needs are the same, but in different types of schools different aspects may need emphasis. In the hospital, where frequently the surroundings provide children with little to stimulate interest and increase their knowledge of the outside world, and where disposition of beds may make social contacts difficult, there is particular need for a liberal and readily accessible supply of equipment, toys, books, creative materials, wireless or films, etc.

In the planning of new hospitals for children, especially those with long-term illness, the committee strongly urges that their educational and emotional needs be recognized in architectural design, decoration, and furnishing. These should achieve a more home-like atmosphere where education, play, and social activities can proceed hand in hand with medical treatment.

Day- and boarding-schools should provide good communities in which the physically handicapped child can develop a responsible social attitude among companions also disabled. Care must be taken, however, to guard against the dangers of too isolated and sheltered a life, and to provide opportunities for the child to take part in the life of the ordinary community.

Boarding-school arrangements should ensure that there is the least possible weakening of the tie between parents and child, and that for those without homes of their own some suitable substitute is provided. In the ordinary school, teachers and children must be prepared to accept the physically handicapped child and so prevent him suffering from feelings of isolation and frustration. Practical adjustments of organization and equipment should be made where necessary, and special aids provided to permit him to take a full part in the life of the school, care being taken, however, to avoid emphasizing in such arrangements the child's difference from his fellows.

It is important that wherever the child goes to school his educational record should be passed on with him.

While specialized vocational training should not begin so early as to deprive the child of a firm basis of general education, the education of the physically handicapped child should give him opportunities to discover his capacities and to adjust to his limitations, and should provide increasing knowledge of his place in the world and the vocational possibilities available to him. On leaving school, when he becomes employed, is at the stage of apprenticeship, or is receiving vocational training, the physically handicapped child particularly will have continued need for a variety of educational opportunities. In addition, advanced education should be available for the more able of these children.

Teachers of physically handicapped children should be at least as well qualified as teachers of ordinary children, should be fitted temperamentally for the work, and, when possible, should be given further training to ensure a deeper understanding of the child's physical, psychological, and educational needs.

In selecting the sites of new hospital centres and boarding-schools for handicapped children, care should be taken to see that they are not so remote that it is difficult to secure the supply of professional staff, including teachers.

### **7. Vocational Guidance and Training**

The purpose of vocational guidance and training for the young handicapped person should be to provide the maximum opportunity for eventual satisfaction from work in a remunerative occupation, chosen with due regard to the maximum of his abilities and interests, and to any medical or psychological considerations.

The aim should be the development of the child's aptitudes and interests, and the acquisition of such vocational qualifications and the achievement of

such psychological adjustment as will compensate as far as possible for his handicap in the exercise of his subsequent occupation.

The committee agrees that guidance and training for handicapped children should be given as far as is feasible through the normal services provided for youth, or in close co-operation with such services, so as to facilitate the social adjustment of these children, giving them access to the best vocational training available, and as wide a choice of training for employment as is compatible with their handicap taking into account the framework of the economic development of the country and the work locally available. Efforts should be made to facilitate the regular attendance of the child at such training schools or courses by all possible means, including arrangements for travel and lodging.

Responsibility for providing vocational guidance and training for a young handicapped person should be clearly determined. The competent authority or services should assist the young handicapped person until he is in a position to work under the same conditions as a normal person, or in conditions approximating as closely as possible thereto, and until his physical, psychological, social, and vocational adjustment is complete. Up to the time this has been achieved, the service should be charged with maintaining close co-operation with the parents and family on the one hand, and the medical, psychological, and social services on the other hand, with a view to ascertaining the extent of each young person's possibilities, as well as those individual characteristics which call for particular attention or care.

The committee believes that if, by reason of the young person's choice of vocation, personal characteristics, or other circumstances, it is found advisable to apprentice him individually to a master or a trade, care must be taken to ensure that the instructor has the vocational, educational, and human qualities necessary to discharge this responsibility properly. When necessary, the responsible service should supplement normal arrangements for supervision of apprenticeship, seeking in particular to promote good understanding between the two parties in order to ensure the apprentice's physical and psychological adjustment.

Special establishments, organized to provide the necessary medical and allied care, basic or general education, and a sufficiently wide range of vocational training, should be made available in sufficient numbers to meet the needs of young people who, by reason of the nature or extent of their handicap, cannot benefit from normal facilities for education and training.

In addition, adequate training services and facilities should be provided in sheltered workshops, or through a system of training at home, for those severely disabled, or who cannot travel outside their homes.

Technical personnel engaged or to be engaged in the vocational guidance and training of young handicapped people should have the benefit of specialized and adequate preliminary or supplementary instruction as regards the characteristics of such persons in relation to their disabilities and needs, in the special methods of observation and training which are appropriate to them, and in the role and the facilities of all services which can contribute to their rehabilitation.

Where it is not yet possible to employ such fully qualified vocational counsellors and instructors, other persons working with young handicapped people may, as a first step, be given an understanding of the vocational aspects of their problems.

### **-8. Employment**

Young handicapped persons should be eligible for all forms of employment which they are capable of performing satisfactorily, and should not be arbitrarily excluded by reason of their infirmity or their ineligibility for insurance schemes. Employers and workers should be properly informed, by objective publicity based on the known facts regarding the vocational capabilities of handicapped workers, of their successful employment from the point of view of production, low rates of absenteeism, stability in employment, and low accident-rate.

Placement should be made only after a careful study of the requirements and conditions of the job envisaged in relation to the individual's capabilities. Where necessary and feasible, reasonable technical adjustments should be made to facilitate, as far as possible, normal working by the handicapped person.

Placement of the physically handicapped should be carried out by the general public placement-service, or specialized sections of this service where they exist. Private organizations undertaking this placement should co-operate closely with such public services.

The committee agrees that young handicapped workers should have the same protection as regards remuneration and social insurance as other young workers. Where special rates of remuneration based on production are necessary to secure the employment of young handicapped workers, these should be established in full agreement with employers and workers, either in the undertaking concerned, or through their representative organizations.

Employment opportunities should be made available in sheltered workshops, or through a system of work in the home, under competent supervision, for young persons who cannot, by reason of their handicaps,

be placed in normal employment or get about easily. These workshops should operate as far as possible on an economic basis, and should guarantee a living wage to the young worker at production-rates. The committee realized, nevertheless, that in order to achieve this the earnings would ordinarily need to be supplemented by an allowance, and that the workshops would need to be subsidized. In arranging for work in the home, attention should be paid to the suitability of the work-place, the equipment and supply of material, and the collection and sale of finished work. The successful operation of such schemes may be facilitated by any arrangement which ensures a regular demand for their products.

### 9. Social Services

Collaboration between doctors and social workers in hospitals and other organized programmes of medical care and rehabilitation is needed because patients can be more satisfactorily and permanently restored to health when the social and economic factors which may be hindering or preventing them from obtaining the full benefits of medical care are recognized. Inability to follow recommendations, or discouragement and worry over personal problems, may also be serious obstacles to recovery.

Recognition of social problems and the responsibility of helping to meet them is chiefly, but not solely, the concern of the social worker, and should be shared by all the staff who are providing service to handicapped children, and particularly by nurses who, in addition to other duties, carry continuing responsibility for helping children and parents with difficult problems.

The social problems of handicapped children vary widely. Many are practical, material problems of a family income inadequate for the payment of medical care, prostheses, or special equipment needed in the child's care at home, or of transport to a treatment or training centre. Along with these problems, and sometimes apart from them, are the personal problems of the parents related to or accentuated by the child's illness and disability. These may make it difficult for parents to give their child the help he needs from them if he is to develop as well as possible. The child himself needs help in facing separation from his parents, as well as with the experience of medical and hospital care, the demands made upon him by his educational or vocational programme, and the restrictions imposed by his handicap. He must be helped to find things he can do and enjoy. Upon his return home, he needs help to resume his place in the family and with his contemporaries, and to learn to live with his handicap.

Medical services, accepted as a first step in care, constitute a strategic point for the initiation of social services for these children and their parents. Help provided during this period is an important factor in preventing the development of problems which will later present obstacles in the effective use of educational and vocational services. When the child returns to everyday life, a social worker who has known him during this period can help to ensure continuity of the services which he needs by co-operation with the social and health workers in the community. In addition she can assist in the closer co-ordination of these services with those provided by other social agencies, and with those responsible for the education, training, and employment of handicapped young people. The education and training of the social worker is directed towards developing knowledge of human relations, understanding of the interrelatedness of social factors, and skill in helping people to understand their problems and cope with them more effectively.

The chief responsibility of the social worker in a programme for handicapped children is thus to ensure the early recognition of difficulties in the child's social situation, or in his family and personal relationships, and to plan with other members of the team and with community agencies to meet the resulting problems, thus ensuring the best possible use of all the services available. The committee emphasizes that the training and employment of social workers to provide these services should be an essential part of the development of programmes for handicapped children. It also recognizes the importance of the integration of social services into programmes specifically focused upon various aspects of rehabilitative care. This integration can be accomplished most effectively if social workers are employed in medical-care programmes and on the staffs of hospitals, convalescent homes, and residential schools for physically handicapped children. The social worker brings to the other team members a more detailed knowledge and increased understanding of the background and family relationships of the child, which increases the effectiveness of their service. In turn, the social worker's understanding of the child is strengthened through opportunity for discussion with other team members about the special problems related to the child's medical treatment, and to his educational, vocational, and other social experiences.

The committee believes that adequate basic training for social work should comprise a well-integrated programme of courses of study and field work. The curriculum should include courses such as sociology; community organization; public welfare and public-health services; medical, psychiatric, and psychological information; social case-work; child welfare; and physical and psycho-social development of children. Supervised field-work practice should be a fundamental part of training for social work.

## 10. Development of Programmes

### 10.1 *Health programmes*

It is clear that the physically handicapped child presents a public-health problem of a complicated type.

The committee has already referred to the tremendous importance of the application of all known preventive methods; the assemblage of facts about the prevalence of handicapping conditions; the statistical analysis of these data; the maintenance of an active case-finding programme; the provision of easily available diagnostic, treatment, and rehabilitation facilities; and the development of methods for ensuring adequate follow-up, continuity of care, and quality of care.

Attention is called to the great importance from the economic point of view of achieving a balanced programme for all physically handicapped children, with priorities based on sound public-health criteria rather than on sentiment, since the aim should be to obtain the greatest benefit for the greatest number of children with due regard to the financial and personnel needs of other important programmes affecting health.

It is apparent that a high degree of administrative efficiency is required to achieve the best results. The committee believes that a good basic public-health and medical-care programme is a fundamental prerequisite. In this connexion it calls attention to the first report of the WHO Expert Committee on Public-Health Administration which includes services for handicapped children among the services provided by health authorities either directly or jointly with other authorities.<sup>14</sup>

A handicapped child has all the health needs of any growing and developing child in addition to those unique needs which may arise from his disability. For this reason it is important that a programme for the health of the handicapped child be closely associated with that for mothers and all children. Such a programme should therefore be co-ordinated with the maternal and child health services in the general public-health service. This principle has been stated in the report on the first session of the WHO Expert Committee on Maternal and Child Health (January 1949).<sup>15</sup> This will be even more important in the economically less-developed countries if the most efficient and economical administration of the health services is to be achieved.

The best results will be achieved if the administration of services is decentralized and becomes a part of the local public-health and medical-

<sup>14</sup> See *World Hlth Org. techn. Rep. Ser.* 1952, 55, 6.

<sup>15</sup> *Off. Rec. World Hlth Org.* 19, 35

care programme. In this way the organized health unit with doctors, public-health nurses, and other health personnel, together with the social worker, can assume the responsibility for carrying out the necessary services as an integral, balanced, and harmonious part of the total health activities for all members of the community. In this connexion, the vital importance of the public-health nurse is stressed. In her day-to-day work with the family and from her intimate knowledge of community health facilities, she, in co-operation with the social worker, can play an important role in acting as liaison between the child and his parents and the numerous, varied, and dispersed services and facilities needed by the family.

In view of the above, the committee recognizes that to make health services for the physically handicapped child available to the community the following prerequisites are essential :

- (1) a basic public-health programme, including an established maternal and child health programme ;
- (2) adequate hospital and convalescent-care facilities ;
- (3) a sufficient number of trained personnel.

In the economically less-developed areas such conditions may be present in a localized place although not generally available to enable the development of an areawide service. The committee, however, wishes to emphasize that, in order to make areawide development possible as part of a balanced public-health programme, consideration should be given to the way in which this can be implemented with a restricted number of personnel and with the simplest facilities as a first step towards a more-highly specialized service.

The committee urges that the university medical schools and large teaching hospitals accept their responsibility for assisting in staffing and arranging diagnostic clinics in rural areas and for bringing consultation and other assistance to smaller rural hospitals. This process can be facilitated if health departments and other agencies administering medical-care programmes develop strong personal liaison with medical schools. The joint appointment of staff members by health departments and universities is one method of achieving this.

As previously mentioned, the development of a *balanced* programme for all physically handicapped children based on sound criteria rather than on emotion is a prime requisite. Suggested criteria for establishing priorities of programme emphasis include :

- (1) the number of children affected ;
- (2) the amenability of the handicap to medical therapy and preventive measures ;

- (3) the likelihood of the child becoming, if untreated, dependent, unemployable, and a permanent public responsibility ;
- (4) the unfavourable effect of the handicap on the emotional status of the child and his family ;
- (5) the extent of interference with satisfactory progress in school.

Secondary factors which may modify the direction or scope of the programme for a time include :

- (6) the cost per child to secure maximum benefit ;
- (7) the progressiveness of the disability ;
- (8) the availability of special personnel and facilities for treatment.

The committee is of the opinion that those confronted with the problem of budgeting special funds to provide a programme of health services for the physically handicapped child should prepare a detailed plan stating clearly the objectives, the geographical coverage, the types of disabilities, the content of services, and the qualifications of personnel to be employed in the programme. This plan should clearly be co-ordinated with other medical-care programmes and with adult rehabilitation programmes, as well as with the appropriate medical schools and hospitals. The committee further recognizes that such a plan should guarantee close integration with educational, social, and vocational services, and with voluntary agencies interested in the assistance of the handicapped child. In this connexion the committee wishes to stress the role which the voluntary agencies have played and continue to play in promoting the initiation of such health programmes.

The committee is of the opinion that, in countries where both government and voluntary action is taking place, the greatest success has been achieved where these programmes have been complementary to each other.

The committee particularly emphasizes the contribution of the International Society for the Welfare of Cripples (ISWC) which, through its national committees and councils, does invaluable work, and has frequently been the first promoter of activities in this field, thus stimulating governments to take appropriate action.

The committee was informed of the close co-operation which has been established between the ISWC and the United Nations and its specialized agencies concerned with rehabilitation, and of the acknowledgment of the work of the United Nations agencies by the ISWC in a resolution at its Fifth World Congress.<sup>16</sup>

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<sup>16</sup> International Society for the Welfare of Cripples (1951) *The disabled in the modern world. Proceedings of the Fifth World Congress of the International Society for the Welfare of Cripples, Stockholm, September 9-14, 1951*, London, p. 266

The committee likewise noted the interest of the International Union for Child Welfare (IUCW) in the rehabilitation of the physically handicapped child, and was glad to be informed of the international conference of experts previously organized by the IUCW on behalf of UNESCO on the education of orthopaedically handicapped children (Geneva, 21-25 February 1950).

#### 10.2 *Special educational programmes*

The committee has emphasized the need for the development of medical programmes for the physically handicapped child within the ambit of the public-health service ; it is equally important that the special educational provision described in the report be part of the general educational system in all countries.

It should be the duty of governments to see that every physically handicapped child receives education, and that public funds are available to provide this to the same extent as for ordinary children. If this is to be achieved it should be recognized that the cost will be proportionately higher to provide adequate educational facilities for physically handicapped children. Such facilities should include :

- (1) the provision of education at all stages of treatment, including the periods in hospital ;
- (2) arrangements for the education of physically handicapped children with various types and degrees of disability and educability, including :
  - (a) arrangements to enable physically handicapped children, where possible, to attend ordinary schools on terms of reasonable equality with ordinary children, such arrangements to include, where necessary, special transport, adaptation of school equipment, modification of curriculum, and special staffing ;
  - (b) special day-, boarding-, and hospital schools for those physically handicapped children who, permanently or temporarily, cannot be suitably educated in ordinary schools ;
  - (c) home-teaching arrangements for those who, permanently or temporarily, are unable to attend any school ;
- (3) the necessary administrative arrangements to ensure that the child with a physical handicap has continuous education and frequent review of his educational needs and placement ;
- (4) an adequate supply of teachers who should be fully trained and, if possible, have additional specialized training for work with physically handicapped children ;
- (5) continuing research into the educational and psychological implications of physical handicap.

Such special services should be closely associated and work in harmony with the general medical and educational services of the area, and should be closely related to university and other centres of psychological and educational research.

### 10.3 Vocational and employment programmes

As part of a total programme for the physically handicapped child, activities concerned with the vocational guidance and training of young disabled people and their employment should be integrated in, or co-ordinated with, vocational training and employment programmes for youth, whatever the authorities interested in their development.

In any case, these activities should be developed following a comprehensive plan established in relation to the interests of the total group of handicapped youth, the needs of the undertakings, and taking into account the social progress, the technical development, the trends of the employment market, and the economy of the country in general. These activities ought to be adequately co-ordinated with the collaboration of the employers' and workers' organizations.

### 10.4 Social-service programmes

The development of social services in any country is influenced profoundly by the prevailing pattern of culture, the urgency and recognition of the need, the stage of development of services for the community and for children, and the availability of other resources. The social services rendered in the rehabilitation of the physically handicapped child are part of the total social services provided for the country or community. Their development is dependent therefore on the amount of service which can be made available taking into account the relation of this specific need to the total needs in a particular country.

The committee recognizes the importance of social service as a sustaining and supportive service to children and parents in the difficulties which handicaps may impose upon the physical and social development of these children. To meet the special needs of some handicapped children, periods of care in centres serving large geographical areas will be required. It is essential that these centres plan specifically to maintain the child's relationship with his parents during this period, provide some compensatory services while he is at the centre, and upon discharge arrange for continuing social services, when needed, through agencies in his own community. The services of trained social workers in these centres will strengthen continuity of service on behalf of the individual child between the centre and the community in which he lives.

Meeting these social needs adequately requires the services of social workers in collaboration with the medical team in hospital services, rehabilitation centres, and special institutions, with the public-health nurse, with the professional personnel in schools and in services for vocational training and guidance, and with other members of the community.

Where social-welfare services are organized under a competent public authority charged with responsibility for the development and maintenance of professional standards in the various social services of the community, the programme of professional activities of social workers engaged in work with physically handicapped children should be brought into close relation with such administrative agencies if the social workers are not employed by them. Such liaison should in no way preclude the desirable degree of specialized preparation or experience of social workers engaged in services to the handicapped. Schools of social work, in turn, should seek to include in their curriculum an adequate understanding of the needs of the physically handicapped child with respect to social adjustment.

The committee believes that, in areas where the training and employment of social workers is not possible at the present time, these services should be planned for in the light of needs and with the available personnel. As the programme develops, the training of social workers should receive full consideration.

## 11. Conclusion

Throughout its deliberations, the committee has been fully aware that a comprehensive programme for physically handicapped children can be built only upon the pre-existing foundations of adequate services for health, education, social work, and vocational training. The extent to which these are available will, therefore, determine where services for handicapped children can be developed locally, and where these can be expanded progressively into a countrywide programme.

The committee has stressed the importance of integrating special services for handicapped children with the general health, social, educational, and vocational programmes at all levels. In drawing particular attention to the requirements of the whole child, it emphasizes that each agency and individual worker should constantly bear in mind the total needs and personality of the handicapped child, and the contribution of other agencies and other workers to meeting these needs. The teamwork frequently stressed elsewhere is necessary throughout the whole developmental period, though the stress—medical, educational, or vocational—will vary as the phase of intensive medical treatment merges into phases of more-specifically educational or vocational importance. Such teamwork implies two

things. It implies smooth integration between health, educational, social, and vocational services at the administrative level, and a careful defining of areas of joint and separate responsibilities. It implies too that the individuals in any team which is concerned at any phase with a handicapped person should acquire, in addition to a general professional training as teacher, social worker, vocational-guidance counsellor, psychologist, or doctor, special experience for work with the handicapped. Such a conception of the way in which stress changes as rehabilitation proceeds, embodied in administrative arrangements and underlined in the training of all professional personnel, will greatly facilitate the relationships of individuals with the programme, improve co-ordination among the agencies concerned, and secure the fundamental object of the complete rehabilitation of the handicapped child.

The committee acknowledges that the United Nations and its specialized agencies concerned with activities in the field of rehabilitation of the physically handicapped have, through their jointly planned and integrated action, given an example of such an approach at the international level. It urges that governments, in the development of services for physically handicapped children, give attention to the integration of the various services necessary to allow for adequate rehabilitation and full development of these children.

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