

## THE SOUTH AFRICAN REHABILITATION COUNCIL \*

W. H. ALKEMA, M.B., B.Ch. (RAND)

Medical Superintendent, Boksburg-Benoni Hospital, Boksburg

This paper is mainly confined to a factual statement of the formation, composition, functions and objects of the South African Rehabilitation Council. No attempt is made to go into minute details of the work.

The South African Rehabilitation Council, as its name signifies, has as its main object the rehabilitation of those unfortunate individuals who are handicapped physically, mentally or psychologically. One is often inclined to think of disablement in terms of a physical defect or injury. However, there are mental handicaps which may be less obvious but at the same time are no less real. The problems of alcoholism, mental retardation, disturbances of neurological and psychological functioning, leave scars on the individual which may be just as disabling or paralysing as any physical handicap. The absorption and reabsorption of these individuals requires the same approach basically as of the physically handicapped, viz. rehabilitation, which includes selective placement in employment.

This country cannot afford to continue without rehabilitation services. According to a survey of man-power in the skilled trades, there was a shortage of 11,218 artisans on 18 May 1956, which represents 7% on the establishment for this group, and 4,732 apprentices, which represents 11.5%. Because a shortage of skilled man-power is in existence throughout the Western world, we cannot rely on other countries to supplement our shortages. Under these circumstances we should concentrate on developing our own resources and, just as in the last 2 decades great progress has been made in the development of natural resources so we trust that in the decade now beginning, the development of human resources may be able to scale the same peaks.

Rehabilitation in South Africa is a part of the effort to encourage and conduct the development of man-power resources, with the aid of medical treatment, psychological adjustment, counselling and selective placing. Rehabilitation is not aimed at enlisting public sympathy but to find clear understanding of the problems of the handicap—above all to show that the handicapped person is able to do a job of work, that his accident risk is low, his absenteeism nil and his productivity high, and that he has the right to live and is willing to work hard for his living.

### HANDICAPPED PERSONS: DEFINITION AND CLASSIFICATION

A handicapped person is one who, in consequence of physical or mental disability or weakness in varying degrees, or of environmental circumstances, or of a combination of these factors, is likely to find it difficult or even impossible to adjust himself in the community, more particularly in obtaining or retaining employment, unless he obtains assistance of some kind from the State or from voluntary agencies. Such assistance may take the form of medical or mental treatment; a course in rehabilitation training; vocational counselling, training or placement; follow-up or after-care; personal social services; and, in terminal cases, counselling or institutional care, whether or not accompanied by a State pension or grant. Handicapped persons may be classified as follows:

#### 1. The Physically Handicapped

- (a) Cripples, including cardiacs and cerebral palsied.
- (b) The blind and partially sighted.
- (c) The deaf and the hard of hearing.
- (d) Epileptics. (e) Tuberculotics. (f) Miscellaneous.

#### 2. The Mentally Handicapped

- (a) The sub-normal.
- (b) High-grade and re-adjustable mental defectives.
- (c) The emotionally unstable—problem cases.
- (d) Mental disordered cases, after treatment and release (on licence) or discharge.

#### 3. The Physically and Mentally Handicapped

(a) Alcoholics and drug addicts.

(b) The aged.

(c) Inmates of Work Colonies and released or discharged prisoners.

In assessing the handicapped work-seeker, the following investigations must be made:

(i) Determine what type of work he has already performed.

(ii) Ascertain what his hobbies and interests are.

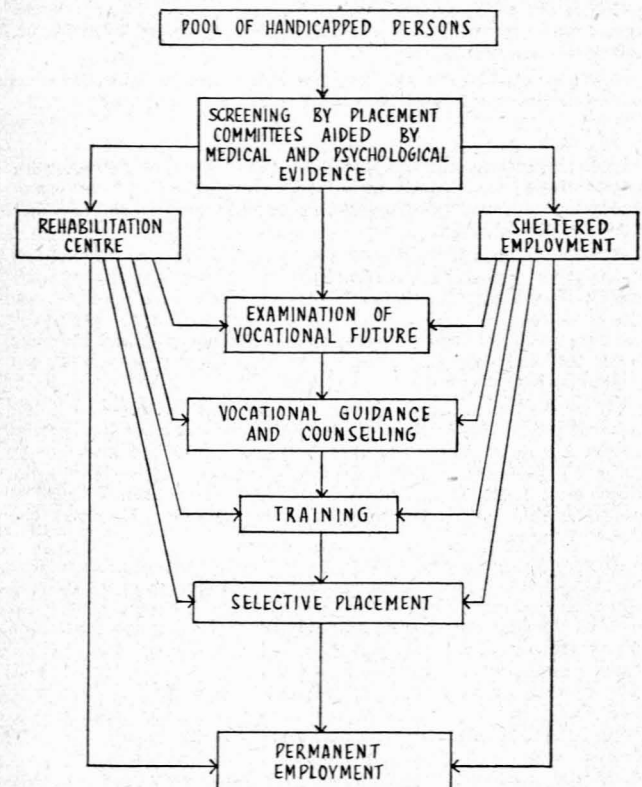
(iii) Ascertain his educational qualifications as well as any job training that he may have had. Especially in cases where he has to change his employment or has not worked before, determine his aptitudes and specific skills.

(iv) Find out, irrespective of his disablement, what positive characteristics he shows, e.g. willingness, diligence, stability and perseverance.

(v) Determine how his positive qualities can be used for any type of work in which his disablement does not disqualify him.

The Rehabilitation process is diagrammatically shown in the Appendix.

### APPENDIX: THE REHABILITATION PROCESS



SOUTH AFRICAN REHABILITATION COUNCIL

#### History

In February 1952 a national conference was held by special instruction from the late Minister of Health and of Social Welfare, Dr. K. Bremer, to study the handicapped in South Africa. Various authorities and interested persons spoke and deliberations followed.

\*A paper presented at the South African Medical Congress, Durban, September 1957.

The principal aim of the conference was to discuss the subject 'Holism in Rehabilitation' and to formulate a policy. The result of the conference was placed before both Houses of Parliament on 2 June 1952.

The conference decided to appoint a pilot committee with a view to establishing at a later date a national body to promote and coordinate rehabilitation. This committee met again during 1952 and made certain recommendations to the Minister, of which the main one was the formation of the South African Rehabilitation Council.

In the meantime the functions of rehabilitation were transferred to the Department of Labour from the Department of Social Welfare. The present Minister of Labour, Dr. J. de Klerk, then established the Rehabilitation Council in 1955 under the Chairmanship of Mr. J. F. Hannah, Secretary of Labour.

#### Membership

The minister sought advice from all national councils dealing with handicapped persons, the Medical Association of South Africa, Provincial Administrations and Government departments, and the following people were selected as members of the Council, either private members (or alternates) or *ex officio* members (or alternates).

*Private Members:* Dr. W. H. Alkema, Mr. S. I. Basson, Dr. M. J. Broderick, Mr. J. M. Burger, Mr. G. T. du Toit, Dr. G. K. Engelbrecht, Mr. N. S. Erasmus, Mr. P. K. Hoogendyk, Mr. D. N. Murray, Dr. (Mrs.) N. Roux, Mr. J. C. Rutherford and Dr. L. M. A. N. v. Schalkwyk. *Alternate Members.* Mr. G. H. Beetge, Mr. H. S. Jooste, Dr. J. H. Luckhoff, Dr. H. Moross, Mr. J. C. Pieterse, Dr. J. W. Scott-Millar.

*Ex-Officio Members* (Alternates in brackets). Department of Labour, Mr. J. F. Hannah, Chairman of Council (Mr. J. M. F. Potgieter, Vice-Chairman of Council).

*Department of Health.* Dr. B. M. Clark (Dr. H. F. Schiller).

*Department of Social Welfare.* Dr. J. A. Grobler (Mr. A. E. Anderson). *Department of Education, Arts and Science.* Dr. C. M. van Antwerp (Mr. G. F. Starker). *Provincial Administrations.* Dr. H. J. Hugo (Dr. R. L. Retief), Dr. D. A. van Binnendyk (Mr. D. W. Scallan), Mr. J. M. Rothman (Mr. H. J. Neethling) and Mr. H. A. Coetzee (Mr. H. H. Hall). *Department of Prisons.* Lt. Col. S. L. J. Jacobs (Captain C. J. Brink).

The Department of Labour acts as the Secretariat and also supplies persons with expert knowledge of the handicapped and of labour facilities.

#### FUNCTIONS OF COUNCIL, AIMS AND OBJECTS, ETC.

In his opening address on 29 July 1955 in Pretoria, the Minister of Labour stressed the importance of team-work in the rehabilitation problem. The Council met again in August 1956 and accepted as a working basis the recommendation made by the Pilot Committee of 1952. It was agreed that its functions should be extended and that the undermentioned 6 objects were the most important:

1. To formulate a uniform national policy.
2. To advise the Minister with regard to the usefulness of certain rehabilitation services.
3. To take the leading part in the creation of rehabilitation services in which more than one national body or Government department is concerned.
4. To spread information and make propaganda for rehabilitation.
5. To consider all aspects of professional advice, re-education and after-care in sheltered employment with the view of placement into the ordinary labour market.
6. To strive to bring about such legislation as will benefit handicapped persons and to achieve better coordination with regard to existing legislation.

The function of the Council is largely advisory in nature, one of its major tasks being a consideration of the best means towards coordination of rehabilitation services in the Union. The recommendation of the continuation committee of the National Conference was that the functions of the South African Rehabilitation Council should include the following:

- To lay down a uniform national policy of rehabilitation.
- To give advice to the Minister on the relative usefulness of certain rehabilitation services.
- To coordinate existing rehabilitation services more effectively.
- To eliminate duplication of services.

To serve as an incentive towards obtaining and expediting necessary rehabilitation services.

To take the lead in the creation of certain rehabilitation services in which more than one national body or Government department may be concerned.

To spread publicity and propaganda on rehabilitation matters.

To concern itself with the problems of handicap caused through blindness, epilepsy, tuberculosis, crippling disease and the like and to see that these problems are attacked in a practical and realistic manner.

To encourage the universities to arrange vacation courses in rehabilitation.

To endeavour to make study and travel scholarships available to approved persons to enable them to study rehabilitation matters in overseas countries in particular.

To endeavour to provide measures for the closing of the hiatus which exists between hospital treatment and re-employment and so reduce wastage of man-power.

To attempt to obtain cooperation of local authorities, commerce, industry and organized labour in re-adjustment, training and employment of handicapped persons.

To take action in the protection of the identity and sphere of action of national bodies.

To work out the retraining programme for people in prisons, work colonies and work corps.

To take steps towards the prevention of disablement.

To initiate investigations into the causes of handicap.

To give consideration to all aspects of vocational guidance and re-training aimed at employment in both the open labour market and in sheltered employment and to encourage after-care services.

To endeavour to bring about legislation for the handicapped.

To give attention to any other matters in connection with the rehabilitation of handicapped persons which may be brought to its notice from time to time.

Although the fundamental attribute of a handicapped person may be a well-defined physical or mental condition which is diagnosed in a straightforward manner, the handicapping condition may include many facts which are psychological and social in their implication. All of these have to receive the attention that is necessary in order to bring the handicapped person back into line with his fellows. Modern concepts of the use of prosthetic appliances for cosmetic as well as utilitarian ends, and the introduction of plastic surgery to restore the physical stature and appearance to normal, are helping to make the reinstatement of the handicapped as a full member in the community an easier achievement than it was in the past.

Again the significance of the rehabilitation of the handicapped today arises out of a very large number of factors, medical, psychological, social, economic and spiritual.

#### WHAT THE COUNCIL HAS ALREADY ACHIEVED

Firstly the Council has appointed standing sub-committees to deal with its 6 main objects. The 2 chief sub-committees, that of Placement of the Handicapped and that of Propaganda, have made great strides and have accomplished the following work:

##### 1. *Placing of handicapped into suitable employment*

Cripples have been trained in sheltered-employment factories and reabsorbed into the labour market. Some of the blind have been placed into positions for which they are suited, e.g. as telephonists, etc. Alcoholics have been placed after receiving treatment; some of these have also passed through the sheltered employment centres.

One of the main achievements has been to induce employers to keep pensioners in their jobs for a longer period. This led to a raised pensionable age limit, from 60 years to 63 or even 65; and to re-employ older persons for an extra few years.

##### 2. *Sheltered Employment*

The sheltered employment factories have all been taken over by the State, a policy which has the following advantages:

(a) The Government, in administering the scheme itself, will be in a better position to control State funds voted for the purpose of the scheme.

(b) As it is intended to change the purpose of the scheme so that short-term rehabilitative cases that are capable of being re-absorbed into the open labour market after training in sheltered

employment shall be catered for, more attention could be given by the Department of Labour to rehabilitation along these lines.

(c) The selective placement of employees in the open labour market by placement officers and vocational guidance officers will be facilitated.

(d) This will help the Department towards easing the shortage of man-power.

(e) Economy will be effected by the use of the machinery of the Union Tender Board in acquiring supplies of materials.

(f) Staff members will become State employees and thus will be assured of a greater security of office.

(g) The cost of employing commercial auditors will be saved. Books and accounts will be subject to examination by Government Auditors and Departmental Accounting Officials.

At first the Government partially subsidized the sheltered-employment factories, and eventually subsidized them fully. It then became apparent that the Government ought to take them over completely. There are certain disadvantages in the loss of the present system of control by voluntary organisations which has stimulated public interest in the sheltered-employment scheme and the rehabilitation of the handicapped generally, but these disadvantages are outweighed by the abovementioned advantages.

Two more industrial rehabilitation centres, one in Johannesburg and the other in Cape Town, have been recommended by the Council to the Minister of Labour and will come into operation shortly. Changes and expansion are envisaged to the existing centres.

### 3. Propaganda

Extensive propaganda has been worked out; indeed, some of the abovementioned achievements have been accomplished by propaganda methods. Letters, pamphlets, circulars and leaflets have been sent to all employers urging them to acquaint themselves with the Rehabilitation Council and its functions. Further propaganda efforts have included the following:

(a) A 3-monthly journal (*Rehabilitation in South Africa*) is being published as the organ of the South African Rehabilitation Council. The first edition came out in March 1957 and was widely circulated free of charge. Subscribers were invited to apply for free copies of this Journal. It will carry no advertisements. Its articles which will be written by experts on various subjects and will refer to rehabilitative services in the Union, can be copied by other journals sympathetic to the aims and objects of the Council; there will be no copyright reserved. Many journals circulating in the Union have welcomed this effort and are willing to publish articles on Rehabilitation.

(b) *Rehabilitation Directory*. It is hoped that the Directory will appear during the latter part of 1957. The contents will include a definition and classification of the physically and mentally handicapped and lists of the following:

(i) Organizations and institutions providing treatment, training, rehabilitation, employment, after-care or personal social services.

(ii) Homes, schools and training institutions which provide vocational training to handicapped children and adolescents.

(iii) General hospitals making provision for rehabilitation services by the employment of hospital social workers.

(iv) National voluntary organizations, with their affiliates or branches, providing services of various kinds to the handicapped, with a brief statement of the nature of the work done, including statistics of inmates.

(v) Government authorities providing treatment, training, rehabilitation or employment of the handicapped, with nature of service.

(vi) Homes which specifically provide accommodation for handicapped persons.

(c) *Other Propaganda Methods*. These have included pamphlets, placards, press releases, radio talks in various forms, exhibits at exhibitions, advertising in cinemas; and also the following measures of special publicity:

(i) Direct communication with large employers of labour including Government departments and the Provincial and S.A.R. & H. administrations.

(ii) Addresses and talks by Labour Department officials and others to national councils, Rotary clubs, Church gatherings, etc.

(iii) Documentary films available from overseas and Union libraries.

(d) *A Propaganda Campaign* based on a national and local basis. Different methods have still to be worked out in consultation with national and local organizations. A 'Rehabilitation Week' for the whole Union is envisaged.

#### STATISTICS OF HANDICAPPED PERSONS

The numbers of European handicapped persons in the Union of South Africa are as follows:

War veteran pensioners (mostly over 60 years)	31,000
Old age pensioners (over 65 years) .. ..	86,000
Alcoholics .. .. .	90,000
Blind .. .. .	2,400
Mental cases:	
Feeble minded and mentally retarded	
school-going children .. .. .	30,000
Patients in mental hospitals .. ..	9,560
Persons receiving pensions for physical dis-	
ablement .. .. .	10,000
Deaf and dumb .. .. .	2,500
Tuberculous persons .. .. .	1,500
Epileptics .. .. .	1,100
Unemployed .. .. .	7,000
Total .. .. .	271,060

*Non-Europeans*. There are many hundreds of thousands of non-European handicapped persons in South Africa and they present the same problems as the European handicapped, the solution of which is of similar importance from the social and industrial point of view. The Council is not overlooking this side of the problem and is trying to do all in its power to assist in its solution. The volume of the handicapped population is far greater amongst South African non-Europeans than amongst the Europeans. The blind non-European handicapped, for instance, number 26,000 and the tuberculous non-European handicapped 100,000; these groups are receiving attention from public authorities and voluntary agencies. There are also 10,000 non-European patients in the mental hospitals.

#### CONCLUSION

The most important effort of the Rehabilitation Council is to make the people of South Africa conscious of the fact that it is good business to employ physically handicapped persons. 'It pays to hire the handicapped' is the propaganda slogan of the Council. The Council wishes to emphasize to all the world the great value which we in South Africa place upon the dignity and work of each individual human being.

*Legislation*. A Draft Bill (the Handicapped Persons Rehabilitation Bill) has been prepared for submission to Parliament in 1958.