

Part VI: Model Service Models

Chapter 10

A Metropolitan Area in Denmark: Copenhagen

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National Service for the Mentally Retarded

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A METROPOLITAN AREA IN DENMARK: COPENHAGEN

As a model I have chosen the service system in the area of Copenhagen, which forms a regional unit of the Danish National Service for the Mentally Retarded. Before describing this regional system, I will discuss the larger background of services in Denmark.

Brief History of the Development of Service Systems in Denmark

Denmark covers some 43,000 square kilometers (16,538 square miles) and has a population of 4.8 million. Copenhagen, the capital of Denmark, lies on Zealand, the largest of the Danish islands (7,543 square kilometers; 2,901 square miles) and has just over one million inhabitants. Denmark has a highly developed communication system and a relatively even distribution of social, medical, and educational services within easy reach of the citizens.

In 1855 and 1865, the first two institutions for the mentally retarded were established by private organizations. Between 1890 and 1922, social security programs initiated earlier were supplemented with more general social insurance acts of parliament, covering old-age benefits, health insurance, industrial injuries, disability insurance, relief, and unemployment. The costs of these programs are divided between the national government, the local authorities, and the citizens as members of the insurance system. Social security schemes are to a large degree financed through general taxation.

The National Assistance Act of 1933 defined institutional care, treatment, education, foster-home care, etc. as the responsibility of the Danish Government. By this social reform legislation social programs of the 19th and early 20th century were consolidated. This act was reaffirmed and updated by the passage of the National Assistance Act in 1961, and supplemented by special acts on the deaf, the blind, and the mentally retarded (the latter in 1959). All those not covered under the provisions of any of the acts are eligible for services under the Rehabilitation Act of 1960.

In 1937 an act to combat sickness and mortality among infants in their first year was passed as the first of a series of laws concerned with preventive medicine. A Maternity Welfare Act, in force since 1945, provides for free regular examinations of all expectant mothers by a doctor and a midwife, and the health of children is regularly checked in their homes by visiting public health nurses. In 1946 an act was passed which provides for nine free preventive medical examinations of infants from birth to their seventh year. At this age, health control is taken over, under the act of 1946, by the school physician attached to each school, who carries out regular

examinations. Any departure from normal development is brought to the attention of the family physician, who provides for the required treatment. Preventive work is also the responsibility of the general practitioner, who plays a very important role, although municipal clinics have been set up for this work in Copenhagen and some of the larger provincial cities. Everyone may freely choose where he wishes to be examined.

Social research, including studies of the conditions of handicapped persons, is carried out by the Danish National Institute of Social Research.

A commission (the Social Reform Commission) appointed by the government in 1964 has been charged with preparing and reporting on a total reform of the organizational, administrative, and financial structure of the Danish social security system.

The Obligations of the Danish Service System to the Mentally Retarded as Defined in the Act of 1959

The act concerning the care of mentally retarded and other handicapped persons grants the mentally retarded civil rights in nearly all respects. With this act, the Mental Retardation Service has been established as a semi-independent organization under the jurisdiction of the Ministry of Social Affairs.

The service system for the mentally retarded is divided into 12 regions as will be seen from the attached sketch, each region being administered from a center. However, a single superregional training program for care personnel is operated in Copenhagen, as described in the appendix.

The entire organization is governed by a board of directors, acting in concert with the regional centers. The board of directors consists of eight members appointed by the Minister of Social Affairs. One member is to be a representative of the National Health Service, one is to represent the Ministry of Education, and one is to be a representative of the countrywide association of parents for the retarded. The remaining five members are persons who must be expected to have insight and interest in the Mental Retardation Service. This composition is characteristic of the multidisciplinary feature of the Service. The members are appointed for 4 years--a period that

A copy of the 1959 act is found in the Appendix.

2 The reader should keep in mind that there are two "Services:" the National Health Service, and the Danish Service for the Mentally Retarded.

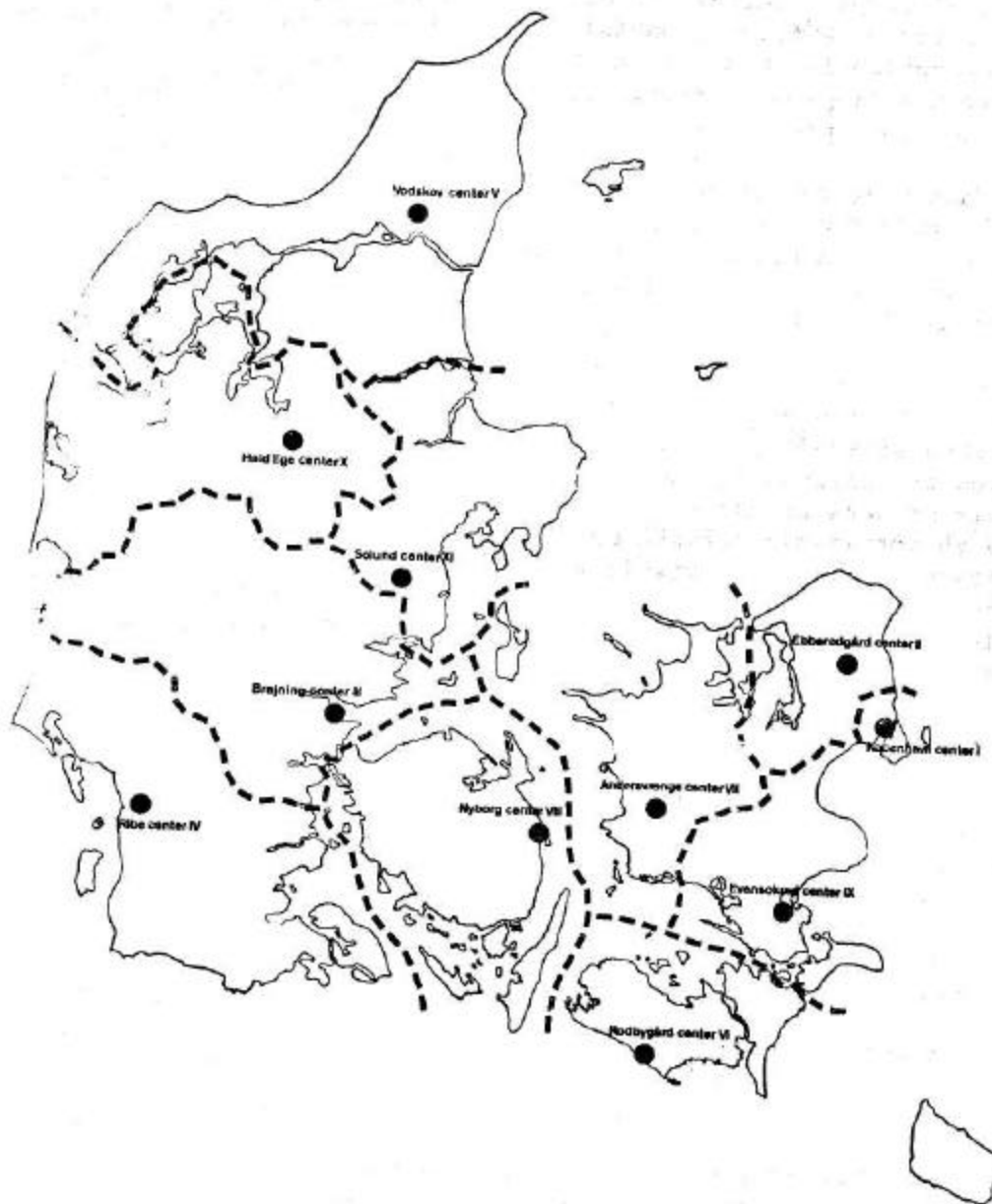


Figure 1: Map of Denmark and Mental Retardation Service Regions

corresponds to the electoral period of local councils. The board is chaired by the Director of the Service, who is appointed by the King.

It is the duty of the board of directors to administer the act, to observe development within the field, and to advance to the Minister of Social Affairs proposals as to measures consistent with new developments. The Minister of Social Affairs takes care of the establishment of regional service centers, and other means needed at any time to attain program targets.

For each regional center, a board of control is appointed to control the functions of the center and to administer jointly with the local regional management the residential services within the region. This board consists of five members, one being a representative of the parent's association.

Entitled to receive help and assistance from the Service are those who are or appear to be mentally retarded and who also appear to be in need of special services. Request for assistance, or termination of assistance, can be advanced by the person in question or by other persons or authorities on whom the responsibility rests to attend to the affairs of the person in question. Should the authorities within the Service learn by other means about any person who may be considered in need of services, they should bring about the necessary investigations to verify whether assistance should be given and, if necessary, arrange for initiation of such assistance. Public authorities, physicians, teachers, etc., who through their activities are in touch with the mentally retarded or other handicapped persons, are expected to furnish reports to the Service.

The service is required to give guidance to parents on the care, treatment, etc., of their mentally retarded children, and on existing facilities for help and assistance.

A child who is functioning in a retarded fashion and who can follow neither the ordinary primary school education nor the special educational system for slow children is subject to compulsory education and training from the age of 7 to the age of 21. This school obligation may be fulfilled in any number of ways, including home-tutoring.

As regards children and young people under 18 years of age and handicapped people under care beyond this age, services against the wish of their parents may be imposed only with the consent of the child welfare authorities.

There are detailed review and appeal procedures before services can be imposed upon individuals contrary to their own wishes or the wishes of those responsible for them.

Decisions as to the initiation or termination of relief measures against the wish of a person over the age of 18 are to be brought before a Central Tribunal set up by the Minister of Social Affairs, consisting of a chairman, a social worker, and an expert in psychiatry. The tribunal shall settle the question as soon as possible and within 1 month after receipt of the appeal. The settlements of the Central Tribunal can, within 1 month, be appealed to the Court of settlement in accordance with the rules laid down in the Administration of Justice Act. The request for submission to the court may be forwarded by the person in question or by a person who acts on his behalf. If the Central Tribunal has passed a decision, the person who has appealed the case must be informed and apprised of his right to request that the case be submitted to the court.

In cases where relief measures have been initiated or terminated, the Service may advise the probate court accordingly in order to have a qualified and willing guardian appointed, who has to keep himself informed of the conditions of the mentally retarded person and who sees to it that relief measures are not upheld for a longer period than necessary.

The Service is entirely financed by the national government. It is responsible for services to citizens, from the cradle to the grave ;• if necessary, and it counts among its retarded clientele groups of blind, deaf, motor-handicapped, epileptic, brain-injured, psychotic, emotionally and behaviorally disturbed, and language-handicapped persons.

All mentally retarded persons receiving some kind of help are registered at both regional and national registers. This registration is linked up with the registration of the whole population which is being prepared in Denmark, by which all persons, including the mentally retarded, are given an identification number.

By means of electronic data processing, the registration provides up-to-date information on all clients and collects material for statistics and research activities in the areas of treatment, planning administration, and client training. Also, the system will disclose personnel needs and will be of great value for comparative studies on an international level.

At first, the registration comprises only name, birth date, address, the form of services rendered, and data concerning the family of the client. Any admissions, changes in service measures, regional movements, discharges, etc., will be registered in a uniform way and will be entered into computer storage which writes out the necessary cards for the national and regional registers. It is contemplated to extend the range of data with medical, educational,

and social inquiries in order to get a more comprehensive picture of our clients, their needs, and the services that are given. The basic inquiries are being delivered by the regional centers at rather short intervals and go through the headquarters to the computer center in charge of the registration, while the output is going the other way, namely from the computer center to the headquarters and back to the regional center. The computer center thus provides all mental retardation regions with registers, statistics, etc., on a regional and national basis.

Current Implementation of the Act

The Danish Mental Retardation Service is a system which aims at securing the highest possible attention to the unique variety and individuality of the clientele. Being confronted with a developmental continuum covering an IQ range from approximately 0 to 75 and a total life continuum, our Service is forced to have a very high degree of differentiation in terms of residential facilities and professional disciplines involved in a comprehensive care, system. No other establishment charged with an educational responsibility has to cover such an extensive field as the Danish National Service for the the Mentally Retarded. Accordingly, there is a high degree of differentiation of agencies, as will appear from the enclosed organizational chart (see Fig. 2).

The purpose of a modern service for the mentally retarded is to "normalize" their lives. For children, normalization means living in their natural surroundings, playing, going to kindergartens and schools, etc. Adults must have the right to leave the home of their parents, to be trained and taught, and to pursue employment. Children as well as adults need leisure time and recreation as part of a normal life. We are trying to integrate the retarded into the community in the best possible way. We help them in making use of their abilities, no matter how limited these may be. The mentally retarded have, along with other human beings, a basic right to receive the most adequate treatment, training, and rehabilitation available, and to be approached in an ethical fashion.

To provide the retarded with normal life conditions does not mean that we are oblivious of our duties to offer special care and support. We simply accept them as they are, with their handicaps, and teach them to live with their handicaps. Whatever services and facilities are open to all other citizens must, in principle, also be available to the mentally retarded.

One function of residential services is to provide relief of acute disturbances in the family situation for a client living at home. Severe illness, divorce, etc., may often indicate that a



Figure 2: The organization of services to the mentally retarded

child would benefit from a short-term stay outside his home. It is preferred in such cases not to use the larger institutions but rather a small-size house with no more than 10-20 places and a very warm and intimate atmosphere; here, the mentally retarded child may reside for up to 3 months.

However, to help parents to keep their child at home we offer different forms of assistance, such as counseling in child care and management, and/or financial aid, if necessary. Since it may often be difficult for parents and relatives to have a mentally retarded child at home throughout the whole day, we offer day nurseries, creches, kindergartens or, if these are not available, help in the form of home treatment, education, and training of the child, including physical treatment such as physiotherapy.

To provide parents with leisure time and free evenings we offer babysitting, often by qualified babysitters who know what mental retardation is. At the very least we try to provide such a service to families with a severely retarded child. During parents' illness--as a rule a great problem when a mother is ill--there is a possibility of providing homemaker service, i.e., assistance by a specially trained person who takes care of the housewifely duties, including the care of children. We offer weekend stays in kindergartens and similar agencies for the care of children from Saturday to Monday morning.

The mentally retarded of all ages, whether they live at home or in residential facilities, are entitled to recreation in recreation centers, holiday camps, etc. Holiday trips to foreign countries are frequently carried out, especially for those living in residential facilities.

Depending on their conditions, adults live in small homelike environments if treatment in a hospital is not required. Hostels and the like have proved to be a brilliant solution, especially for those who are working in open employment or in sheltered workshops. Hostels of the Danish system take normally a maximum of 20 retarded residents. There are rest homes for those who need care; for the older ones, there are homes for the aged.

Current trends and thought are such that we can expect in the future that children, mainly of mild retardation, will live in small children's homes (school-homes); in units for no more than 8 children (boys and girls mixed) per house; and in single or double rooms. We expect that such children will attend the nearest school operated by the Service on equal terms with retarded children living in their own homes. Also, considerable effort is made to serve children and adults in separate facilities.

Current residential provisions in the Copenhagen area include one boarding school. This type of residential provision was formerly considered necessary for geographical reasons, as it still is in countries with a widely scattered population and poor communication. However, it is clear that in Denmark, the rationale for school-homes will change in emphasis from geographical to social and behavioral considerations.

Other current trends are toward a reduction of residential plans as rehabilitative services are emphasized. We believe that a comprehensive system of day-care centers, especially for the moderately retarded, can reduce the need for residential services. As a consequence, we expect to observe in years to come a change of the residential clientele toward more severe and complicated cases.

Regional Centers

As mentioned earlier, there are 12 regional service units in Denmark. Each regional center is administered by a four-man team: an administrator, a chief physician, a director of social work, and a director of education. This team is jointly responsible to the (national) board of directors for all activities within its region. The Copenhagen region is somewhat atypical in having two such teams, one for the children's service and one for the adult services.

The multidisciplinary feature is of inestimable importance for a purposeful treatment of clients with multiple handicaps. The cooperation between the different disciplines of the treatment team has been beyond expectation, both in residential and nonresidential services. Medical care, including psychiatric treatment, plays a decisive part, even if the sole purpose of day services may seem to be of socio-pedagogical nature. Schools operated by the Service, for example, provide for medical treatment and social guidance to an extent which is unknown to ordinary schools.

The primary task of an administrator in the field of mental retardation may be the organization of public-relations activities in order to focus the attention of influential groups within the government and the population on the obvious ethical obligations towards the weakest in the community.

The Copenhagen Region

Regional Center I (for the Copenhagen area) is subdivided into a center for children and a center for adults. The headquarters of the Copenhagen Children Center is the Children's Hospital at Vangede, and that of the Adult Center is the Center Institution Lillemosegaard. Both Centers receive their clientele from Copenhagen and its suburbs and from the adjacent island of Bornholm.

The Children's Service

The center for services to retarded children of Region I is located at Children's Hospital in Vangede. Inaugurated in September 1966, it is the result of 10 years of planning. This planning was inspired by the work of the committee which prepared the act of June 1959, concerning the care of the mentally retarded.

The construction of the hospital was finished in 1965, and the costs amounted to Dan.Kr. 29,250,000 (\$3,900,000;/\$7,800,000), that is 90,000 Dan.Kr. (\$12,000;/\$24,000) per child. The cost per year per child is approximately 52,000 Dan.Kr. (\$6,933;/\$13,867). By way of comparison it may be mentioned that the cost per child in an old institution in the province of Jutland amounts to Dan.Kr. 23,000 per year (\$3,067;/\$6,133), and in another institution on the island of Funen, Dan.Kr. 40,000 (\$5,333;/\$10,677) a year.

The Vangede center administers intramural and extramural services. The intramural residential facilities include the following: main building with outpatient clinic and the regional center offices, residences, lecture rooms, canteen, assembly hall, clinic building with special equipment, building for physiotherapy, living units for children with acute illness, units for cerebral palsied children, units for children with severe motor handicaps, units for special observation, units for children with moderate or profound retardation, units for psychotic children, and schoolrooms for education and training-

These facilities serve 325 moderately, severely, and profoundly retarded children suffering from the most varied disorders and complications. The needs of these children and their families are such that their homes cannot cope with the problems. Areas of attention, based upon pediatric, ortho-psychiatric, and clinical psychological diagnosis are simple mental retardation, brain damage, hearing loss, visual loss, specific behavioral and emotional deviance, motor handicap, dyspbasia, speech disorders, and multiple handicaps. Included in the number of 325 are about 35 children who live at home and who are served in the daily treatment and educational programs of the hospital.

At official rates of exchange, there are 7.5 Danish Kroner (Dan.Kr.) to the dollar. However, it is estimated that the purchasing power of the dollar is closer to 3.75 Dan.Kr. Therefore, in all subsequent discussions of costs, both official exchange and estimated purchase values will be given.

Vangede is an open, friendly children's community. The buildings are small houses, spread out on the ground, all one story high so that the children have direct access to playgrounds and lawns. The high tiled roofs contribute to the general impression of a children's village.

The many living units for relatively mobile children have been the model for all other living units, and much trouble has been taken to create a friendly and homelike atmosphere. There are no dormitories which have to be closed during the day, but rooms for one, two, or four children in which each child has his own corner of the world, with a bed, a closet, a wall board for his pictures and drawings, and a small bureau for his toys and things, whether valuable or quite simple. There are 15 children in each house, and boys and girls, and younger and older children, are mixed.

Some living units for children suffering from motor handicaps must be of a more hospital like character. Thus, the buildings for spastics are provided with broad halls and much space to accommodate wheelchairs and walking instruments. Houses for severely handicapped children (most of whom are confined to bed) have rooms (each room with its own bathroom) which have five beds and which open directly out on the play and living area. Children get out of the bedroom during daytime for activities in the living room or, in summer time, in the open air.

A building for physiotherapy provides ample space for individual or group treatment, and there are special classrooms for education and speech lessons. Walking exercises supported by water can be conducted in a training swimming pool, and patients with athetosis can relax in the lukewarm water. Psychotic children may enjoy playing together in the water. Big and small children can be supported from the edge of the pool, the floor being adjustable to various depths.

One building includes clinical facilities for the dentist, the ophthalmologist, and the otologist whose technical equipment the speech-therapist utilizes. There is an electroencephalographic laboratory and X-ray apparatus for pneumoencephalography. An operating room is fully equipped with all modern technical facilities. There is a laboratory for routine procedures as well as for scientific research. It is considered most important for the children's feeling of security that examinations and treatment can be made within the hospital in its own milieu and not in strange hospitals and clinics.

The main building, situated at the entrance of the hospital, houses staff offices, administration, and outpatient services. This building serves the hospital and is the starting point for the entire work of the children's department of this regional center.

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Around the basic core of the small children's homes is offered an educational program which consists of 6 kindergartens of 10 children each with two teachers (male and female) in each group, supplemented by activities in modeling and ceramics, papercraft, woodcraft, metalcraft, textilecraft with printing and sewing, rhythmic, dramatics, and a Robinson (i.e., adventure-oriented) playground.

The educational staff consists of 45 teachers under the supervision of a headmaster. Special teachers are available to provide for individual or small group programs, and for children with specific learning disabilities and/or emotional behavior disturbances. The didactic objective is the "pedagogy of the obvious," based upon a balanced challenge, considering personality as a function of a sequence of learning processes. This approach is more comprehensive than any previously attempted in Denmark. The educational activities in the Children's Hospital, as an integrated part of the total care system of the Children's center, are considered an educational obligation of great dimensions.

Social caseworkers, child psychiatrists, pediatricians, psychologists, educators, nurses, etc., meet every week in the conference rooms. This exchange of experiences and professional knowledge is influencing the attitude of a whole staff toward the children and the problems met with. This weekly conference is considered a decisive factor in the working method of the center.

In addition to intramural services, the center administers the following extramural facilities: 8 kindergartens, 3 training schools for moderately retarded children, 4 schools for mildly retarded children, 1 special treatment home, and 1 residential boarding school.

The children's service staff consists of about 540 persons, of which about 300 work in the intramural services and 240 in the extramural ones. This staff consists of 11 physicians, 10 physiotherapists, 71 educators, 39 administrative personnel, 247 care personnel, 13 social workers, 133 kindergarten teachers and similar personnel, and 16 gardeners, domestic workers, etc. In addition, there are part-time and consultant specialists.

The standards of the Copenhagen Regional Center for both children and adults are steadily evolving. This means that the above-mentioned figures are by no means to be considered as meeting all the actual needs for personnel within this region.

Children's Hospital is only 880 yards from Lillemosegard, which is the institution where the adult center is located. Both facilities are served by a common kitchen, heating plant, and mortuary at Lillemosegard. The clients from the Children's Hospital are

transferred to Lillemosegard at an age of 15 years, or when they have finished school, but not later than their twenty-first year. The staff of both institutions are working in close cooperation.

The Adult Service

Lillemosegard is the center institution for adult services for Region I (Copenhagen, its suburbs, and the island of Bornholm). Lillemosegard is an old institution for approximately 300 adult residents which was modernized and rerodeled in the beginning of this decade. This modernization was completed in 1964; the costs for remodeling amounted to 22 million Dan.Kr. (\$2,933,333;/\$5,866,667), that is 73,000 Dan.Kr. (\$9,733;/\$19,467) per resident. Maintenance cost per year per resident amounts to nearly 27,000 Dan.Kr. (\$3,600;/\$7,200).

Lillemosegard is hospital, employer, and home for moderately, severely, and profoundly retarded adult men and women who are in continuous need of medical and nursing care. It is the headquarters of all services for retarded adults within Region I. The center institution is comprised of residences, infirmary, administration buildings, central heating kitchen, medical administration unit, inspector's house, central heating installation and boilerman's house, assembly hall and canteen, physical medicine unit, units for occupational therapy and schools, dwelling departments for the staff, mortuary, and workshops.

The old buildings, which had been erected long before the more recent extension was started, have been changed into departments for occupational therapy, sheltered workshops, classrooms, etc. The new buildings are mostly one-story high.

There are 14 intramural residential units. None of these have dormitories; instead, they have rooms for one, two, or three adults, who are all allowed to have furniture of their own, and who all have a key to lock their cupboards and drawers.

Hospitallike wards are available for shorter observation periods and for treatment by a psychiatrist. Wards for cerebral palsied adults are provided for the physiotherapeutic treatment of motor handicaps.

Meals are served in dining rooms at small tables, and clients spend their leisure time in intimate living rooms or, if desired, in the hobby rooms after hours. Those whose condition may call for more individualized occupation normally use the hobby rooms during daytime for occupational activities.

During the day, the clients of 13 residential units are occupied with different activities, mostly with work in the sheltered workshops or the garden. More impaired residents living in larger units are treated on their own wards by occupational therapists.

The care system of the center provides for a high degree of individual education, even though the residents are adults; for long range planning of treatment, care, vocational training, and education; as well as for equal rights and opportunities for services for persons with all degrees of developmental handicap, no matter how severe these might be.

The educational facilities such as workshops and schools are in the center of the "village." A staff of specially trained teachers take care of the educational activities under the supervision of the director of education, who is one of the four members of the administrative team. Special teachers provide individual or small group programs for a maximum of six adults with similar learning disabilities and/or behavioral disturbances.

The staff at the workshops consists of skilled workers and/or care personnel, and the recreation centers employ specially trained personnel. The workshops provide for a differentiated occupational program, which, among other things, includes industrial production, ceramics, carpet weaving, musical instruments, woodcraft, textilecraft, and metalcraft.

Beyond the center institution we have in the Copenhagen area advisory clinics and counseling services, 4 relief homes, 8 sheltered workshops for a differentiated clientele and various types of work, 5 hostels, and 1 foster home. The number of additional extramural facilities is rapidly increasing.

The adult service has a staff of about 380 for intramural service and 150 for extramural services. In addition to part-time and consultant specialists, the total staff of 530 of both the extramural and intramural facilities consists of 7 medical doctors, 15 educators, 10 physiotherapists and occupational therapists, 38 administrative personnel, 190 nursing personnel, 19 gardeners, domestic workers, etc., 195 unskilled workers and aides, 16 social workers, and 40 skilled workers.

Children's Hospital and the reorganized center institution Lillemcsegard are the first modern residential facilities in the city of Copenhagen. In former days, all institutions for mentally retarded clients were located at remote places, which accounts for the fact that there were relatively few facilities in the city of Copenhagen. However, the most interesting feature in the development

of mental retardation facilities is probably an increasing number of small day residences and hostels--or group homes--so that center institutions are merely a part of a highly differentiated service organization with various other types of help and assistance to our clientele.

Costs

The total costs for the Danish Service for the Mentally Retarded in the fiscal year of 1966/67 amounted to nearly 350 million Dan.Kr. (\$46,666,667;/\$93,333,333). Beyond that amount, approximately 7 million U.S. dollars (purchasing power about 14 million U.S. dollars) is annually used for building activities. These costs must certainly rise to twice the afore-mentioned amount before the standard of our system is about as good as we would like it to be.

The annual expenses of the Copenhagen Center for Children, including external facilities, amount to 24.7 million Dan.Kr. (\$3,293,333;/\$6,586,667). The annual expenses of the adult center amount to 20.2 million Dan.Kr. (\$2,693,333;/\$5,386,667).

Planning for the Future in the Copenhagen Region

Some planning trends were discussed earlier in the section on "Current Implementation of the Act." In the Copenhagen region, we plan to add a series of modern residential facilities which embody our latest thinking in this field. Our experience has shown that approximately two per thousand of the total population are in need of a residential place in a service system. Thus, the following additional facilities are being planned for Region I.

1. A residential center in Copenhagen, approximately 2.5 miles from the middle of town, for about 300 moderately to mildly retarded adult men and women. Half of these residents will require no special assistance and can live in their own rooms, each with a small entrance hall, washbasin, and built-in cupboard. The other half will have physical handicaps requiring other types of dwellings. Beyond dwelling units for residents and staff members, this facility will have a heating plant, an administration building, a kitchen building, store building, shops, workshops, wards for patients with acute illness, wards for somatic observation and examination, a building for physiotherapy, living units for educational activities, assembly hall, canteen, and a church.

2. Other types of modern buildings are planned to relieve Lillemosegaard, which has to struggle with overcrowded living units and long waiting lists, as do many of the Danish institutions for

for the retarded. Thus, we are planning a hostel at Valdermarsalle (near Lillemcsegard), with dwellings for approximately 50 mentally retarded men and women who work in external workshops. Each home consists of 10 single rooms in each of the two-story buildings; living rooms, dining rooms, and hobby rooms are placed in separate adjacent one-story buildings.

Finally, we should mention the recently erected John F. Kennedy Institute for approximately 15 children below age 7 who suffer from phenylketonuria, or the "Folling-disease." Besides being a home for these children, the Institute is a research center for the scientific study of phenylketonuria.

In Denmark, the tradition has been to consider the care of the retarded and the support of their families more important than research. However, the wish for better understanding of the different conditions, their etiology and development, has become more and more urgent. The equipment and resources of the Children's Hospital offer the opportunity of intensive research, and the Danish Society for the Scientific Study of Oligophrenia and other scientific societies have greatly contributed during the years to research.

Appendix 1

THE ACT NO. 192 OF JUNE 5, 1959. The Act concerning the Care of the Mentally Retarded and other exceptionally Retarded Persons.

Chapter I .

Section 1.

The Danish National Service for the Mentally Retarded and other exceptionally retarded persons is carried out by a semi-independent organization under the leadership of the Minister of Social Affairs.

Subsection 2.

As laid down in Section 67 of the Act of Public Welfare, the organization is to be approved and to be under the board of directors, acting in concert with the regional centres mentioned in Section 3. The board of directors consists of 8 members, appointed by the Minister of Social Affairs, and a chairman, the Director of the Service, who is appointed by the King. One of the members, who must be an expert in the field of psychiatry, and who must not be employed by the Service, is appointed on the recommendation of the National Health Service. One member, who must be pedagogically trained is appointed after negotiations with the Minister of Education.

One member is appointed on recommendation by a country-wide Association of Parents and other relatives of mentally retarded persons, this association being authorized by the Minister of Social Affairs. The remaining 5 members are to be appointed among persons, who must be expected to have insight in and interest for the Service, so that the choice is made in a way which to the greatest possible amount secures an even representation from various parts of the country. The members who are appointed for 4 years--a period that corresponds to the electoral period for local councils--receive a salary which is to be fixed by the Minister of Social Affairs.

Subsection 3.

Pursuant to negotiations with the Minister of Housing, the Minister of Social Affairs may appoint an expert to assist the board of directors in the administration of matters concerning house-building and landscape-planning.

Section 2.

In accordance with the rules laid down by the Minister of Social Affairs it is the duty of the board of directors to administer this law, to watch the development within this field, and to advance to the Minister of Social Affairs proposals as to measures which the development may require.

Section 3.

The Minister of Social Affairs takes care of the establishment of the local regional centres for treatment, and the existence of institutions and other means which are needed to attain the target for the programme.

Subsection 2,

A board of control is to be appointed for each regional centre to control the functions of the service, and jointly with the local regional management to administer the institutions placed within the area in question in order to attain the target for the programme. The members of the board of control may get a fee, to be provided for on the yearly estimates.

Subsection 3.

As a rule, the regional managers of the service should be summoned to the meetings of the board of control.

Subsection 4.

More detailed rules as to the establishment of regional centres and the setting-up of boards of control will be laid down by the Minister of Social Affairs.

Section 4.

The Minister of Social Affairs shall set up a tribunal (the Central Tribunal) consisting of a chairman who must fulfill such

conditions as prescribed for a High Court Judge, a social trainee, and an expert in psychiatry, who is independent of the Service, and decisions as to the initiation and termination of relief measures are to be brought before the tribunal after decisions, made by the chief physician in question, in accordance with Section 9, subsection 5, point 2, and Section 10.

Subsection 2.

The tribunal itself lays down its rules of procedure.

Subsection 3.

The costs of the tribunal activities (incl. salaries to constituting members and secretary) are to be paid by the State and should be provided for in the yearly budget.

Chapter II. Initiation and
Termination of Relief Measures

Section 5.

Entitled to receive help and assistance from the Service are those who are mentally retarded or whose state may be considered as ranking with mental retardation, and who may be estimated to be in need of provisions for care.

Section 6.

Request for help and assistance or termination of same can be advanced by the person in question or by other persons or authorities on whom, according to the circumstances, the responsibility rests to attend the affairs of the person in question, of, also Section 7.

Should the authorities within the Service otherwise learn about any person who may be considered in need of relief measures from the Service, the authorities in question shall bring about the necessary investigations in order to verify, whether assistance in any form should be given. If this should be deemed to be the case, the Service must give necessary instructions accordingly, and must, where necessary, arrange for the initiation of relief measures.

Subsection 3.

When the conditions for upholding the relief measures are no longer deemed to be present, these should be brought to an end, and it rests with the chief physician in question to see that this be carried out.

Section 7.

The Minister of Social Affairs shall lay down rules concerning the extent to which public authorities, physicians, teachers and

other employees who through their working activities are in touch with the mentally retarded and other subnormal persons, are to furnish reports to the Service. The rules concerning furnishing of reports from physicians and teachers shall be laid down after negotiations with the Minister for Home Affairs and the Minister of Education.

Chapter III. Particular Provisions

concerning Children and Adolescents.

Section 8.

The necessary instructions regarding nursing, treatment, etc. as well as the provisions which may be available to the Service for help and assistance should be extended to those parents with children who are mentally retarded or whose state places them on the same level as mentally retarded children.

Subsection 2.

In so far as the instructions of the Service are not complied with, the assistance of the Service can be granted only in accordance with the rules in Section 11 of the Act of Public Welfare.

Section 9.

A child, who is mentally retarded, or who through his state is on a level with mentally retarded, and who for this reason cannot follow neither the ordinary primary school education nor the special educational systems for less gifted children, established within the frames of the ordinary school, of. Section 2, subsection 2, and Section 29, subsection 2 in the Law-regulation No. 220 of June 18, 1958 regarding primary schools is subject to compulsory education and training according to the specified rules, stated in this Act.

Subsection 2.

The compulsory education and training comes into force, when the child in accordance with the current rules as laid down in the Act of Primary School Education would normally be subject to compulsory education, and continues ordinarily until his reaching the age of twenty-one. In particular cases the obligation can be ended at an earlier date, however not before such time as the normal termination of compulsory education according to the Act of Primary Schools. More specified rules on this subject are to be laid down by the Minister of Social Affairs.

Subsection 3.

The compulsory education and training is regarded as fulfilled when the instructions of the Service have been complied with.

Subsection 4.

The compulsory education and training may be fulfilled as home-tuition or in any other way in which provisions are made for the education, training and general development of the person in question, in so far as this does not conflict with the interests of the person in question.

Subsection 5.

When the compulsory education and training is not fulfilled, assistance from the Service can only be granted in accordance with the rules in Section II in the Act of Public Welfare. As regards adolescents aged 18 till 21, who are not covered by the rules in Section II in the Act of Public Welfare, the Service itself makes its decisions with regard to the fulfillment of compulsory education and training. The person in question or one who acts on his behalf, may request that the decision reached be submitted to the Central Tribunal for settlement. Besides, the rules in Section 10, subsections 5 and 6, and Section II are correspondingly applied.

Subsection 6.

With the approval of the Minister of Social Affairs, and after negotiations with the board of directors of the Service, financial aid may be granted to the establishment and upkeep of municipal and private institutions for mentally retarded persons.

Chapter IV. Special

Rules concerning Adults.

I Section 10.

Any person over 18, who is mentally retarded or whose state I may be placed on a level with the mentally retarded persons, and I who is not covered by the rules in Chapter III, is obliged to receive help pursuant to this Act, in so far as the chief physician in question should deem the said person to be regarded as dangerous for himself or other people.

|Subsection 2.

According to Section 1, the initiation of relief measures can only be effected on the basis of a statement from a medical practitioner, who is not employed by the Service.

Subsection 3.

When an application for termination of relief measures is submitted, the chief physician in question should as soon as possible and within a fortnight come to a decision, whether the application should be complied with or not. In other cases than those mentioned in Section 1, application for the termination of relief measures may

not be refused, unless the termination of these measures is presumed to create essential nuisance to the person in question. Together with the information on the decision made, the person in question should be informed of his access to claim the submission of his case to the Central Tribunal, mentioned in Section 4.

Subsection 4.

The decision made regarding the initiation or termination of relief measures can by the person in question or by one who acts on his behalf, be requested submitted to the Central Tribunal for settlement.

Subsection 5.

The Central Tribunal shall settle the question as soon as possible, and within one month after receipt of the appeal. The settlement should be come to by ordinary majority, and the grounds for the judgment should be given.

Subsection 6.

If the Central Tribunal has settled a case, no other appeal to the Tribunal can be made until a year after the date of the first settlement, unless the Tribunal has fixed an earlier date. In case of legal decision, the time-limit should be calculated from the date of passing of the sentence.

Section 11.

The settlements of the Central Tribunal can, within one month, be appealed to the Court for settlement in accordance with the rules laid down in Chapter 43.a. in the Administration of Justice Act. The request of submission to the court may be forwarded by the person in question or by a person who acts on his behalf.

Subsection 2.

If the Central Tribunal has passed a decision, made pursuant to Section 9, subsection 5, point 2, or Section 10, the person who has appealed the case must together with this fact be informed on his access to request the case submitted to the court, and the date fixed for this submission must be given.

Subsection 3.

When the legality of the Tribunal's settlement is affirmed by judgment, the request for re-examination cannot be made with obligation for the Service to submit the case to the court in accordance with the Administration of Justice Act, Section 469, until one year from the time of the judgment, unless the court should fix an earlier date.

Subsection 4.

The rules in this section should apply correspondingly to cases in which the chief administrative officers of the state have made decision of initiation of measures for care of those mentally retarded persons whose mental state involves danger to law and order.

Section 12.

In cases when relief measures have been initiated or terminated, pursuant to Section 9, subsection 5, point 2, or Section 10, it rests with the Service, at the same time as it makes the decision, to advise accordingly the probate court on the domicile of the person in question (in Copenhagen: The Municipal Corporation), in order to have a qualified and willing guardian appointed. Unless circumstances prevent, the wish of the person in question should be taken into consideration on the appointment of the guardian.

Subsection 2.

In other cases than those mentioned under Section 1, it rests likewise with the Service to cause a guardian to be appointed, i.e., if the mentally retarded person himself requests so, or it is otherwise so indicated by the circumstances.

Subsection 3.

The guardian has to keep himself informed of the condition of the mentally retarded persons and to see that relief measures be not upheld for a longer period than necessary.

Section 13.

At the request of the Service it rests with the police to assist at the initiation of relief measures, and at the bringing before the court of the person in question--in accordance with more specified rules, laid down by the Minister of Justice after negotiations with the Minister of Social Affairs.

Chapter V.

Divers rules.

Section 14.

Payment for relief measures offered by the Service is fixed by the Minister of Social Affairs in accordance with the rules laid down in the Act No. 77 of March 14, 1934, concerning fixing of payment for persons who are taken under special care according to the Act of Public Welfare. No payment, however, should be made for stay in kindergarten, schools, sheltered workshops, and corresponding facilities of the Service for the admission to which neither hospitalization nor placing under observation in institutions is necessary; see, however, Section 15.

Subsection 2.

Provided the person in question or his supporter should not be able to make the fixed payment, the rule, laid down in Section 69, subsection 3 of the Law regulation No. 329 of November 19, 1958, concerning the Act of Public Welfare should apply. The rule laid down in Section 12, subsection 2, point 1 of the said regulation also applies to children over 15 years who receive help from the Service.

Section 15.

The rules concerning initiation and termination of measures for the care of mentally retarded persons pursuant to sentence and concerning placing under' observation at the institutions of the Service pursuant to a decree by court, are not affected by this law.

Section 16.

This Act comes into force on the 1st October, 1959.

Appendix 2

Training of Care Assistants at the Personnel High School in Copenhagen.

Care Assistants

"Care assistants" handle the daily training, treatment and occupation of mentally retarded persons admitted to residential facilities of the Danish National Service for the Mentally Retarded. They perform functions similar to attendants, aides, and cottage personnel in the United States. Candidates for such work are supposed to be interested in human beings, to take pleasure in helping those who are in need, to be patient and willing, and to be able to help mentally retarded children and adults in recreation, occupational activities, training or work.

A care assistant may either be employed at large institutions, or at smaller residential homes such as nursing homes for children or adults, school homes, or homes for the aged and sick; or he can, if he so desires, get a job with a hostel, a sheltered workshop, or similar facilities.

Education of Care Assistants

Young men and women with some education beyond primary school can be admitted to the Personnel High Schools, which provides theoretical and practical training of care assistants for all of Denmark. The trainees are somewhat similar to high school drop-outs in the United States, in that they have more than 8 and less than 12 years of education.

Basic training lasts 3 years. It consists of approximately 1,640 lessons on theory, given at the Personnel High School, and of extensive practical training given at one of our 11 regional centers.

Training commences with 3 months of practical training at one of the institutions for the mentally retarded, during which period both institution and trainee attempt to ascertain whether the trainee will be suited for the job. If so, the trainee receives 5 months of theoretical education, followed by 10 more months of practice at the institution where he started working. Thereafter, the trainee continues theoretical education at the Personnel High School for 5 months, after which he works an additional 13 months. Basic training is then terminated by a final examination.

The most important training topics are pedagogy and psychology. The aim is to acquaint the trainee with the ideas behind these disciplines in order to create a greater understanding of his retarded fellow, citizens and their handicaps. Under psychology, various aspects of the etiology and management of mental retardation are discussed, such as heredity and environment, brain damage, mongolism, debility, pseudo-retardation, sterilization, examination methods, and therapy.

The trainee learns by clinical demonstrations about blood types, metabolic disorders, psychosis, autism and neurosis, epilepsy, spastic paralysis, character deviations, and medicamentary therapy. Discussions are held about the background and treatment of different forms of maladjustment, especially those resulting from puberty disorders, and about the special reasons why physical and psychological handicaps demand special treatment. Training is given in the treatment of mentally retarded children in institutions; in geriatrics, in order to make the personnel qualified for taking care of old patients; and in workshop instruction. Frequent excursions to various institutions for the handicapped are carried out.

In addition, the following topics are taught: organization and structure of the National Service; education; psychiatry; drawing, painting, modeling, etc; needlework, etc.; gymnastics, ballgames, dance; arithmetic; first aid; elementary judo; anatomy and physiology; and mental health. Lessons in singing and music are given to make the trainee interested in this field and to enable him to share his experience with others. The trainee is introduced to music-reading, vocal-culture, technique of singing, etc. Socials science and civics are taught in order to outline the structure of Danish society, and to understand relations to foreign countries for later discussions of social questions. These instructions, plus instruction in language skills, extend the trainees academic skills and education.

In connection with the physical training, care assistants learn:

1. The motor development of the healthy child so as to gain skills in evaluating the motor age of mentally retarded children and thereby be able to choose suitable games and toys.
2. Various forms of muscular work; training of muscular strength and circulation.
3. Methods and means of promoting suitable coordination.
4. The human statics; carriage (posture) analysis and correction,
5. Working techniques; especially lifting techniques.