

A COMPREHENSIVE ACTION PROGRAM FOR SHELTERED WORKSHOPS—PART II

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The August 1978 issue of Journal of Rehabilitation Administration presented an action plan which evolved out of national studies of sheltered workshops by the Department of Health, Education and Welfare and the Department of Labor, and proceedings of the 1977 White House Conference on Handicapped Individuals. Distribution of the reports on the studies and the White House conference pro-

duced new interest by Congress and the Administration to implement a program of improvement through the recommendations contained in the reports. This paper describes the response of the Department of HEW. It summarizes six major issues, describes the policy problems associated with each issue, and advocates needed action.

In May 1978 the Department of Health, Education and Welfare initiated a new policy analysis activity in an effort to improve training and employment services for severely handicapped persons in community based rehabilitation facilities. The new activity, identified as Training and Employment Services Policy Analysis (TESPA), is being conducted by the Social Services and Human Development Section of the Office of the Assistant Secretary for Planning and Evaluation (ASPE). Location in ASPE gave the TESP program access to Social Services and Rehabilitation Services—the two major divisions of HEW providing funding for rehabilitation facilities.

TESPA was designed to follow up the major findings and recommendations produced in HEW and Department of Labor studies of training and employment of handicapped persons to develop specific policy proposals for implementation at the federal, state, and local level. The work plan for TESP involves a two phase activity with the initial phase concentrating on HFW programs including

Rehabilitation Services Administration, Administration for Public Services, Social Security Administration and Bureau of Education for the Handicapped. The second phase will expand policy analysis activity to other Departments whose programs impact on training and employment services to handicapped individuals including Labor (CETA program). HUD (Housing and Community Development Program) and Commerce (Economic Development Administration, Small Business Administration, and Minority Business Enterprise Program). The target dates are May 1979 for completion of Phase I and June 1980 for the second phase.

PROGRAM PLAN

The TESP development involved a sequence of activities:

- A. Analysis of major findings and recommendations produced from the HEW/Greenleigh Study of Sheltered Workshops, the DOL two-phase Sheltered Workshop Study, the HEW/Urban Institute Study of Comprehensive Needs

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of Severely Handicapped Persons, and the White House Conference on Handicapped Individuals. The analysis concentrated on six major areas related to the operation of work activities centers, developmental centers and other sheltered workshops:

1. Characteristics of the target handicapped population
 2. Operational and capital funding
 3. Employment, wages, and benefits
 4. Rehabilitation services
 5. Income support
 6. Deinstitutionalization and independent living.
- B. **Drafting of preliminary issue papers and the convening of a small group** of individuals representing the public and private sector involved in provision of training and employment services. The special task group responded to the issues and policy problems, and recommended strategies or strategy revisions in the policy analysis activity.
- C. **Group meetings with** representatives of HEW agencies involved with training and employment services for handicapped individuals. These meetings with persons assigned by their agency as liaison staff with the TESPAs activity focused on policy analysis related to their respective agency's programs and reviewed and evaluated tentative policy proposals drafted by TESPAs staff.
- D. **Redrafting of issue papers and field testing.** Revised issue papers produced from the policy analysis and responses from the task force and liaison group were circulated to a larger group consisting of administrators of community based rehabilitation facilities, consumer (handicapped) representatives, and representatives of other public and private, national, state and local organizations concerned with handicapped individuals.
- E. **Defining and analyzing policy options.** Policy alternatives were reviewed and requirements in terms of costs, legislative initiative and impact were identified.
- F. **Policy proposal development.** After testing with federal and state government officials and representatives of community based facilities, policy proposals addressing the major needs for training and employment services for the handicapped individuals will be submitted to the Secretary of HEW for consideration. It is anticipated that some of the proposals will be transmitted to the Congress for legislative action and others will result in action within HEW through the various agencies. The policy proposals are also expected to include rec-

ommendations for action by various state agencies receiving federal funds from HEW. Phase II of the TESPAs activity will involve the several federal departments other than HEW whose programs impact on handicapped individuals directly. The sequence of activities and strategies will be modified on the basis of experience gained in the HEW (Phase I) studies.

MAJOR FINDINGS OF PREVIOUS STUDIES

The Task Force on Current Issues and Policy Problems used as background for discussion the most significant and relevant conclusions of the HEW and POL studies and the White House Conference. These are summarized:

- A. Most of the handicapped individuals served in vocationally-oriented, community-based facilities (sheltered workshops) are developmentally disabled or mentally ill: many have a secondary disability. About two-thirds of those in sheltered workshops are in work activities centers, physically separate from other handicapped workers because they are considered too severely handicapped to be capable of any degree of gainful employment; but the segregation has not produced the positive benefits anticipated in the 1966 Amendments to the Fair Labor Standards Act.
- C. The work activities center was in a unique dilemma of having no "home" in government — unlike other facilities such as hospitals, schools, day care centers. The shift of the workshop population from the regular program workshop, which draws its basic support from state rehabilitation agencies, to work activities centers (WAC) resulted in major financial problems and a need to seek alternative sources of support. The limited productivity of the severely handicapped group meant that a substantial operating subsidy was required—most of it public (state and federal) money. The WAC operations had little or no access to capital funds for buildings or equipment—a major need in operating efficiently.
- D. The workshop (handicapped) client population increased about five fold in the past decade with most of the growth occurring in WAC programs. A major contributing factor was the national movement to return mentally disabled persons in state institutions to live in the community and to prevent institutionalization of other mentally disabled persons. The influx of severely disabled persons from dependent environments created an expansion of rehabili-

tation services to include training in independent living skills as a pre-vocational program. The community sheltered workshop was least effective in the area of providing or developing gainful employment—if measured in terms of the proportion of persons placed in competitive employment outside the workshop or the earnings of those employed in the workshop. More than a fifth of those completing evaluation and training programs provided in workshops were placed in jobs outside the workshop but only 7 to 12 percent of those employed in regular program workshops or WAC programs "graduated" to competitive employment. The average earnings fell far below the poverty level and the minimum wage rate set by the Fair Labor Standards Act, possibly accounting for the fact that most of the handicapped persons employed in sheltered workshops received some form of supplemental income; a majority of the supplement came from public sources (Supplemental Security Income and Disability Insurance). The regulations of SSI and DI were found to operate as disincentives to higher wage earnings because increased earnings could result in loss of supplemental income and other benefits. The regulations controlling wage payments to handicapped clients in work activities centers under the Fair Labor Standards Act were also perceived as restricting wage earnings because of annual wage or productivity ceilings imposed by the FLSA regulations.

The HEW and DOL studies of sheltered workshops suggested that other factors than severity of disability and disincentives were responsible for the relatively low wages and lack of success in employment. These causes were categorized as:

1. Lack of adequate and suitable supply of work; inability to market products and services,
2. Lack of training for handicapped client/workers and inadequate training and/or experience of workshop staff,
3. Lack of industrial technology and business management in many workshops, and
4. Unstable and inadequate financial support for rehabilitation services and extended employment; lack of funding for product development, buildings and equipment.

ISSUE, POLICY PROBLEMS AND ACTION PROPOSALS

The major outcome of the meeting of the TESPA Task Force on Current Issues and Policy Problems

was the revision and refinement of policy problem identification which provided a foundation for modifying recommendations produced by the White House Conference and the national studies. It was generally concluded that many of the recommendations of the studies lacked specificity in terms of the policy change required. Out of the task force proceedings we have developed major questions on issues around which we have identified policy problems and tentative action plans:

- A. Is the work activities center (WAC) as presently organized the most appropriate organizational structure in which to serve persons with the most severe handicaps?

The WAC lacks functional definition. The FLSA definition does not properly describe the most effective current WAC operation and the eligibility criteria for WAC programs restricts the emphasis on vocational development and transitional (upward) movement of clients

2. Lack of vocational (work) emphasis limits utilization (referral and support) by state rehabilitation agencies because there is no gainful employment outcome expectation,
3. Segregation of WAC clients from other workshop clients (regular program workshop) limits the type of work opportunities, restricts diversification of work and fails to give the handicapped client the proper "model" of a productive worker.

Action needed:

1. Revise the definition of work activities centers in the FLSA regulations in keeping with the current model of WAC program, recognizing work as a major component of the program and providing a structure which will facilitate client progress.
2. Restructure Fair Labor Standards Act regulations to permit workshops to integrate WAC clients with other workshop clients. place greater emphasis on the commensurate wage payment requirement of FLSA; focus on piece rate method of wage payment to recognize the production differential of individuals.
3. Encourage sheltered workshops to broaden program design to emphasize transitional services i.e., upgrading and upward mobility, movement from simple to complex tasks. Also, encourage development of support for job development and job placement staff by funding agencies.

B. Are independent living services a logical program for community sheltered workshops?

Policy problems:

1. Large numbers of mentally disabled persons are being deinstitutionalized and returned to community living. These individuals not only need housing but they often need to be taught how to live independently after several years of being in the dependent environment of public institutions for the mentally disabled. In most communities there is no single agency responsible for administering and coordinating services. In addition, there is no single source of financial support for services.
2. Independent living services require both short term and long term care, i.e., funds to construct and establish residential facilities and short-term support for training of dependent mentally handicapped in self care and pre-vocational skills; long term support for social supervision (of daily living and recreation), especially at the early stages of independent living, is also needed.
3. Over the past decade independent living services have frequently been provided in work activities centers, developmental centers, and sheltered workshops (community based nonprofit corporations) using a combination of private funds and public funds from state and federal sources (Title XX, Developmental Disabilities). Independent living (residential) facilities have been built, acquired, renovated and/or leased with private funds and limited federal funds from the Department of HUD. Often the facilities were provided by a private community agency also operating vocational and social programs for mentally handicapped persons. The development of funding from a wide variety of public and private sources requires extensive coordination and developmental time, but the separation of independent living services from vocational and social services often results in confusion and fragmentation of services.
4. The independent living service program proposed in the amendments to the Rehabilitation Act being considered by Congress would increase financial support but add further confusion to the diversification of funding, criteria, and program administration by adding another set of regulations.
5. There are two distinctly different groups of handicapped individuals needing independent living services: physically handicapped

persons who use wheelchairs often need attendant care, chore services, and transportation which is accessible. Developmentally disabled persons who do not have mobility problems need training in self care and daily living skills, counseling and assistance with money management, and use of public transportation as well as supervision of daily activities (for severely limited persons). Housing is a concern for both groups but the type of housing needs differs—the needs of physically handicapped persons focus on physical accessibility while developmentally disabled persons are more concerned with some degree of supervision or assistance.

Action needed:

1. A review of exemplary independent living programs, in a variety of organizational settings should be conducted to identify models which are effective and reliable on a practical basis (cost and staffing requirements).
2. Representatives of federal and state agencies funding independent living programs should be brought together to consider a unified or cooperative approach to developing and supporting independent living services. HEW agencies should include Rehabilitation Services Administration, Social Services, and Developmental Disabilities programs. Other departments should include HUD and Labor. State Social Services, Developmental Disabilities and Rehabilitation Agencies should be included also.

C. **Are the two missions of sheltered workshops compatible and achievable? Can the workshop provide both transitional and extended employment services in the same structure?**

Policy problems:

1. Relatively few handicapped persons move from sheltered employment to competitive employment in the community. Most state rehabilitation agencies can not (or do not) pay for job placement services, thus the workshop has less incentive for placement outside the workshop. Also, employers are reluctant to hire mentally handicapped persons and the workshop becomes the only employment opportunity.
2. Some workshops retain the most productive clients to support production of goods or services, i.e., to generate income for the workshop. *Emphasis on production often*

results in higher wage earnings by handicapped workers whereas emphasis on competitive job placement results in the workshop retaining the least productive clients, thereby reducing operating income.

3. Workshop intake policies and practices are often dictated by the funding source sometimes resulting in their accepting all referred clients. The intake of large proportions of the most severely disabled meets service needs in the community on a short term basis but in the long run results in a stagnant population with limited capacity for training when job slots (stations) are filled.
4. Access to state rehabilitation agency fee payments depends on evaluation and job training stations being available in the workshops; rehabilitation fees cannot be used to support long term employment services although many clients need services (such as counseling) for an extended period.
5. Handicapped individuals are becoming more active in pursuit of rights to treatment and jobs/ the failure to provide job placement service (or training) could result in litigation, if the courts determine that they have an entitlement to such services.
6. If we accept the philosophy that the sheltered workshop has a major role as an employer, then those handicapped persons who become long term employees should be given employee status (rather than client status). In the status of client they are seldom provided with fringe benefits normally accorded employees: vacation and sick leave benefits, health coverage and pension (retirement) programs. Also handicapped employees generally do not engage in collective bargaining with workshop management. Few workshops have policies which give handicapped workers full employment benefits.

Action needed:

1. An aggressive program of planning and developing community based vocationally-oriented facilities is crucial to improving the effectiveness of services to severely handicapped. A rapidly growing movement, state associations of rehabilitation facilities staffed with capable, knowledgeable persons, are giving new leadership and technical assistance to community based facilities. Twelve states now have state associations with paid staff. That service delivery system should be considered in de-

veloping programs and policies to aid service provision to severely handicapped persons. The public counterpart of the state association is the rehabilitation facility specialist staff of state rehabilitation agencies. Increased financial support for both groups should be provided at the state and national level to assure continuity of such services. Cost data are available from existing programs.

2. An incentive program is needed to encourage facilities to place greater emphasis on moving clients into competitive employment. The inclusion of job development programs in facilities should be encouraged through financial incentives (or penalties).
 3. The policy of some state rehabilitation agencies on gainful employment closure should be examined. Some states have policies which discourage closure in sheltered employment. If a severely handicapped person is working at a pace which represents the highest level of which that person is capable then that level should be recognized as gainful employment even though it may be less than half the productive level of a person who is not handicapped. Also, the level of production should not be the exclusive determiner of the readiness of the client for competitive employment. Many severely handicapped individuals may be capable of normal productivity but incapable of existing in the "world of work" outside the workshop because of secondary problems in social/personal behavior or the need for supportive services on a continuing basis.
 4. Further study of the comparative benefits of single mission facilities and dual mission facilities should be made. Operating costs and outcomes should be compared. Facilities with only transitional services or extended employment services should be encouraged to develop cooperative agreements with other facilities to assure access to other services for those handicapped clients that need them.
 5. A close examination of the implication of recognition of sheltered workshops as employers (of handicapped persons) should be made as a follow-up of DOL Sheltered Workshop Studies to determine costs, legal implications and benefit program design.
- D. Would the benefits gained from introduction of more complex work in an effort to improve wage earnings result in screening out (reject-

ing) those severely handicapped persons now employed in less complex work production?

Policy problems:-

1. Many workshops place greater emphasis on the use of work as a therapeutic or conditioning vehicle than on production and wage earnings. This often results in selection of work on the basis of, volume or availability rather than the training or wage producing value.
2. Sheltered workshops tend to concentrate on labor-intensive work rather than work which can be mechanized or automated. Little use is made of power equipment and machinery.
3. Work activities centers seem to limit work to that which can be performed by the most severely disabled.. Little consideration is given to engineering of production.

Action needed:

1. The impact of more complex work and use of mechanization and automation should be evaluated through analysis of workshops currently operating such programs to compare benefits in terms of wage earnings and competitive job placement rate. The level of severity of clients in workshops effectively utilizing industrial engineering techniques should be compared with those using traditional, simple jobs.
2. A cost analysis should be made to determine capital requirements and production expenses involved in shifting to more complex, mechanized work.
3. Support of the Small Business Administration and theP Department of Commerce should be sought through a national-level approach to secure technical assistance in developing and marketing workshop production skills and capacities.

- E. Services and employment in sheltered workshops are supported by a wide variety of Federal, State and local resources. What agency should have the primary responsibility for coordinating the delivery of services and/or the financial support?

Policy problems:

1. Policies relating to expenditures of federal state and local funds are frequently established at the state level with general guidance from federal agencies. As a consequence, policies regarding eligibility, fee payments, auditing and reporting systems vary widely among agencies purchasing services from a community based work-

shop. This causes confusion, unnecessary duplication in reporting and excessive administrative costs.

2. Funding policies of private community agencies such as United Way are traditionally based on deficit financing, rather than the program funding or purchase of services method utilized by public funding agencies. This often results in conflict between the private and public agencies. Although the level of support of the private agency in subsidizing services has shown steady decline in the last decade the level of control exercised has not diminished proportionately Community pressures to, restrict private fundraising to one consolidated campaign have severely limited the community facility in securing funding for special purposes, e.g., buildings, equipment, and innovative programs.
3. Studies of sheltered workshop operations have not provided reliable cost data on effective programs. Also, most workshop accounting systems do not separately account for expenditures for business services and rehabilitation services, generally because the two operations are interrelated. But this combining of costs makes the justification of fee systems difficult.
4. Funding sources for short term services usually differ from financing of long term tare in terms of performance and outcome measures. For example, short term services are funded on the basis of transitional services with the outcome measure being the number of persons rehabilitated and placed in gainful employment; but long term services are geared more to maintenance rather than movement (of the client) and the outcome measure is more likely to be the decrease in the level of dependence of the client.
5. Rehabilitation Services Administration (RSA) is the most common source of funds for rehabilitation facilities development (building construction, renovation and expansion, equipment purchases and staff support), but one criterion of eligibility for funding is the prospect of provision of services to significant numbers of state rehabilitation agency (VR) clients. In many facilities, especially work activities centers, most referrals come from other sources than state VR. If these clients from other (non-VR) sources are not perceived as eligible for VR services (many are too severely limited to be considered feasible) then the prospects

for development funding from RSA are very limited—but there are no other prospective resources for those facilities serving that population. This restricts the capacity of the facility to provide the necessary buildings and equipment.

6. Financing for product research and development, marketing, initial stocks and other business development expenses are available only as loan from a bank in most cases.
7. The operating income of the average small facility is too limited to support the management and industrial staff required for operating an effective program and providing needed services. This results in a higher cost per client served and it restricts range of services available.
8. Funding availability often dictates program design in community-based facilities more than the needs of the handicapped individual. For example, the availability of funding for social services and the lack of funding for rehabilitation services has caused many workshops to shift from training and counseling services for higher functioning handicapped persons to programs providing long term day care and therapeutic services for the lower functioning group.
9. A client may progress beyond eligibility for support under one financing program and have to be transferred to another source (be picked up by another agency). This causes confusion with the client and requires additional paperwork.
10. Multiple funding of programs has forced community facilities to become money seekers excessively—too much staff time is devoted to securing financing. Also multiple funding results in reporting to and audits by several different agencies.
11. Some studies of financing of rehabilitation services show that state VR funds are often limited so that full costs of rehabilitation services in facilities cannot be reimbursed and other supplemental funding must be secured in order to provide needed services to VR sponsored clients. The alternative of serving fewer VR sponsored clients often creates long range support problems between the VR agencies and facilities.
12. The costs of administration of state agencies disbursing federal funds to community agencies has risen faster than the increases in fund allocation so that increasingly smaller proportions of Federally allocated

funds actually reach the agency delivering services.

Action needed:

1. Special attention is needed to policies of federal agencies which will encourage state agencies disbursing funds to community facilities to develop a comprehensive plan for coordinating fund allocation, consolidating reporting and centralizing auditing of facility operations. Policies of agencies disbursing CETA funds need greater focus on the unique service needs of handicapped persons.
2. Greater attention should be given at the state and national level to the role of the private funding sector in supporting community services financing, especially in view of the prospect of declining federal support. Policy makers for private funding agencies should be encouraged to reevaluate their funding methodology and policies.
3. Cost data on operation of community sheltered workshops should be developed through a joint HEW and POL effort. Financial data currently being collected by state rehabilitation agencies and social service agencies and by DOL separately should be consolidated and analyzed to evaluate the financial structure of workshops. Additional financial studies should be conducted as needed to supplement available data with a goal of developing a national policy on financial support for training and employment services for handicapped persons. These data will be used to assess financial support needs.
4. Consideration should be given to developing a system of block or program funding for sheltered workshops to reduce state administrative costs and duplicative reporting and recordkeeping by facilities. The Community Development Block Grant program should be reviewed as one model. Such funding should concentrate on delivering necessary rehabilitation services to clients as needed, on a continuum of care basis rather than the interruption of service often experienced.
5. The growing dependence of sheltered workshops on income from production of goods and services should be recognized as a response to the decline of public support for sheltered workshop operations. Existing national programs to market commodities and services produced by handicapped workers should be evaluated. Special attention must

be given to the marketing needs of small workshops. The large scale need for improved industrial technology to increase worker productive efficiency and improve management requires immediate consideration to a comprehensive technical assistance program which will provide services at the state and local level. Funds for capitalization of workshops—for product development, building construction and renovation, and equipment purchases should be developed through existing federal sources.

6. Statewide planning and development of sheltered workshops, originally established in 1965 through the Rehabilitation Act should be reactivated by state rehabilitation agencies. The planning activity should establish working relationships with other state agencies disbursing federal funds for services to handicapped persons (e.g. CETA and Social Services). Linkages with state associations of facilities should be developed in those states with active associations operating and states without active state associations should be encouraged to support establishment of similar programs if the number of facilities justify the program. This action proposal recognizes that national policies can only be effective if there is implementation at the state or local level. The development of a public and private agency partnership should produce programs maximizing public and private resources.

- F. Is the income maintenance policy of federal programs [Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) compatible with the needs of severely handicapped persons being served in sheltered workshops?

Policy problems:

1. The SSI program for disabled persons is designed to provide income support for handicapped persons who are not able to work because of their disability. The SSI definition of disability is related to "inability to engage in substantial gainful activity" in terms of a physical or mental impairment but it ignores the needs of severely handicapped persons who may be able to engage in substantial gainful activity but still have need for medical assistance, special housing and/or transportation. SSI recipients are eligible for medical assistance and food stamps in addition to cash benefits. For the chronically disabled these

benefits represent a significant contribution to the recipients' income.

2. The threat of loss of supplemental income and other benefits is often an all or none situation—once the handicapped earn wages that meet the substantial gainful activity criteria they are no longer eligible for assistance or benefits.
3. SSI and SSDI provide for a trial work period during which a recipient can earn wages before losing eligibility but this allowance can be exhausted by periodic short term or temporary work over a period of time, thus the worker may lose income support before starting a permanent job.
4. Policies on eligibility vary widely from state to state, sometimes within regions of a state, causing confusion on the part of recipients.
5. Parents of persons who are mentally retarded and may need a lifetime of support view the SSI and SSDI programs as a source of guaranteed lifetime support and, consequently they resist workshop efforts to increase earnings of clients receiving SSI or SSDI because higher earnings may jeopardize their eligibility for SSI.
- (i. Wage payment regulations under FLSA require that handicapped persons doing production work be paid wages even though the work may be incidental to evaluation and training services. Such wage payments may be counted against the trial work period under SSI or SSDI.
7. Handicapped persons living in group homes can receive SSI funds to support housing costs but lose such support if they move out of the group home.

Action needed:

1. Legislative amendments to SSI and SSDI should be considered to: (a) extend the trial work period for those severely disabled persons requiring extended services and experiencing difficulty in securing and maintaining a job in the competitive labor market, (b) allow for medical assistance and work related expenses (transportation, attendant care and special housing) of persons severely handicapped as a deduction from earned income calculations, (c) provide that earnings derived under isolated, infrequent, or special circumstances or for very brief periods, be disregarded to the extent that they do not accurately reflect the individual's ability to engage in gainful activity.

2. Consider implementing a wage subsidy program for sheltered workshop employees who because of the severity of their disability, are unable to earn at the level of the FLSA statutory minimum wage.
3. Analyze the economic implications of a voucher system for disabled persons under which they can select the services to be provided, the living arrangement needed and the other benefits.

Other issues:

- A. What role should community sheltered workshops play in serving physically handicapped persons, especially those unable to gain access to other training and employment opportunities such as vocational schools and trade schools and on the job training programs funded by CETA? Most sheltered workshops focus on the mentally retarded and other developmentally disabled persons; often physically handicapped persons shun the association with that population. Consideration should be given to developing training and employment services which focus on physically handicapped persons.
- B. What system of universal program evaluation can be utilized to assure accountability and performance? The wide variety of funding resources lack a standardized system for program evaluation. Several evaluation systems now operating should be reviewed to explore the potential for uniformity.
- C. Is the training of administrative and professional staff at colleges and universities geared to the current program of services and the handicapped population being served? Reports on training suggest a continued focus of professional training on physically handicapped persons with little attention to mentally handicapped persons although most of the severely handicapped population served and needing to be served, in community facilities have a mental disability. Also, management training too often focuses on sophisticated systems which are impractical for the typical facility with limited staff and budget. The chronic problem of oversubscription in training programs also need addressing.

Summary

- A. We need to switch from the use of the term work activities center to think in terms of a work-oriented program of training and devel-

opment rather than therapeutic custodial type services-. Legislative or regulatory changes are needed in the FLSA.

- B. Greater attention is needed to developing productivity and earnings of severely handicapped persons, thereby reducing their dependency on supplemental income, but maintaining eligibility for the benefits of income support programs for those with special needs. A national program to develop technology through technical assistance and training is required.
- C. The sheltered workshop must be recognized as an employer as well as service provider and handicapped persons in long term employment must be accorded status as employees rather than clients. Fringe benefits must be provided, but subsidy by government may be required.
- I) The industrial element of sheltered workshops must be developed with greater attention to production systems, job engineering, marketing and sales.
- E. Wage policies must be reexamined with a view toward eliminating (FLSA) categorical programs and placing greater emphasis on commensurate wage payment.
- K. A national funding policy for community based facilities is crucial, especially for those providing long term care. Such policy development must include state agencies in the process.
- G. The special needs of the small facility, with limited resources must have priority consideration. Linkages with regional systems are vital.

Conclusion—the decade ahead

Sheltered workshops have come under close scrutiny during the past few years and additional studies are being conducted by some states as a follow up. The General Accounting Office is currently conducting a survey which will cover several states and review the two types of federal expenditures made in sheltered workshops: grants for building construction and expansion, equipment purchasing and staffing; and purchases of services by state rehabilitation agencies. We will be working closely with GAO in their work.

Most of the studies have found that sheltered workshops are doing a relatively effective job with limited resources. Clients of workshops expressed general satisfaction with services provided. The job ahead will be even more challenging as competition for federal funds expands further. In 1971, in an address to the Annual Conference of the International Association of Rehabilitation Facilities, I sug-

gested that the romance between rehabilitation facilities and state vocational rehabilitation agencies was "floundering". The major causes of this problem were seen as sporadic financial support of facilities by state agencies, lack of mutual cooperation and commitment and development of financial support from other state and local agencies. Seven years later the "romance" has not shown improvement but the recent targeting on severely disabled persons and the movement in new federal legislation toward independent living services suggest there may be opportunity for the partnership between rehabilitation

facilities and state rehabilitation agencies to improve. Also, the ability of the private rehabilitation facility to attract other federal and state funds represents a supplement rather than duplication or competition in services financing. Perhaps we should reexamine our mutual needs and attempt to bring about a reversal of the current trend in many major states toward an *adversary* relationship. The public and private rehabilitation agencies should develop cooperative agreements which help to meet a mutual goal of *advocacy* of handicapped individuals.

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COMMENTS ON THE WHITEHEAD PRACTICE ARTICLE

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The client with multiple disabilities presents a challenge to human service agencies. A challenge to their creativity in conceiving of the proper scope and density of service, and a challenge to their implementive genius in making real their vision.

The Whitehead Report recognizes the edges and pieces of these challenges, yet ultimately falls short. The difficulty is that each problem of policy and its recommended ameliorative action is discussed as an independent, rather than related facet of the remaining policy problems. This fragmentation of problems, while perhaps necessary for initial analytic insights, is left unresolved. An overall policy which is capable of melding all issues and solutions into an integrated whole does not emerge. Without an overall policy, one misses a sense of priorities and suspects at the premise that if all recommended action were taken that the problems would not diminish.

Yet the Whitehead Report does have the potential to offer an overall policy, if the emphasis

of the current report is shifted somewhat. In Section E, in discussing the fragmentation of resource support for sheltered workshops, the suggestion is put forward of having one agency "have the primary responsibility for coordinating the delivery of services and/or the financial support." The concept of coordination, I believe, is the core integrative policy issue. Coordination, as conceived of in the report, neither contradicts nor undermines the other problems or recommended actions. Rather it allows an examination of and reason for many current problems and, thus, points to an organizing goal to manipulate action strategies toward.

But the concept of coordination must be a strong one if it is to succeed. Coordination should not only include a fixed point of responsibility for the intermeshing of a comprehensive range of community based services of sufficient depth to cover most clients and should not only provide a fixed point of responsibility to deliver continuity of care for individual clients. Coordination should also be sufficiently empowered, through legal mandate at the statutory or regulatory level, to give the designated agency the *authority* to develop, maintain, and evaluate

the local, regional, or state programs on the basis of these goals and then to make the orchestration of different funding resources contingent on the meeting of these goals.

In sum, then, the concept of coordination must be stretched and elaborated on, both in terms of its responsibilities and authorities, if the policy issues and action statements of the Whitehead Report are to realize their full potential.

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By *Asher Soloff*, Ph.D., Supervisor, Chicago Jewish Vocational Service, Research Utilization Laboratory.

This summary of research findings and issues around which policies and action plans should be formulated is certainly welcome. With the current amount of change and mixture of purposes within rehabilitation, it is important to have clear statements on status, purposes and programs and widespread discussion of those statements. For rehabilitation practitioners and administrators, statements growing out of the major documents utilized here help in deciding on local goals and standards, and in providing directions for current efforts by facilities and by such mission organizations as the National Rehabilitation Association. Claude Whitehead is to be commended for the clarity with which the research summary and the policy issues arising from the task force discussions are presented and discussed.

While most of the conclusions presented as policy problems and needed action seem acceptable, there is certainly room for argument. For example, I am not happy with what I see as a one-sided emphasis on integrating the severely disabled with other workshop clients as discussed under *Issue A*. It is not always true that more productive workers serve as models for less productive ones. Sometimes, the influence is in the opposite direction. It might be sometimes more useful to emphasize the complexity of a problem and to place priorities on investigating it further before proposing a solution which could become prematurely widespread just because it has been proposed.

I choose this question as an example for concern because what is mainly missing for me among the items listed are issues directly related

to research, knowledge utilization and inter-agency cooperation. These topics may not arise so immediately out of the documents used by the task force as did the issues discussed in the article. They may not be as appropriate subjects for the macroscopic studies included among those documents. Nevertheless, I think that concern for them is important for they are integral to the policy issues we need to consider in improving services to the severely disabled. Policies and actions related to questions of workshop structure, for instance, still depend on learning more about the components of work programs that help clients change, and particular kinds of clients at that. We are still not sure what terms are most fruitful for distinguishing types and degrees of vocational handicaps. We are just learning some of the secrets of improving staff utilization of existing knowledge. And we are just beginning to pay more than superficial attention to techniques for getting different agencies to work together more effectively. These additional issues, it seems to me, need to be integrated with the issues listed in the article before the policies in any one area are agreed upon.

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