Integration of a Rehabilitation Center Into a Metropolitan Community

ELLIOTT A. KRAUSE, Ph.D., and FRANK S. GREENBERG, M.A.

THE NEW ENGLAND Rehabilitation-for-Work Center is a multidisciplinary regional center for the evaluation and development of ability to work, for severely disabled persons in New England. Located in Boston, the center is supported by a research and demonstration grant from the Vocational Rehabilitation Administration, U.S. Department of Health, Education, and Welfare. Matching funds are provided by the parent agency, Morgan Memorial, Inc., of Boston. Clients are referred to the center from the divisions of vocational rehabilitation and divisions of blind services from the New England States, and from other public and private agencies.

At the time of the study reported here, the full-time center staff consisted of a director, supervisor of client services, social caseworker, social group worker, foreman, and associate foreman. A physician and a nurse served part time. Consultants in psychiatry, psychology, and sociology also participated regularly in the service program.

The Center Program

The center program can be considered as a series of steps. First, the client is evaluated at a pre-intake conference by the social worker, supervisor of client services, physician, and psychologist. Based on the medical, social, psychological, and vocational information given the center, his acceptability is discussed. Special consideration is given to the center's capability to develop a program suited to his needs. Further information is requested, or a conference with the referring agency's counselor is arranged, if the initial data leave too many unanswered questions.

Before beginning his program, the client is usually interviewed by the social caseworker, introduced to the staff, and shown the center. For out-of-town clients, residence with a suitable degree of independence and supervision is arranged by the center. The client is given a medical examination upon entry.

The first days of the program are used to introduce the client to the major areas of work in the setting itself and to the educational and recreational group activities. Although in some cases a narrowly defined program of work evaluation is requested by the referring source, in most cases a more flexible and general arrangement is made in which the center can explore the varieties and types of work best suited for a given client.

Dr. Krause is assistant professor of sociology, Northeastern University, and consultant research sociologist to Morgan Memorial, Inc., Boston. Mr. Greenberg is chief of client services at Morgan Memorial, Inc. *The research was supported by grant No. RD–610–S from the Vocational Rehabilitation Administration, U.S. Department of Health, Education, and Welfare.*

Job samples and work settings to which clients can be assigned embrace a variety of industrial, clerical, and office operations. The job samples vary in character and complexity and the settings vary in their inherent stress, that is, in the extent of mental and physical demands they make on the client. Although certain areas of assessment, such as work habits, are common to the programs of all the clients, the development of a client's program is a highly individualized process.

During the first few weeks especially, the main factors underlying a client's job assignments are the data acquired at intake and the client's degree of adjustment to the center itself. During this time such basic issues as attitudes and behavior are watched closely. Later, the client's program is developed on the basis of his performance and interests at the center.

The settings on which a client may be evaluated or given other services take the form of a series of concentric circles around the center itself. In the innermost circle lie the work settings of the rehabilitation center: industrial activities, a model darkroom, a drafting section, a secretarial training area, and a switchboard-reception area.

The second surrounding circle is made up of work settings that are part of a paid, sheltered work division of Morgan Memorial—the Noyes industrial training program, where there are sheltered work activities such as upholstery, woodwork, subcontract work, television and radio repair, and a record office. These settings are in the same building as the center, but are a separate subsection of the parent agency.

In the third circle are the settings of the parent agency, Morgan Memorial, which are outside of the center building. Mainly, these are the major Goodwill Industries work building (a six-story building containing more than 400 sheltered employees), the first-aid suite in this building, the day nursery, and the agency stores, plus other settings which are outside the center building but under the supervision of Morgan Memorial staff.

Finally, the outermost concentric circle consists of work or training settings in the Boston Metropolitan area, where clients may be assigned for evaluation or training purposes as part of their program at the center, by arrangement of the supervisor of services and with permission of the referring agency. Also in the outermost circle are medical facilities and social service agencies in the community, where clients are given service along with their program at the center (again with referring agency approval).

Evaluative Research

The research sociologist in the center evaluates various aspects of the center's service program as they relate to a client's rehabilitation progress before coming to the center, while at the center, and afterward in followup studies. Previous research reports have described the first year's population and dependency patterns of this group (*1*), the post-center performance of the clients and the role of dependency (*2*), a special consideration of the blind group and dependency (*3*), and a comparison of this center population (sponsored, family-bound) with the population of the adjoining Goodwill Industries (unsponsored, socially isolated) (*4*).

Present research is being focused on the time, place, and resolution of crises in the work setting, and on the factors involved in followup studies.

This report, the fourth of a series, is concerned with the relationship of the center and its clients to three surrounding circles: (*a*) to the other agency setting within the center building, the Noyes industrial training program, (*b*) to the overall parent agency, Morgan Memorial, and (*c*) to vocational settings and social and medical services in the wider community.

The relationships we will describe did not happen all at once. They were developed over time, from January 1962 when the center was opened to January 1965. Thus we are documenting for other workers in rehabilitation how the center became integrated into the community during a 3-year period and what problems were encountered. In this way, as in other evaluative research at the center, we attempt to present our experiences so that they can be readily related to the experiences of other settings in other areas.

Integration Over Time

Relationships between center and community. A primary index of the integration of the center into the community was the pattern of re-

ferral of clients. The fact that clients were referred to the center means that the referring agencies were aware of the center's existence and felt that the center could fulfill a need in terms of service to the clients on their caseloads. But it took time for the new center to become established in the local community and the region.

Time was required for agencies to learn of the center, to try it out, and to develop a continuing relationship. Thus the pattern of referral to the center must be looked at over a period of time, in terms of the number and types of referring sources. Increasing use of the center, by a wide variety of sources, over time, indicates that the center finally did become integrated into the rehabilitation community. This trend is obvious in table 1.

More than one-half the clients were referred to the center by the Massachusetts Rehabilitation Commission and the Massachusetts Division of the Blind. This pattern is reasonable, as these are the major agencies whose administrative headquarters (State and local) are in the same town as the center. But in time, clients were referred by almost every division of vocational rehabilitation and division of services for the blind in New England, and each State has sent at least four clients.

Thus the data indicate that the center started with good referral sources in the home community, kept them active, and subsequently received a slightly higher proportion of clients from the wider New England community.

Use of settings outside the center. Next in the concentric circle model are the other work settings in the center building, the work settings of the overall parent agency, Morgan Memorial, and the medical-social service settings in the wider community. Table 2 shows the number of clients who had at least one assignment or arrangement outside the center itself. The proportion of clients sent to outside settings increased during most periods from the time the center was started to the end of the 3-year period studied.

Another way of looking at the basic information is to consider the total number of arrangements made, regardless of the number for a given client. Table 3 presents an overall picture of the arrangements which the supervisor of client services made with these settings. The finding is parallel to that in table 2—just as more clients were placed during programing, on the average, more assignments were made per client the longer the center was in existence.

Basically, tables 2 and 3 show that one of the major ways the center integrated into the com-

Table 1. Sources of referral of clients to the New England Rehabilitation-for-Work Center, January 1962 to January 1965

Source	Number of referrals for clients						Total
	Nos. *1–30*	Nos. *31–60*	Nos. *61–90*	Nos. *91–120*	Nos. *121–150*	Nos. *151–180*	
Massachusetts Rehabilitation Commission	11	13	10	9	10	11	64
Massachusetts Division of the Blind	12	6	9	4	4	10	45
New Hampshire Services to the Blind	3	5	1	1	----	1	11
New Hampshire Division of Vocational Rehabilitation	1	----	2	1	2	1	7
Maine Division of Vocational Rehabilitation	----	----	1	----	----	----	1
Maine Division of Eye Care and Special Services	----	4	3	4	2	3	16
Connecticut Board of Education of the Blind	----	----	1	----	4	----	5
Vermont Services for the Blind	2	1	1	----	----	----	4
Rhode Island Division of the Blind	1	1	----	----	----	1	3
Rhode Island Division of Vocational Rehabilitation	----	----	----	1	----	----	1
Veterans Administration Counseling Division, Boston	----	----	1	8	2	1	12
Spring Lake Ranch, Vermont	----	----	----	----	2	1	3
Other private sources	----	----	1	2	3	2	8
Total	30	30	30	30	29	31	180

Table 2. Number of clients with at least one assignment out of the inner center setting, January 1962 to January 1965

Client Nos.	Morgan Memorial			Percent
	Noyes industrial program	Goodwill and others	Both	
1–30	8	3	2	43. 3
31–60	7	5	1	43. 3
61–90	4	10	4	60. 0
91–120	13	6	4	76. 6
121–150	6	12	2	66. 6
151–180	9	10	2	70. 0

munity was by arranging for and sending its clients into the community—by sending them elsewhere in the building, to other settings in the parent agency, and into the wider community. But the numbers alone do not show the type and variety of arrangements which were made. Thus, a discussion of the specific arrangements made at each degree of distance follows.

In the center building, the third and fourth floors belong to the Noyes program, which is a subsection of the overall parent agency, Morgan Memorial. Work settings in the Noyes program, each used for at least one client, were subcontract section, mattress department, custodial section, woodworking, spray painting, switchboard, upholstery, kitchen, record office, radio and television repair, elevator, power stitching, chair caning, and general helper.

In the wider parent agency, the majority of work arrangements were in departments of the Morgan Memorial Goodwill Industries. At least one client was sent to each of the following settings within the Goodwill building: conveyor-sorting, stockroom, furniture stripping and repairing, administration, maintenance, buffing, book department, messenger, woodwork, paint shop, general helper, doll repair, loading platform, trucks, shoe department, elevator, public relations, record office, switchboard, and small wares. Other settings of the parent agency where clients were placed for evaluation and work development included the first-aid suite in the Goodwill building and the nursery in a separate agency building.

Work settings in the community included the hospital darkrooms at Massachusetts Memorial Hospital, Central Hospital in Somerville, and the Chelsea Soldier's Home. Other types of work settings evident by their names, included French, Shriner and Urner Shoes, Newton Center Market, I.B.M., Outboard Motor Division of the Homelite Corporation, David Sportswear, Marion Cuisine, Basilio Texaco Station, and VIA Engineering.

School settings included such diverse types as the Waltham School for Secretaries, Florence Utt School, Professional Exchange of Waltham, Hickox Secretarial School, Berlitz School of Languages, Wentworth Institute, and the Fanny Farmer Cooking School.

Medical and social service settings, where clients were evaluated or given short-term treatment, included Massachusetts Memorial Hospital, Massachusetts Eye and Ear Infirmary, Boston City Hospital, Children's Hospital, St. Paul's Rehabilitation Center, Briggs Clinic, Center Club, and the Quincy Aftercare Clinic.

Thus far we have presented the results of the center's integration into the rehabilitation community as if they were a natural consequence of opening a center in a large metropolitan community where many resources are available. Actually, problems, often major ones, had to be solved before clients could be referred to the center or sent outside after they arrived at the center.

The following discussion concerning the difficulties encountered illustrates the significance of

Table 3. Total number of assignments during programing,[1] January 1962 to January 1965

Client Nos.	Morgan Memorial		Community settings	Total
	Noyes industrial program	Goodwill and others		
1–30	8	8	9	25
31–60	5	7	18	30
61–90	4	4	25	33
91–120	14	9	13	36
121–150	7	2	20	29
151–180	9	6	19	34

[1] In addition to in-center assignments.

certain factors in attempting to integrate a center into a community as well as particular pitfalls.

Problems in Integration

Referral and interagency relationships. As we noted previously, it took a while before some of the referring sources in the New England area used the center. Two problems had to be solved in this regard. First, the center itself and its services had to be made known in the rehabilitation field. Second, the center had to provide the particular services needed by the referring sources.

To a certain degree, the center was already known in the New England area at the time of its founding because directors of vocational rehabilitation agencies and agencies providing service to the blind had participated in planning the center's program. These directors as well as others from potential referring sources had suggested services which they felt their clients would need.

At the end of the first year, however, the center staff met with the directors of the two main referring agencies, and these directors suggested possible changes. A second meeting was held at the end of the second year. Although in some instances different directors wanted different programs for the center and the clients, generally the problem was resolved in terms of the particular program given the clients referred. The basic service program remains as one given to all clients, regardless of referral source.

To make its services known, especially early in the center's existence, the director of the center visited about 40 agencies concerned with rehabilitation service. He explained the aims and programs of the center, inquired about the programs of the agencies he visited, comparing similarities and differences, and thereby established relationships.

While the chief administrators of the agencies concerned are responsible for overall policy and direction, the counselors on their staffs work with the clients sent to the center. The center staff decided early to encourage counselors to visit the setting whenever they desired, and especially when one of their clients was to be discussed extensively at a staff conference.

With time, an increasing number of counselors visited the center. This served a dual function. On the one hand, the counselors learned about the nature of the center program. On the other hand, a counselor's direct reactions during staff conferences gave the staff a more complete picture of the client and his problems.

During the second and third years an increase was noted in the number of other service persons who visited the center for educational and other purposes. Such groups as students of nursing, occupational therapy, and social work as well as representatives from public and private agencies on local, State, and national levels, form with the counselors a continual influx of professionals in rehabilitation who visit the center. Of course, this has helped the center become known, as well as to educate the staff in new areas.

Social science researchers have noted that competition for clients and finances often exists among health and welfare agencies in complex metropolitan areas. Such rivalry can have some negative effects on the ability of the community to meet its health needs. A recent study by Levine and White was centered on this problem (*5*).

Some agencies have been known to establish and perpetuate their position in the community by spending large sums of money on public relations, fund-drive campaigns, and expensive brochures, claiming an almost impossible variety of services, considering the size and training of their staffs. The center staff did not solve the problems of community education and of getting clients referred by using public relations campaigns, newspapers, and other mass media. First, the staff was composed of professionals who did not approve of this technique. Second, it would have been unethical to claim services which did not exist or were untried at the time the center was started.

As a result, by using the traditional professional approaches described earlier in this section, it took much longer than some persons anticipated for the center to become well known in the region. But the referral relationships which were formed were realistic. Finally, the center was not in competition with most rehabilitation settings by definition. Its charter and operating policy, as described in the grant application to the Vocational Rehabilitation Ad-

ministration, restricted it to serving clients too severely disabled for most other vocational rehabilitation resources of the community or the region (*6*).

Problems in sending clients out. To understand some of the complexities of integrating clients into the community, while they are at the center, we must return to our concentric circle model. In the first weeks of every client's stay, he remains inside the center, in the innermost circle. Because of the crises sometimes involved in becoming a worker—spells of panic, somatic reactions to anxiety, and other forms of reaction to the stress of work observed on the setting—the staff felt it best not to place any clients outside the setting in the early period.

The use of a particular evaluation or work-development technique was determined by the individual needs of a client. For some clients, the major types of work available in the center setting itself were best. For other clients, a particular interest or a discovered ability was best pursued in a setting outside the center itself. By consulting the staff, especially about a client's readiness to be assigned elsewhere, the supervisor of client services devised a work evaluation plan. This was then discussed with the client's referring counselor and with the client.

After the first few weeks, clients were often sent into the first surrounding circle, that is into other work settings of the Noyes program in the same building as the center. This first step outward was the earliest one taken in the client's program, because he remained observable and close at hand if problems developed.

The second step outward, into other parent agency settings outside the center, was taken if the staff felt that it was warranted for a particular client. This was done only after he had proved himself while close at hand. The Goodwill Industries of Boston is a larger and faster-paced setting than those inside the center building, and thus special arrangements had to be made with work-department heads and with the Goodwill staff ahead of time.

The outermost circle—the community settings—presented the most difficult situations. First, the relationships had to be established with these settings so that a client could be sent to them. The service supervisor managed this not by selecting settings from the telephone book nor by depending on members of agency advisory boards, but by using the personal contacts he and other staff members had in the community. The first contact was made by telephone for most of the clients. When the assignment was arranged, the service supervisor accompanied the client to the tryout setting. One problem was educating owners of some work settings (such as gasoline stations) about the center's requirements for work evaluation information.

At the same time, it was necessary to consider the ability of the individual client, the receptiveness of the setting, and the potential meaning of failure to the client. The client's length of stay in the center was important—the longer he stayed, the more chance the center had to help him develop and know what he could do. This factor made it more possible and reasonable to arrange outside situations for clients who had stayed some time. The average length of stay was 2 months, but at least a third stayed for 3 months or longer.

The receptiveness of the outside work setting was a key factor. In developing a new outside work arrangement, the service supervisor sent only a client with known ability as his first referral. Because of the initial unwillingness of many community work settings to accept the handicapped (*7*), even those settings known to be cooperative would not be so in the future if they had an unsuccessful experience with their first client from the center.

In addition, if the service supervisor was not sure that a person in charge of a work setting was willing to evaluate a center client, the supervisor would not send as a first client one whose success would be highly problematical. However, after a setting had taken a few clients from the center, and a good working relationship was established, it was possible to send a more unpredictable client. Sociologically, any client of any center or agency is a representative of his referring source in another setting, and this entire situation is thus inevitable (*8*).

A great amount of individual preparation was often necessary before an outside community situation could be arranged for a client. One way of preparing the client was to take him through the circles we have described, moving outward from the center toward a commu-

nity situation, the last step. The stigma of "failing" had to be considered by the client beforehand, so that he could be objective about his possible poor performance in the community and not take it as a sign of overall personal incompetence.

A type of temporary community assignment—a "work briefing"—was developed by the service supervisor. Here, the client had extensive interviews with various supervisors of work settings in the community, by arrangement, and learned about the kinds of work in these settings. In addition, if the briefing turned out well, the manager of a work setting could express an interest in having the client evaluated for a job, at a later time.

Finally, in the outermost circle were the numerous social service, psychiatric, and medical settings in the Boston area. These were used when necessary for individual clients, for evaluation or short-term treatment. These arrangements were found to be necessary, because of the severity of disability of the clients served at the center. A close working arrangement was established with one of the large university general hospitals in the area. Both the medical consultant to the center and the staff physician are members of the hospital staff. However, a wide variety of medical and social service settings in the community were used. In all cases, these arrangements were made with the approval of the referring agency counselor and the family of the client.

Conclusions

The integration of a rehabilitation center into a metropolitan community has many advantages, if it can be accomplished in a realistic and enduring manner. This study of a rehabilitation center for the severely disabled traced the patterns of integration of the center into a community through statistics on 180 clients during the period January 1962 to January 1965. Generally, the sources of referral and number of placements outside the immediate center setting increased with each passing year. However, the achievement of integration is not a matter of statistics, but rather of specific arrangements which take account of the clients' potential for withstanding stressful situations and the receptiveness of specific employers to specific clients, who represent the center to the community. The use of the trial interview, where job placement does not depend on a successful outcome, and the careful selection of clients to be sent to new settings are key elements in the plan for a careful integration of services into the community.

REFERENCES

(1) Krause, E. A.: Research report on the first year's clients. New England Rehabilitation-for-Work Center, Boston, 1962. Mimeographed.

(2) Krause, E. A.: Six months out—followup on the first year's clients. New England Rehabilitation-for-Work Center, Boston, 1962. Mimeographed.

(3) Krause, E. A.: Dependency and the blind: family vs. therapeutic work setting. New Outlook for Blind 52: 333, December 1962.

(4) Krause, E. A.: The sponsored and the socially isolated: two disabled populations. Amer J Public Health 54: 1711, October 1964.

(5) Levine, S., and White, P. E.: Exchange as a conceptual framework for the study of interorganizational relationships. Admin Sci Quart 5: 583, March 1961.

(6) Vocational Rehabilitation Administration: New England Rehabilitation-for-Work Center, Project Proposal RD-610-S. U.S. Department of Health, Education, and Welfare, Boston, 1961. Mimeographed.

(7) Olshansky, S.: The transitional sheltered workshop—a survey. J Soc Issues 16: 33 (1960).

(8) Merton, R. K.: Social theory and social structure. The Free Press, Glencoe, Ill., 1957.