

A real work project: Beckside Computer Workshop

Richard Caplan and Stan Underwood

Beckside Computer Workshop is a small rehabilitation project based in the south of the city of Lincoln. The project aims to provide young people who have a history of schizophrenia with an opportunity to acquire basic keyboard and computing skills and at the same time to improve their ability to operate confidently in new social situations. Some are recruited from a health service funded rehabilitation hostel but most participants are living in the community. Ultimately, it is hoped that some of those taking part will eventually gain meaningful employment.

The decision to set up a rehabilitation workshop using computing and information technology skills was taken in recognition of the following points.

- (a) There is a continuing demand for information technology skills; gaining keyboard and computer skills could enhance the individual's prospect of eventual employment.
- (b) Information technology skills are universally esteemed and perceived as being to the forefront among requirements for employment; their acquisition is likely to enhance the individual's own self-image.
- (c) People with schizophrenia have difficulty in relating easily to others. Working at a computer keyboard allows them to relate both 'safely' with the machine and also to engage in an increasing degree of social contact with others in the group as they gain in confidence.
- (d) The information technology and computer workshop allows individuals to progress at a pace and in a direction to suit them, while at the same time gaining from and contributing to the group of which they are part.

The early stages

The project got under way in July 1992. We secured a room for the workshop in our community mental health centre base. The room needed to be suitably adapted and furnished; appropriate computer hardware and software were acquired. At the same time, the project

engaged the voluntary services of a retired secondary school teacher to run the workshop three half-days per week. The project had no funding whatsoever and all equipment, software, stationery etc was begged, borrowed or stolen.

The maximum number of people attending at any one time has been six; together with the workshop supervisor, this is all that can comfortably operate in a room which is only 11'x12'. There are six workstations and four printers: a dot-matrix, a laser, an inkjet and a colour paint-jet. The workshop has access to a photocopier, a fax machine and an office telephone.

Patients are offered an individual training course. Those who have no previous keyboard experience are given an introduction to the computer and its concepts and immediate hands-on experience using the keyboard. They are also offered a computerised self-tutoring course in touch typing; this has proved very effective. When participants are sufficiently confident at entering text, they are given the opportunity to learn word processing.

Those who wish to, go on to learn the basics of desk-top publishing, which at the same time introduces them to working with Windows and using a mouse for the first time. There are in addition separate programmes for producing simple display materials and graphics. We have devised our own graded assignments for typing practice, text and correspondence layout and word processing. Each person is able to work through the training at his or her own pace.

Observations

Quality of experience

The project aims to ensure the quality of the experience for each person. Thus it is considered important to make the workshop environment and the conditions under which it operates as pleasant and as like a normal workplace as possible. While due understanding is shown to individuals whose mental health problems present difficulties in meeting 'normal' expectations of attendance and punctuality, the aim is nevertheless to encourage participants to attend

the workshop sessions as they would attend work.

The quality of the workshop experience is enhanced if the training can be combined with 'productive work'. To this end, practice assignments have been designed to incorporate information useful to the trainee. The training is perhaps made most convincing and meaningful when the workshop is engaged in providing products or services which are genuine and needed. Work commissioned from outside brings a real sense of achievement to members of the workshop and undoubtedly heightens their sense of being valued for the work they can produce.

The issue of participants being paid for real work is fundamental. The project has no secure funding and cannot at present pay anybody. Although we fully intend to find funding, we will then be faced with the dilemma that if we pay participants they stand to lose their state benefits. The therapeutic earnings initiative within the benefits system, although useful initially, eventually limits the full potential of the project and is ultimately counter-productive. We believe that a true work experience should include the reward of proper payment but within the current law we cannot do this. The same holds true in most European countries. As a result, therapeutic earnings become anti-therapeutic. We hope that some form of legislation will address this issue and recognise the social status of people suffering from schizophrenia by, in some managed way, waiving the limit on therapeutic earnings without loss of disability benefits.

Progression

Along with enjoyment and purposefulness, a clear sense of progression is vital to the success of the workshop experience for each person. They should make perceptible personal progress in the skills and competence they acquire. The very practical nature of the training and its objectives makes this not too difficult in the early stages.

The ultimate test of the worth and effectiveness of the workshop, however, is whether it helps the individual to move forward and eventually on from the workshop, either to employment, to further training and learning, or to broader and more confident social situations.

Evaluation

At the moment it is unclear in any individual case how the workshop experience is imping-

ing on the individual and his or her mental health. We intend to use standardised rating scales to evaluate any such change and have engaged a clinical psychologist specialising in rehabilitation to help us develop our evaluation system.

It may be that the quality and effectiveness of the workshop experience could be enhanced by combining the current range of skills and training with additional ones. Some participants might benefit from more structured provision of life skills, social skills and job seeking skills.

The possibilities for onward progression to training and to employment need to be addressed. For instance, an obvious next step for those who complete the basics of keyboard skills and wordprocessing is to gain a recognised qualification.

The future

So far, we have been able to set up the project without any secured funding. We have just received a one-off grant from social services (Mental Illness Specific Grant) which will enable us to function for about 18 months. We have put in an application for joint funding from health and social services to pay the salary of the project manager. We intend to fund equipment, consumables and, most importantly, a means of paying participants from marketing of the project as a small business on a fee-for-services basis. We may seek some form of trust status.

We hope to expand the project by employing the project manager on a four days a week basis. This will allow two groups of five or six participants to attend the project on a three half-days a week basis. The other two sessions can be used for administration. In addition, we will seek to employ a temporary project worker to establish a network of contracting organisations who would be willing to put real work in the way of the project.

We need to address the issue of how to facilitate the transition of participants from working in the project towards real employment. Some form of part-time employment with continued project involvement and support seems sensible.

Richard Caplan, *Consultant Psychiatrist, Lincoln County Hospital, Lincoln LN2 5QY; and Stan Underwood, Becksides Computer Workshop, 472 Newark Road, Lincoln LN6 8RZ*