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Towards Equalizing Opportunities for Disabled People in Asia: a Guide

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**Towards Equalizing Opportunities
for Disabled People in Asia: A Guide**

ILO East Asia Multidisciplinary Advisory Team (ILO/EASMAT)

ILO Regional Office for Asia and the Pacific

Bangkok

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ILO East Asia Multidisciplinary Advisory Team (ILO/EASMAT)

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TOWARDS EQUALIZING

OPPORTUNITIES FOR DISABLED

PEOPLE IN ASIA: A GUIDE

ILO East Asia Multidisciplinary Advisory Team (ILO/EASMAT)

ILO Regional Office for Asia and the Pacific Bangkok

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Foreword

Throughout the world disabled people are among the least privileged and most vulnerable. Their right to training, employment and career development is often overlooked. When employed they are frequently exploited and underpaid. Throughout much of Asia, if there is no employment, they must still beg in the streets for a pitiful living, or depend upon the charity of others.

The International Labour Organization (ILO), which celebrates its 75th anniversary in 1994, has been concerned from its founding in 1919 with the development and well-being of all who labour or aspire to do so, including those with disabilities.

Over the 75 years of the ILO's existence, the situation of disabled people has undergone many changes. Many countries are recognizing their potential as workers and contributors to society, as well as their right to equal treatment and opportunity. This is in marked contrast to past practice of keeping disabled people out of sight and institutionalized.

In recent times the importance of identifying and developing individual aptitudes, abilities, skills and potential has been better understood. Services for people with disabilities, particularly those offered in vocational rehabilitation centres, are increasingly using techniques for assessing and measuring these aspects so that all disabled persons may develop their abilities to the optimum and thus enhance their productivity and mobility. Consequently, one finds more

and more disabled people who are educated and competent, who have the tenacity and will to achieve social and economic independence.

These changes have been taking place mainly in urban areas. However, increasingly, community-based rehabilitation programmes are creating the conditions for spreading the message and the required services to smaller towns and rural areas. As the majority of people in most Asian countries live in rural areas, this development is important. In rural areas, the strength of the extended family and local resources may be mobilized to train and employ people with disabilities within the mainstream of life in their own community.

Working with other agencies and non-governmental organizations - among which there is a growing number of organizations of disabled people - the ILO promotes change and development both in the rehabilitation methods and in the recognition of disabled people's rights. In 1983, the ILO established new international labour standards concerning the vocational rehabilitation and employment of disabled persons and published guidelines for their implementation (Convention No. 159 and Recommendation No. 168)

In October 1993, experts from several countries of the Asian region met in Bangkok for a consultative workshop organized by the ILO Regional Office for Asia and the Pacific and the ILO East Asia Multidisciplinary Advisory Team (ILO/EASMAT), in collaboration with the ILO Headquarters Vocational Rehabilitation Branch. The workshop engaged in detailed examination of the issues and strategies concerning the training and employment of disabled persons to ensure their relevance to the countries of Asia. This Guide is a product of the workshop.

The Guide attempts to describe the changes taking place in Asia and worldwide, suggests policy targets, describes a range of alternative strategies pointing out strengths and weaknesses, and underlines the equality of opportunity goal disabled people have the right to achieve.

Mr. Ian Tugwell, international consultant in vocational rehabilitation of disabled people, prepared the initial draft of the Guide and assisted in finalizing it. I would like to thank him and Mr. M. Mugharbel, Senior Specialist on Vocational Rehabilitation (ILO/EASMAT), under whose technical responsibility this work was carried out, for their collaboration.

The Guide will be a useful tool for those engaged in policy development and programme implementation in Asia.

Assefa Bequele

Director

ILO East Asia Multidisciplinary

Advisory Team (ILO/EASMAT)

Bangkok

May 1994

1 Introduction

The Guide presents a perspective of policies, programmes and strategies for the development of vocational rehabilitation in Asia. The main thrust is on promoting equality of opportunity for disabled people in vocational training and employment. It advocates greater access to the mainstream services used by the general public in preference to separate, welfare-based institutions for disabled people which have often proven segregationist and substandard.

The term "equality of opportunity" envisages a situation where disabled people have the same access to the social and economic life of their societies as their non-disabled fellow citizens, and that society has an obligation to remove the many barriers blocking the way of disabled persons to full participation. "Mainstream services" encompass all activities and programmes available to the general public for vocational training and career development in the formal and informal sectors.

Most services for disabled people are to be found in the capitals and large provincial cities of Asia, whereas up to 80 per cent of the population in most countries live in rural areas. The Guide proposes greater use of the informal employment sector and more rural and community-based services to better meet the needs of all disabled people.

The ILO Conventions and Recommendations on vocational rehabilitation and employment of disabled persons and on vocational guidance, vocational training and the development of human resources, together with the United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities, form the foundation of the policy strategies advocated.

The Guide will be of interest to policy makers and planners, particularly those concerned with policy and programme design and development. The partners in development, i.e. the government, employers and workers organizations, non-governmental organizations (NGOs) and self-advocacy groups for disabled persons, should be aware of the general principles that underpin modern rehabilitation practices and consult with each for the successful development of policies and programmes.

Where do we start?

Some vocational rehabilitation services are available in all Asian countries. Governments and the voluntary sector are aware of the need for such services,

but their development has not been uniform. Historical and cultural differences influence the nature, extent and pace of rehabilitation services. The main causes of disability also vary: poverty and poorly developed infrastructure in some countries, civil strife and armed conflict in others, and the rapid pace of industrialization and urbanization in many. The varied causes of disability evoke different political responses that influence the determination of priorities and resources for service development.

The extent of legislation to promote and protect the vocational interests of disabled people also differs. Some countries have enacted quite extensive legal measures; others have made scant provisions. The number of laws enacted does not necessarily reflect the quality of services provided. Even in the absence of legislation, some countries have made considerable progress in setting up a network of services. Nonetheless, there needs to be a firm and explicit commitment to enact legislation promoting a policy of equitable employment levels for disabled workers in the public and private sectors of the open labour market. The legislation can specify, for example:

equitable provision of employment benefits such as unemployment insurance, pension membership, health insurance, and union membership to disabled workers;

equitable application of employment standards legislation covering areas such as wages, hours of work, holidays and sick leave, with modifications that recognize the special needs of disabled workers;

application of these standard working conditions to sheltered employment and protected work environments within the mainstream workplaces;

promotion and use of positive recruitment procedures and employment-support programmes by organizations interested in enhancing the vocational prospects of disabled persons;

measures to ensure that layoffs, including those resulting from technological change and similar causes, do not discriminate against disabled employees;

establishment and development of vocational rehabilitation and employment creation programmes in rural areas and remote communities;

provision of credit facilities and entrepreneurial support services to facilitate the entry of disabled persons in the informal employment sector;

measures to promote the integration of disabled persons into rural development activities.

A few countries in the region have ratified the ILO Convention concerning vocational rehabilitation and employment (disabled persons), 1983 (No. 159).

The Convention envisages that "each Member shall, in accordance with national conditions, practice and possibilities, formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons" (Article 2). The flexibility of the Convention's terms enables a country to progress at a pace appropriate to its stage of development, while ensuring that disability and employment issues stay under review, and that an international standard and framework for policy development are followed.

Although not exclusively concerned with disability issues, ILO Convention No. 142 and Recommendation No. 150 concerning vocational guidance and vocational training in the development of human resources, 1975, promote the concept of people with disabilities having full access to vocational guidance and vocational training programmes provided for the general public.

Each country needs to develop or update its rehabilitation policy taking into account its particular economic strengths, religious and cultural differences, and existing legislation and rehabilitation services. The policy is a statement of the direction the country intends to take. Subsequent legislation will empower its implementation.

The term "equalization of opportunities" refers to equality of opportunities for able-bodied and disabled people alike. But inequalities exist, perhaps to an even greater degree between people with disabilities, both in the developed and developing worlds.

A commentator writing recently about disabled people in Europe said:

Disabled people are increasingly able to earn their own living, travel about, live independently and take part in social and sporting events. This is due not only to changing social attitudes as a result of greater publicity, but also to the increased emphasis on incentives for employers to employ disabled people, grants for the disabled to adapt their homes, and a switch of funds from institutional establishments to community support services. In many ways, countries have found that the changes make economic sense too. As the disabled are given better access to resources, so they are better able to pay their way.

How differently would the same commentator write if describing the quality of life of the masses of disabled people in developing countries in the 1990s! Many disabled Asians are increasingly vulnerable, neglected, marginalized, living in poverty, and as a group are low on the list of development priorities. A married man with family responsibilities slips while gathering coconuts on a wet day, falls 50 feet to the ground and is severely disabled. He is likely to suffer a major setback in the quality of his life and the lives of his dependants. There are very few services to help him regain some earning power - the more rural his home, the less are his chances.

The differences between the Asian disabled person and his or her counterpart in the developed world are not entirely accounted for by a comparison of national wealth. Many Asian countries are enjoying fast economic growth from which their populations should benefit. People with disabilities have a right to be part of that growth, both as contributors and as beneficiaries.

Disabled people have rights, often guaranteed by law, but the law is one thing and implementation another. Society generally regards them as unwell, unable to work and deserving of pity and charity, when what they really need is the opportunity to play their part. They will never be able to do this unless sound policies give rise to workable programmes designed for all categories of disabled people of both sexes, wherever they live.

If each country moves forward according to its own priorities in vocational rehabilitation, sharing ideas and experiences, the **Asian and Pacific Decade of Disabled Persons, 1993-2002**, will have a significant impact on the development of human resources.

2 Policy development

In developing its policies, a country should take into account major shifts in thinking in vocational rehabilitation which have taken place since the 1981 United Nations International Year of Disabled Persons (IYDP).

From 1900 to 1980, most services were the result of society's wish to "do something for people with disabilities". Often such programmes deliberately segregated disabled people from the rest of society through special schools, residential institutions, separate vocational training courses and sheltered workshops. Some occupations were seen as being particularly suitable for certain disabilities: cane basket work for the legless, massage and musicianship for the blind. In some European countries whole occupations, such as car park attendant and passenger-lift operator, were reserved for people registered as disabled. This approach segregated disabled people from society and addressed only a tiny fraction of the problem.

The pattern of policy, planning and programmes has been gradually undergoing change since the IYDP initiative in 1981. Today emphasis must be on providing services: for all categories of disability, for equality of opportunities, for facilitating access to mainstream services and careers, and for involving disabled people, through their organizations, at every stage of development.

There is still far to go: certain elements of policy and practice are still segregationist, many mainstream programmes and opportunities are still inaccessible or disregard the potential of people with disabilities, and some authorities are still oblivious to human rights considerations of rehabilitation. Such shortcomings are rarely due to deliberate ill-will towards the disabled, but arise more from lack of knowledge of the nature of recent changes, or because

responsibility for such services is primarily with welfare agencies or charitable organizations. Often improvements may be possible by reorganizing and reassigning policy and programme responsibilities so that vocational opportunities for disabled persons are given mainstream access and not reduced to a lower priority welfare issue.

(Box)

The basis for rehabilitation policy in the 1990s can be summarized as follows:

Disabled people have the right to rehabilitation services.

Rehabilitation is an investment in the future; it is human resource development, not a social welfare service.

Disabled people must be enabled to be part of mainstream social and economic activities.

Modern policy must recognize that disabled persons have the right to receive assistance and support enabling them to reduce the effects of their disability, manage life with a disability and develop compensatory abilities and skills so that they can contribute to the social, cultural and economic activities of the community. Rehabilitation should be seen as a positive measure against exclusion from mainstream activities.

For rehabilitation policy to realize its human resource investment potential, it is necessary to put in place policies and programmes that create a readiness in the labour market to absorb rehabilitated labour. (Examples of such measures are mentioned under the sections "Quota and Compensatory Levy Schemes" and "Positive Employment Policy and Gentle Persuasion"). Failure to do so has resulted in a waste of the lives of disabled people. Even after they painstakingly acquire skills, they are often relegated to carrying out repetitious, low-paid, loss-making, "sheltered" tasks, with no job satisfaction or career prospects.

Once the policy is defined and accepted, the next step would be to set precise policy targets for implementation, depending on socioeconomic conditions. Some policy targets are mentioned below:

The official assessment of the country's total unemployed persons shall be assumed to include the disabled unemployed.

A fixed percentage of the country's annual development expenditure shall be reserved for employment promotion and training of disabled people, targeting rural and remote communities.

The existing rehabilitation services shall be equally available to all categories of people with disabilities.

Rehabilitation services shall be designed to address the needs of all disabled people throughout the country - in urban, rural and remote, hard-to-reach communities.

Disabled persons shall not be kept in rehabilitation institutions or rehabilitation programmes without individual assessment, consultation and counselling resulting in agreed personal goals, which shall be regularly and periodically reviewed.

Institutions and programmes catering for training and employment of people with disabilities shall comply with statutory health and safety regulations.

Future services shall be designed to start with promotion of equality of opportunities for people with disabilities and their access to mainstream programmes.

Persons concerned with training and employment of people with disabilities - rehabilitation staff, vocational trainers, placement officers, community workers and small business development advisers - shall undergo training and periodic refresher training to enable them to achieve and maintain a recognized standard of competence.

The existing mainstream services for education, pre-vocational training, vocational guidance/counselling, skill training, job placement and employment exchanges shall be opened up to people with disabilities as a right.

The employment policy for people with disabilities shall be to create conditions that sufficiently enlarge the range of options to ensure real possibilities for occupational choices.

No rehabilitation, training and employment programmes, nor the governmental and non-governmental agencies providing services to disabled people, shall operate policies, procedures and rules which in any way reduce basic human rights or limit freedom of choice or of action beyond that intrinsic to the disability.

The unemployment rate of disabled people shall not be higher than that of the general workforce.

The proportion of disabled people at all levels of the workforce shall correspond to that of the general population.

Employers should accept alternative work arrangements that reasonably accommodate the needs of disabled workers.

Social security scheme funds shall be utilized, wherever possible, for retaining, retraining and rehabilitating injured employees in preference to prematurely retiring them on pension.

The unfair competition from the large ones whose scale of resources and profits give them a distinct advantage over the small ones.

It would be worth examining whether the "gentle persuasion" approach would be more cost-effective than quota schemes. By rewarding employers for their achievements rather than punishing them for their failures, disabled workers are more likely to be considered assets than liabilities.

In terms of opening up the employment mainstream and equalizing opportunities for people with disabilities, the promotion of a positive employment policy, with its concept of encouraging employers, ranks high. Policies and strategies can be adapted to a country's particular conditions, even those with a limited private sector economy. The strategy can be swiftly launched, entailing comparatively little expenditure for its implementation.

Employers organizations and the plant-level workforce can also play a key role in promoting employment opportunities for people with disabilities. Often, policies that are nationally agreed to with trade unions, to be effective, require to be fully explained to and accepted by workers at the shop-floor level. A "gentle persuasion" approach may often be more effective.

The ILO Recommendation concerning vocational rehabilitation and employment (disabled persons), 1983 (No. 168) suggests that workers organizations should:

adopt a policy for the promotion of the training and suitable employment of disabled people on an equal footing with other workers;

together with disabled persons and their organizations, be able to contribute to the formulation of policies concerning the organization and development of vocational rehabilitation services, as well as to carry out research and propose legislation;

promote the participation of disabled workers in discussions at the shop-floor level and in works councils or any other body representing workers;

propose guidelines for the vocational rehabilitation and protection of workers who become disabled through sickness or accident, whether work-related or not, and have such guidelines included in collective agreements, regulations, arbitration awards or other appropriate instruments;

offer advice on shop-floor arrangements affecting disabled workers, including job adaptation, special work organization and the fixing of work norms.

Community-based rehabilitation

Community-based rehabilitation (CBR), as opposed to institution-based rehabilitation, has been the major policy and programme thrust of the post-1980 period. There were some examples of the CBR approach before that date, but the establishment of such programmes accelerated rapidly following the IYDP initiative. Enthusiasm for the strategy has resulted in a plethora of schemes with little in common except the desire to avoid building more large institutions.

Many CBR programmes focused on distance delivery of services based on the services usually provided by the traditional vocational rehabilitation training centres: the previously centralized training services were extended more widely. Some programmes sought to involve the local community in a voluntary, auxiliary capacity, while others concentrated on the family unit to which the disabled person belonged. Many had a strong involvement of medical personnel and gave priority to therapeutic procedures and the provision of aids for disabled persons rather than to vocational rehabilitation for economic independence. These models and other variations claimed to be within the CBR concept. Officials entering the rehabilitation field were understandably confused by such a variety of CBR services, each claiming to be the true CBR model.

As the CBR concept evolves, becoming ever more diffuse, it is not easy to define. One definition established by an ILO project in an Asian country is as follows:

Community-based: a planned programme of action which has its origins and its primary focus of service and resources within the community in which it is operational. A community-based project is one which is not imposed from the outside and is recognized by the community at large as necessary and desirable for them. **Rehabilitation:** a process whereby a disabled person is assisted towards the fullest possible restoration and use of his or her physical, mental, social, educational and vocational potential consistent with the existence of disability within the individual.

A critical evaluation of CBR is available in the ILO publication ***From Community-based Rehabilitation to Community-Integration Programmes: Experiences and Reflections on a New Concept of Service Provision for Disabled People***, by Willi Momm and Andreas König. Policy makers, planners and even programme managers new to the CBR concept would benefit from reading it. The book brings out the "serious shortcomings" of CBR programmes, considering them to be professionally unsatisfactory, difficult to organize as self-sustaining programmes and unfeasible without major support from outside the community. It notes that there is no global approach to organizing CBR and that local conditions are too varied to permit general conclusions and directives. It might be added that CBR is not an inexpensive alternative to the purpose-built vocational rehabilitation centre with its sophisticated equipment, multidisciplinary team of specialist staff, and high

annual recurring costs, attractive though the CBR approach may appear to economic and planning departments.

Despite the notes of caution and doubts expressed about the CBR approach, it is still considered a viable and valuable option, particularly in rural, hard-to-reach and island communities in the Asian and Pacific region (Convention No. 159, Article 8). For many disabled people in these communities, without CBR there is no possibility of any rehabilitation services reaching them. If there is an urban-based vocational rehabilitation centre in the country willing to accept them, they are faced with long-term separation from home and family. The rehabilitation process they undergo at the centre is outside the experience and understanding of their community: the vocational skills they acquire are likely to be of limited value in their rural home life, and members of their family may not perceive an improved work potential in them on their return home. After a lengthy "rehabilitation" course at some distant urban centre, they may find that they are not a welcome additional consumer of the family's limited resources.

A major strength of the CBR programme is its capacity to provide rehabilitation services with minimum disruption to the disabled person and his or her family. The rehabilitation process ideally takes place within the village community for all to witness and participate in. As skills and abilities are revived or acquired, family and friends absorb the changes and accept them. The ability to do more and achieve greater levels of independence develops while the community watches and accepts.

The above definition of "community-based" rehabilitation requires that such initiatives have their origins within the community in which they are to be operational. This does not mean that the desire for the service must be entirely spontaneous without any influence from outside - if so little would happen. An outside initiating agency, usually a government department or NGO, will need to inform the community of the possibilities of CBR: its potential and limitations, how it works, what the community can expect from it and what it will need from the community in the form of active participation and support. The programme should be introduced only after the community has had time to consider its implications and accept it, not just by one or two community leaders, but by the wider village population also. A community-based programme cannot be said to be based in the community if its existence is known to only a few at the top, or if all the decisions are taken in a government department in a capital or regional city miles away, while the community is given the passive role of a grateful recipient.

In the developmental years of CBR, some purists thought that the outside initiating agency should be closely involved only in the very early stages of the programme, and that ultimately the agency should phase out of it, leaving it largely to the community itself to manage and sustain. The hope was that this process of careful nurturing in the early stages of the project and tapering off the assistance as it reaches some maturity would allow the agency's resources to be

transferred elsewhere to replicate what had been achieved. Unfortunately, this proved to be impractical.

The community's role should be to provide most of the resources for individual rehabilitation, i.e. skills, assistance, finance and infrastructure. Resources should be solicited from within the extended family of the disabled person, alternatively from the local community and, only as a last resort, from the government itself. In some cases, the community will need to provide a volunteer or volunteers to involve the community in pursuing the rehabilitation goals agreed to in consultation with the disabled person and family members. In a good programme, work is shared widely in the community, calling upon many of them to assist or make resources available.

Primarily, the role of the initiating agency should be to ensure continuity of the programme and the quality of its services. With community or voluntary efforts, there is always a risk of the programme collapsing once the novelty has worn off, or if a local enthusiast moves away or dies. The agency's major input is the training of volunteers, supported by professional advice and guidance. Training and refresher training need to be a permanent feature of CBR programmes, just as they are provided to professionals staffing government-run rehabilitation centres.

It is necessary to be cautious in selecting the CBR method of delivering services. But it does have the capacity to reach communities who would otherwise be without access to vocational rehabilitation services. It tends to strengthen and develop communities rather than create dependency, as external assistance is prone to do.

An important feature that policy makers and programme planners should be aware of is the CBR's capacity for cultural sensitivity. As much of the rehabilitation process takes place in and around the home community of the disabled person, with the CBR volunteer being a known and respected neighbour, the service is culturally harmonious. This is especially important in the rehabilitation of women, many of whom may not wish to or may not be allowed to leave home for a long period of residential rehabilitation at a distant, mixed-sex institution. In countries with diverse ethnic communities, religions and dialects, the opportunity for assuming local ownership and control, and providing inputs to the programme has its appeal.

In terms of its "mainstreaming effect", the CBR approach can be successful, without disabled persons having to move from the normal social and economic activities of the community. It does not label or institutionalize disabled persons. It has been described as having the capacity to help disabled people "disappear" into the mainstream.

It is beyond the scope of the Guide to describe in detail how to set up and operate a CBR programme. The ILO may be requested for advice and help with feasibility studies and programme/project design, preferably at the early planning stage.

Supported training and employment

Supported training and employment strategies are individualized and cost-effective ways of integrating people with disabilities into the open labour market in urban and semi-urban settings.

For a small fee, local artisans and businesses accept suitably motivated people with disabilities for on-the-job training. In this way the disabled trainees learn skills that are needed in the local market. Training covers production, design, quality standards and customer relations relevant to the community. Although training is less formal than in a vocational training centre, the skills and abilities acquired are likely to be more readily marketable. The length of training can be determined by several factors: the complexity of the skills to be learnt, degree of disability and pre-knowledge or residual abilities, and the capacity of the trainer to impart knowledge in an informal, unstructured setting. Despite the absence of formal teaching skills, timetable and syllabi, the training is usually of acceptable quality, involving learning by watching, doing and improving, just as the majority of able-bodied people gain their vocational skills. Once an employable level of skill has been reached, the artisan trainer or the host enterprise may even offer the disabled person a regular job.

Support could be limited to identification of a trainer or payment of a small allowance to the trainer and trainee. Follow-up support should monitor the quality of the training received and the continuing interest of the disabled trainee.

While the training of the disabled person progresses, the support services would be searching for permanent employment placement if the trainee is unlikely to be retained by the trainer.

The government might consider the financing and running of supported training and employment programmes. It may find that existing vocational rehabilitation centres and their technical/placement staff could be utilized to provide some of the support services in an integrated approach. Such extension services are likely to prove more effective in terms of the skills acquired and less prone to overprotecting and institutionalizing the disabled person.

Supported training and employment schemes are ideally suited for areas that do not have rehabilitation/training centres.

Vocational training and retraining

Vocational training and retraining both formal and informal - play a key role in equalizing employment opportunities in the labour market for people with disabilities. A successful employment strategy would require policies guaranteeing equitable vocational, pre-employment and on-the-job training for disabled men and women. Elements of the policy would be:

training strategies and programmes which correspond to labour market demands, and income generation and self-employment opportunities which anticipate the skills likely to be needed where disabled persons intend to live;

assisting disabled people to enter mainstream pre-employment training (vocational training centres, industrial training centres, apprenticeships and on-the-job training) in conformity with ILO Convention No. 142 and Recommendation No. 150;

directives concerning the integration of disabled people into all areas and at all levels of skill training; discouraging the practice of referring people with disabilities in search of training to welfare agencies and charitable organizations providing substandard training;

adjusting training techniques, modules and course contents, and trade testing and certification to the needs of individual disabled trainees;

absorbing disabled people in informal sector training and employment strategies, including access to credit, business advice and other kinds of support;

pre-service and in-service training of vocational instructors in disability-related matters, including the design of training modules, training materials, special aids and communication skills;

acceptance of retraining in preparation for a different job, further training and skill upgrading for job retention and career advancement as equally valid for disabled and able-bodied workers, and making such training available;

adequate provision for training and upgrading of rural crafts and other activities applicable to the informal employment sector and to remote, hard-to-reach areas.

Integrating people with disabilities into mainstream programmes

Integrating people with disabilities into mainstream programmes is a rehabilitation goal as much as a strategy. It is not easily achieved. Confusion arises when considering services for disabled people: on the one hand, they require specialized services, separate from those for the rest of the population; on the other, there is the very desirable goal of assisting them to participate to the fullest extent possible in the mainstream of society. This applies to education too.

The very act of providing special schooling for disabled children reduces the capacity and interest of mainstream education to cope with the individual disabled child. If special schools are not provided, the authorities are criticized; if disabled children are educated in special schools, there is a strong movement for them to benefit from a normal school life.

In the past, the procedures for vocational assessment and training of disabled persons were made to appear very specialized. Consequently, some vocational training centres were reluctant to accept the occasional disabled trainee. As the pressure mounts for integrating disabled people into all programmes, the authorities running mainstream institutions are rightly asking "So, how do we do it?". In answering the question, we find that many of the supposedly "specialized" assessment and training techniques used in the segregated world of the disabled have little factual foundation.

Disabled people are as different from one another as the general population in that some are lazy, some are enthusiastic, some are very intelligent, some are dull, some are honest and some less so, etc. But the cause and nature of their disabilities create even more variations. Here are a few simple examples:

Two people are missing a right hand. In a survey of disabled people, both would be considered to have the same disabling condition. But if one suffers a congenital condition so the arm is missing from birth, and the other has lost the hand in an accident at the age of 45, it will be seen that in terms of abilities and rehabilitation needs they have little in common.

Similarly, with deafness. For someone to lose his or her hearing due to accident or disease at a late stage in life, the degree and implications of the disability will be very different from someone deaf from birth, who has therefore not developed speech.

People who use wheelchairs do so due to a variety of disabilities. We are all familiar with the wheelchair athlete capable of great physical exertion in sports; but many other people in wheelchairs have very limited upper body power and are unable even to propel themselves up a ramp and into a building.

Faced with such a diversity of abilities, disabilities, potentials and needs, it soon becomes apparent that no simple rule-of-thumb guidance is possible on how to integrate disabled people into mainstream programmes. Each case presents its own particular difficulties and opportunities.

The non-disabled person, faced with accepting people with disabilities into a standard programme or into an open employment situation, who asks "How do I do it?", has already dismantled the biggest barrier by accepting that, with advice, it can be done. The disabled person is best placed to solve the problem - a fact usually overlooked by the lay person when asking this question. Disabled people know the extent of the problem and have ideas on how to overcome it as a result

of practice in coping in a world designed for non-disabled people. And no one has greater interest in successfully integrating into the mainstream programme of his or her choice than the disabled person.

For these reasons, teachers, vocational trainers, project managers and employers are constantly surprised at how easily most problems in integrating disabled people into mainstream activities can be solved. While no two disabled people are identical, the practical experience gained from working with disabled individuals in a programme not specifically designed for them makes it much easier to handle each new case.

The basic problem of equalizing opportunities for people with disabilities and its solution are no different from those for the integration of women or members of ethnic minorities. Once positive attitudes are established, most of the difficulties are easily resolved.

4 Conclusion

The previous section has been a brief guided tour through the main institutional and non-institutional rehabilitation strategies employed in many Asian countries. The descriptions of the strategies should make it possible to identify them and better appreciate what they try to achieve, their strengths and weaknesses.

The populations of the majority of the Asian countries live mostly in rural areas: in many countries rural people account for 70 to 80 per cent of the total population. There are no totally reliable figures on the number of people with disabilities in Asian countries, but from some studies undertaken in Asia and other parts of the world since 1980 it can be assumed that about 4 per cent are significantly disabled. Of these, most have congenital disabilities or have acquired the disabilities during the first five years of life.

As with the general population, the majority of the disabled people live in rural areas. If not disabled, most of them would follow the same occupations as members of their extended family and local community: for much of rural Asia, this would be fishing, farming, handicrafts, vending or some village trade or enterprise. Yet most of the training, employment and rehabilitation programmes are located in urban areas, catering for urban livelihood opportunities. This is because until recently most governments and NGOs concentrated their programmes in capital cities and major towns. If governments are serious about equalizing employment and training opportunities for all people with disabilities, more rural services will need to be established. The mainstream of social and economic activities should not be confused with urban life. A disabled person who is taught skills compatible with the disability and, as a result, is able to engage in some aspects of the family fishing, farming or handicraft business, is just as integrated into the mainstream as a person working in a factory or office in the metropolis. For these reasons, the Guide emphasizes the value of informal sector employment and community-based programmes.

What kind of future?

The future for disabled people is seen as one where specialist services will be required, but as a stepping stone to mainstream integration. A blend of service delivery systems will be a necessary strategy.

The ILO encourages the adoption of policies which enable disabled people to enter the mainstream and move freely between service providers, enjoying the benefits that each has to offer in a way that the majority of the population can take for granted. But to move freely between service providers requires knowledge, social skills and sophistication, which most disabled people lack. It will be particularly difficult for those used to the protected but limiting environment of the backwaters of society, for whom the mainstream may prove more threatening than liberating.

The objective of policy reforms should be to improve the quality of life through a free choice of services; it will fail if coping with the mainstream intimidates those it is intended to benefit. Such a prospect points to a new role for governmental and non-governmental social welfare agencies. Rather than providing alternative services, which are often limited in scope, wasteful of resources and segregationist, they could provide valuable support and guidance to disabled people wanting the best from mainstream services. Social welfare agencies, in collaboration with the growing number of self-advocacy organizations of disabled people, should act as consumer advisory service providers, quality controllers and advocates for further widening disabled people's horizons through the extension of mainstreaming in all public services.

There is general prejudice and discrimination against disabled people. The attitudes of employers vary - from the enlightened and enthusiastic to the biased and disinterested. Often they are not as disinclined towards engaging disabled workers as many in the rehabilitation profession believe. But it must be kept in mind that private sector enterprises are required to be profitable. Policy objectives for integrating disabled people into jobs must be shaped within this reality.

Measures to promote positive discrimination and affirmative action, and professionalization of services and their central and local coordination, must be geared to ensuring that disabled people get into jobs they are capable of performing, satisfying to both themselves and their employers. These are the rules of the mainstream. Policies which encourage a lowering of these standards will only reinforce any negative attitudes of industry, demean disabled persons and perpetuate the cosmetic "welfare" and segregationist models from which we must escape.

Annex International Labour Standards on Vocational Rehabilitation

Guidelines for Implementation

Convention 159

Convention concerning vocational rehabilitation and employment (disabled persons)

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office and having met in its Sixty-ninth Session on 1 June 1983, and

Noting the existing international standards contained in the Vocational Rehabilitation (Disabled) Recommendation, 1955, and the Human Resources Development Recommendation, 1975, and

Noting that since the adoption of the Vocational Rehabilitation (Disabled) Recommendation, 1955, significant developments have occurred in the understanding of rehabilitation needs, the scope and organisation of rehabilitation services, and the law and practice of many Members on the questions covered by that Recommendation, and

Considering that the year 1981 was declared by the United Nations General Assembly the International Year of Disabled Persons, with the theme "full participation and equality" and that a comprehensive World Programme of Action concerning Disabled Persons is to provide effective measures at the international and national levels for the realisation of the goals of "full participation" of disabled persons in social life and development, and of "equality", and

Considering that these developments have made it appropriate to adopt new international standards on the subject which take account, in particular, of the need to ensure equality of opportunity and treatment to all categories of disabled persons, in both rural and urban areas, for employment and integration into the community, and

Having decided upon the adoption of certain proposals with regard to vocational rehabilitation which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention,

adopts this twentieth day of June of the year one thousand nine hundred and eighty-three the following Convention, which may be cited as the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983:

Part I. Definition and Scope

Article 1

1. For the purposes of this Convention, the term "disabled person" means an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.
2. For the purposes of this Convention, each Member shall consider the purpose of vocational rehabilitation as being to enable a disabled person to secure, retain and advance in suitable employment and thereby to further such person's integration or reintegration into society.
3. The provisions of this Convention shall be applied by each Member through measures which are appropriate to national conditions and consistent with national practice.
4. The provisions of this Convention shall apply to all categories of disabled persons.

PART II. Principles of Vocational Rehabilitation and Employment Policies for Disabled Persons

Article 2

Each Member shall, in accordance with national conditions, practice and possibilities, formulate, implement and periodically review a national policy on vocational rehabilitation and employment of disabled persons.

Article 3

The said policy shall aim at ensuring that appropriate vocational rehabilitation measures are made available to all categories of disabled persons, and at promoting employment opportunities for disabled persons in the open labour market.

Article 4

The said policy shall be based on the principle of equal opportunities between disabled workers and workers generally. Equality of opportunity and treatment for disabled men and women workers shall be respected. Special positive measures aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers.

Article 5

The representative organisations of employers and workers shall be consulted on the implementation of the said policy, including the measures to be taken to promote co-operation and co-ordination between the public and private bodies

engaged in vocational rehabilitation activities. The representative organisations of and for disabled persons shall also be consulted.

PART III. Action at the National Level for the Development of Vocational Rehabilitation and Employment Services for Disabled Persons

Article 6

Each Member shall, by laws or regulations or by any other method consistent with national conditions and practice, take such steps as may be necessary to give effect to Articles 2, 3, 4 and 5 of this Convention.

Article 7

The competent authorities shall take measures with a view to providing and evaluating vocational guidance, vocational training, placement, employment and other related services to enable disabled persons to secure, retain and advance in employment; existing services for workers generally shall, wherever possible and appropriate, be used with necessary adaptations.

Article 8

Measures shall be taken to promote the establishment and development of vocational rehabilitation and employment services for disabled persons in rural areas and remote communities.

Article 9

Each Member shall aim at ensuring the training and availability of rehabilitation counsellors and other suitably qualified staff responsible for the vocational guidance, vocational training, placement and employment of disabled persons.

PART IV. Final Provisions

Article 10

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 11

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 12

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into

force, by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 13

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 14

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 15

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 16

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides-

(a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 12 above, if and when the new revising Convention shall have come into force;

(b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 17

The English and French versions of the text of this Convention are equally authoritative.

Recommendation 99

Recommendation concerning vocational rehabilitation of the disabled

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Thirty-eighth Session on 1 June 1955, and

Having decided upon the adoption of certain proposals with regard to the vocational rehabilitation of the disabled, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation,

adopts this twenty-second day of June of the year one thousand nine hundred and fifty-five the following Recommendation, which may be cited as the Vocational Rehabilitation (Disabled) Recommendation, 1955:

Whereas there are many and varied problems concerning those who suffer disability, and

Whereas rehabilitation of such persons is essential in order that they be restored to the fullest possible physical, mental, social, vocational and economic usefulness of which they are capable, and

Whereas to meet the employment needs of the individual disabled person and to use manpower resources to the best advantage it is necessary to develop and restore the working ability of disabled persons by combining into one continuous and co-ordinated process medical, psychological, social, educational, vocational guidance, vocational training and placement services, including follow-up,

The Conference recommends as follows:

I. Definitions

1. For the purpose of this Recommendation-

(a) the term "vocational rehabilitation" means that part of the continuous and co-ordinated process of rehabilitation which involves the provision of those vocational services, e.g. vocational guidance, vocational training and selective

placement, designed to enable a disabled person to secure and retain suitable employment;

(b) the term "disabled person" means an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment.

II. Scope of Vocational Rehabilitation

2. Vocational rehabilitation services should be made available to all disabled persons, whatever the origin and nature of their disability and whatever their age, provided they can be prepared for, and have reasonable prospects of securing and retaining suitable employment.

III. Principles and Methods of Vocational Guidance, Vocational Training

and Placement of Disabled Persons

3. All necessary and practicable measures should be taken to establish or develop specialized vocational guidance services for disabled persons requiring aid in choosing or changing their occupations.

4. The process of vocational guidance should include, as far as practicable in the national circumstances and as appropriate in individual cases-

(a) interview with a vocational guidance officer;

(b) examination of record of work experience;

(c) examination of scholastic or other records relating to education or training received;

(d) medical examination for vocational guidance purposes;

(e) appropriate tests of capacity and aptitude, and, where desirable, other psychological tests;

(f) ascertainment of personal and family circumstances;

(g) ascertainment of aptitudes and the development of abilities by appropriate work experiences and trial, and by other similar means;

(h) technical trade tests, either verbal or otherwise, in all cases where such seem necessary;

(i) analysis of physical capacity in relation to occupational requirements and the possibility of improving that capacity;

(j) provision of information concerning employment and training opportunities relating to the qualifications, physical capacities, aptitudes, preferences and experience of the person concerned and to the needs of the employment market.

5. The principles, measures and methods of vocational training generally applied in the training of non-disabled persons should apply to disabled persons insofar as medical and educational conditions permit.

6. (1) The training of disabled persons should, wherever possible, enable them to carry on an economic activity in which they can use their vocational qualifications or aptitudes in the light of employment prospects.

(2) For this purpose, such training should be-

(a) co-ordinated with selective placement, after medical advice, in occupations in which the performance of the work involved is affected by, or affects, the disability to the least possible degree;

(b) provided, wherever possible and appropriate, in the occupation in which the disabled person was previously employed or in a related occupation;

(c) continued until the disabled person has acquired the skill necessary for working normally on an equal basis with non-disabled workers if he is capable of doing so.

7. Wherever possible, disabled persons should receive training with and under the same conditions as non-disabled persons.

8. (1) Special services should be set up or developed for training disabled persons who, particularly by reason of the nature or the severity of their disability, cannot be trained in company with non-disabled persons.

(2) Wherever possible and appropriate, these services should include, inter alia:

(a) schools and training centres, residential or otherwise;

(b) special short-term and long-term training courses for specific occupations;

(c) courses to increase the skills of disabled persons.

9. Measures should be taken to encourage employers to provide training for disabled persons; such measures should include, as appropriate, financial, technical, medical or vocational assistance.

10. (1) Measures should be taken to develop special arrangements for the placement of disabled persons.

- (2) These arrangements should ensure effective placement by means of-
- (a) registration of applicants for employment;
 - (b) recording their occupational qualifications, experience and desires;
 - (c) interviewing them for employment;
 - (d) evaluating, if necessary, their physical and vocational capacity;
 - (e) encouraging employers to notify job vacancies to the competent authority;
 - (f) contacting employers, when necessary, to demonstrate the employment capacities of disabled persons, and to secure employment for them;
 - (g) assisting them to obtain such vocational guidance, vocational training, medical and social services as may be necessary.

11. Follow-up measures should be taken-

- (a) to ascertain whether placement in a job or recourse to vocational training or retraining services has proved to be satisfactory and to evaluate employment counselling policy and methods;
- (b) to remove as far as possible obstacles which would prevent a disabled person from being satisfactorily settled in work.

IV. Administrative Organisation

12. Vocational rehabilitation services should be organised and developed as a continuous and co-ordinated programme by the competent authority or authorities and, insofar as practicable, use should be made of existing vocational guidance, vocational training and placement services.

13. The competent authority or authorities should ensure that an adequate and suitably qualified staff is available to deal with the vocational rehabilitation, including follow-up, of disabled persons.

14. The development of vocational rehabilitation services should at least keep pace with the development of the general services for vocational guidance, vocational training and placement.

15. Vocational rehabilitation services should be organised and developed so as to include opportunities for disabled persons to prepare for, secure and retain suitable employment on their own account in all fields of work.

16. Administrative responsibility for the general organisation and development of vocational rehabilitation services should be entrusted-

(a) to one authority, or

(b) jointly to the authorities responsible for the different activities in the programme with one of these authorities entrusted with primary responsibility for co-ordination.

17. (1) The competent authority or authorities should take all necessary and desirable measures to achieve co-operation and co-ordination between the public and private bodies engaged in vocational rehabilitation activities.

(2) Such measures should include as appropriate-

(a) determination of the responsibilities and obligations of public and private bodies;

(b) financial assistance to private bodies effectively participating in vocational rehabilitation activities;

(c) technical advice to private bodies.

18. (1) Vocational rehabilitation services should be established and developed with the assistance of representative advisory committees, set up at the national level and, where appropriate, at regional and local levels.

(2) These committees should, as appropriate, include members drawn from among-

(a) the authorities and bodies directly concerned with vocational rehabilitation;

(b) employers and workers organisations;

(c) persons specially qualified to serve by reason of their knowledge of, and concern with, the vocational rehabilitation of the disabled;

(d) organisations of disabled persons.

(3) These committees should be responsible for advising-

(a) at the national level, on the development of policy and programmes for vocational rehabilitation; of training such persons; government support for the establishment of various types of sheltered employment. (This could include provision of funds to meet initial costs of premises and equipment and might also provide for regular subventions to cover training and operating costs and to

defray trading losses incurred.) The various types of sheltered employment to be assisted might include:

- traditional types of sheltered workshops, including small-scale industry, co-operative and other types of production workshops;
- associated homemaker schemes;
- semi-sheltered employment schemes whose aim is to prepare the severely disabled worker for eventual transfer to open employment;
- sheltered/production workshops operated by mental hospitals and similar institutions for severely disabled long-stay patients;
- sheltered enclaves in the industrial, service and rural sectors (an enclave may be defined as a group of severely disabled people working together under special supervision in an otherwise ordinary and undifferentiated working environment);
- encouraging co-operation between sheltered and production workshops on organisation and management questions (e.g. establishing for a group of workshops a centralised administration on group management lines, introduction of modern management techniques, standardisation of production, central sales service, etc.). This would help not only to reduce running costs but also to create more places for the disabled;
- government support for vocational rehabilitation and employment services operated by non-governmental organisations (non-governmental organisations were often first in the field in many countries in organising and developing vocational rehabilitation services. As running costs increase, they find it more and more difficult to operate on voluntary funds, hence the need for government financial support to those which meet defined minimum standards);
- elimination of barriers and obstacles affecting the access of disabled persons to training and employment (e.g. doors, lift entrances and passageways made sufficiently wide (90 cm) to admit a wheelchair user; ramps provided, where possible, to avoid use of steps; handrails provided on stairs for use by the blind, etc.);
- facilitation of adequate means of transport for the disabled to and from places of rehabilitation and work (in some countries, this takes the form of a travelling allowance to meet transport costs, including taxi fares for the very seriously disabled; other countries provide grants for motorised chairs or for the adaptation of vehicles for use by a disabled driver; in other instances, special coach services may be organised);

- exemption from the levy of internal taxes on training materials, work aids and devices required for vocational rehabilitation services or for use by individual disabled persons. [Note: The "Florence Agreement" and its Protocol adopted by the General Conference of UNESCO in 1950 and 1976 deal with the importation of educational, scientific and cultural materials. It obliges (article 1 of the Protocol 1976) those contracting States (i.e. those who have ratified the Agreement) not to apply customs duties or other charges on, or in connection with, the importation of stipulated materials which are the products of another contracting State. It also obliges contracting States (article 3 of the Protocol 1976) not to levy internal taxes or any other internal charges on some specified literature and articles for the blind and other physically and mentally handicapped persons];

- the opportunity for disabled persons to benefit from all types of training. This would include admission to training courses for the general population, modular training (this involves the grouping of skills and tasks in specific occupations into sets or modules, thus creating self-contained training packages around each useful function), mobility training (particularly important for the blind), training in activities of daily living (e.g. for the mentally retarded), literacy training, etc.;

- the provision of special aids and devices and other personal services to help disabled persons to secure, retain and advance in employment (e.g. provision of Braille-marked micrometers, Braille typewriters for blind workers, prosthetic and orthotic appliances for the limbless, hearing aids, sign language interpretation services for the deaf, etc.).

Community participation

14. Convention No. 159 (Article 5) and Recommendation No. 168 (Paragraphs 15.-19.) cover one of the most important areas of vocational rehabilitation - that of the need for the active involvement of the community itself in helping to prepare and provide vocational rehabilitation and employment opportunities for its disabled members.

Contributing community members would include community leaders and groups, heads of non-governmental organisations working for the disabled, government and local authority personnel concerned with social, education, medical and vocational aspects of rehabilitation, representatives of employers and workers organisations and disabled people themselves. An active rehabilitation committee consisting of the above community members can do much to help identify disabled people and their needs, overcome prejudice, misinformation and unfavourable attitudes to the disabled, also to help plan and implement local vocational rehabilitation services and locate employment opportunities for the disabled.

Vocational rehabilitation in rural areas

15. Article 8 of Convention No. 159 and Paragraphs 20.-21. of Recommendation No. 168 stress the need for measures to be taken to promote vocational rehabilitation and employment services for disabled people in rural areas and remote communities.

In the majority of developing countries, 0 per cent of all disabled people live in such areas and communities and few, if any, vocational rehabilitation services are available to them. The full involvement of the rural community in identifying the disabled and developing the vocational rehabilitation services and facilities described in Recommendation No. 168, Paragraphs 20.-21., is imperative. The aim of such services and facilities, making the fullest possible use of existing community and rural development personnel and services, is to help individual disabled persons to become useful and productive members of their rural community. The ILO's experience indicates that the strategy for vocational rehabilitation programmes in rural areas must be founded on basic needs. [The planning, organisation and development of a rural vocational rehabilitation service with full community involvement is described in the ILO publication ***Community-based rehabilitation services for the disabled: A pilot experience in Indonesia*** (Geneva, 1983).]

Training of staff

16. The need to make good the serious shortage of trained staff for vocational rehabilitation programmes is recognized in the new instruments (Convention No. 159, Article 9, and Recommendation No. 168, Paragraphs 22.-30.). The new standards indicate that training should not be directed solely at the specialists concerned (i.e. vocational counsellors, selective placement officers, managers of rehabilitation centres and sheltered workshops, technicians, etc.) but also at others who are involved at some time in the vocational rehabilitation process (i.e. vocational rehabilitation should be included as a subject in the curricula of training for medical and paramedical staff, social workers, etc.). Equally important, the curricula of training for vocational rehabilitation specialists should provide for students to be given an insight into the work of support services (including medical, social, educational services) as well as a layman's understanding of disabilities and their limiting effects on daily living and work activities.

Recommendation No. 168, Paragraph 25., aims at improving the management of vocational rehabilitation centres, sheltered and production workshops for the disabled, implying, as it does, the need for fully trained professional managers, skilled in modern management, production and marketing techniques.

The need for vocational rehabilitation staff to have a proper salary and career structure is emphasized (Recommendation No. 168, Paragraph 24.). Without such a structure, good-quality staff are unlikely to be attracted to or remain with the vocational rehabilitation service. To give full meaning to this Part of the

Recommendation, it would be helpful if vocational rehabilitation were included as a special degree subject in colleges and universities.

Vocational rehabilitation staff shortages are of such a magnitude, however, that the training of such staff through formal courses alone is unlikely to fill the huge staffing gaps for many years to come. This is why, in the meantime, the use of rehabilitation aides, auxiliaries and volunteers (advocated in Recommendation No. 168, Paragraph 26.) is so important. The methods of training support staff of this kind through short, intensive courses are described in the ILO publication ***Community-based rehabilitation services for the disabled: A pilot experience in Indonesia*** (Geneva, 1983).

The contribution of employers and workers organisations to the development of vocational rehabilitation services

17. Paragraphs 31.-37. of Recommendation No. 168 outlines ways and means by which employers and workers organisations should be involved in and contribute to the planning, organisation and development of vocational rehabilitation services for the disabled. All vocational rehabilitation professionals should recognise the importance of closely collaborating with employers and workers organisations in their day-to-day work, for it is they (employers and trade unions) who will largely determine to what extent employment opportunities for the disabled are made available. At the same time, the new standards call on employers and workers organisations themselves to take initiatives in adopting policies for the training and employment of disabled persons, including where possible the provision of vocational rehabilitation, training and sheltered employment (e.g. enclaves) in undertakings, job reallocation for sick and injured workers, adaptations of the workplace, tools and machinery, etc. (For further information, see the ILO publication ***The role of governments, employers and trade unions in vocational rehabilitation of disabled workers*** (Geneva, 1982).

The contribution of disabled persons and their organisations to the development of vocational rehabilitation services

18. One of the most positive outcomes of the International Year of Disabled Persons was the recognition that disabled persons and their organisations should have a greater say in the planning and delivery of programmes and services affecting their future livelihood and integration in society. This is reflected in Paragraph 38. of Recommendation No. 168. Support for the provision of training programmes in **self-advocacy** [Paragraph 38.(b)] refers to the need to assist disabled persons in their efforts to express and bring to the notice of the general public and authorities concerned their problems, their needs, their training and employment potential and their right to a fair share of human resources development opportunities.

Vocational rehabilitation under social security schemes

19. It is customary in many countries for social security schemes to provide or purchase vocational rehabilitation services for their disabled members

(Paragraphs 39.-41., Recommendation No. 168). The indication that such schemes should **provide incentives** to disabled persons to seek employment (Paragraph 41.) might include the continuation of benefits in whole or in part to such persons during a period of vocational rehabilitation or vocational training likely to lead to employment.

Co-ordination

20. The co-ordination of vocational rehabilitation policies and programmes with policies of social and economic development in many sectors (listed in Recommendation No. 168, Paragraph 42.) could perhaps best be achieved through the establishing of a national, regional or local rehabilitation committee or council as advocated in Paragraph 18. of Recommendation No. 99 (see also paras. 11 and 14 above).

Relevant ILO publications

- Basic principles of vocational rehabilitation of the disabled (Geneva, 2nd ed., 1970)
- Vocational rehabilitation services for disabled persons: Legislative provisions (Geneva, 1982)
- Adaptation of jobs for the disabled (Geneva, 1969)
- Vocational assessment and work preparation centres for the disabled (Geneva, 1973)
- Co-operatives for the disabled: Organisation and development (Geneva, 1978)
- Employment of disabled persons: Manual on selective placement (Geneva, 1984)
- Organisation of a production workshop for the disabled (Geneva, 1977)
- Vocational rehabilitation and employment of the disabled: A glossary (Geneva, 1981)
- Vocational rehabilitation of leprosy patients (Geneva, 1982)
- Vocational rehabilitation of the mentally restored (Geneva, 1979)
- Vocational rehabilitation of the mentally retarded (Geneva, 1978)
- Community-based rehabilitation services for the disabled: A pilot experience in Indonesia (Geneva, 1983)

- The role of governments, employers and trade unions in vocational rehabilitation of disabled workers (Geneva, 1982)

1 International Labour Office, Geneva, 1984.

1 WHO: *International classification of impairments, disabilities and handicaps* (Geneva, 1980).