

**VOCATIONAL REHABILITATION OF THE DISABLED -  
A STUDY IN PROBLEMS AND PROSPECTS**

*A Dissertation Submitted to Jawaharlal Nehru University in partial  
fulfilment of the requirement for the Degree of*

**MASTERS OF PHILOSOPHY**

1997

*Supervisor*  
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*Submitted by*  
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## CERTIFICATE

This is to certify that the dissertation entitled "Vocational Rehabilitation of the Disabled - A Study in Problems and Prospects" submitted by Ms. Aarti Srivastava to Jawaharlal Nehru University, New Delhi. is a record of bonafied research work carried out by her under my supervision for a year.

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*Aarti Srivastava*  
**Aarti Srivastava**

*Dedicated to  
my mom and dad*

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# CHAPTER - I

## INTRODUCTION

According to United Nation's estimate nearly 500 million people in the world, suffer disabilities, meaning that roughly about one person out of ten has an impairment. It is also estimated that 350 million i.e. 70% of these disabled persons have limited or no access to services, which will assist them to overcome their disability and lead an independent or satisfactory life.

Since the disabled constitute a sizeable number of the population, their vocational rehabilitation is extremely important and urgent keeping in mind their economic necessity and the manpower shortages faced by the country.

Rational use of all available manpower and a realisation that full physical fitness is not required for the majority of occupations especially in an industrialised society.

### **1.1 Historical Development of Vocational Services for Disabled Persons**

In the nineteenth century the first service to be developed was care and welfare institutional and educational. They were provided entirely by private organizations. It was gradually realized equally that these were not enough, so emphasis began to be paid on employment. This led to the establishment of sheltered workshops, for blind, the deaf orthopedically handicapped etc.

The first world war lead to the emergence of the problem of ex-servicemen



in the belligerent countries. It led to the adoption of different schemes in various countries aimed at providing employment for these disabled persons:

- i) Compulsory and other employment schemes;
- ii) Vocational training schemes supported by governments.
- iii) Enactment of rehabilitation legislation in USA in 1919.

In addition, staggering findings in the youth who were rejected in medical examination conducted as a part of recruitment showed majority of them suffering from various disabilities according to the medical standards of respective countries.

In addition, staggering findings of disabilities among young adults who were rejected as a result of medical examinations for service in the armed forces. This gave the first clear indication of the level of disability in the civilian population. However, no attention was paid to disabled persons, except a very gradual extension of the pre-war sheltered workshops schemes. In general, there was a failure to see the need for the establishment of complete machinery for preparation and placing in open employment.

The Second World War again produced large numbers of disabled ex-servicemen and disabled civilians, and thus came effective extensive legislation's in the belligerent countries for vocational rehabilitation leading

up to resettlement. Emphasis was no longer put on the protection rather on reintegration into working life. At the same time, the shortage of manpower in the war years, which continued into the post-war period, provided opportunities to civilian employment of disabled persons, in replacement of persons taken into the armed forces, in occupations which had never previously been considered suitable for them and which it had never been imagined they could never perform. Economic necessity and manpower shortages drove many western nations to the adoption of a more rational use of all available manpower and a realisation that full physical fitness is not required for the majority of occupations, especially in an industrialised society. This idea is now spreading to countries with agricultural societies. In the post-1945 period, the modern conception of vocational rehabilitation came into being. This was due, to number of factor's like among other factors, to:

- i) Full employment policies in western countries,
- ii) Advances in medical science, increased longevity and the change in outlook towards treating the sick as personalities rather than cases.
- iii) In many countries adoption of vocational legislation to cover all disabled persons.
- iv) The pressure and influence exerted by the United Nations, the ILO, UNESCO and the WHO to raise economic and social standards,

- v) The efforts and influence of national and international voluntary organisations active in the field of rehabilitation,
- vi) The policy of "full participation and equality" advocated by the international year of disabled persons and the long-term programme of action associated with that year.

## **1.2 Vocational rehabilitation today**

Definition of "Vocational Rehabilitation" Recommendation No. 99, Paragraph 1(a) employment of disabled persons manual on selective placement (Geneva, ILO), reads :

"For the purpose of this recommendation 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".

This definition was further extended in the rehabilitation and employment (disabled persons) convention, 1983 (No.159) and recommendation no.168 to take into account the possibilities for a disabled person to "advance in" as well as "secure and retain" suitable employment. The same instruments also stipulate that another purpose of vocational rehabilitation is to further a disabled person's integration or reintegration into society.

### **1.3 Aim**

- a) The aim of vocational rehabilitation is satisfactory resettlement in suitable work. It is a culminating point in a process which differs in the stages through which it passes for different individuals.

Resettlement may be achieved in open or sheltered employment. It may be achieved with or without work testing, aptitude testing, psychological testing, extensive and prolonged vocational guidance, reconditioning or vocational training.

### **1.4 Services**

- b) These involve :
  - i) obtaining a clear picture of the disabled person's remaining physical, mental and vocational abilities and possibilities (assessment).
  - ii) advising him or her accordingly in the light of vocational training and employment possibilities (guidance).
  - iii) providing any necessary reconditioning, toning up or formal vocational training or retraining (work preparation and training).
  - iv) assisting him or her to find suitable work (placement).
  - v) providing work under special arrangement (sheltered employment).
  - vi) follow-up until resettlement is achieved (follow-up).

c) Identification of the disabled

Who are the disabled needing vocational rehabilitation? How are they defined or identified? Disabilities exist everywhere. They have different effects on different people. Disabilities may be temporary or permanent, partial or total, fixed or changeable. Some disabilities are trivial or have no apparent effect on the working life of the persons concerned, others have more profound effects.

**1.4 Classification of the disabled can be done in various ways**

- a) By cause of disability (origin)
  - i) Congenital or early childhood disability
  - ii) War disability
  - iii) Industrial accident or occupational disease
  - iv) Accident in street, at home, at play
- b) On clinical lines (nature) :
  - i) Orthopaedic Cases
  - ii) Blind
  - iii) Deaf
  - iv) Those with speech defects
  - v) Those suffering from nervous disorders
  - vi) The paralysed from nervous disorders
  - vii) Mentally retarded from nervous disorders

- c) By percentage loss, expressed in terms of :
  - i) function
  - ii) working capacity
  - iii) invalidity
  
- d) By considering the effect of the disability on the working capacity of the individual whether or not it is a handicap to employment.

From the vocational rehabilitation point of view, the only satisfactory method is the last one, neither the origin, nor the nature, not even the extent of the disability matters; what does matter is the effect on the employment prospects or employability of the disabled person. The first concern is the occupational handicap and not the disability. It is when the disability constitutes a real handicap to present or future employment that vocational rehabilitation services are needed.

**Definition of "disabled person"**

The definition in recommendation no.168, paragraph 1 of:- "In applying this recommendation as well as the vocational rehabilitation (disabled) recommendation, 1955, Members should, consider the term 'disabled person' as an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment".

Paragraph 2 of recommendation no. 99 emphasises that "vocational rehabilitation services should be made available to all disabled persons, whatever the origin the nature of their age, provided they can be prepared for, and have reasonable prospects of securing and retaining, suitable employment.

There is no clear line of demarcation between the able bodied and the disabled. Any definition adopted should therefore be flexible enough to permit the inclusion of borderline cases.

**Social and economic considerations :**

When a disability becomes a real handicap to employment, it makes the problems of the following kind :

i) For the individual concerned :

- loss of earning power;
- loss of skill and experience;
- loss of status;
- reduced to position of dependency.

ii) For his or her family :

- loss or reduction of income;
- increased dependency on others;
- burden of caring for disabled person.
- loss of status;

iii) For society as a whole :

- loss of disabled worker's former contribution in skill and earnings;
- loss of skill;
- loss of manpower unit;
- loss of production;
- assumption of financial charges for care of disabled person and his or her family;
- increase in number of non-productive or dependent persons.

In all countries, efforts are being made to raise the standards though by education, vocational training, productivity etc., the loss of former or potentially skilled workers through disability simply cannot be afforded. They are national assets that should be conserved.

The disabled must be thought as a part of the general population entitled to the same rights, privileges, services and consideration as others and equally having the same responsibilities. They are not second-class citizens. Moreover, the employment of the disabled leads to an increase in overall production and reduces the number of economically unproductive persons.

The following statement is reproduced from the United Nation's World Programme of Action concerning disabled persons :- "More than 500 million



people in the world are disabled as a consequence of mental, physical or sensory impairment. They are entitled to the same rights as other human beings and to equal opportunities. Too often their lives are handicapped by physical and social barriers in society which hamper their full participation. Because of this, millions of children and adults in all parts of the world often face a life that is segregated and debased".

### **1.5 Starting a vocational rehabilitation programme:**

The I.L.O. document says that nothing should be done in countries with large unemployment and under employment and a lack of services is simply not tenable. Although a level of achievement comparable with most highly industrialised and developed countries is not possible at first, something can be attempted and carried out. A start can be made. The beginning of a vocational rehabilitation programme cannot be deferred until a utopian economic situation is reached.

The United Nation's, its specialised agencies and leading international non-governmental organisations estimate that 10% of any population is physically or mentally disabled to such extent that to require some assistance in the normal activities of daily living.

It is understandable that it may not be possible to tackle the vocational rehabilitation of all these disabled persons, but some positive steps can be take

to mitigate the problem. It is economically, socially and technically necessary to proceed gradually to select those persons for vocational rehabilitation where the best results can be obtained in terms of employment. This gradual start is important because of lack of experience, lack of necessary personnel, and the difficulties in the hard work of job placement. This should not be underestimated. It is also essential to start slowly so as to demonstrate to the authorities and the general public that vocational rehabilitation is economically and socially worthwhile.

The start should be made with relatively simple cases which would show quick and good results from the social and economic points of view. This means that concentration should be put on certain categories or types of disabled. Age too should be considered and perhaps younger persons should have preference over older age groups.

Adequate preparation for employment is essential, but expensive and complicated services and institutions are not necessarily needed. It is the devotion and effort put into the work of helping the disabled that really count.

In conclusion, it is worth quoting the last two paragraphs of recommendation no. 99 and paragraph 15 of recommendation no. 168.

## **Recommendation no. 99 of I.L.O.**

**Paragraph 41 :** "(1) Vocational rehabilitation services should be adapted to the particular needs and circumstances and in accordance with the principles laid down in the recommendation.

- 2) The main objectives of this progressive development should be :
  - (a) to demonstrate and develop the working qualities of disabled persons;
  - (b) to promote, in the fullest measure possible, suitable employment opportunities for them;
  - (c) to overcome, in respect of training or employment, discrimination against disabled person on account of their disability".

**Paragraph 42 :** "The progressive development of vocational rehabilitation services should be promoted with the help, where desired, of the ILO.

- (a) by the provision wherever possible, of technical advisory assistance;
- (b) by organising a comprehensive international exchange of experience acquired in different countries, and
- (c) by other forms of international co-operation directed towards the organisation and development of services adapted to the needs and conditions of individual countries and including the training of the staff required.

### **Recommendation no. 168 :**

Paragraph 15 : "Vocational rehabilitation services in both urban and rural areas and in remote communities should be organised and operated with the fullest possible community participation, in particular with that of the representatives of employees', workers' and disabled persons' organisations".

### **Objectives**

This dissertation tries to focus on equalising opportunities for the disabled, challenging attitudes, providing encouragement to all disabled, specially the women who are the worst hit.

It also suggests policy targets describes range of alternative strategies and the ways of overcoming obstacles.

## CHAPTER - II

# STUDIES ON DISABILITY

There has been a remarkable change in social perception towards persons with disabilities and the issue of disability has metamorphosed from a purely individual medical/clinical problem to a socio-political and economic. There is, thus, increasing realisation among that their problems stem primarily from social prejudice and discrimination rather than from their physical and functional impairments. This trend has stimulated a corresponding interest by scholars and researchers in a new theoretical paradigm to issues confronting this under-privileged strata of society.

Consequently, the disability studies are constantly and rapidly gaining recognition as a critical area of academic investigation in many disciplines in the colleges, universities and academic institutions of Western advanced countries like the USA, the UK and Canada. Researchers from diverse professions are evincing keen interest in the analyses of laws, regulations and programmes affecting persons with disabilities. The underlying assumption is that disability must be approached from a holistic paradigm. Without an appreciation of policy issues shaping the alternatives available to such disadvantaged people, individuals opting career in health sciences, the helping professions and other occupations are debarred from valuable insights and

crucial context for their efforts to serve the interests and needs of this under-privileged segment of the population<sup>1</sup>.

Ironically, despite a plethora of studies and researches carried out in the developed societies, this area still remains unexplored and continues to be ignored in the curriculum of schools and universities of a developing country like India and due attention has not been devoted to the analysis of disability and rehabilitation policies from inter-disciplinary paradigm<sup>2</sup>. This tendency has resulted in the field of disability being studied and analysed as merely the part of the syllabi of certain specific disciplines; such as, Medical Science, Bio-technology, Psychology, Engineering, Social Work, Special Education, Community Health, Rehabilitation Medicine, Labour Economics and

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1. In order to gain a better appreciation of this aspect, see the following : Harlan Hahn, "Introduction : Disability Policy and the Problem of Discrimination", **American Behavioral Scientist**, special issue on 'Disability and Rehabilitation Policy', vol. 28, no. 3, January/February 1985, pp. 293-318; David Pfeiffer and Karen Yoshida, "Teaching Disability Studies in Canada and the USA", **Disability & Society**, vol. 10, no. 4, 1995, pp. 475-500; Michael Oliver, **The Politics of Disablement** (Houndmills: Macmillan, 1990).
  2. See, for instance, the following : Usha Bhatt, **The Physically Handicapped in India: A Growing National Problem** (Bombay : Popular Book Depot, 1963); V.R. Krishna Iyer, **Law, Justice and the Disabled** (New Delhi : Deep and Deep Publications, 1982); D. Rama Mani, **The Physically Handicapped in India : Policies and Programmes** (New Delhi : Ashish Publishing House, 1988); **The Situation of the Handicapped in India : With Special Reference to Andhra Pradesh, Bihar, Maharashtra, Tamil Nadu and West Bengal** (New Delhi : Institute of Social Sciences, 1988); Anima Sen, **Psycho-Social Integration of the Handicapped : A Challenge to the Society** (Delhi : Mittal Publications, 1988); **Mental Handicap among Rural Indian Children** (New Delhi : Sage Publications, 1992); Madhumita Puri and Arun K. Sen, **Mentally Retarded Children in India** (New Delhi : Mittal Publications, 1989); Arvind N. Desai, **Helping the Handicapped : Problems and Prospects** (New Delhi : Ashish Publishing House, 1990).

Sociology as well as other areas, and that too in a piece-meal fashion. Important contribution could also be expected from other disciplines; such as, Anthropology, Political Science, History, Area Studies, Gandhian and Buddhist Studies and different branches of humanities, like Literature, Philosophy, Religion and Arts. What is more, there seems to be far too rigid a compartmentalisation of disciplines in the curriculum of Indian universities and academic institutions, which has contributed to a reduction of cross-flow between various fields of research and is, hence, obstructing progress in the specific field of disability. That is why the area of disability has, so far, failed to engage the attention of policy-makers as well as even academicians, and 'Disability Studies' has been denied the status of a separate academic discipline or field of inquiry. In this chapter, an attempt is made to briefly recapitulate the history of disability studies and research and, then, explore the prospects for incorporating the teaching of **Disability Studies** in the curriculum of Indian Universities, thereby according it the status of a distinct academic discipline.

## **2.1 Significance and Growth of Disability Studies**

During recent decades, increased attention has been paid to the analysis of public policies for disabled persons. This could be judged from the fact that disability and rehabilitation policy is moving to the top of the health and welfare agenda and professionals from a vast array of disciplines are showing

deep interest in locating and examining problems and difficulties faced by such persons. The growth of Disability Studies as a distinct academic discipline in Western advanced societies could be viewed as a reflection of the changed intellectual orientation. There are a host of reasons for the heightened focus on 'Disability Studies'.

To begin with, there is the growing awareness among the public towards the ever-burgeoning disabled population at the global level and larger social cost arising out of their reduced productivity<sup>3</sup>.

The second reason relates to the 'perceived cost of programmes'<sup>4</sup>. Disabilities are, by definition, chronic disorders, requiring prolonged care and remediation. Rehabilitative measures are considered to be extremely expensive in the present age of spiraling prices and serious concern is being raised in certain quarters whether resources are being properly and judiciously allocated or not. It thus draws our attention towards the concept of distributive justice of Harold D. Lasswell<sup>5</sup> (a prominent political scientist of the Twentieth century,

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3. Howard S. Erlanger and William Roth, "disability Policy : The Parts and the Whole", **American Behavioral Scientist**, special issue on 'Disability and Rehabilitation Policy', vol. 28, no.3, January/February 1985, pp. 319-345.

4. Ibid.

5. See, Harold D. Lasswell, **Politics : Who Gets What, When and How ?** (New York & London : Random House, ).



who has pioneered in the 'Behavioural Revolution' in the realm of political science).

The third reason emanates from the problems of inadequate socialisation and stereotyping of the disabled, which may be held responsible for increased assessment and intervention efforts with the disabled individuals. They have been, conventionally, perceived as 'flawed' and in need of rehabilitative services so as to 'bring them up' to normative standards. Furthermore, the normal tendency is to treat them as "helpless, incompetent, unproductive and dependent"<sup>6</sup>. The fourth reason is the increased militancy on the part of persons with disabilities since the disability rights movement. Breaking a departure from the passive stereotypes and traditions of the past, the 'shut-ins' of yesterday are asserting that they have not been shut in by their disabilities, but rather shut out of the mainstream of society<sup>7</sup>.

The fifth reason is the greater social and legal activism on behalf of the advocacy groups of the rights of disabled persons, which has led to the mushrooming of direct services and academic enterprises directed at mainstreaming them into the social fabric. This is, to some extent, an extension of the broader wave of activism and legislative progress for the

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6. M. Jackman, "Enabling the Disabled", *Perspectives: The Civil Rights Quarterly*, vol. 15, pp. 23-26.

7. Erlanger and Roth, n. 3.

disabled as reflected in the emergence of disability rights since 1970s. This transitional phase is characterised by the growing recognition of the disabled population as a minority group; who have been, traditionally, victimised and debarred from their basic human rights<sup>8</sup>.

Apart from all these, there are some other factors which could be cited to justify the relevance of the Disability Studies in contemporary society. Among such factors are the proliferation of parent and child advocacy groups, misconceptions and myths about the phenomena of disability (especially in the Third World societies like ours where the age-old doctrine of karma among the Hindus) and growing concern towards high risk for crime, hooliganism, child abuse and abandonment by the family and relatives. Since there is a staggering estimate of more than 90 million population affected by the ravages of disabling conditions and because of the billions of amount invested so far on the physical and vocational rehabilitation of such persons, it could be a significant area for teaching and research. The State exchequer cannot be converted into charity funds to meet the requirements of disabled people on such a mass scale in view of resource crunch. In order to provide a scintillating analysis of the teaching of Disability Studies, it seems necessary to examine the historical evolution of this nascent field of knowledge.

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8. Vincent B. Van Hasselt et al (eds.), "Introduction", in **Handbook of Developmental and Physical Disabilities** (New York : Pergamon Press, 1988), p. 6.

As noted earlier, beginning the Eighteenth century, public policy has moved from providing institutional arrangement for elementary care to facilities for education, including technical and vocational, for the children with disabilities and rehabilitation programme for disabled adults. During the course of the last more than two decades, the disability rights movement has traversed a long and arduous journey and has achieved major policy goals. What is more, it propped up the emergence of Disability Studies during the 1970s and 1980s by organising advocacy groups and academics. A major impetus in this regard was the convening in 1977 of the White House Conference on Handicapped Individuals in the USA. Interestingly, some 3000 persons converged in Washington in May 1977 to engage in debate and set up a nation-wide network of advocates. A crucial role in this direction was played by scholars who were greatly concerned about disability and rehabilitation issues. It was, indeed, a rare coincidence that one of the initial articles which was self-consciously penned down from the perspective of disability studies appeared immediately after the White House Conference<sup>9</sup>. The same year also witnessed the launching of first disability studies course in the USA. It was in the area of Medical Sociology; primarily concentrated on the experience of living with disability, a critical life experience generally avoided by many persons. It is also significant to note that the instructor was

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9. D. Pfeiffer and M. Giampietro, "Government Policy toward Handicapped Individuals", *Policy Studies Journal*, vol. 6, 1977, pp. 93-101.

a disabled person who helped the students in gaining a better appreciation of policy issues concerning disability and rehabilitation<sup>10</sup>, thereby heralding a new era in the evolution of Disability Studies as a separate academic discipline. In fact, the growth of this discipline could be regarded to have formally originated from this platform.

Disability Studies is an innovative area, with a sound professional academic foundation. There is a vast and growing literature on the subject which seems to have been largely unpersued by most government decision makers as well as researchers. This has impeded the progress of this emerging discipline<sup>11</sup>.

One may find a large number of scholarly periodicals and journals in this

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10. N.A. Brooks, "The Social Consequences of Disability : An Experiential Approach", *Teaching Sociology*, vol. 7, pp. 425-38.
  11. There are numerous scholarly works worth-mentioning in this regard; some of the prominent of which are as follows : Harlan Hahn, "Disability and Rehabilitation Policy; Is Paternalistic Neglect Really Benign", *Public Administration Review*, vol. 42, no.4, July/August 1982, pp. 385-89; (ed.) Michelle Fine (eds.), *Journal of Social Issue*, special issue on 'Moving Disability beyond Stigma', vol. 44, no. 1, 1988, pp. 1-191; Len Barton (ed.), *Disability, Handicap & Society* (hereafter cited as *Disability & Society*), special issue on 'Researching Disability : Setting the Agenda for Change', vol 7. no.2, 1992, pp. 101-221; G. Albrecht (ed.), *The Sociology of Physical Disability and Rehabilitation* (Pittsburgh : 1976); Frank Bowe *Rehabilitating America : Toward Independence for Disabled and Elderly People* (New York : Harper & Row, 1980); *Handicapping America : Barriers to Disabled People* (New York : Harper & Row, 1978); Robert L. Burgdorf, Jr. (ed.), *The Legal Rights of Handicapped Persons : Cases, Materials and Text* (Baltimore : Paul H. Brookes Publishers, 1980); Sally French (ed.), *On Equal Terms : Working with Disabled People* (Oxford : Butterworth Heinemann, 1994); John Gliedman and William Roth, *The Unexpected Minority : Handicapped Children in America* (New York : Harcourt Brace Jovanovich : 1980); Irving Howards et al, *Disability : From Social Problem to Federal Program* (New York : Praeger, 1980); Jeffrey Rubin and Valerie La Porte (eds.), *Alternatives in Rehabilitating the Handicapped : A Policy Analysis* (New York : Human Service Press, 1982); Pfeiffer and Yoshida, n.l.

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field. The **Disability Studies Quarterly** (published from the USA under the editorship of Irving Kenneth Zola, a disabled social scientist of Brandeis University) is the oldest (since 1981) and the most significant one. Five years later, it was followed by the publication of **Disability, Handicap & Society** (hereafter titled **Disability & Society**) in 1986 from **American Behavioral Scientist**, special issue devoted to Disability and Rehabilitation Policy, vol. 28. 1985, pp. 291-432; Adrienne Asch and the UK. This journal is also highly scholastic and edited by Len Barton of the University of Sheffield. Moreover, there is the **Journal of Disability Policy Studies** in the US, published since 1989; which carries over scholarly articles and reviews on a vast array of disability issues. The other journal worth-mentioning in this regard is **Disability and Rehabilitation**, also published from the UK; in recent years, this journal is exhibiting greater orientation towards including more disability policy and disabilities studies articles. The **Disability Rag** and **Mainstream** could be cited as two other major publications of the USA, maintaining high professional and academic standards. In addition, there are of reputed academic journals published from the number Western countries; such as, **Amicus, International Journal of Rehabilitation Research, Rehabilitation Digest, Rehabilitation Literature** and **Sexuality and Disability**.

This enumeration of periodicals/journals is not exhaustive and is merely intended to provide a glimpse of the evolving field of Disability Studies as an

academic discipline. Moreover, so many other scholarly journals in other allied disciplines; such as, Political Science, Sociology, Psychology, Social Work, Special Education, Law, Anthropology, Economics and History also occasionally carry articles on disability and rehabilitation related topics. A special issue on 'disability and rehabilitation policy' was published in 1985 by the **American Behavioral Scientist**. Likewise, the **Journal of Social Issues** also brought out a special issue 'moving disability beyond stigma' in 1988, exclusively devoted to the disability and rehabilitation aspects. In recent years, the **Policy Studies Journal** released a two volume symposium on disability policy. Some other journals in the allied disciplines have also made their venture in this direction.

The field of Disability Studies can be paralleled with **Women's Studies** and **Black Studies** in several respects<sup>12</sup>. Noticeably, each of this field is focused on individual as well as the societal context. Several scholars, therefore, are tempted to make analogy with women's studies partly by the fact that of the

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12. For a better understanding on this point, see the following : Sheldon Kamieniecki, "The Dimensions Underlying Public Attitudes towards Blacks and Disabled People in America", **American Behavioral Scientist**, special issue on 'Disability and Rehabilitation Policy', on 'Disability and Rehabilitation Policy', vol. 28, no. 3, January/February 1985, pp. 367-385; Brooks, n. 10; M.J. Deegan and N.A. Brooks, **Women and Disability : The Double Handicap** (New Brunswick : Transaction Books, 1985); M. Begum, "Disabled Women and the Feminist Agenda", **Feminist Review**, vol. 44, 1992, pp. 3-6; Sheila Stace, **Vocational Rehabilitation for Women with Disabilities** (Geneva : ILO, 1986); J. Morris, "Personal and Political : A Feminist Perspective on Researching Physical Disability", **Disability, Handicap & Society**, vol. 7, 1992, pp. 157-66; E. Simpkins, "Black Studies : Here to Stay ?", **Black World**, December 1974, pp. 26-29.

striking features dividing people into distinct classes, only gender and disability may be singled out as cross-cultural and universal in their impact. There are several important analogies between the black and disabled people. Most members of these minorities possess physical characteristics that set them apart from the rest of the population. Their inability to blend into society without being noticed makes it easier for others to label and mistreat them.

A number of researchers in the area of Disability Studies have sought to apply the concepts and methodologies of Psychology and Sociology<sup>13</sup>; whereas other scholars prefer to borrow ideas as well as tools and techniques from Anthropology<sup>14</sup>, Economics<sup>15</sup>, Linguistics<sup>16</sup>, Political

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13 In order to provide a comparative analysis in this regard, see S. Kleinfield, **The Hidden Minority : A Profile of Handicapped American** (Boston : Little, Brown & Co., 1979); Albrecht, *ibid*; Richard Roessler and Brian Bolton, **Psycho-Social Adjustment to Disability** (Baltimore : University Park Press, 1978); Frank Bowe, "Into the Private Sector : Rights and People with Disabilities". **Journal of Disability Policy Studies**, vol. 1, 1990, pp. 89-101; B.A. Wright, **Physical Disability : A Psycho-Social Approach** (New York : Harper & Row, 1983). **A Chronicle of Living with a Disability** (Philadelphia : Temple University Press, 1982).

14. See, for instance, the following : Jessica Scheer and Nora Groce, "Impairment as a Human Constant : Cross-cultural and Historical Perspectives on variation", **Journal of Social Issues**, special issue on 'Moving Disability beyond Stigma', vol. 44, no. 1, 1988, pp. 23-37; R.B. Edgerton, "Mental Retardation in Non-Western Societies Toward a Cross-cultural Perspective on Incompetence", in H.C. Haywood (ed.), **Socio-cultural Aspects of Mental Retardation** (New York : Appleton-Century-Crofts, 1970); S. Weiss, **Cross-Cultural Patterns of Disability in Non-Western Societies**, unpublished paper (Brown University : Department of Anthropology, 1985).

15. Monroe Berkowitz et al, **Public Policy Toward Disability** (New York : Praeger, 1976); Edward D. Berkowitz (ed.), **Disability Policies and Government Programs** (New York : Praeger, 1979).

16. W. Stokoe, **Sign and Culture** (Silver Spring, MD : Linstok Press, 1980).

Science<sup>17</sup>, History<sup>18</sup> and Media Studies<sup>19</sup>. Because of divergences in methodology adopted and multitude of problems studied, the claims of Disability Studies as a separate academic discipline are questioned in certain quarters and it is contended that it is not and can never be assigned the status of an independent discipline. The root cause of this misunderstanding lies in the fact that it is considered to be identical with so many other allied disciplines; such as, Rehabilitation, Rehabilitation Engineering, Medical Sociology, Abnormal Psychology, Special Education and other Health Sciences. However, there is classical distinction between them<sup>20</sup>. Despite the fact that there appears to be some overlap of subject matter, the basic theoretical underpinning guiding disability studies could be regarded to be distinct from other allied disciplines in the sense that generally scholars of these fields adopt medical/clinical approach to study the phenomena of disability; while the proponents and advocacy groups of the Disability Studies are greatly inclined to study and analyse it from socio- political perspective.

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17. Hahn, n. 11; R. Scotch, **From Good Will to Civil Rights : Transforming Federal Disability Policy** (Philadelphia : Temple University Press, 1984); Oliver, n.1.

18. See, in this context, Monroe Berkowitz and Edward D. Berkowitz, "Widening the Field : Economics and History in the Study of Disability", **American Behavioral Scientist**, special issue on 'Disability and Rehabilitation Policy', vol. 28, no. 3, January/February 1985, pp. 405-17; also see n. 15.

19. Robert Bogdan et al, "Disabled : Media's Monster", **Social Policy**, vol. 13, no. 2, Fall 1982, pp. 32-5; \_\_\_\_\_ and Douglas Biklen, "Handicapism", **Social Policy**, vol. 7, no. 5, March-April 1977, pp. 14-19.

20. Harlan Hahn, "Paternalism and Public Policy", **Society**, March-April 1983, pp. 33-46.



As elaborated in the second chapter that the medical/clinical approach to disability, views the disabled individual as a patient for whom decisions are made, though there exist variations. According to the medical/clinical approach, the problem is defined solely in terms of impairment, thereby suggesting lack of vocational skill, poor adjustment, and/or lack of motivation on the part of the disabled persons. The remedial measure could be the intervention by the professional who determines what is the desired fall out for such persons<sup>21</sup>.

On the other hand, the paradigm of Disability Studies seeks to focus its attention on the individuals and their life experiences as the major area of research and academic enterprise. The problem is perceived as over-dependence on professionals and others, inadequate support services as well as attitudinal, sensory, architectural and economic barriers. The perceived solution could be self advocacy, system advocacy, removal of disabling barriers and participation by disabled persons in decision making processes affecting their lives. One of the proponents of the Disability Studies candidly observes: Decisions about the willingness of a society to accommodate to the requirements or desires of persons with various sorts of physical disabilities can only be made by officially designated policy makers. Moreover, the

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21. Gerben De Jong and Raymond Lifchez, "Physical Disability and Public Policy", *Scientific American*, vol. 248, no.6, June 1983, pp. 40-49.

similarity between the purpose of rehabilitation and a commonly accepted abstract goal of government ... seems to place the subject of disability and rehabilitation at the center of the policy arena. Hence, the failure to achieve this objective -- and the difficulties plaguing the disabled minority -- might be viewed as a reflection of the relative influence of contending forces in the policy-making process<sup>22</sup>.

Thus, following the medical/clinical approach, it may be objectively asserted that disability is merely a health problem; while disability studies, being the outgrowth of socio-political approach to disability, treats the phenomena of disability as a policy and civil rights issue. The writing of disabled sociologists go further in evolving a radical political and social theory of disability. Providing a valuable insight into understanding the underlying significance of this orientation, Barton and Oliver maintain: They are critical of 'personal tragedy' models of disability. For them the difficulties of participating in society are not due to personal limitations, but arise from the prejudices, discriminatory policies and practices and social restrictions of an unadaptive society. Disability is a fundamentally political, social issue, which is a form of oppression<sup>23</sup>.

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22. Hahn, no.11, pp. 387-88.

23. L. Barton and M. Oliver, "Special Needs : Personal Trouble or Public Issues ?", in M. Arnot and L. Barton (eds.), **Voicing Concerns : Sociological Perspectives on Contemporary Education Reforms** (Wallingford : Triangle Books, 1992), pp.

Thus, **Disability Studies** may be defined as a discipline which reformulates the study of disability by perceiving the problem of disability as a social phenomenon. social construct, metaphor and culture; thereby suggesting minority approach to its study. It seeks to examine ideas concerning disability in all forms of cultural representations throughout history and analyses the policies and practices of all societies so as to understand the social, rather than the physical or psychological determinants of the experience of disability. The focus of studies, therefore, shifts from prevention / treatment / remediation paradigm to a social / cultural / political paradigm<sup>24</sup>.

The courses on Disability Studies have been incorporated in the curriculum of several universities and academic institutions of the USA, Canada, the UK and other Western countries. Most of courses, however, are selective in nature. basically initiated because of the deep interest and professional competence of their proponents/instructors. The University of Southern California in USA had an undergraduate programme in Disability Studies for quite some time. Suffolk University has a concentration in Disability Studies in its curriculum of Master of Public Administration programme. Likewise, the University of London and Leeds in the UK also have various programmes on Disability Studies.

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24. Pfeiffer and Yoshida, n. 1, p. 480.

According to a survey conducted in 1993 in the USA and Canada, as cited by Pfeiffer and Yoshida, such courses are offered in various schools, colleges and faculties of these countries. No such systematic data is available regarding the teaching of Disability Studies in the Universities of the UK and other European countries. Twelve of the instructors were found conducting their courses in a colleges of Arts and Science, four in a school of Public Health, four more in a college of Education, three in a school of Medicine, one in a school of Management, and one in a school of Social Work.

## **2.2 Disability Research : Need for Inter-disciplinary Paradigm**

The history of research on disability and rehabilitation issues has been, traditionally, dominated by what Oliver calls the 'positivist research paradigm' both in respect of the research carried out<sup>25</sup> and the assumptions underlying it<sup>26</sup>. There are two major problems with this domination; first, that the experience of Disability has been considerably distorted; and secondly the interlinkage, between research and social change have been viewed as relatively simplistic rational, thereby adopting a social- engineering approach to the policy-making process.

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25. In this connection, see the following : A. Harris, **Handicapped and Impaired in Great Britain** (London : HMSO, 1971); J. Martin et al, **The Prevalence of Disability among Adults** (London : HMSO, 1988).

26. See P. Wood, **International Classification of Impairments, Disabilities and Handicaps** (Geneva : WHO, 1980).

Disability research, hence, has reinforced the individual model of disability<sup>27</sup>, perceiving the problems faced by disabled persons as a result of their individual impairments. Thus, they fail to match with the self-perceptions of disabled persons; according to which problems faced by disabled persons emanate from discriminatory social practices. The second problem posed by positivist research is that it assumes that the relationship between research finding and policy change is non-problematic. Given the facts, government will act and changes will occur for the better. This has been referred to as the 'social-engineering approach' and has been subjected to rigorous criticism both for its epistemological assumptions and for its failure to produce social change in the prescribed way<sup>28</sup>. Again this is certainly true of the lack of the effect that this approach has had in the area of disability policy.

Moreover, some attempts have been made during the recent couple of years to undertake disability research from the interpretive paradigm<sup>29</sup> and while

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27. See, for example, M. Oliver, **Social Work with Disabled People** (Basingstoke : Macmillan, 1983).

28. M. Bulmer, **The Uses of Social Research : Social Investigations in Public Policy Making** (London : Allen & Unwin, 1981); see also, J. Finch, **Research and Policy: The Uses of Qualitative Methods in Social and Educational Research** (Lewes : Falmer Press, 1986).

29. In order to gain a better appreciation of the interpretive paradigm of disability, see the following : M. Blaxter, **The Meaning of Disability : The Sociological Study of Impairment** (London : Heinemann, 1988); A. Borsay, **Disabled People in the Community** (London : Bedford Square Press, 1986); and M. Oliver and G. Zarb. "The Politics of Disability : A New Approach", **Disability, Handicap & Society**, vol. 4. 1988, pp. 221-238.

this has attempted to take the meaning of disability for disabled individuals themselves seriously, it has also been not immune from criticisms. These criticisms center, basically, around the failure of this kind of work also to have any serious impact on services for disabled people and their quality of life. It is possible to identify two main reasons for this lapse; firstly, such research does not fundamentally transform the social relations of research production and not for nothing has this kind research been called in another context "The rape model of research"<sup>30</sup> in that researchers have benefitted by taking the experience of disability, rendering a faithful account of it and then moving on to better things while the disabled subjects remain in exactly the same social situation they did before the commencement of the research.

The second criticism of the interpretive paradigm emanates from the model of the policy making process that the interpretive paradigm presupposes; what is normally referred to as the enlightenment model. According to the view point of the critics, there is no direct and explicit link between research and policy making process but what research does instead is that it informs the policy making process. Thus, it provides a backdrop against which policy makers make decisions; it helps them to decide what questions to ask rather than to provide specific answers.

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30. S. Reinharz. **On Becoming a Social Scientist** (San Francisco, CA : Jossey-Bass, 1979).

A major shortcoming of the positivist and interpretive research paradigms is that persons with disabilities are rarely given any opportunity to participate in the research-process, even as ‘subjects’, because researchers are neither willing nor able to make their research accessible<sup>31</sup>. Baker-Shenk and Kyle<sup>32</sup> provide a detailed account of the conflicts arising with the attempts made by hearing researchers to study deaf people and their language. Ways and means must be found out to encourage and enable disabled persons to undertake research into their own situation, and for research practice to be shaped in such a manner as to ensure their full participation. Jones and Pullen, a hearing and a deaf researcher has highlighted the usefulness of applying interviewing techniques suited to deaf persons. They point out the significance of understanding the various implications of time, touch, visual information and language within deaf and hearing cultures.

The persons with disabilities represent the most impoverished strata of society and may feel that money is wasted on research when they could have

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31. See Mike Oliver, "Changing the Social Relations of Research Production ?", **Disability, Handicap & Society**, special issue on 'Researching Disability : Setting the Agenda for Change' vol. 7, no.2, 1992, pp. 101-14; Sally French' "Researching Disability", (ed.) **On Equal Terms : Working with Disability People** (Oxford : Butterworth Heinemann, 1994).

32. C. Baker-Shenk and J.G. Kyle, "Research with Deaf People : Issues and Conflicts", **Disability, Handicap & Society**, vol. 5, no. 1, 1990, pp. 65-75.

provided the information themselves directly<sup>33</sup>. According to Zarb, it is necessary for researchers to take into account the professional, academic and financial benefits accruing to disabled persons from such academic enterprises. As Oliver opines :

The major issue on the research agenda for the 1990s should be; do researchers wish to join with disabled people to use their expertise and skills in their struggle against oppression or do they wish to continue to use these skills and expertise in ways in which disabled people find oppressive ?<sup>34</sup>

This disenchantment with both the positivist and interpretive research paradigms has necessitated the development of participatory and emancipatory research paradigms<sup>35</sup>. Participatory research paradigm seeks to involve, at every stage of the research process -- including, selection of topics, methods to be adopted, evaluation and dissemination -- towards whom research is directed. These may include persons with disabilities, patients and rural village dwellers. During recent years, this paradigm has gained wider popularity in the developing societies. there is no scope for 'subjects' or passive co-

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32. G. Zarb, "On the Road to Damascus : First Step towards Changing the Relations of Disability Research Production". **Disability, Handicap & Society**, special issue on 'Researching Disability : Setting the Agenda for Change', vol. 7, no.2, 1992. pp. 125-138.

34. Oliver. n. 34.

35. Sée, French n. 34.



operation in this paradigm; on the contrary, everybody involved is treated as an active participant. The expertise and talents of everyone are galvanised to the optimum level, with training being imparted if necessary. It however, does not negate the expert knowledge or assistance from outside, rather it is designed to make traditional research more effective and meaningful.

Though any research method can be applied in participatory research, the focus should be on eclectic, inventive and flexible; there by proving the scope for new ideas to emerge and allow for changes in plan and direction. In other words, methods are adapted in such a manner to suit the particular situation and the individuals involved, rather than forcing ideas into a stereotyped way. Thus, the underlying assumption behind this approach is to provide educational opportunities to those who are frequently at the receiving end of research directed by 'experts'. This approach may have the prospects of enhancing their skills, self-reliance and self-confidence; thus leads to relevant and important social action. It may, thus, be viewed as a democratic means of accelerating social transformation and eradicating discrimination and exploitation<sup>36</sup>.

In other words, the basic objective of participatory research is not only to explore significant issues, but to facilitate fundamental social transformation:

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36. Ibid.

Under this research, people at the lower rung of any hierarchy hardly have sufficient power to generate knowledge. Brechin rightly observes: "Research tends to be owned and controlled by researchers, or by those who, in turn, own and control the researchers"<sup>37</sup>.

As a result, the issues investigated lose its relevance for those who are researched, thereby "erecting social barriers and impeding meaningful social change"<sup>38</sup>. However, a shift of emphasis from traditional research to participatory research would necessitate enormous attitudinal and behavioural change on the part of researchers. It is of course, necessary that researchers familiarise themselves with the meaning of participatory research and avoid involving persons with disabilities in a superficial or tokenistic way.

Zarb<sup>39</sup> has sought to draw a demarcation line between 'participatory research' and 'emancipatory research' under the impression that research cannot be emancipatory unless it is empowering; but that empowerment cannot be 'given' but rather must be 'taken'. Regarding disability research, he categorically states :

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37. A. Brechin, cited in *ibid*.

38. *Ibid*.

39. Zarb, n.36; see also, French, n. 34.

Participatory research which involves disabled people in a meaningful way is perhaps a pre-requisite to emancipatory research in the sense that researchers can learn from disabled people and vice versa, and that it paves the way for researchers to make themselves 'available' to disabled but it is no more than that. Simply increasing participation and involvement will never by itself constitute emancipatory research unless and until it is disabled people themselves who are controlling the research and deciding who should be involved and how<sup>40</sup>.

Likewise, Morris is credited with more or less the same view point. According to her, emancipatory research "must be part of disabled people's struggle to take over ownership of the definition of oppression"<sup>41</sup>. The significance of the emancipatory research paradigm lies not in its endeavours to study the other end of existing power relations but in its promptness to challenge them<sup>42</sup>. Such challenges are unlikely to be funded by institutions located within existing power structures and one suggested solution could be to take money for studying one thing but then to shift the focus once the research has begun "from victim to victimiser, from the powerless to powerful"<sup>43</sup>.

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40. Ibid.

41. See, J. Morris, **Pride Against Prejudice** (London : The Women's Press, 1991).

42. Oliver, n. 34.

43. Cited in *ibid*.

However, researchers would not easily accept such a contention that taking money for one thing and then doing something else is not only unethical but dangerous in the consequences it may have for the researcher, the discipline, the institution and the research community. The development of an emancipatory paradigm is not simply about confrontation with or accommodation to the power structures which fund and resource research produced. It is also about the demystification of the ideological structures within which these power relations are located. There are thus, three key factors on which such a paradigm must be based. These factors are reciprocity, gain and empowerment<sup>44</sup>.

The issue for emancipatory research, then, is not how to empower people but what research can then do in order to facilitate this process. This is not to suggest that the social relations of research productions should be fundamentally transformed. The task for emancipatory research, therefore, is not, as is sometimes made out to be, to help the researched to understand themselves better but to evolve its own understanding of the life experiences of those very subjects. This is, evidently, a dialectical process in which research can contribute significantly.

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44. Ibid.

## CHAPTER III

# VOCATIONAL REHABILITATION FOR WOMEN

There are no global estimates of the number of people with disabilities who are employed. Employment is important for the disabled, it provides economic security and independence, it gives a value and status to the individual; it helps with integration and acceptance by the non-disabled, and it gives a purpose of living. In many respects, disabled people have been denied opportunities to work, given menial tasks are most vulnerable to recession because they have fewer skills to offer. They are constantly undervalued.

Since the end of the second world war, women world-wide have been participating increasingly in the labour force. Statistics from the ILO have emphasised the extent to which this participation has grown, reaching its peak in 1975 when 35% of the world's work force were women. This figure has declined slightly as a result of the world recession in the 1980s. The increase has been most marked among married women or women with children, thus suggesting that a woman's working life is now less likely to be interrupted by child rearing. However, the percentage under-represents the economic activity of women, disregarding as it does, women in agriculture, animal husbandry, family businesses, home making and the informal sector.

The nature of employment has nevertheless changed very little. Women have made small inroads into industry but still represent only 30% of the industrial labour force, except for Eastern Europe while the figure is nearer to 50%. Women predominate in the service sector and public sector where the skills they are expected to offer are those closely allied to home-making and child-rearing. The recession has had its impact, but in the industrialised countries women have remained attached to work, even at the cost of lower pay or shorter hours, while in the developing world they have sought more participation in the informal sector.

There is an almost total lack of international statistics concerning the numbers of disabled women in employment; but if able bodied women in encounter difficulties in obtaining and retaining suitable work, even greater difficulties face those women who have a handicap or difficulty to contend with.

### **3.1 Review of literature**

Very little is known of the extent to which women with disabilities are able to participate in the labour force, and consequently little emphasis has been given to meeting their needs through vocational rehabilitation. Research data is scarce. A computer search carried out in United States for material in psychological field found that although there were 7,500 references to disabled men and 3,300 references to women in general, only 19 were to disabled

women (Johnson and James, 1984). Two computer searches for this study produced very little material from the United Kingdom and only a list of a small number of American journals and seminar reports, while the U.K. directory of non-medical research into disability has no section on women and disability (Whitley and Sandhu, 1982).

In considering any material on the subject of women or disability, there are some definitional problems which make comparisons between countries impossible; the definitions of disability, employment and economic activity are particularly crucial.

Disability is defined in a variety of ways according to the purpose for which the definition is required, it is often unclear what is meant by "disabled". Croxson (1982) suggested that definitions may be grouped in 5 ways.

- a) those which indicate the broad social context.
- b) those which are provided by the international agencies, more often than not using a medical framework.
- c) those created for administrative convenience, in order to decide who receives a service or a benefit.
- d) those which are used by the disabled themselves to identify a social movement.
- e) those which individuals use to describe their own personal experiences.

The implications for women with disabilities are two fold. First, the definitions do not recognise that people with disabilities are not homogenous (and perhaps are less so than the non disabled), and have different needs in face different barriers to living independent lives. Secondly, the type of definition influences what vocational rehabilitation is available and to whom. It can be argued that the emphasis in national policies on the administrative definition can exclude, women from services while the social context and the personal attitude towards what is appropriate for women with disabilities affects their levels of aspirations and achievement.

In considering the literature about employment and women, commentators have frequently discussed the inadequacy of most census and survey material, as it clearly states that the contribution women make to the economic life of their countries. Anker, in his presentation for the ILO/UNITAR Seminar (ILO/UNITAK, 1984), set out three reasons for this. First, the international definition of labour force, and its national interpretation, exclude traditional women's activities of unpaid family labour, food production and household choice. Secondly, surveys are designed by men and often conducted by men who have difficulty discarding the image of woman as home-maker. Finally, survey are ensurably simplistic and fail to recognise social trends or the need to change attitudes. Thought has been given to changing the basis of assessing womens contribution by encompassing in surveys other aspects of their roles



and activities, and this will be explored when considering how information could be gathered about the nature and extent of vocational rehabilitation opportunities which should be available for women with disabilities.

The impact of disability on women is magnified by unequal opportunities.

Therefore, women suffer double or multiple discrimination because :

- they are more likely to be poor or destitute.
- they are more likely to receive less food.
- they are more likely to be illiterate and without vocational training.
- they are more likely to be unemployed.
- there are fewer appropriate services available to them, and they have less access to rehabilitation.
- they have less chance of founding a family.
- they are more likely to be without family or community support (including physical, financial and emotional).
- the stigma of disability and myths and fears are more likely to increase women's social isolation.

This citation from the JNNIC/NGO Kit "Women and Disability" (JNNIC/NGO Subgroup, 1981, Part III, Pg I) describes the position of women with disabilities across the world and highlights the position of this neglected group. The aim of this review is to present what is known of the situation and

to suggest some ways in which vocational rehabilitation might improve women's opportunities for employment or to make a contribution to their communities.

In his report on vocational rehabilitation the International Labour Conference in 1981 (ILO, 1981), the Director General of the ILO discussed the situation of disabled women particularly affect women. He saw sex-role stereotyping as very significant, compounded by the legislative framework for services and deficiencies in social security systems. In education, the limited range of options offered did little to help women compete in the job market or enter sheltered employment, while the lack of success in changing attitudes of employers and trade unions, or providing the skills with which to adapt to new technologies, further disadvantaged women.

The importance of sex-role means that the impact of both gender and disability on womens employment opportunities must be taken into account. The united Nation's has recognised that special efforts are needed to improve the status of women (The U.N. Decade for Women, 1976-85) and the disabled (1983-92) but neither of the programmes of action associated with these decades including specific measures which would help to resolve the problems of disabled women. The needs of disabled women were recognised by the world conference which reirecured and appraised the achievements of the U.N.

decease for women and which was held in Nairobi, Kenya in July 1985. The conference agreeing that women constitute a significant number of worlds disabled people, recommended that disabled women should be provided with support services to help them with their domestic responsibilities, and also with community based occupational and social rehabilitation measures to enable them to participate in all aspect of life. It seems to be accepted from all the research and literature that women with disabilities are discriminated against both as women and as disabled people.

### **3.2 Employment of Women**

The OECD suggested a number of factors which explained the apparent contradictions of both the increased number of women working and higher unemployment rates for women than for men. Women it seems, retained their jobs during the recession but did not increase their participation when trade picked up. Men's work was more cyclically sensitive because of their predominance in manufacturing industries where decline has been more marked and women had made limited inroads. However, the areas where women preclaminated (the service sector and public service) were cushioned from the recession. Further, women were more prepared to accept casual, short term work, lower salaries, poor working conditions and loss of seniority in order to retain a job. Once on upturn came, employers prefered to take on men and retain them because men, on the whole, are perceived as being more

mobile than women. There is now evidence that women's employment security is under a different threat. As the public service sector has expanded, women have been recruited in increasing numbers, usually into the lower status, lower-paid jobs, which call upon the traditional women's skills related to caring, secretarial and domestic activity. In the 1980s governments in western industrialised countries adopted policies designed to reduce public sector spending, and it is those areas in which women have predominated that have been cut sack or mechanised (ILO, Women at Work, No. 2, 1983).

Sahnsen and Hafer (1985) point out that there has always been a sexist orientation to employment and that, despite the civil rights movement of recent years, the situation has not changed. They refer to various data sources including that of the United States Department of Labour (quoted by Sarker, 1982) which indicated that unless major changes occurred, women would continue to constitute 78% of clerical workers, 67% of service workers, 97% of household workers and 43% of sales workers, 25% of all employed women were said to be in five occupations; elementary school teachers, typists, waitresses, nurses, and clerks. Half of all working women were said to be in 17 occupations compared to 64 occupations for the same percentage of men. An American study of disabled civilian employees in the Federal Government undertaken by Etzel and Nelson (1981) showed that 51% of all women were engaged in clerical occupations and that this was the case for 60

percent of disabled women. In addition to being expected and prepared to work in the lower paid sectors of the labour force, women have fewer promotion prospects or managerial responsibilities than men. The European economic community (EEC), in adopting a programme of action to bring about equal opportunities for women workers (EEC, 1981), recognised the extent to which women in the ten European countries involved did not have equal rights. They were working in the traditional areas of nursing, teaching, office work, selling and unskilled manual work where there were few opportunities for promotion as a survey in the U.K. showed (ILO, Women at Work, No.2, 1982). Women were promoted in specialist or advisory capacities and not into direct management. Gill and Whilly (1983) for the United Kingdom suggested that the bar to promotion resulted from women failing to have the right qualifications prior to entering employment, having less access to in-service training, having broken service or combining family and work, and facing assumptions from employees and fellow workers that they did not want to be promoted. The material from the UN, ILO, EEC on the programme to provide equal treatment endorse these factors.

Housework is defined as uneconomic, and there is a very clear correlation between the uneconomic value ascribed to it and the low pay associated with those jobs which rely on related skills (domestic service, among profession or other types of services). But the impact of the home-making role goes much

further than keeping women in economic insecurity. Many women in the workforce, whether with an employer or in the informal sector, perform two jobs, in the home and outside it. Studies of domestic activity in the industrialised world very clearly show that men undertake little beyond some child care, do it yourself, and car maintenance. A study in France (ILO, Women at War, No.2, 1982), for e.g. has estimated that domestic activity takes an average of ten hours a week for a working man; 18 hrs for an unemployed man, 25 hrs for a housewife. Other studies in the U.S. and Eastern European countries confirm that men do far less in the house than women, and that the nature of a woman's participation in the labour force is governed by compatibility with her home commitments (ILO/UNITAR, 1983; O'Neill and Braun, 1981, Hollingsworth and Mastnobbett, 1983). The effect of this on women's employment is that a job is seen by employees and by many women themselves, as coming second to running at home. For a woman with disabilities, this means an additional strain on her health as she attempts to fulfil both roles.

Wolf made comparisons between able-bodied and disabled people's likelihood of being employed and found that 36% of disabled men, and 47 per cent of disabled women did not work; this compared with only 4% of able-bodied men and 35% of able bodied women respectively. Just under one-third of working disabled men were in full-time work compared with only one-tenth

of disabled women. Wold also compared average wage rates and found that, in general, men whether disabled or not, larned more than women, while women with disabilities earned the lowest wages of all.

The international institute of management in Berlin (West) has produced a series of reports on labour market policies and the disabled in three European countries and the United States. These reports, including one which compared labour market policies, discuss some general issues pertinent to this review and suggest that there are two central principles involved in national policies : the first is that the state should provide for some form of financial support, and the second that rehabilitation should be available for those people with potential to return to work or who have paid into the appropriate social insurance scheme. In budgetary terms, income support is the more costly, leaving fever funds available for services or facitlites to individuals or for special incentives to employers. In the last decade a third principle has been added : Special measures to encourage equal opportunity for disabled people in the workplace. Income support schemes have an impact on women with disabilities. The ILO has clearly demonstrated that vocational rehabilitation is cost-effective because it can succeed in giving a disabled person the opportunity to be economically self-sufficient and contribute to the economically self-sufficient and contribute to the economy (ILO, 1981).

### **3.3 Disabled Women in the Developing Countries**

As for the industrialised countries, the economic, social and cultural factors in the developed world varies but some feature of the situation will be the same. The population of developing countries are predominantly rural, although rapid urbanisation has created cities with large marginal population, with low standards of living. Women suffer particularly from poor standards of living, poverty, poor health, insufficient relief from the burden of household or subsistence work, and oppression, the common features of their working conditions are :

- a) a high concentration of women in rural areas and in agricultural work (90 per cent in Africa and 80% in Asia).
- b) primitive tools and little exposure to modern farming methods - women are often excluded from new technology.
- c) household drudgery with a lack of privacy and without.
- d) long working hours and unrewarding work.
- e) the need to turn to self-employment in order to earn income.
- f) a concentration of women in areas requiring little skill or education (e.g. domestic services).
- g) some opportunities in the professions but a wide gap between the top and bottom levels (no middle class).
- h) cultural restraints on activities outside the home.



- i) a failure to make best use of schools.
- j) a lack of employment opportunities.
- k) legislation which places restrictions on employing women.
- l) a lack of family planning.

Source : ILO, equality of opportunity and treatment of women workers. report VIII, 1975, pp.67-72.

In the majority of developing countries, women's economic activity is considered to be marginal but statisticians and policy makers. It has been estimated for example by Patel (1980) that 25 per cent of African women are "economically active". Of those, 60 per cent worked on lands, often as unpaid family workers. They carry out basic farming but do not control the land. They have limited access to credit, fertilisers and mechanisation, and are excluded from training programmes and improvement projects. The women themselves do not see their economic activity as marginal because their work maintains families by supplementing husbands' low income, or support the family where the head of the household is female.

Respondents to the ILO survey reported that while in theory women had equal rights to enter the labour force, in practice they were barred by cultural labour, or areas of work such as manufacturing, technical and managerial jobs were traditionally closed to them. In some countries, particularly in Asia, the

creation of free trade zones had led to the exploitation of women who have left their home villages to work long hours for low wages, accompanied by poor working conditions and safety standards. In rural areas of Africa where the people have migrated to find work in towns, women are remote from employment opportunities and are thus left to undertake the subsistence farming to animal husbandry.

Women in urban industries include many recent migrants who are adjusting to urban life. They are employed in low-skill occupations, and are economically vulnerable and low paid. In urban areas the most accessible economic activity for many women is the informal sector, where skills related to domestic activity can be used. By nature the employment child care, domestic service, food production and sales, domestic service, food production and sales, and dress making - is often on a self-employed basis or through mutually agreed arrangements. All these types of employment requires no or little capital outlay where the informal sector demands a capital outlay or cash flow management, then women are often excluded because of the unreliability of banks and financial institutions to provide loans to women, or legal provisions which bar them from doing so. The extent to which women are involved in informal sector activity is early quantified. It is usually estimated that women's involvement is less than of men, but the response of Zimbabwe to the ILO survey it is suggested that the ratio of women's to men's

participation in the informal sector is 5 to 1. Domestic work is common among women's. As in the industrialised countries involve the whole family and it provides a low return for long hours with unsafe materials or conditions. There is no legal or social security protection, as the employer obtains cheap labour. Disabled women who are involved in this activity are even more vulnerable to exploitation because of their lack of mobility.

Where women have made advances in the main economy, such as in service industries or the public sector. However, in examples given by respondents, women's participation in the labour market is not growing to the same extent as in Europe or the United States. In Ethiopia, for example, according to 1982 figures, women made up 17.9% of employees in large corporations and government service - in the latter the employment tended to be temporary or on fixed term contracts. In Zimbabwe 6.8% of the working population is women, but this ignores the informal sector and rural activities. Even though the extent of female economic activity is growing, women remain very vulnerable to recession. In Switzerland for instance, where the number of jobs dropped in the year 1981-82 by 3%, the number of women employed dropped even more. The recession, on high inflation and low investment meant that there was little incentive to provide education and vocational training for women. Technical skills are beginning to be available to them, but there will be a limited take-up so long as they remain predominantly illiterate.

Women need to have basic literacy and numeracy in order to compete with men for jobs.

### **3.4 Opportunities for Disabled Women**

#### **a) Traditional Roles :**

Due to the absence of research studies, it is difficult to assess how far it is true that women are not even allowed to participate in traditional roles, but comments from the respondents on the marital status of disabled women suggested as to how far absorption in the family economy is acceptable. Both Indian and Zimbabwean respondents suggested that disabled women were considered to be less marriageable and if disability occurred after marriage that family breakdown was more likely. This would suggest that disabled women were likely to be limited in their access to traditional roles and so be placed in an even more dependent position. However, an Indian report describes how girls with disabilities are encouraged to learn skills and become economically independent precisely because they are unlikely to marry (Tate, 1981).

#### **b) Training :**

Training opportunities for women in general are starting to be established in the developing countries, Burck (1984) described a workshop held in the United Republic of Tanzania to discuss strategies for improving the employment situation of women in Africa and Asia, at which 55 successful

projects for women were considered. The main conclusion was that the principal constraints on the improvement of women's situation were the lack of access to, and control of resources, and the lack of organisation and participation in decision-making.

**c) Vocational Rehabilitation :**

When vocational rehabilitation schemes for the disabled were considered, the United Nation and the ILO reported placemeal development. The ILO has recognised the importance of rural projects and so has tried to encourage their development. In the 1960s rural centres were established in West and East Africa to provide six month courses. These projects gave training in subsistence farming and helped form rural co-operatives, but needed to be adapted both to the spread of mechanisation to the needs of the more severely disabled. They were also residential, which in itself presented barriers to women because of the overprotectiveness of prevents of the incompatibility with family commitments.

Vocational rehabilitation is still inadequate to meet the needs of the total population of disabled. All the respondents to the ILO survey suggested that, although the survey suggested that, although the services were open to women, in practice very few took advantage of them. Burck (1984) suggested that in Zimbabwe the reason why women did not benefit from the existing

services were that they are primarily aimed at disabled men in urban areas. Consequently, the training was geared to life and employment in the town did not provide for traditional women's work. Its curricula entry requirements and format did not favour women; and the centres were residential and so made it difficult for women to attend.

India too has been active, and since November 1982, the All-India Confederation of the Blind, has organised five regional leadership training courses for blind women's. A committee for the advancement of the status of blind women has been formed by the national association for the blind in Bombay, self employment opportunities and offers scholarships to blind girls. A motivation camp for blind women has been established in Madhya Pradesh to create an awareness among the rural and urban women of their rights, duties and responsibilities as citizens. National societies for blind women were recently established in the Philippines and Thailand, whilst in Pakistan the first training centre for blind women came into being in 1981 offering programmes in literacy, personality development and daily living skills, orientation and mobility, home management and traditional and modern income-generating skills.

In outlining the above developments in Asia, Magbool (1981) comments that the situation of employment of blind in Asian countries is still very

unsatisfactory and only a few blind women are gainfully employed in each country. Malaysia has the greatest number of blind female operators. In Singapore, Hongkong, Thailand, and the Philippines, all trained blind female telephone operators find jobs, whilst in Pakistan some 20 blind women with master's degrees are employed as lecturers and teachers in sighted colleges and blind schools. In Bangladesh, India, Indonesia, Pakistan, the Philippines and Thailand, blind women are working as factory hand packers, cane weavers, doll and paper flower makers, knitters and tailors. Some educated blind women in India and the Philippines are employed as social workers and musicians, a few are receptionists and dictaphone typists. Jobs as Braille transcribers and handicraft teachers are also available to qualified blind women.

To summarise the position of women with disabilities in developing countries, it is clear they are affected not just by disability but by the general status of women. The ILO respondents pointed to the strength of traditional values which continued to operate even when the official policy was to seek change. Constitution may give equal rights to women, but girls were considered less valuable by parents, and at best would be kept at home and taught housekeeping, basic subsistence farming, or would be subjected to a range of cultural practices which could in themselves create disabilities. The majority of women in the developing countries are tied to domestic and subsistence

farming in isolated rural communities with limited educational and income generating opportunities and few means to acquire skills and find employment. Given that, women with disabilities, who are overprotected and dependent on family support restricted from taking part in traditional domestic tasks and unable to move to the towns to undertake education and vocational training suffer double disadvantage.

The ILO, by instituting further studies into this area could raise the profile of women with disabilities and so begin to change the nature of services already provided. It is necessary that more work is done to explore the true size and nature of the population involved, and to increase public awareness of the problem.



## CHAPTER IV

# EQUALISING OPPORTUNITIES FOR THE DISABLED

The term "equality of opportunity" envisages a situation where disabled people have the same access to the social and the economic life of societies as the normal people enjoy and that. Therefore, society has an obligation to remove barriers blocking the way of disabled persons to full participation. Thus, "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, whereas 80% of the population in most countries live in rural areas, therefore greater use of the informal employment sector and more rural and community-based services should be used.

The ILO conventions on vocational rehabilitation, employment of disabled persons and on vocational guidance, vocational training and the development of human resources, together with United Nations standard rules on equalization of opportunities for persons with disabilities. The foundation of the policy strategies advocates government and the voluntary sector are aware of the need for vocational rehabilitation services. but their development has

not been uniform. Historical and cultural differences influence the nature, extent and pace of rehabilitation services. The main cause 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 various 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 extensive legal measures, other have made scant provisions. The number of laws enacted does not necessarily reflect the quality of service provided. Even in the absence of legislation, some countries have made considerable progress in setting up a network of services. Nevertheless, there needs to be a firm and explicit commitment to enact legislation, promoting a policy of equitable employment levels for disabled workers in public and private sectors of the open labour market.

The legislation should specify :

- a) Equitable provision of employment benefits such as unemployment insurance, pension membership, health insurance, and union membership to disabled workers.

- b) Equitable application of employment standards legislation covering areas such as wages, hours of work, holidays and sick leave, with modification that recognize the special needs of disabled workers.
- c) Application of these standard working conditions to sheltered employment and protected work environments within the mainstream workplaces.
- d) Promotion and use of positive recruitment procedures and employment support programmes by organizations interested in enhancing the vocational prospects of the disabled persons.
- e) Measures to ensure that layoffs, including those resulting from technological change and similar causes, do not discriminate against disabled employees.
- f) Establishment and development of vocational rehabilitation and employment creation programmes in rural areas and remote communities.
- g) Provision of credit facilities and entrepreneurial support services to facilitate the entry of disabled persons in the informal employment sector.
- h) Measures to promote the integration of disabled persons into rural development activities.

A few countries in the Asian have rectified 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 conventions 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.

Many disabled Asians are increasingly vulnerable, neglected, marginalized, living in poverty, and as a group are low on the list of development priorities. 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 three 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.

#### **4.1 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 societies' willing 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 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.

We have 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 organization. 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.

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. 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 socio economic conditions.

Some policy targets are mentioned below :

1. The official assessment of the country's total unemployed persons shall be assumed to include the disabled unemployed.
2. A fixed percentage of the country's annual development expenditure shall be reserved for employment promotion and training of disabled people, targeting rural and isolated communities
3. The existing rehabilitation services shall be equally available to all categories of people with disabilities.
4. 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.
5. 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.
6. Institutions and programmes catering for training and employment of people with disabilities shall comply with statutory health and safety regulations.



7. Future services shall be designed to start with promotion of equality of opportunities for people with disabilities and their access to mainstream programme.
8. 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.
9. 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.
10. 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.
11. No rehabilitation, training and employment programmes, not 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.

12. The unemployment rate of disabled people shall not be higher than that of the general workforce.
13. The proportion of disabled people at all levels of workforce shall correspond to that of the general regulation.
14. Employees should accept alternative work arrangements that reasonably accommodate the needs of disabled workers.
15. Social security scheme funds shall be utilized, wherever possible, for retaining, and rehabilitating injured employees in preference to people retiring prematurely.
16. Mechanism shall be established that ensure the participation of representative organizations of disabled people in policy development.
17. Induction training and refresher courses for local and national government officials shall include familiarization with legislation on people with disabilities and with national policy on vocational rehabilitation.
18. Information on relevant legislation concerning recruitment, training and employment of disabled people and on national policy on equalization of opportunities shall be made readily available, in simplified format, to employers on request.
19. As a standard procedure, copies of the legislation and national policy shall be provided to all employees with 100 employees or more, including multinational companies and conglomerates.

20. Worker's organizations shall be involved in policy development, particularly for persons becoming disabled through sickness or accident.

The above policy targets may not all be immediately appropriate to Asian countries, but they endeavour to advance the IYDP goals of full participation and equality, equalization of opportunities and improving access to mainstream facilities for disabled people.

Some of the programmes in the developed world would not meet these policy criteria - and many of the rehabilitation programmes in Asia are modeled on the pre-1981 programmes of Europe and the U.S.A.

## **4.2 Transition in Policy**

To change and improve programmes and services, a realistic funding policy is necessary. In Asian and Pacific countries, NGOs provide a significant proportion of the voluntary rehabilitation services for disabled people. Governments would like to see this active involvement of the voluntary sector continue and grow. Often, the NGO delivers the services and the government meets a major part of the costs.

Many of NGO-based programmes and services are at present outmoded and do not meet the standards suggested by the policy target examples, not the

needs and expectation of the disabled people and the societies in which they live.

The NGOs, their services and institution would have to conform to the new policy of a country, particularly if the voluntary sector is to be a major service provide in the future.

For the transition to be effective, yet ensure the dedication of NGOs, seminars should be organized to explain to them the new policy so that policy to the country's needs, government-funded staff training courses should also be arranged. The government departments responsible for arranging services for people with disabilities, even, if they do not directly provide services, must audit and monitor the continuity and quality of NGo-based services. Government funding and NGO licences should depend on certain standards being met such measures would ensure progress towards modern, NGO-based services. Government departments and their services should take the lead in implementing the changes for equalizing opportunities for disabled people for example : A Delhi based NGo viz National Centre for Promotion of Employment for Disabled People (NCPEDP) has made a plan to involve the corporate sector in providing wider job opportunities and rehabilitaion optioins to the disabled. This plan was taken from the Hongkong example, where each corporate house had set up supported employment centre in their business

promises to offer constellation of economic rehabilitation services to the disabled. There is no reason why the corporate sector with its vast technical know how, business acumen and social commitment should not emulate such experiences.

Dr. Manmohan Singh suggests that every industry should set up a job centre to offer professional employment services including guidance as well as job placement to the disabled. Stressing the need for large scale organisation of rehabilitation services, he said it can no longer be treated as a charity. It must be recognised as a public service like education and health. There is a need for a comprehensive economic rehabilitation strategy to tackle the problem. The industries should start ancillary and co-ordinate with various NGOs. At the same time it was important for the employers to be sensitised and educated about the disabled issues.

### **4.3 Programme Development**

Rehabilitation is an investment in the future, it is human resource development, not a social welfare service. Any investment in resource development is a matter that should concern national planning departments. Asian countries fall into the broad groups post colonial capitalist free market economics and centralised planned economies based on socialist model. The distinction is made here as countries in the former group have probably had

more interventions and influences in social service development from the NGO sector than the latter group of countries.

#### **4.4 Sheltered Workshops**

The sheltered workshop is one of the oldest and most widespread institutions found in one form or another in all countries of the region. It is also the least likely to promote the concept of equalizing opportunities and assisting disabled people into the mainstream of social and economic activities.

In the ILO publication "Vocational Rehabilitation and Employment of the Disabled" : A Glossary, 1981, (ILO Glossary), a sheltered workshop is described as follows :

A sheltered workshop is often but should not necessarily be, a subsidized establishment which provides sheltered work to disabled persons and which has two primary objectives (i) to offer transitional or shortterm employment as work preparation and training for competitive employment, and (ii) to offer longterm employment for disabled persons who, because of the severity of their handicap are unlikely to be able to secure and retain competitive employment. It may provide some or all of the following services : vocational evaluation, job guidance and counselling, work adjustment training, vocational training and selective placement. In practice, a sheltered workshop usually offers only long-term, often lifetime employment.

There are few examples of sheltered workshops, but in the main they are shall, uneconomic units limited to repetitive, undemanding work with little regard for the residual abilities and potential of employees, providing no career development opportunities. Rarely do they enable disabled persons to enter mainstream employment. They are popular with welfare and charitable organisation.

### **Non Institutional Sheltered Work**

Non-institutional sheltered work is a more attractive strategy than the traditional sheltered workshop approach. In the ILO Glossary, the term "Sheltered Work" refers to extended employment under special conditions to disabled persons, because of the nature and severity of their disability, are able to carry out a job under ordinary, competitive working conditions.

For work done at home, an organization (sometimes a charity) or an employee provides the work, tools and training to the disabled person at home and collects and pays for the work as it is completed. The disabled person works at his or her own pace. This solves the problem of commuting to work, especially difficult for the severely disabled person. This approach has an element of self employment about it and, to that extent, is more "mainstreaming" than a sheltered workshop.

A major disadvantage of the strategy is that it is open to abuse and exploitation of the disabled workers. There are examples of people working for subsistence wages with none of the benefits or protection that workers ought to enjoy. It is also unreliable as a long-term employment option as employers tend to revert to it only in rush production periods, and when product demand falls the homemaker is usually the first to lose his/her livelihood.

#### **4.5 Sheltered Placement Scheme**

The sheltered placement scheme offers an interesting form of sheltered work. A charitable organization or a local government authority nominally employs disabled persons, keeping them perhaps on a small allowance or wage, and providing full employment only when and where there is a demand for labour within their capabilities. When such a work opportunity arises, the holding organization acts as the disabled person's agent. The disabled person is sent to work for the external employer as long as the demand for work lasts. When it ends, the disabled person reverts to the former nominal employment status with the holding organization until the next work opportunity arises, the holding organization develops a network of contacts with local employers and matches work opportunities with the abilities of the severely disabled people on its books.



Such a service proves less costly than setting up and running a traditional sheltered workshop. It has the potential of being open-ended in the number of disabled people it serves, giving them the chance to enter a variety of mainstream employment situations. There is always the prospect of one of the temporary placements leading to full-time engagement.

#### **4.6 Enclave System**

The enclave system is a type of semisheltered employment, work group or enclaves of disabled persons may be set up, as separate units and under special supervision, in an otherwise normal work setting in the open labour market. This approach tends to improve individual work performance and may favour social integration. Enclave work is best suited to urban employment situations where large employers have many workers at one location engaged in a variety of tasks of differing skills levels. One or more tasks that are best done by a small group or team are identified. A group of severely disabled workers is recruited and trained together to carry out work as a unit, with close supervision and support. Their remuneration is separately negotiated, fairly representing payment for their output.

Enclave workers enjoy a measure of the mainstream work environment: the camaraderie of the wider work society and use of refreshment and welfare/recreation facilities that employers provide. Flexible working hours

may be allowed for the enclave workers so they can avoid rush hour problems.

The enclave employment system is useful for a group of people with congenital mental impairment. Their work rate and output may be slower than normal, but their perseverance in simple repetitive tasks often proves them to be superior to workers of normal intelligence. Simple process work, assemble of parts, packing and packaging, and machine binding, bottle-washing in soft drinks factories, are examples of the types of jobs they can undertake.

#### **4.7 Work Crew**

The work crew system is another form of group employment that provides a protected environment within an integrate setting. A group of five to ten disabled persons work under the guidance of support worker, rendering services to the community or private enterprises. An important characteristic of the work crew system is its mobility. The group works for various contractors as the opportunity arises. As work is not constant, the group has to rely on a government department or a local NGo for administrative support in identifying and coordinating job opportunities. This ensures that Colle periods are kept to the minimum, continuity of earning being the goal.

The group is likely to succeed in an urban setting, or may be attached as outreach workers to a sheltered employment scheme or rehabilitation workshop. Work crew experience may be a "job rehearsal" for disabled individuals, testing their ability to cope with the real work environment. The work crew strategy has considerable potential for the newly industrializing countries in Asia. It is more integrative than long-term employment in a sheltered workshop.

#### **4.8 Cooperative**

The ILO glossary describes a co-operative as : an association of persons who voluntarily join together to achieve a common goal through the formation of a democratically controlled organization, making equitable contributions to the capital required and accepting a fair share of the risks and benefits of the undertaking in which the members actively participate.

Co-operatives have been formed in which all its members are disabled persons. Usually these are worker cooperatives engaged in one particular process. There have been successes, but they are outnumbered by failures. The principal causes of failure are lack of capital and management and entrepreneurial skills. Also, disabled people are often obliged to sell their goods at cost, even below cost price, at times. Buyers feel that they are doing an act of charity by buying the products made by disabled people and feel no

obligation to pay a fair price. Even when a cooperative exclusively of disabled people, is successful, its effect is to segregate them from many mainstream activities.

#### **4.9 Self Employment**

Self employment has often proven successful for people with disabilities. The advantage is that they can undertake the tasks for which they have the aptitude and competence of a pace compatible with their disability. As self employed people usually work in or near their home, problems of travel and mobility are reduced.

The failure rate is probably higher than success rate, just as there have been failures among the non-disabled population of would be entrepreneurs. Many factors work against disabled entrepreneurs. People with disabilities are sometimes unrealistically encouraged into self employment ventures by non-disabled advisers - often by staff of the government service rehabilitation agency - who have no practical experience of running a business.

Disabled people in Asia usually have little formal education. Many are illiterate. Even a very modest business requires some ability to handle purchases, sales and simple accounts. Self employed persons also need initial vocational skills, tools and space, and access to credit, transportation for their goods, and the market. Lack of capital and credit facilities often counterpoises

to failure. Sound business advice and the availability of credit facilities are important for self employment and group employment schemes for disabled people in the informal sector. Government policies should facilitate their access to private bank credits and public lending schemes. The scheme should undertake market research on practical aspects of pricing and marketing.

Self employment works for people with disabilities. It qualifies as a mainstream economic activity, but is not a panacea for all who fail to get work in ordinary open employment. To be a successful entrepreneurs, disabled persons would have to be highly motivated.

#### **4.10 Quota and Compensatory Levy Scheme**

Quota according to ILO glossary is, "the compulsion placed on every employer, or those having more than a fixed number of employees to employ a fixed minimum or percentage of disabled persons. In some cases there is also protection against loss of employment".

The legal imposition of quota schemes for people with disabilities in employment is one of the earliest examples of positive discrimination in favour of marginalized groups. In Britain, for example, a quota scheme requiring employers to engage a fixed percentage of disabled people in their workforces was established under the disabled persons (Employment) Act of 1944. Despite the imposition of schemes, they have had very limited success

in most of the counters in which they have been tried. Compensatory levy schemes usually work through the government collecting revenue from employees who fail to meet their statutory obligations, and using this revenue to subsidize wages and training costs or finance workplace modifications and accessibility.

The Canadian employment equity legislation is an example of legislative intervention which goes one step further in imposing requirements on employers. The law requires employers to report on the number of disabled people employed by them and the initiatives taken to promote the employment of disadvantaged groups, including people with disabilities. Consequently the law has a developmental function rather than being purely punitive.

#### **4.11 Selective placement**

Selective placement is the process aiming at placing disabled people in employment suited to their age, experience, qualifications and physical and mental capacities. It should make use of all the normal resettlement services and provisions, in the light of the known and carefully assessed needs of each disabled person. This is the final stage in rehabilitation and includes three distinct processes :

- 1) Knowing the worker.
- 2) Knowing the job, and
- 3) Matching the worker to the job

Professional placement officers, whether concerned with finding jobs for disabled or able-bodied people, must act as honest brokers, objectively and in the best interests of both the employer and the job seeker. They should be able to match the demand and supply of workers hopefully to the longterm satisfaction of both the employers and worker. They should be more concerned with human resource management than with social work. An effective placement service should be result oriented.

Faced with such a diversity of abilities, disabilities, potential and needs, it soon becomes apparent that no simple rule of the thumb guidance is possible into mainstream programmes. Each case presents its own particular difficulties and opportunities. While no true 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. Once positive attitudes are established, most of the difficulties are easily resolved.

## CHAPTER V

# ORGANISATION OF SELF EMPLOYMENT FOR THE DISABLED

Under the difficult conditions of massive unemployment and under employment found in many developing countries, job opportunities for disabled persons are particularly limited. And yet, the disabled - who world-wide account for nearly 10% of all people - have, in the language of the United Nations Declaration on the rights of the disabled<sup>1</sup> "the right to secure and retain employment or to engage in a useful, productive and remunerative occupation ....". Moreover, a 1975 resolution of the international labour conference<sup>2</sup> "calls on all public authorities and employers' and workers' organisation to promote maximum opportunities for disabled persons to perform, secure and retain suitable employment".

### 5.1 Organisation and their Funding

Twenty one of the institutions surveyed by ILO, were private voluntary organisations while the remaining" were government departments. The sources of funding on which an institution relies are often a useful indicator of the way it may

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1. UN General Assembly resolution 3447 (XXY, 9th Dec. 1975).

2. ILO resolution concerning rehabilitation and social reintegration of disabled or handicapped person (60th Session).



be expected to operate, and the following list summarises the sources from which these 32 institutions obtained the money to finance their operations.

- government only
- combined government and voluntary donations
- voluntary donations only - 6
- voluntary donations and sale of goods - 4

These figures show that in the Gambia, India, Kenya and the Philippines, at any rate, government recognises that voluntary organisations are often the most effective agencies through which to reach these in need, about half the voluntary organisations are partly funded by government and only a majority are wholly dependent on donations.

This approach is being used throughout the world in dealing with all manner of disadvantaged people, as governments come to realise that it is very difficult for their staff to match the commitment, flexibility, compassion and grass-root contact of those who work for charities.

It is significant that the training institutions which stated that they depended to any content on revenue from sales of products or services provided by their trainers are the only ones that are not receiving any funds from government. It is to be hoped that this does not mean that government support deprives agencies of the stimulus to earn money by selling their services since the

discipline and quality requirements of the market-place are often an important part of successful vocational training.

## **5.2 Capital**

There is a great deal of evidence that many small-scale business people are wrong when they claim that if only they had more capital all their problems would be solved. Closer analysis of their enterprises shows that they are not making the optimum use of whatever capital they do have and that they would similarly fail to make good use of more capital; what they need is better ability to manage finance, not more finance.

Because disabled people tend to be poorer than others and to have had less opportunity for accumulating any capital of their own, the problem of scarce capital is likely to be more serious for them. One of the most important things a support institution can provide, therefore, is money or access to it. The following figures show how the 32 institutions are helping their clients to deal with this problem.

- provide money grants - 3
- provide grants in kind - 6
- provide grants of money in kind - 3
- provide loans - 5
- assist trainees to obtain bank loans - 3
- no financial assistance - 12

It is important to remember that the great majority of the clients of most of these institutions do not become self employed, the financial assistance is therefore confined to the small minority who do, except for tool-kits which are often given to job seekers, and it is not surprising that over a third of the institutions do not provide financial assistance at all.

As a general rule, grants are increasingly becoming discredited as an effective means of helping people to become self employed, many voluntary agencies and government organisation are attempting, with great difficulty, to change from grants to loans because they have been persuaded of the advantages of credit as opposed to gifts.

The disadvantages of grants are many and well known, fewer people can benefit because the funds are not repaid for re-lending, and because there is no need to repay the grant the recipients tend not to take their proposed enterprises seriously and may divert the funds to expenditure which will not generate income.

Even loans at low rates of interest are questionable, although the lower rate of interest is of some benefit to the borrower, the disadvantages to the lenders, and thus to other potential borrowers, for outweigh the short-term benefits to the few who can borrow. The lending institution earns little or no income from the transaction, certainly not enough to cover the costs involved, and

there is thus no incentive for commercial banks or others to support or take over the operation. The borrowers are under no pressure to repay as there is no mounting burden of unpaid interest, and they are ill prepared to move from the specialised "sheltered" lending institution into the real world of commercial interest rates.

The types of enterprise which poor people start are also very labour intensive in that they tend to require very little capital in relation to the earnings generated from employment. If such an enterprise is moderately successful, repaying a loan-even when interest payments are added to the repayment of the principal - is likely to make little difference to the owner's income. The failure rate for business, with resulting inability to repay, is likely to be higher for disabled people than for the able-bodied, all things being equal and in spite of their undoubtedly enhanced persistence and commitment. It may therefore be appropriate for financial assistance for those starting their own enterprises, at least for the first time, to be offered in form of grants. Many professional investors in new enterprise favour entrepreneurs who have failed before because of the valuable lessons they have learned, if a disabled person fails, this should not disqualify him or her from receiving a further grant, or possibly a loan, because the channels of success the second time are so much enhanced.

3/4th of the institutions which, make grants give at least a part in kind, in form of equipment or initial supplies materials. This may seem to imply that the recipients cannot be trusted to spend the money as they should, but people who are close to destitution may well be tempted to act against their own long term interests. Essential supplies are also very often in short supply and one of the major roles of a support institution may be to provide privileged access to scarce items. Such scarcity are usually the result of misplaced government policies, but if supply is a problem, disabled people are the least likely group to obtain their due share of whatever is available. It may be, therefore, that grants of equipment - possibly supplemented by a small loan for working capital to buy raw materials or goods to be resold - is the most appropriate form of financial assistance for may disabled people.

### **5.3 Marketing**

Shortage of customers is the second most important problem for the disabled self employed. 32 institutions were asked, 'what forms of assistance they provided in addition to skills training and finance. The following figures very briefly summarise the findings.

- Management assistance - 26
- Marketing assistance - 17
- Assistance with licenses - 17
- Assistance with premises - 15

- Management training - 12
- Assistance with raw material - 11

It might be argued that management training and regular counselling through which management assistance is normally provided should enable clients to solve their own marketing problems, but most management training and assistance focus on book keeping and records rather than on marketing and there is no marked discrepancy between the disabled entrepreneurs' own perception of their problems and the services provided. Finance is the most important problem and the most frequently provided service, but after that emphasis seems to be rather on what the institutions can provide than on what the institutions can provided than on what the business people say they need.

This is not particularly surprising since marketing and selling are the most difficult and, at the same time, the most important tasks for any business and perhaps those with which a typical social worker or trainer is least qualified to assist. Only two or three institutions claimed to be doing more than providing introductions to customers.

Many people are unaware of the potential impact of their own institution's purchasing power; it is all too common for an organisation to spend large sums of money, and still more administrative time on providing for itself services such as canteen, a messenger service, transport, cleaning or stationery

which could be cheaply and more efficiently provided by local entrepreneurs. The management of any organisation which diverts its energy from its main task in order to provide services that could better be provided by outsiders is to be blamed, but it is all the more paradoxical when the management of institution whose task is to develop local entrepreneur falls into the same error.

Every rehabilitation institution should therefore carefully examine its own purchases, not neglecting the humblest goods and services such as brushes and cleaning, and should ensure that as much of its purchasing power as possible is used for the benefit of its own ex-trainees, whether they are running their own enterprises or working for others.

The above list showed that as many institutions are assisting with licenses and other government formalities as with marketing, if institutions have any influence with government agencies, they ought to be able to persuade them to divert some of their local purchases to enterprises run by disabled people. Here again, it might appear that the simple goods and services provided by the disabled people cannot be of any use to a government department, but if somebody takes the time to list all the goods and services which can be bought from disabled people and those which are brought by any institution there will almost always be same items on both lists. Even if these purchases

involve slightly more administrative effort, or are at marginally higher prices of lower quality, the difference in cost will be less than the cost of supporting the disabled workers through direct subsidies.

"Marketing" may be too complex a term to apply to much of what has to be done in the type of small enterprise which disabled people are likely to start when leaving a rehabilitation institution. So long as there is a demand for the product the main determinant of success will be the entrepreneur's ability to sell it. Selling requires confidence, and confidence is what many disabled people lack, this makes it all the more important that institutions should concentrate on building or rebuilding the self confidence of their clients so that they will be able to start on their own and to sell whatever they produce.

There are a number of by now well-proven training techniques whereby the personal characteristics which are needed for success in self-employment, such as persistence, commitment to quality, awareness of opportunities and self-confidence can be treated, enhanced or at least revealed. These techniques have been used with some success with tribal groups and others who are for some reason excluded from the mainstream of economic activity in certain countries. None of the rehabilitation institutions were apparently using these techniques of behavioural training, but they can be a valuable supplement to the kind of personal confidence building that clearly plays so large a part in



the eventual success of disabled business people, whose emotional trauma is often as serious as their physical disability.

#### **5.4 Follow up**

Once a person has acquired the necessary skills and has been assisted to obtain whatever equipment and material are needed, it may be possible for him or her to become self employed and for the enterprise to survive. It might be argued, in fact, that those who have been fortunate enough to receive institutional assistance of this kind have no right to expect any future support; whatever resources are available should be used to give other people the same opportunity.

In fact, it is very difficult for most people to move from the shelter and support of an institution to total independence. Employed people can to an extent depend upon their colleagues and the employer for some support, but the self employed have nobody with whom to share their difficulties, they must be economically and emotionally independent. People who never had the benefit of assistance from an institution and therefore never had the problem of "re-entry" into the harsh reality of the world outside after a period of relative shelter.

Those who have been institutionalized, often need a "bridge" between the institution and the real world, particularly when it is the lonely world, some

form of post training support is therefore usually desirable. Twenty out of 32 institutions provided some follow up of this kind, usually by regular visits from an adviser or counsellor. Such visits may be necessary to carry out medical checks, to collect loan repayments, to pay out pensioner's or other subventions or for some other administrative purposes, but they often have the far more important effect of maintaining a friendly link and providing a sympathetic ear.

Nevertheless, it is impossible to evaluate and adapt rehabilitation and training programmes without regular and frequent contact with people who have been trained and the world in which they have to make their way. Follow-up visits to ex-trainees serve the dual purpose of bridging the gap for both groups of people, the trainees and the trainers.

It is important not to continue support indefinitely, both to avoid perpetuating dependence and to ensure that resources are not unfairly washed on a small number of people. Many institution surveyed claimed that they had a definite policy of terminating post-training support after a certain period which might vary according to the nature and the problems of the client. It may be that regular contact is necessary not so much for particular services or advice but just for the earing and contact which allow the new entrepreneur gradually to become accustomed to the solitary world of self employment.

## 5.5 Lessons for the Planners

### The global scene

The number of people around the world who are physically or mentally disabled has surpassed the 500 million mark. It increases every year by some 15 million- victims of wars, accidents malnutrition and disease. Disabled people in developing countries usually lack a common voice with which to put their case to society. Unless they join associations - and many now do - they have no platform for which to defend themselves. It is therefore hardly surprising that their legitimate claims are treated as an after thought by politicians and planners, observed by budget deficits, debt repayments and massive unemployment the grim legacy of the recession and its aftermath.

Few third world communities can afford fully to maintain the one in ten of their members who are likely to be disabled. Some of them must be fed, clothed and given special care. All this imposes a heavy burden on families and public services. The traditional back-up system of kinship solidarity are bring strained to breaking point.

In human terms the problem is one of suffering and misery. The feelings of inadequacy, dependency and insecurity that many disabled persons experience often compel them to slum society or turn to begging as a means of livelihood. In developing countries facilities for the disabled are usefully

inadequate or non-existent. The vast majority of disabled people are bypassed by what little relief is available.

Yet governments are compelled to introduce austerity measures, often at the expense of social programmes. In times of economic recession some planners are tempted to abandon social development and to await better times for its reinstatement. However, economic strength and social development are inseparable. Any effort, however small, to create fair social conditions for the population will benefit economic recovery. It is not true that economically weak countries cannot afford the luxury of social programmes; what they cannot afford is luxury social programmes. Thus, economic crisis, as much as it creates harm and misery, may force planners to rethink social expenditures and may expose them to the challenge of doing more with less money.

Many governments are still trapped by the conventional thinking that to provide welfare benefits to the "unfortunate" is proof of their will and ability to practice humanitarian ideals. But for the handicapped millions neither welfare nor charity is the answer, these measures tend to perpetuate rather than reduce dependency.

Such resources could be used more effectively if they were channelled to programmes which support self-help and self reliance of the disabled. Since current costs of institutional care and rehabilitation are becoming prohibitive,

there should be a move towards community based services. Another cost-effective course of action is integration of the disabled into conventional schools and training programmes. There is also scope for stimulating involvement of private firms in vocational rehabilitation and the development of basic skills.

The need for innovative, realistic approaches is urgent. The number of handicapped people seeking help could swell to some 700 million by the turn of the century.

## **5.6 Self Reliance Versus Dependence**

Unclear and unfeasible social objectives will inevitably lead to wrong investments and eventually do more harm than good. Such unclear objectives are to be suspected when services for disabled persons are thought to be exclusively the responsibility of social welfare ministries or department, the compulsions bring that disabled people, like the aged, the sick, the destitute and the delinquents, are people with problems requiring the assistance of a social worker. Social workers may indeed have an important role to play at a specific moment of the rehabilitation process, but - as the case studies and the arguments advanced in this book have shown - a disabled person striving to achieve self-reliance needs other types of assistance.

In fact the rehabilitation concept has a different objective from the social work

concept. the one providing assistance towards independence, the other assistance to a dependant.

Planners should recognise that the objective of self reliance for disabled people has important political implications, it combines a social and humanitarian goal with that of economic development. The assistance needed by the disabled who wish to engage in income-generating activities is an economic investment, not social welfare.

Unfortunately the present structures are extremely inadequate for providing the type of services disabled people actually require, and this is why planners are called upon to examine how a more cost-effective and at the same time more efficient system can be established.

Social welfare departments may not want to lose their responsibility for disability matters, nor may traditional non-governmental organisations and private institutions be prepared to change their established patterns of service delivery, which are often based on benevolent motives. Yet unless a really innovative effort is made - the objective of self-reliance cannot be seriously pursued, a situation which neither the economics of developing countries nor the disabled themselves can afford.

It is not suggested that self-reliance is a feasible goal for all disabled people. Some may at best achieve partial economic independence, while others may

be able to make only a very small contribution to earning their living and some may make none at all; consequently, it is entirely legitimate to continue to provide welfare services for those disabled people who will always be in need of this type of support.

The large majority of disabled people, however, have the ability and the desire to earn a living, to have a family and therefore not only to support themselves but also their partners and children. It is for these that present disability programmes are inadequate.

### **5.7 Rethinking Planning Priorities**

New ways will have to be explored of co-operating with those other existing institutions and facilities which are concerned with assisting the able bodied to become self-employed.

Rehabilitation centres can achieve better results for their disabled clients if they cease to provide services after an appropriate level of confidence building and training and other necessary rehabilitation goals have been achieved, thereafter they can act as agents and go-betweens on behalf of their clients to ensure that they have access to ordinary community resources. This will mean that such centres will have to reorient their programme to provide more extension and follow up services than they do now. They should employ staff familiar with the world of work and business, or at least ensure that their staff

are aware of the reality of life; their rehabilitation programmes should be geared to preparing their disabled clients to face the world outside.

At the same time a far greater effort is required to reach out into communities with the objective of finding the most appropriate way to economic independence for each individual disabled person who is capable of it and then of helping him or her to achieve it.

The challenge for planners is therefore how to reorganise services for disabled people of working age so as to respond more adequately to their real employment needs. Disabled people must be given an equal opportunity for training and employment and access to training facilities, enterprise-based training, and grants and loans for self-employment. Non-institutional, community-oriented rehabilitation programmes must be organised and skills training must be more appropriate. Last but not least, concrete plans must be made out of researches achieve a visible increase in the number of disabled people engaged in self employment and other income generating schemes.



## CHAPTER - VI

# CONCLUSION

Although a law for the benefit of the disabled came into force in India from February 7, 1996<sup>1</sup>. The law provides for both preventive and promotional aspects of rehabilitation like education, employment and training, reservation, research and manpower development, creation of barrier-free environment, un employment allowance, special insurance scheme and establishment of homes for persons with severe disability.

As per legislation, the government has to formulate a national policy for persons with various disabilities, as also to frame rules and regulations. None of these has been undertaken as yet. Since the impaired are not politically significant this dissertation is an example of populist measure just to placate the feelings of a section of society with the rhetoric of establishing a welfare state.

The number of handicapped people in the country increases about 5 million every year. A majority of them cannot hope for medical, educational or any financial aid. Most of them eke out a living without having every source of regular income. A kind of inertia or apathy has developed in them as there are

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1. The Hindustan Times dated 30th June, 1997.

not enough schemes meant for their benefit. They are, therefore, resigned to their fate.

The growth of educational facilities has been slow. Education of handicapped children, including the mentally retarded, is said to face obstacles that are supposedly insuperable. It is thought that such children ultimately become more dependent and non productive. Another misconception is that education of handicapped children is quite expensive and that it requires highly specialised people. With small national budget allocation, the various measures which the government and the society have taken for the welfare of the disabled touch only the fringe of the problem. The plight of the blind, the deaf, the mute, the mentally retarded and the orthopedically handicapped continues to be distressing, mainly because the bulk of them are poor, enjoying no political clout, their needs come quite low in the order of priorities of the government. Whatever government facilities that are now available for the disabled are in the nature of mere crumbs.

Some time back, the Indian government had advised the private sector to provide employment to the disabled but whatever has been achieved in this respect has been just a drop in the ocean. In view of this, it is crucial that effective laws are enacted for overall welfare of the handicapped as a statutory obligation of the state and they should be rigorously implemented. The most

urgent tasks to be taken up should be in respect of reservation of jobs, disability insurance and compensation, various grants and allowances, right to free technical aid and various other services. Only 3 per cent of the total number of jobs are reserved for them but this is too inadequate as this quota covers all categories of handicapped persons viz., blind, mentally retarded, deaf and dumb, orthopedically handicapped, etc. This percentage should be such that it may be able to cover all disabled persons.

The government is duty-bound to provide the necessary lifelong protection to severely handicapped persons who find it extremely difficult to become self supporting.

A statutory trust for the welfare of such should be set up. The trust should establish homes and service institutions for providing residential care, as also provide guardianship and foster care to persons with disability. The Union government proposes to create a finance and development corporation for persons with disabilities to facilitate distribution of funds to organisations<sup>1</sup> - this needs to be implemented soon.

People with disabilities are also the victims of stigma, low status, prejudice, indifference and neglect. Some may be over protected and thus undervalued by their families and professional workers. But where a country has a measure of wealth and a health service it can develop a network of services

to support the disabled. In industrialised countries this has taken the form of income support, together with vocational rehabilitation, which is available either to those who can return to work or those who need to learn or relearn patterns of working. In developing countries, help is likely to be limited to those injured at work or in wars, those within reach of the services (usually living in towns) or with money to effort them.

Croxen in her study for the EEC (1982) listed sex characteristics which the disabled people experienced. These were :

- 1) Treatment as a category rather,
- 2) Neglect of individual feelings, wishes and self- definition,
- 3) Low self esteem,
- 4) Hostility,
- 5) Discrimination in social and economic life.
- 6) Tokenism.

However, there are two differences : disabled people have to prove that they are disabled and therefore eligible for help, and the cost of providing equal opportunities is higher because of the need to provide aids and adaptations both for the work environment and for general living.

## **6.1 Extending Programmes of Action**

Both internationally and within individual states there are programmes of action intended to improve the status of people with disabilities. It is

important that any programme designed to improve the rights of the disabled should include specific actions which could improve their position. Some general points to be incorporated in the programme for the disabled are :

- i) Education which is accessible to all and provides a basic level of literacy and numeracy,
- ii) Counselling and support services which build on the concept of independent living,
- iii) Vocational rehabilitation including counselling and job placement, which develops women's potential and offers a wide range of opportunities.
- iv) Programmes to create gainful employment which takes into account women's potential.
- v) Assistance through aids and adaptation medical help, transport and credit facilities,
- vi) The strengthening of legislative initiatives, such as quotas, registers and incentive to employers,
- vii) A decent level of income provision, whether through employment or social security.

In this study, the inadequacies of rehabilitation services have been charted out for analysis. The suggestions have focused on two groups of measures, those to make the services recognise the social and economic reality of the lives of

disabled and those to introduce into services methods of learning or option which reflect opportunities open to women in the labour market.

The measures outlined in ILO documents require equal treatment of disabled workers and other changes in the employment pattern that encourage flexible working arrangements, time off for family commitments, job sharing or job spelling arrangements and flexible working time, will all make work a possibility for someone whose disability causes fatigue or requires regular treatment. In the Industrialised world vocational rehabilitation needs to reflect changing working patterns so that shorter days, flexible working arrangements may be incorporated into assessment and training schemes.

Suggestions have been made about entry requirements, curriculum and methods of skill training. Perry (1984) in the United Kingdom recommended that assessment and training centres should adopt a modular approach to training, so as to enable the disabled to try out a wider range of skills, opportunities should be available to undertake courses in management or for self employment, and there should be job placement and support, and access to credit facilities. In all this, the fact that disabled are seeking financial security, not "pin money", needs to be recognised as important so that marketable skills are provided and all opportunities for income-generating activities explored. On the other hand, given the harshness of the economic

environment, disabled women should be encouraged to learn skills which will enable them to participate fully in family and social life.

One element missing from many vocational rehabilitation programmes is the involvement of disabled in the planning and implementation of the programmes. Alkins, in her presentation to the Mary Surtzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982) recommended that vocational rehabilitation should be a shared responsibility of both counsellor and client. She advocated that the people with disabilities should be involved as counsellors or consultants so that their experience may be shared by others. Further, they may be able to overcome the lack of recognition of discrimination against themselves within the service by changing the attitude of other workers.

## **6.2 Changing Attitudes**

The situation in which disabled find themselves is similar to that of victims of racism and sexism. It would be helpful if groups within a society working to change the status of ethnic minorities, recognise the needs of the disabled, make them welcome at their meetings and include them in campaigns. Self actualisation would encourage them, because it starts by allowing them, because it starts by allowing them to become aware of their own strengths, build up their confidence, develop potential and then convince others that

they can succeed. It is an integral part of developing a concept of independent living.

Because of the way that people with disabilities are perceived as needing protection, professionals who work with them need to be aware of the degree to which they are stereotyped, not only by society but by themselves. Professionals have a responsibility to promote the maximum personal and intellectual growth, establish and maintain development both personally and in the world around, and be aware of gender, cultural and disability differences. All this means that vocational rehabilitation workers should encourage disabled people to identify their own problems, work out their life plans and follow those plans through. Alongside this, the professionals should ensure that the service they provide reflects the needs of the disabled, the contact they have with employees, workers organisations and other services should treat them with fairness and openness. They should join disabled person's groups in pressing for labour market policies, and income security systems which will not discriminate against them.



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