2.1 Vocational Rehabilitation Concept:

The term rehabilitation is not so much a method, technique or service, as it is a philosophy of approach to the problem of handicapped individual. It recognises the need for continuity of case and for maintaining a useful balance between all factors concerned in life process - physical, mental, social and spiritual. The world 'habilitation' as particularly applicable to children with congenital disease or birth defects where the main objective is to help the victim in acquiring a degree of self-sufficiency which they never possessed previously.

The classical definition of rehabilitation adopted internationally, came from a May 25, 1942 Symposium in New York of the National Council on Rehabilitation (1944):

"restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."

John McGowan (1960), in his first orientation manual for the state rehabilitation employees, used essentially the same definition. The said idealistic definition may not be fully realised but can be utilised as the goal for
rehabilitation for every person, who is handicapped in life (Wright, Gibbs and Linde, 1962).

The International Labour Office and others have adopted a broad definition of rehabilitation "The restoration of handicapped person to the fullest physical, mental, social, vocational and economic usefulness of which they are capable" (I.L.O., 1973). From functional viewpoint, it signifies the provision of any kind of service for the handicapped individuals to correct, avoid, or compensate their impairment or deficits to keep pace with the main stream of the population. The term 'rehabilitation' is applicable to those who need rehabilitation, going beyond medical unfitness, it includes also the causes of culturally disadvantaged people. Moreover, total rehabilitation incorporates the full range of rehabilitation services for the broad adjective of social usefulness and personal satisfaction - in the restored productivity and possible self dependence - through any kind of socially useful and rewarding activity. Thus, effective rehabilitation refers to proper scientific approach which requires the cooperative services of different professionals whose common objective is to help the handicapped person towards satisfactory and realistic goals. The social goals can be achieved through a continuous process - surgical, and follow up therapy to make individual fit for education,
recreation and vocational training and placement in order to make individual self supportive member of his family and community. Total rehabilitation thus covers the complex process of overcoming a handicap condition through comprehensive vocational and life-adjustment service to the disabled or disadvantaged individual.

Descriptions of the processes of rehabilitation have been published by the authors or editors of numerous book on the subject. Many of the works are credited in context, for example, a federal manual for the orientation of state rehabilitation counselors by John McGowan and Thomas Porter (1967), Sussman (1965), Malikin and Rusalem (1969); Cull and Hardy (1972); Malikin (1973), Browning (1974), Hardy and Cull (1974a), Mallik, Yuspeh and Mueller (1975); Rusalem and Malikin (1976), Chigier (1978), Goldenson (1978) and Bitter (1979).

2.2 Vocational Rehabilitation:

According to the International Labour Organisation, vocational rehabilitation refers to that "continuous and coordinated process which involves the essential provisions of vocational services, viz., vocational guidance, vocational training and selective placement, designed to enable a disabled person to secure and retain suitable employment" (ILO, 1973). It includes the provisions of any rehabilitative
services like medical, educational, social etc., to a
vocationally handicapped person for the purpose of occupational
adjustment in work that may or may not be to start with
financially remunerative.

Credit goes to Frank Parsons to start vocational
guidance and counselling as a noted lawyer he became concerned
with the work problems of under privileged youths. Parsons
offered vocational counselling at the Boston Civil Service
House. In 1908 he opened the Vocational Bureau of Boston to
help youths to choose a career. The posthumous publications
of Parsons' book (1909), Choosing a Vocation, was presented
to the first National Conference on Vocational Guidance in
1910.

According to Parsons, the goal of vocational guidance
was to help the inquisitive client to choose a vocation,
help the client to have sufficient preparation for it, for
 gaining the required fitness for the vocation of his choice.
He considered the following three factors for the said
purpose, viz., (i) a sound knowledge of one's personality,
abilities and limitations, (ii) understanding of demands and
rewards of various types of work available in the job
market; (iii) a clear conception of how these two sets of
data are related. This concept of vocational decision making
had been explained by Patterson (1964), aptly, for over
30 years while different aspects of it were stressed at various times. For example, in the 1930s evaluation of the candidate became the focal point and in the 1940s interest turned to the relationship between the person and the occupation — as once envisaged by Parsons. Accordingly, attention was drawn gradually to motivation factors behind vocational decisions and the processes and outcome at these decisions.

2.3 Vocational Preparation:

An individual has to prepare himself for a job or occupation to get an employment. In the issue of choosing an occupation a group of dynamic factors influence the individual and, thus, he in a stage of his life chooses an occupation under the influence of these forces or as a reaction to them. Each individual is assumed, then, to be better suited for certain jobs, than others. It is hoped that people want to choose jobs.

Counselling and guidance are important at the crucial point when an occupation is actually chosen. People who select the correct occupation become happy, satisfied, successful, well adjusted and socialized. On the other hand, those who select inappropriate occupations are dissatisfied and unsuccessful and require remedial assistance. In all these speculations there is the implications that the
individual must find a correct "Slot".

Occupational life of the individual has been considered by others very differently from a developmental perspective. Each person is seen as proceeding through various periods, phases, of life stages, with vocational aspects as only one element in human development. Basically, the individual does not choose an occupation, but instead choose a series of occupational and occupationally selected activities at different life stages that, taken together, comprise vocational development rather than a specific occupational choice. Occupational choice does not take place at a particular time, but vocational development continues over an extended period as the individual works toward vocational and vocationally selected goals. People are not designated for a correct occupation, everyone can be successful and satisfied at many jobs. Such views, emphasizing the element of time and development in people's lives, refers to a preparation for vocation of an individual. Related methods of helping people to prepare them vocationally have widened the scope for vocational counselling.

The issue of vocational choice was highlighted properly by Ginzberg and his collaborators (1951) as they observed that occupational choice was a long-term process, progressively irreversible, when final choice could be considered as a
compromise between the person's ideal and the available realistic alternative. Thus, the entire process took place in a series of rather definitive stages or periods.

Because people must resolve the conflict between subjective desires and the objective limitation imposed by the environment by selecting an occupation as a compromise. In addition, every time an occupational choice is made, many possible decisions are eliminated; thus as time goes on the range of appropriate choices decreases, over time the feasibility of access to many occupations becomes limited by reality factors and defensive behavior concerning the use of time, money and energy. Furthermore, people cannot revert to the time and psychological situation in which decisions were made. In this sense, an occupational choice is irreversible.

Biological, psychological and environmental considerations also affect the cause, as a result people differ in the timing of occupational decisions. Other factors that affect the occupational choices are reality testing experiences, identification with suitable role models, and the extent to which a person inclines toward work versus pleasure.

A substantial portion of the world population is disabled and their number grows each year while these data
vary geographically, even the most advanced nations have their underdeveloped population of handicapped people, a wasted resources. Most of these people will need rehabilitation services to achieve their potential for productivity and independence.

Orthopaedic disability in itself is not always deterrent to a good, satisfactory occupation. But keeping in view of a realistic vocational placement to meet the life needs, it often requires a special planning. The main aim of vocational appraisal is to determine and translate the physical, psychological, social and educational facts about the adults into reasonably concrete and realistic occupational terms. In order to achieve the said aim the following records of the effective person are to be considered:

(i) Control of body in terms of his/her locomotor and upper limb manipulative skills;
(ii) physical appearances and other limitations;
(iii) personality, emotional control and drive;
(iv) type of early training, adaptability to school and/or work satisfaction;
(v) variety of experience;
(vi) past opportunities for and success in meeting social participation and competitions utilising physical skills; and
(vii) Work habits including perceptual abilities related to time, speed and quality.

There should be always a positive approach in terms of estimating capability and anticipating improvement by avoiding the negative approach of merely defining the handicap and denying the opportunity. In brief, the above idea suggests the essential need to provide the orthopaedically handicapped person with scientific vocational guidance service.

The success of vocational guidance service of orthopaedically handicapped person depends mainly on proper vocational appraisal by using a set of standard devices which are meant for diagnosing the 'training possibility' of handicapped persons in the light of their scientific limitations.

Accordingly, an attempt has been made in the present investigation to diagnose vocational training possibilities in group of orthopaedically handicapped persons.

2.4 Current Welfare Policy:

On a careful scrutiny of recent policy of the Ministry of Welfare (DRC Scheme, 1990) one may find that the Government is keen to provide the handicapped Indian citizens with
all practicable facilities and financial assistance to widen the horizon of scope for their total rehabilitation. For example, (i) Scheme of scholarships to the handicapped school children, (ii) Financial aid to sponsor special schools for the handicapped, (iii) Financial aid to educational institution for providing additional facilities for education of the handicapped, (iv) Financial aid to low income group family for purchasing aids and appliances for restoration, (v) Reservation of posts in 'Group-C' and 'Group-D' (3%) for the physically handicapped and age relaxation upto 10 years for appointment, (vi) 22 special employment exchanges in the country for providing the said population with placement opportunities/information, (v) 16 vocational rehabilitation centres, 6 skill training workshops and 11 rural rehabilitation centres in the country to assess the residual ability of the disabled, arrange for their training and place them in regular employment, (vii) self employment opportunities for the educated unemployed youth by granting Bank Loans (4% interest p.a.) and 7½% quota for getting different dealership of Licenced products/goods (for physically handicapped) get assistance for self employment in activity like poultry, fishery, bee-keeping, dairy etc., (ix) provision for National Awards to successful entrepreneurs who are physically handicapped, (x) 75% Railway Concession for single journey and 50% in season tickets for
orthopaedically handicapped, (xi) Free travel in Local transport for orthopaedically handicapped and blind person, (xii) Exemption of payment of road tax for a car owner (physically handicapped) and 50% of the cost of fuel will be subsidised in this case, (xiii) Residential accommodation is allowed on priority basis to orthopaedically handicapped, blind and deaf employee, (xiv) Exemption of Income Taxes Rs. 15,000/- over and above the normal limit, (xv) Availability of Identity Cards from the State Government for easy availability of various concession and facilities.

Besides, the State Government have recommended the following jobs as suitable for illiterate physically handicapped: Grazing, Weaving, Flower-vending, Petty Shops, Stitching leaves together to use as Dish, Beedi-rolling, Tailoring, Book Binding, Painting, Basket and Mat Weaving, Sericultures. And for educated physically handicapped: Teaching, Self employment, Official jobs, Mechanical works, Dairy work, Poultry and Farming, Bee-culture and Fishery.
2.5 **Outline Plan of the Research Work**

**Title:** TO DIAGNOSE VOCATIONAL TRAINING POSSIBILITIES OF ORTHOPAEDICALLY HANDICAPPED PERSONS

**Concept:**

Vocational guidance service is considered now-a-days as the essential pre-requisite to a scientific total rehabilitation programme of the orthopaedically disabled population of a country. Vocational guidance service aims to assist the individual "to choose an occupation, prepare for it, enter upon and progress in it. It is concerned primarily with helping individuals, make decisions and choices involved in planning a future and building a career-decision and choices in effecting satisfactory vocational adjustment" (Myers, 1961).

Orthopaedic disability in itself is not always deterrent to a good, satisfactory occupation. But keeping in view of a realistic vocational placement to meet the life needs, it often requires a special planning. The main aim of vocational appraisal is to determine and translate the physical, psychological, social and educational facts about the adults into reasonably concrete and realistic

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occupational terms. In order to achieve the said aim the following records of the affected person are to be considered viz., (i) control of body in terms of his/her locomotor and upperlimb manipulation skills; (ii) physical appearance and other limitations; (iii) personality, emotional control and drive; (iv) type of early training, adoptability to school and/or work situation; (v) variety of experiences; (vi) past opportunities for and success in meeting social participation and competitions utilising physical skills; and work habits, including perceptual abilities related to time, speed and quality.

Accordingly, an attempt will be made in the present investigation to diagnose vocational training possibilities in group of orthopaedically handicapped persons.

Rationale:

Each type of job requires certain types of skilled manoeuvre or performances and habits of error-less movements. An individual who would be employed in a particular job, accordingly, must possess certain qualities in abilities tuned to the requirements of the skilled manoeuvre, required by the job.

In an employment situation there may be many opportunities and candidates seeking to get them fit in those
opportunities, respectively. But there may be one or a few of them fit actual employment.

For the purpose of present investigation a job has been defined, as a set of tasks to be performed for producing a well-defined tasks by utilising specific concerned. A 'JOB-FAMILY', here, would speak for those jobs which would be found to consist of 'almost similar' set of tasks in a particular remunerative work situation. The term 'JOB-FAMILY' has been borrowed from Prof. Ghisselli's idea (1955) and the procedure prescribed by him in developing his concept. The term job, here, would be used synonymously with vocation, occupation or in cases, with job-family, considering the facilities available in the rehabilitation centre and job opportunity that may be made available for the disabled population of the locality the following list of vocations have been considered here: (i) clerical and other related occupations, (ii) agricultural, gardening and bee-hiving, (iii) semi-skilled assistance in textile manufactures, (iv) wood-products and carpentry, (v) semi-skilled and skilled assistance in the chemical, leather work, electrical equipments and metal work production centre, (vi) miscellaneous service in different trade agencies.

Each of the above-listed vocations consist of a number of specific jobs and all these jobs demand certain basic abilities which are measurable potentialities and remain
present as a composite of several personality facts of an individual (VHC, 1980).

Orthopaedic handicapped conditions may be due to a congenital defect or may be the after effect of an injury or disease. The modes of handicap condition in a population may vary according to regional peculiarities of a country.

Vocational appraisal of handicapped person is a necessary condition for their realistic vocational training and placement. It considers (i) the nature and extent of not restorable disability and impairment, and, (ii) where disability and impairment are not present, with equal importance with reference to those data, the victim's training possibility is determined and possibility for placement is recommended (A.P.H.A., Report, 1962). Classification of available jobs for the training and placement of handicapped persons is an important requisite to prevent unnecessary efforts, and wastage of time and training costs. For this purpose several jobs, according to common requirement of the jobs, are grouped into job family.

To provide orthopaedically handicapped persons with meaningful employment opportunity of a given locality and in the available job opportunities, an attempt has been made in the present investigation to explore the major modes of orthopaedic conditions of a specified geographical area to
group the available jobs of that area into families along with the list of important job requirements common to the jobs under a family and ascertaining job fitness of a representative of orthopaedically handicapped individuals of the said geographical area for prescribing training and meaningful.

Aims and Objectives:

The main aim and objective of the present investigation will be to identify rehabilitation possibility and render vocational guidance service to orthopaedically disabled individuals in the following manner:

1) By preparing individual psychogram, by vocational appraisal tools and techniques, of the client on the basis of his/her evaluated abilities, temperament, interests and other qualities in the contest of occupational requirements.

ii) By helping him/her to participate a vocational training programme for acquiring training experiences.

iii) By conducting follow-up study, observe the progress and counsel the client and his family for promoting the client's vocational adjustment and efficiency.
METHODOLOGY:

Tool Construction:

1) To prepare a suitable Background Information Schedule for identifying the nature of physical limitation of an orthopaedically handicapped adult.

2) To develop a Custom-Built Test Battery for the appraisal of vocational training possibilities of the handicapped persons in respect of the qualities viz., (a) general mental ability, (b) to recognize relations of form and space, psychomotor co-ordination, (c) solving task-oriented problems, and (d) personality factor which are essential for the above mentioned vocations as discussed in the Rationale.

Sample Selection

By scrutinizing the enrolled orthopaedically handicapped and disabled individual of a District Rehabilitation Centre, Midnapore, West Bengal, all the individuals with either lower, upper or both limb disabilities and without any sign of mental retardation will be considered as the sample for the formation of a matched single group to conduct the present investigation by verifying the research hypothesis.
Research Assumptions:

For the purpose of present study the following research assumptions are considered for verification:

i) Orthopaedic disability vary individually.

ii) Orthopaedic disability of a group of individuals of a given locality develop similar psychological limitation.

iii) Orthopaedic disability makes the victim unfit for placement in a training programme for employment in any skilled job.

iv) Vocational fitness of orthopaedically handicapped person remains beyond scientific evaluation and prediction.

Treatment of Data:

The data of each orthopaedically disabled person from the said matched sample group would be collected, recorded in individual record sheet and relevant statistical measures would then be statistically treated to verify the research hypothesis concerned.

Applied Values:

In the recent decades both Central and State Governments
of our country have become seriously interested in the welfare of handicapped population. Major policy decisions and directives in this regard are published by the Government under the title (i) programmes and concessions for the disabled persons, Government of India, Ministry of Welfare and by respective State Welfare Department (during 1985-1990), and (ii) manual on Community Based Rehabilitation, District Rehabilitation Centre Scheme (Ministry of Welfare, DRC Scheme, 1990).

The Test Battery which would be developed and standardized here, would be useful for the pre-training screening purpose. Further, the Test Battery may be used also in exploring the vocational potentialities in the orthopaedically handicapped adult population of West Bengal with reference to which Training Centres may be developed and equipped with reference to different trade training and skilled occupation.

Besides attempt will be made to present here the major hindrances against implementing a Community Based Rehabilitation Programme in the district, under study.