



Obstacles of Vocational Rehabilitation for Individuals with Disabilities: Perspectives of Vocational Rehabilitation Workers in Tabuk

Mohamed Abushaira^{1*}, Mohamed Hamdan², Hassan Alqarni³, Khaled Arab⁴, Saep Kamel Allala⁵

^{1*}Special education department, University of Tabuk, mabushaira@ut.edu.sa. ORCID ://orcid.org/ 0000-0002-3670-4320

²Special education department, University of Tabuk, m-hamdan@ut.edu.sa.

³Curricula and teaching methods department, University of Tabuk, Halqarni@ut.edu.sa.

⁴Special education department, University of Tabuk, Karab@ut.edu.sa.

⁵Associate Professor-Special Education, College of Educational and Psychological Sciences. Amman Arab University – Jordan, "mailto:allala@aaup.edu.jo. ORCID ://orcid.org/0009-0009-4044-5235.

Citation: Mohamed Abushaira et.al (2024), Obstacles of Vocational Rehabilitation for Individuals with Disabilities: Perspectives of Vocational Rehabilitation Workers in Tabuk., Educational Administration: Theory And Practice, 30(5),1237-1244
Doi 10.53555/kuey.v30i5.3040

ARTICLE INFO

ABSTRACT

The current study aimed to investigate the Obstacles of Vocational Rehabilitation for Individuals with Disabilities and to determine the variable that effect on these obstacles. To achieve the objective of study, a descriptive method was conducted by applying questionnaire of (16) items were distributed in four domains: Knowledge obstacles (4 items), Administrative Obstacles (5 items), Social Obstacles (3 items) and, Finance Obstacles (3 items). (23) of vocational rehabilitation workers in Tabuk area in north west KS were participated in the study. The results indicated that Obstacles of Vocational Rehabilitation were high. The Social obstacles were in the highest obstacles, while the Knowledge obstacles were in the lowest obstacles. Also the study found that there were no statistically significant differences refer to the study variables (Gender, sector, experiences, and type of disability)

Keywords: Obstacles, Vocational Rehabilitation, Individuals with Disabilities.

INTRODUCTION

The access to some settings that are essential for education, training, or enhancing job performance may be restricted for people with disabilities. Their readiness for the workforce is weakened if they have few possibilities for education and training in their early years (Elliott & Leung, 2005). Individuals who encounter such circumstances frequently experience financial difficulties and are more susceptible to psychological issues (Price, 2003). Programs for vocational rehabilitation are designed to make it possible for people with temporary or permanent disabilities to find, accept, or hold onto a job. Maximizing a person's capacity to return to gainful employment is the goal of vocational rehabilitation (British Society of Rehabilitation Medicine, 2003). In a similar vein, Tsengu, Brodtkorb, and Almnes (2000) claimed that early instruction in vocational skills increases self-confidence and raises self-esteem and perfection, which enhance effective task performance during future working life.

Many nations allocate substantial resources to various rehabilitation programs targeted at establishing employment for individuals with impairments, cognizant of the advantages that come with vocational rehabilitation for people with disabilities (Fevang, Markus, & Røed, 2014). The State-Federal Rehabilitation Service program in the United States alone invests over US\$2.5 billion a year; this is crucial in assisting individuals with disabilities in obtaining the training they need to find and keep jobs. Fevang et al. (2014), however, point out that thus far, there hasn't been much success in providing these services. The British Society for Rehabilitation Medicine (2003) found that, in developing nations. Vocational rehabilitation services are currently woefully inadequate in terms of scope, content, and standard, despite the many benefits that vocational rehabilitation may have for people with disabilities. The provision of vocational rehabilitation programs in low-income nations has been haphazard, disorganized, devoid of sufficient funding and resources, and insufficient to meet the demands of the general public, particularly those with disabilities (Acheampong et al., (2011).

Lack of funding makes it difficult for vocational rehabilitation programs to accomplish their goals, particularly in low-income nations where the leadership is typically unmotivated or unable to provide adequate funding for the program (Lawrence, Mears & Duben, 2009). On the other hand, Hawley (2012) asserts that space constraints, outdated infrastructure, and a lack of classrooms all contribute to the difficulty of implementing vocational rehabilitation programs. According to Howard (2009), one major obstacle to the effective execution of vocational rehabilitation programs is a subpar learning environment. The caliber of the individuals providing the instruction is an additional consideration. According to Howard (2009), one of the main obstacles to the effectiveness of vocational rehabilitation programs is the absence of trained or specialized trainers. According to Obioka's (2011) findings, vocational rehabilitation programs are run by unqualified educators who lack the necessary knowledge and skills to mold the future work habits of individuals with impairments.

Ngobeni (2015) also indicated that persons with disabilities receive insufficient and inadequate vocational training due to a lack of qualified trainers. According to Ngobeni, the management and training personnel of vocational rehabilitation facilities did not have enough support or motivation to carry out their duties in an efficient manner. Previously, Costelloe and Langelid (2011) had contended that trainers' incapacity to provide people with disabilities with effective services in vocational rehabilitation centers was largely caused by their lack of motivation and prior bad experiences with vocational rehabilitation training. In order to prevent instructors from choosing to work in mainstream school, options for vocational rehabilitation training must be arranged for them, and they should get competitive compensation. According to Straaton, Harvey & Maisiak (1992), those who wish to work as vocational trainers with people with disabilities after graduation should be required to complete an additional number of training years.

Many studies have attempted to investigate the obstacles and challenges facing vocational rehabilitation programs for individuals with disabilities. For example, Hawsawi's study (2015) attempted to identify the obstacles to vocational rehabilitation at the Vocational Rehabilitation Center for People with Intellectual Disabilities in Riyadh from the point of view of the center's trainers. The results of the study concluded that more Obstacles related to the management of the center ranked first, followed by obstacles related to vocational qualification, which ranked second, then obstacles related to the student, which ranked third, and finally obstacles related to the student's family, which ranked last. The study also found that there were no differences in the views of trainers regarding obstacles to vocational rehabilitation for students with intellectual disabilities according to the degree of disability. There were also no differences found in the trainers' views on the obstacles to vocational rehabilitation for intellectually disabled students according to their experience variable.

Malash (2012) also identified the most important obstacles facing the implementation of vocational rehabilitation programs for persons with disabilities in one of the care centers for persons with disabilities in the United Arab Emirates, and identified the necessary requirements for developing vocational rehabilitation programs for persons with disabilities. The research found a number of obstacles, the most important of which are the lack of cadres, the lack of funding programs, and a set of requirements necessary for the vocational rehabilitation of people with disabilities.

On the other hand, Spiess et al. (2022) conducted a qualitative study that investigated the challenges of the rehabilitation process. The study found nineteen challenges, eight of which were considered to be of great importance. The findings indicate the need to review the funding system for rehabilitation services, and highlight poor integration of rehabilitation into primary care, lack of academic rehabilitation training, and insufficient funding for research. Finally, there has been a notable lack of awareness of rehabilitation among policy makers.

As revealed in the study of Acheampong et al. (2021) found that vocational rehabilitation centers face challenges such as insufficient funding and infrastructure, inadequate teaching and learning materials, and stigmatized staff. To counter this, participants suggested the following: immediate payment of government grants, increased staff motivation, improved infrastructure, provision of adequate tools and equipment for teaching, and deployment of additional teachers.

The study by Kianoush et al. (2016), stated that the challenges faced by individuals with disabilities in rehabilitation services were in six categories, namely poor knowledge, negative attitude towards disability, insufficient support for people with disabilities, problems with service providers, accessibility problems, and cost.

The study by Reims, Rauch and Nivorozhkin (2023) also aimed to identify the current challenges faced by service providers as well as those that are likely to arise in the future and adaptation strategies to deal with them. Participants pointed to three main contexts or types of challenges: 1. conditions of the competitive framework (e.g. lower numbers of participants, increased price competition or higher cost pressure), 2. changes in the structure of participants (e.g. lower learning competencies, a larger number of participants experiencing Behavioral problems, mental illnesses, or multiple disabilities) and 3. Changing labor market demands (e.g. increased importance of computer-based activities, increased demand for qualifications or decrease in simple tasks). For the first two types.

STUDY STATMENT:

Many studies noticed the between vocational rehabilitation services, which are needed and the reality of these services, These studies revealed many of obstacles that face vocational rehabilitation services (Reims ,Rauch and Nivorozhkin, 2023; Hawsawi's study, 2015; Costelloe and Langelid, 2011). In Saudi Arabia, there are few studies about the obstacles faced vocational rehabilitation services. Some of studies were conducted in Jeddah and Riyadh. However, there are no studies conducted in Tabuk area. The current study attempt to investigate the following questions:

1. What are the highest obstacles of vocational rehabilitation in Tabuk area from the participants' point of view?
2. Are there statistically significant differences at the level $\alpha \leq 0.05$ between the participants' responses according to the study variables (Gender, sector, disability type, and experience)?

METHODOLOGY

Quantitative descriptive research methodology was conducted to achieve the objective of study. This methodology describes the techniques and procedures used to identify and analyze information regarding the obstacles that face vocational rehabilitation services.

Sample of study:

23 vocational rehabilitation workers were participated in this study, they were deliberately chosen from three governorates, private and volunteer sector in Tabuk in KSA according to some variables, as follows:

		Frequency	Percent
gender	male	14	60.9
	female	9	39.1
	Total	23	100.0
Experience	less than5years	10	43.5
	5-10 years	7	30.4
	morthan10 years	6	26.1
	Total	23	100.0
sector	GOV	13	56.5
	VOLANTEER	3	13.0
	PRIVET	7	30.4
	Total	23	100.0
type	sensor	5	21.7
	developmental	15	65.2
	physical	3	13.0
	Total	23	100.0

INSTRUMENT:

The study administrated a questionnaire consisted (16) items, with four domains: Knowledge obstacles (4 items), Administrative Obstacles (5 items), Social Obstacles (3 items) and, Finance Obstacles (3 items). The questionnaire validity conducted by finding the Pearson correlation between domains and its items.

Table 2 Pearson correlation between domains and items

Table 2 Pearson correlation between domains and items								
	Knowledge Obstacles		Administrative Obstacles		Social Obstacles		Financial Obstacles	
P1	Pearson Correlation	.807**	P5	.849**	P11	.849**	14	.863**
	Sig. (2-tailed)	.000		.000		.000		.000
	N	23		23		23		23
P2	Pearson Correlation	.898**	P6	.823**	P12	.823**	15	.733**
	Sig. (2-tailed)	.000		.000		.000		.000
	N	23		23		23		23
P3	Pearson Correlation	.917**	P7	.678**	P13	.678**	16	.594**
	Sig. (2-tailed)	.000		.000		.000		.000
	N	23		23		23		23

	Sig. (2-tailed)	.000	.000	.000	.003
	N	23	23	23	23
P4	Pearson Correlation	.637**	P8	.860**	
	Sig. (2-tailed)	.001		.000	
	N	23		23	
	Pearson Correlation		P9	.612**	
	Sig. (2-tailed)			.002	
	N			23	
	Pearson Correlation		P10	.635**	
	Sig. (2-tailed)			.001	
	N			23	

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Table 3 Pearson correlation of domains

		Knowledge Obstacles	Administrative Obstacles	Social Obstacles	Financial Obstacles	Total Av
Total Av	Pearson Correlation	.803**	.942**	.936**	.859**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	23	23	23	23	23

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Tables 2 and 3 reveals that all Pearson correlation coefficients are statistically significant, which indicates that the validity of the questionnaire is acceptable for the purposes of the study. The reliability of the of the questionnaire was conducted by Cronbach's Alpha for the domains and total average as in the table 4:

Table 4: reliability of the of the questionnaire
Reliability Statistics

	Cronbach's Alpha	N of Items
Knowledge Obstacles	.902	5
Administrative Obstacles	.890	7
Social Obstacles	.844	4
Financial Obstacles	.786	4
Total	.954	21

RESULTS:

To answer the first question: What are the highest obstacles vocational rehabilitation in Tabuk area from the participants' point of view? Means and Std. Deviation were administrated as in the table 5:

Table 5. Means and Std. Deviation for participants responds (n=23)
Descriptive Statistics

	Mini	Max	Mean	Std. Deviation	level
1. Lack of knowledge of basic concepts such as rehabilitation and disability	1.00	5.00	3.3043	1.32921	Medium
2. Lack of knowledge about disability categories	1.00	5.00	3.5652	1.19947	Medium
3. Lack of knowledge about the effects of disability on the individual and society	1.00	5.00	3.6522	1.40158	Medium
4. Lack of knowledge of rehabilitation methods based on scientific evidence	1.00	5.00	4.0870	1.04067	High
Knowledge obstacles	1.75	5.00	3.6522	1.02453	Medium
5. Lack of knowledge of professional evaluation methods for people with disabilities	1.00	5.00	3.8696	1.09977	High
6. Lack of knowledge of vocational rehabilitation methods based on scientific evidence	1.00	5.00	4.0000	1.20605	High
7. Lack of tools necessary for vocational rehabilitation for people with disabilities	1.00	5.00	3.6522	1.43364	Medium

8. Lack of standards necessary for vocational rehabilitation for people with disabilities	1.00	5.00	3.4348	1.34252	Medium
9. Weak governance in vocational rehabilitation programs for people with disabilities	1.00	5.00	3.6087	1.30520	Medium
10. Weak administrative skills for vocational rehabilitation program departments	1.00	5.00	3.7391	1.05388	High
Administrative obstacles	1.17	5.00	3.7183	.93752	High
11. Lack of appropriate vocational rehabilitation environment: ventilation, lighting, space, and equipment	1.00	5.00	3.3913	1.43777	Medium
12. Weak community awareness of the importance of vocational rehabilitation	1.00	5.00	4.0000	1.24316	High
13. Lack of employment opportunities for participants in vocational rehabilitation programs for people with disabilities	2.00	5.00	4.2174	.95139	High
Social obstacles	1.67	5.00	3.8691	.96173	High
14. Lack of funding for vocational rehabilitation programs for people with disabilities	1.00	5.00	3.6087	1.46905	Medium
15. Lack of training programs for workers in vocational rehabilitation programs for people with disabilities	1.00	5.00	4.0435	1.10693	High
16. Poor financial returns for jobs linked to vocational rehabilitation programs	1.00	5.00	3.6522	1.19121	Medium
Financial obstacles	2.00	5.00	3.7683	.92939	High
Total Av	1.56	5.00	3.7413	.85712	High
Valid N (listwise)					

In table 5 the level of means was assumed as follows: 1-2.33 is low, 2.34-3.66 is medium, and 3.67-5 is high. The table reveals the most obstacles affect vocational rehabilitation process in Tabuk area are high in general, Social Obstacles came in the highest rank with mean 3.86, then financial Obstacles with mean 3.76, and Administrative Obstacles with mean 3.71. While the Knowledge Obstacles came in lowest rank with mean 3.65.

To answer the second question: Are there statistically significant differences at the level $\alpha \leq 0.05$ between the participants' performance on total averages according to the study variables? Means and Std. Deviation were administered for participant's total average scores as in table 6

Table 6 Means and Std. Deviation conducted according study variables for participant's total average scores

variables		N	Mean	Std. Deviation	Std. Error Mean
gender	male	14	3.7521	.94112	.25153
	female	9	3.7244	.76191	.25397
Disability type	sensory	5	4.2200	.47629	.21300
	physical	3	3.3500	.80672	.46576
	developmental	15	3.6600	.93538	.24152
sector	Governmental	13	3.7315	.96829	.26855
	private	7	3.9400	.63050	.23831
	Volunteers	3	3.3200	.92634	.53482
experiences	less than 5 years	10	3.9280	.81200	.25678
	5-10years	7	3.9171	.68699	.25966
	more than 10 years	6	3.2250	1.02295	.41762

Table 6 revealed differences between participants respond average according to study variables (gender, Disability type, sector, and experiences). To insure that, the differences were statistically significant at the level $\alpha \leq 0.05$. T-test was conducted for independent samples to insure statistically significant according gender variable, while One-way analysis of variance (ANOVA) was conducted to insure the statistically significant according variables (sector Disability type and experiences) as in table 7 and table 8).

Table 7 *t-test for independent samples according to gender variable*

	t-test for Equality of Means						
	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
Total Av	.074	21	.942	.02770	.37477	-.75168-	.80708

Table 8 analysis of variance (ANOVA) according to variables (sector, Disability type, and experiences).
ANOVA

	Source of variances	Sum of Squares	df	Mean Square	F	Sig.
sector	Between Groups	.810	2	.405	.528	.598
	Within Groups	15.352	20	.768		
	Total	16.162	22			
Experience	Between Groups	2.164	2	1.082	1.546	.237
	Within Groups	13.998	20	.700		
	Total	16.162	22			
Type of disability	Between Groups	1.704	2	.852	1.179	.328
	Within Groups	14.458	20	.723		
	Total	16.162	22			

Table 7 indicates that *P value = (0.942)* for gender variable which mean that there are no statistically significant differences between the participants' performance averages according to the study gender variable at the level $\alpha \leq 0.05$. Table 8 indicates that *P values = (0.598)*, *(0.237)*, and *(0.328)*. These values mean that the differences between the participants' performance averages according to the study variables (sector, experiences, and type of disability) are not statistically significant differences at the level $\alpha \leq 0.05$.

DISCUSSION:

The results of the study indicated that the obstacles of vocational rehabilitation are high in the total average of the participant's responds. The researchers attribute this result to the lack of academic programs specialized in vocational rehabilitation for people with disabilities, despite the KSA efforts to support programs to care for and employ people with disabilities. The study result agree with study of Reims, Rauch and Nivorozhkin (2023) that pointed to three main contexts or types of obstacles of vocational rehabilitation: environmental obstacles. It also agree with The study by Kianoush et al. (2016), namely poor knowledge, negative social attitude towards disability, more over the study agree with the study of Acheampong et al. (2021) that found that vocational rehabilitation obstacles such as insufficient funding. In addition, results agree with Spiess et al. (2022) which indicated to lack of academic rehabilitation training, and insufficient funding for research. The results of financial obstacles in this study agree with Malash (1012) In addition, Social obstacles agree with Acheampong et al. (2021), Kianoush et al. (2016) and Malash (1012). The study also found that there were no statistically significant differences refer to the study variables (sector, experiences, and type of disability) that can attribute to nature of Tabuk area, which is small area in North West of KSA, this result agree with (Al Qudah, 2022) study.

Study limitation

This study limited by study tool and its validity and reliability, and the area where the study was conducted (Tabuk area in Saudi Arabia).

Recommendation

The study recommends to fund vocational rehabilitation programs for people with disabilities. Also training programs must be provided for workers in these programs. Further more, there are need to future studies focus on improving Vocational Rehabilitation programs, , and its role on life quality of persons with disability.

Acknowledgment

The authors extend their appreciation to the Deanship of Research & Innovation, Ministry of Education in Saudi Arabia for funding this research work through the project number (0170-1443-S).

Conflicts of Interest

The authors report no conflicts of interest for this paper, with funded grant of Deputyship for Research & Innovation, Ministry of Education in Saudi Arabia for funding this research work through the project number (0170-1443-S).

REFERENCES:

1. Acheampong, E., Atta-Osei, G., Nadutey, A., BreduDarkwa, P. & Boateng, G. (2011). Challenges Associated with Vocational Rehabilitation for Persons with Disability in the Kumasi Metropolis of Ghana. *Disability CBR & Inclusive Development*, Vol. 32, No.2, 2021; doi 10.47985/dcidj.416
2. Acheampong, E., Osei, G., Nadutey, A., & BreduDarkwa, P. (2021). Gloria Boateng1Challenges Associated with Vocational Rehabilitation for Persons with Disability in the Kumasi Metropolis of Ghana. *Disability CBR & Inclusive Development*. Vol. 32, No.2, 2021; doi 10.47985/dcidj.416.
3. Alqudah, Mohammed.(2022). Assessment of vocational rehabilitation services provided to students with intellectual disabilities from the point of view of teachers. *The Journal of Islamic University for Educational and Social Sciences* (10), 1. from: <https://journals.iu.edu.sa/ESS/Main/Article/4598>
4. British Society for Rehabilitation Medicine – BSRM (2003). Vocational Rehabilitation – The way forward. London, British Society of Rehabilitation Medicine.
5. Costelloe, A., & Langelid, T. (2011). Prison education and training in Europe: A review and commentary of existing literature, analysis and evaluation. Directorate General for Education and Culture, *European Commission, EAC*, 19, 06-130.
6. Elliott, T. R., & Leung, P. (2005). Vocational rehabilitation: History and practice. In *Handbook of vocational psychology* (pp. 330-354). Routledge.
7. Fevang, E., Markussen, S., & Røed, K. (2014). The sick pay trap. *Journal of Labor Economics*, 32(2), 305-336. <https://doi.org/10.1086/673400>
8. Hawley, J. (2011). Prison education: Mapping of key data. Case study: Strategic plan of assistance and service to prisoners'. Birmingham. Report, Number J30258915.G.H.K. Retrieved Dec 3, 2017, from [http://.kbs-frb. Be/uploaded file/KBS-FRB/05%29 picture documents](http://.kbs-frb.Be/uploaded file/KBS-FRB/05%29 picture documents).
9. Hawsawi, Ali (2015). Obstacles to vocational rehabilitation for students with intellectual disabilities from the point of view of vocational rehabilitation trainers in Riyadh. *Saudi Journal of Special Education (Jester)*. Volume 1, issue 210.33948/1640-001-002-004
10. Howard, J. (2009). Inmate education. Columbia: John Howard Society of Albertina Retrieved Dec 27, 2017, from <http://www.johnhoward.ab.ca/PUB/C2h.htm>.
11. Kianoush A., Mohammad, A., Hamid Reza, K., Kamali, K., Arash R., Farideh, F. & Hashem S. (2016). Challenges in Providing Rehabilitation Services for People with Disabilities in Iran: A Qualitative Study. *British Journal of Medicine & Medical Research British Journal of Medicine and Medical Research* 13(4):1-11. <http://dx.doi.org/10.9734/BJMMR/2016/23337>
12. Lawrence, S., Mears, D. P., & Dubin, G. (2009). Rethinking prison education in the era of mass. Ministry of Education (2013). Education sector performance report. Accra: Ministry of Education.
13. Mulch, Omaina (2012). Vocational rehabilitation programs for people with disabilities (obstacles and development requirements) (field study in one of the vocational rehabilitation centers in the United Arab Emirates. *Arab Journal of Educational and Psychological Sciences*, Volume 5, Issue 24 - Serial number of issue 24. <https://doi.org/10.21608/jasep.2021.206504>
14. Ngoben, S.C. (2015). Intervention strategies for improving vocational rehabilitation programme for young adult offenders: A case study. (Doctoral dissertation). University of Limpopo. <http://hdl.handle.net/10386/1347>
15. Opoku, M.P. (2016). The state of special schools in Ghana: Perceptions of special educators in Ashanti and Brong Ahafo regions of Ghana. *Turkish International Journal of Special Education and Guidance & Counselling (TIJSEG)* ISSN: 1300-7432, 5(1).
16. Price, P. (2003). Education for All (EFA): An elusive goal for children with disabilities in developing countries in the Asian Pacific Region. *Asia Pacific Disability Rehabilitation Journal*, 14(1), 3-9
17. Reims, N., Rauch, A., Nivorozhkin, A. (2023). Challenges and Adaptation Strategies of Service Providers in Vocational Rehabilitation - A Mixed-Methods Analysis. *Rehabilitation (Stuttg)*, 62(4):207-215. doi: 10.1055/a-2053-6763. Epub 2023 Apr 6.
18. Spiess, A., Skempes, D. , Bickenbach, J. & Stucki, G. (2022). Exploration of current challenges in rehabilitation from the perspective of healthcare professionals: Switzerland as a case in point. *Health Policy Volume* 126, Issue 3, Pages 173-182.
19. Spiess, A., Skempes, D., Bickenbach, J. & Stucki, G. (2022). Exploration of current challenges in rehabilitation from the perspective of healthcare professionals: Switzerland as a case in point. *Health Policy*. Volume 126, Issue 3, March 2022, Pages 173-182.
20. Straaton, K.V., Harvey, M., & Maisiak, R. (1992). Factors associated with successful vocational rehabilitation in persons with arthritis. *Arthritis & Rheumatism: Official Journal of the American College of Rheumatology*, 35(5), 503-510. <https://doi.org/10.1002/art.1780350503> PMid:1575786

21. Tsengu, D.V., Brodtkorb, S., & Almnes, T. (2000). CBR and economic empowerment of persons with disabilities. CBR as part of community development: A poverty reduction strategy. University College London, Centre for International Child Health: London.