

Family, School Community and Government Involvement in Rehabilitation

Of the Handicapped

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CHAPTER NINETEEN

COMPLEMENTARY EFFORTS OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANISATIONS IN THE REHABILITATION OF THE DISABLED

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Rehabilitation is the process by which medical, psychological, social, vocational and educational services are utilized by persons with physical and or mental disabilities for the purpose of attaining maximum independence (Sink 1979). Rehabilitation could also be said to be a generic field of practice designed to assist people with disabilities in their restoration to the fullest, physical, mental, social, vocational and economic functioning that they are capable of attaining. (Hamilton, 1950).

Rehabilitation programmes should be comprehensive and purposely designed to restore people with deformities which have origin from births, accidents and wars to their maximum level of productive functioning. For the purpose of achieving rehabilitation programme objectives, the organisers should adopt a scientific - oriented method. This becomes necessary in modern times where rehabilitation scope of operation has been all inclusive and emphasis is on the attainment of physical restoration phase and the vocational phase. In other words, rehabilitation programmes should be comprehensively designed to physically restore injured or wounded individual and at the same time move them to productive state.

The World Health Organisation (1981) asserted that rehabilitation includes all measures aimed at enabling the disabled and handicapped to achieve social integration. Rehabilitation aims not only at training disabled and handicapped persons to adapt to their environment, but also at intervening in their immediate environment and society as a whole in order to facilitate their social interaction. In the same vein, Goldenson (1978) cited in Abosi and Ozoji (1986) opined that rehabilitation services should include the following:-

- (a) Diagnostic services in which several emotional, educational and vocational needs are evaluated and physical conditions assessed to ascertain medically if the person is a candidate for rehabilitation.
- (b) Counselling on the problems associated with a particular disability.
- (c) Psychological services to help client identify, understand and be able to cope with the problems, thus making for adjustment.
- (d) Medical services which deals with preventive ailment.
- (e) Vocational rehabilitation which involves training or retraining in a skill leading to employment.

Government Efforts in Rehabilitating the Disabled.

Using Nigeria as a case study, the provision of rehabilitation services for the disabled is still at a tender age. Historically, attempt was not made by the government to rehabilitate the disabled before

the advent of the missionaries. Government only deemed it fit to participate in making life bearable for the disabled in 1970 after the civil war when most able-bodied men suffered disability as a result of fighting in the war.

In order to exhibit their commitment to the rehabilitation of the disabled, the Federal Government invited the United Nations in 1971 to carry out a survey and advisory mission on the rehabilitation of the disabled. The United Nations reported after their survey that there was the need to increase and improve rehabilitation facilities in the country and that the number of the disabled as at that time was between five and seven million. The Federal Government in response to these findings established Nigerian Army Re-settlement centres in order to rehabilitate the disabled soldiers.

It was in 1981 that the Federal Government proposed rehabilitation programmes for the disabled soldiers and civilians. In conjunction with the United Nations and six states of the Federation, the Federal Government was to execute a project titled "Vocational Rehabilitation of Disabled Persons." The aims of the project include the following:

- (a) to establish rehabilitation service centres on a large scale in Lagos, Oyo, Kaduna, Kwara and Sokoto.
- (b) to develop the Enugu Vocational Rehabilitation Centre into a full-fledged multi-state vocational rehabilitation.
- (c) to establish decentralised and community-based rehabilitation services and employment-generating projects along with the establishment of rehabilitation centres. (Giwa, 1993).

In addition to the above, sub-section 7 of the Nigerian National Policy on Education (1981) states that "the government will provide suitable and appropriate employment opportunities for the handicapped and disabled workers. The government will establish a number of rehabilitation centres for the disabled. Adequate sheltered workshops will be built for the handicapped who after training cannot bid on equal terms with others in offer of employment into commerce, trade and other employment agencies in Nigeria. Shown (1986) however observed that lack of qualified personnel, financial resources, poor and inadequate operational space and equipment, inadequacy of existing programmes to cope with the increasing number of the disabled in the country are some of the problems being encountered.

Private/Non-Governmental Organization Development and Functions in the Rehabilitation of the Disabled;

Government agencies have contributed in no small way to the rehabilitation of the disabled. This notwithstanding, evidences still abound which indicate that more rehabilitation professionals will be needed in order to complement government's good gestures. It has been realised too that state rehabilitation agencies are not sufficiently funded to handle the needs of the disabled. Among the proposed strategies to stabilize the field and hopefully reverse the downward trend in the professionalization movement are the consolidation of association and expansion into private sector (Matkin, 1981, Rasch, 1979).

The expansion into the private sector can be classified into two broad groups. There are private non-profit making organisations and private for profit making independent companies. Private - profit making independent companies are relatively few and new in the

country. Its profit-oriented nature in rehabilitation work has been a subject of debate. Griswold and Scott (1979) however pointed out that while the actual genesis of a particular firm may vary, several major factors contributed to the development of the private sector among which are:

- (a) In the past two decades, state vocational rehabilitation agencies themselves were a primary source of the creation of private companies while some state agencies did their own psychological testing, most did not. To gain diagnostic information BR personnel serving workers' compensation cases referred individual cases to private psychologists for testing.
- (b) Workers' compensation agencies as they moved to implement strengthened or mandatory rehabilitation provisions, have created a market for private rehabilitation agencies and in many states are the primary legitimizing and supervision agency dealing with private rehabilitation firms.
- (c) While state rehabilitation agencies in most states continue to maintain a contractual relationship with the social security administration for both adjudication and rehabilitation services, the disability determination side of the state agency or its equivalent, continues to purchase psychological and vocational evaluation testing from private firms or practitioners. Many in private practice also work for the social security, administration, appeal courts, as vocational experts.

- (d) Many major insurance companies employed rehabilitation personnel in the form of rehabilitation nurses and rehabilitation counsellors prior to the development of the private-for profit sector. The insurance rehabilitation study group reflects this development like the state rehabilitation agencies, major insurance companies have made direct contributions to the development of comprehensive rehabilitation centres and in this sense, continue to do much to create the capacity to serve the severely handicapped.
- (c) Finally, the self-insured employer has contributed to the development of private rehabilitation by combining the previously mentioned rehabilitation professional responsible for implementation of the affirmative action programmes called for under the rehabilitation Act of 1973 with an in-house rehabilitation programme designed to rehabilitate their own employers.

From the above, it can be concluded that state rehabilitation agencies have been sustaining the rate of rehabilitation services to the disabled through the assistance of private agencies. This assistance therefore culminated into a full fledged private practice in rehabilitation work. Empirical findings by Mac Mahon (1979) have shown that private sector emphasis is greater in areas of vocationally oriented evaluation and job placement while less so in counselling and training activities. Specifically, serviced areas such as job analysis, labour market surveing, medical case management, vocational testimony and job restructuring consultation generally receive less emphasis within the public agency system.

Recommendations.

It is the submission of this paper that the contractual relationship between governmental and non-governmental organisations in the rehabilitation of the disabled would improve the rehabilitation services to the disabled. In order to strengthen the relationship for the purpose of achieving the objectives of rehabilitation programmes the following are recommended:

- (a) Government should employ more rehabilitation personnel and provide adequate funds for state rehabilitation agencies to cater for the needs of the disabled.
- (b) Government through policy statement should encourage private practitioners and non-governmental organisation to venture into rehabilitation programmes. Certificate of merit should be given where applicable.
- (c) Professional rehabilitation personnel in the government employment and those in the private agencies should have a forum whereby the development of the rehabilitation centres vis-à-vis persons with disabling conditions will be discussed with a view to finding lasting solutions to identified problems.
- (d) Government should ensure that private profit-oriented rehabilitation agencies are not using services rendered to exploit the disabled.
- (e) Rehabilitation centres should be established in all states of the Federation properly equipped with modern facilities.

- (f) Serviced areas such as counselling, vocational training job placement, job analysis, medical services etc, should be included in the rehabilitation programmes of both the governmental and non-governmental organisations.
- (g) Joint professional code of ethics should be clearly written and strictly followed to avoid unethical practices among practitioners.

It is hoped that if all these recommendations are followed they will strengthen the complementary efforts of governmental and non-governmental organisations in the rehabilitation of the disabled.

Conclusion

The paper has delved into the definition of rehabilitation bringing out what modern rehabilitation should be. It also discussed the efforts of governmental and non-governmental organisations in rehabilitating the disabled in our society Recommendations on how to strengthen the contractual relationship between governmental and non-governmental organisations were offered.

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