

Meaningful employment opportunities for youth with disabilities in Bhutan: piloting an employment assessment toolkit

Paul Lynch^{a,*}, Matthew J. Schuelka^b, Rhona Brown^c, Christopher Johnstone^d, (Ura) Sonam Tshewang^e

^a School of Education, University of Glasgow, UK

^b College of Education and Human Development, University of Minnesota, USA

^c School of Education, University of Bristol, UK

^d College of Education and Human Development, University of Minnesota, USA

^e Royal Thimphu College, Bhutan

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ABSTRACT

This article presents the adaptation of a screening tool to help young persons with disabilities understand what they may need to do in order to move closer to meaningful work. Using critical capabilities approach, we developed a toolkit to support the transition process from home, school, or other setting to formal or informal employment in Bhutan. Community Inclusion Coordinators were recruited to mentor 40 participants to gain confidence, appropriate work skills to get closer to being work-ready. We also evaluated the efficacy and utility of the toolkit which revealed that some of the participants valued having honest and open conversations about personal and professional issues.

1. Introduction

Assessing the employment needs and opportunities and including persons with disabilities in meaningful work and social engagement has the potential for positive economic and social impact around the world, but particularly in low and middle-income countries. According to research, access to vocational education for persons with disabilities can generate wage returns of up to 20%, and their participation in the labour market can lead to aggregate total household gains of billions of dollars annually (Banks and Polack, 2013). The exclusion or limitation of the participation of persons with disabilities in national economies is estimated to significantly reduce productivity and tax revenue; and supporting greater economic participation of persons with disabilities would bring in more money than it would cost (Banks and Polack, 2013). Despite this evidence, the relationship between disability, poverty, and inequality is striking (Eide and Ingstad, 2011). Transnationally, full, or meaningful employment for persons with disabilities remains significantly low compared to the general population (UNESCAP, 2018; WHO and The World Bank, 2011).

Economic development opportunities are also guided by the United Nations Sustainable Development Goals (SDGs). Specifically, Goal 8

compels nation-states to “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all” (UNDESA, n.d.). Target 8.5 specifically addresses opportunities for youth and adults with disabilities, calling on member states to “achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value” by 2030 (UNDESA, n.d.). The goal and target use indicators of hourly earnings and unemployment rates to gauge success, which are intended to be disaggregated by disability. A sobering report of progress on Goal 8 (UN, 2022) indicates that, globally, unemployment rates are rising in what the United Nations calls “Least Developed Countries” while unemployment is falling in wealthy nations. These growing global economic inequities, according to the report, are disproportionately felt by women, youth, and persons with disabilities.

In national statistics gathering, most youth with disabilities in Bhutan are classified as being ‘economically inactive’ (MoLHR, 2016a) – with 10,000 (5% of the entire Bhutanese employment-age population) categorised as disabled (MoLHR, 2016a).

No comprehensive research has been conducted to determine the population of youth and adults with disabilities in Bhutan so exact

* Corresponding author.

E-mail address: paul.lynch@glasgow.ac.uk (P. Lynch).

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figures regarding the unemployment of youth with disabilities cannot accurately be discerned (Rinchen Dorji, 2015). Furthermore, we need more critical understandings of how vocational education and training (VET) is supporting individuals with disabilities in the Global South (McGrath et al., 2020).

Transition from secondary school to post-school economic activities, and access and participation to tertiary education and technical and vocational education and training (TVET), let alone transition from secondary school to post-school activities, are also very negative outcomes for youth with disabilities in the country (MoE, 2021). There are no completion rate statistics, nor specific data on transition for youth with disabilities, but anecdotally the experiences and outcomes are very negative and warrant further understanding and research (Kezang Sherab et al., 2015; Schuelka, 2018; Rinchen Dorji and Schuelka, 2016). There are also significant challenges between the demand for, and supply of, skills in vocational and higher education. Limited growth in the private sector has also been a long-standing challenge in Bhutan to generate employment.

As a result of high youth unemployment, economic challenges from years of isolation due to the COVID-19 pandemic lock-downs, and increasing emigration, Bhutan faces economic and social challenges. Youth unemployment in Bhutan is 20.9% and Gross Domestic Product is losing value (NSB, 2023). The youth population (16–24) is expected to increase from 130,000 to 172,000 people by 2030 – an increase of nearly 80% (GNHC, 2013). A top priority of the Royal Government is to bring the unemployment rate down to healthy and sustainable levels (MoLHR, 2016a). To attempt to address these economic and social challenges, the Royal Government of Bhutan has released a series of plans, namely the National Workforce Plan 2016–2022, the TVET Blueprint 2016–2026, and the Education Blueprint 2014–2024. These plans do not significantly or specifically include youth with disabilities. The TVET Blueprint admits that more understanding is needed: “Unfortunately, not much is known about those with disabilities or from disadvantaged groups” (MoLHR, 2016b, p. 26). We believe that addressing the existing barriers and challenges related specifically to those youth with disabilities, from inclusive educational practices through to inclusive employment, has a significant potential to support the realisation of Bhutan’s aspiration to achieve the development philosophy of Gross National Happiness (GNH).

There have been many schemes and strategies around the world to support increased participation of persons with disabilities in the economy, including vocational rehabilitation, microcredit, supported or inclusive employment, and substitution or sheltered employment (Mont, 2014). Vocational rehabilitation and sheltered employment have existed in Bhutan since 2009/10, with schemes such as the JICA-supported Big Bakery and the Draktsho Vocational Training Centre for Special Children, but also with some sheltered vocational opportunities offered at Muenselling Institute for the Blind since the 1970 s and at Wangsel Institute for the Deaf since 2003. In addition to critically understanding how these existing schemes and programme’s function and benefit youth with disabilities in Bhutan, the study that this paper is based upon explored the introduction of entrepreneurial microgrants and Community Inclusion Coordinators (CICs), to test whether they are appropriate in the Bhutanese context.

2. Aims



The overall three-year GCRF-ESRC study aimed to recognize the contextually appropriate and complex nature of socio-economic participation for persons with disabilities in Bhutan and in other low and middle-income countries. In 2019, the University of Minnesota Institute on Community Integration, Royal Thimphu College (Bhutan), and the University of Birmingham and the University of Glasgow (UK) initiated the study “Understanding, Developing, and Supporting Meaningful Work for Youth with Disabilities in Bhutan: Networks, Communities, and Transitions,” funded through a Global Challenges Research Grant by

UK Official Development Assistance (ESRC ES/S004319/1). One specific aim within the study was to harness the work experience of young persons with disabilities to develop a standardised assessment model and good practice guidelines, as well as inform the design of new service interventions to help people to move closer to being work ready. It is also important to understand what ways youth with disabilities in Bhutan can be supported in their transition from home or school to meaningful formal or informal work by families, teachers, government services, civil society organisations, and other key stakeholders.

The study activities were planned in three phases (see Table 1). In this paper we will focus on Phases 2 and 3. We have identified the following research questions to help guide us through the design, piloting, and assessment of an employment assessment toolkit (EAT):

1. Can a reconceptualised employment screening tool reliably measure an individual’s level to being closer or further to meaningful work opportunities over time?
2. Does the shared language used in the tool generate opportunities for clarity of purpose and communication between mentors and out-of-work participants with disabilities?
3. Do participants with disabilities consider the employment screening tool as useful, appropriate, and sensitive to their own needs when seeking new employment opportunities?

Table 1
A summary of the three year, three phase study in Bhutan.

 <p>Phase 1</p>	<ul style="list-style-type: none"> • Conduct a Comprehensive Survey of Transition and Employment of Youth with Disabilities in Bhutan. <ul style="list-style-type: none"> • 216 youth with disabilities • 17 out of 20 dzongkhags [districts] • Fieldwork surveys and interviews using Geographic Information Systems [GIS]-enabled technology. • Recruitment of community inclusion coordinators (CICs) and community inclusion fellows (CIFs) responsible for: <ul style="list-style-type: none"> • recruiting 40 participants with disabilities and • conducting an assessment of their employment skills and aspirations. • mentoring the participants during phase 2 (1 year).
 <p>Phase 2</p>	<ul style="list-style-type: none"> • Adaptation of existing comprehensive Employment Assessment Toolkit (EAT) (designed by Lynch and others at the University of Birmingham (RNIB, 2013). The toolkit offers: <ul style="list-style-type: none"> • a standardised approach for supporting and evaluating the interventions • opportunity for employment coordinators to gain a clear understanding of their client’s support needs and aspirations in relation to gaining employment. • Setting up microfinance scheme for participants assessed as ‘closer to being work ready’ when applying the EAT. (max. awarded grant was 50,000 Bhutanese Ngultrum (approximately US\$600).
 <p>Phase 3</p>	<ul style="list-style-type: none"> • Evaluation and Impact, to understand: <ul style="list-style-type: none"> • how each intervention was perceived and used, • the effect on skills development and economic and community participation for youth with disabilities, <p>the cost-effectiveness and sustainability of various intervention strategies in Bhutan.</p>

2.1. Methodology

The revised Employment Assessment Toolkit (EAT) was based on a toolkit that was developed specifically for adults with a vision impairment in the UK and was co-developed by Lynch and co-authors at VIC-TAR, University of Birmingham and the Royal National Institute of the Blind, UK (Saunders et al., 2013). The main reasons for developing a toolkit were a) to encourage discussion between the participant and the CIC and CIF with the aim of informing the development of an action plan; b) a systematic procedure to calculate the participant’s distance from obtaining paid and unpaid work, generating one of five possible levels (see Table). The level helps persons with disabilities get a clear sense of what they may need to do in order to move closer to work (Saunders et al., 2013). For some, this can be very challenging, but when coupled with the assessment tool and associated action plan, these challenges can be broken down into achievable steps and a clearer pathway to employment. This highlights that those furthest from the labour market require more intensive intervention than those ready to move into work. A combination of bespoke training and referrals to other services (orientation and mobility, access technology training, benefits advice) should enable and empower participants to access services they need to enhance their ability to look for work Table 2.

2.2. Critical capabilities approach

In this study, we drew upon a Critical Capabilities Approach (CCA) (see DeJaeghere and Baxter, 2014 and DeJaeghere et al., 2016), which is a critical extension of Sen’s (1999) Capabilities Theory. CCA acknowledges skills are part of the story of youth development, but so are aspects of relationality such as “affiliation, care, and imagining alternative futures” (DeJaeghere et al., 2016, p. 474). The authors’ study found that youth in Kenya who managed to “survive” (youth’s words) in an unfriendly economic climate did so because they had small and informal inputs and supports from community members and one another that often go unnoticed in linear human capital development models. Examples included small infusions of capital for bus fare or lunch, which allowed youth to reach work sites; connections to elders who could provide opportunities (social capital); emotional support and encouragement from others; and informal information from one another about where to find opportunities.

CCA served as a helpful framework as it assesses the relevance of impairment and disability in designing just and inclusive institutional and social arrangements for the person (Nussbaum, 2000). In capability terms, it does not matter whether a disability is biologically or socially caused but more the scope of the full set of capabilities (the materialised options or life chances) a person can choose from and the role the impairment plays in this set of choices such as feel able to travel to a familiar or unfamiliar place independently. It is not primarily interested in investigating the question of how many resources are being spent in total but rather whether the resources (or services) are directed appropriately, taking the needs of the individual adequately into account. The capability approach framework also promotes an ‘evaluative space’ to achieve ‘valuable’ objectives within the space of capability. It helps us to reconsider human diversity by promoting public consultation on the choice of relevant capabilities through non-threatening ways that respect human dignity (Nussbaum, 2000, p.211). In many respects it considers what people are actually able to do and how they can be

enabled to achieve their objectives. CCA also recognised that work is not only about production but should also be about self-identity and self-worth (Sen, 1975).

In the spirit of using CCA, a group of international disability-inclusion researchers based at the University of Glasgow, University of Birmingham, University of Minnesota, the University of Bhutan and the Royal Thimphu College (Bhutan) set out to review the original version of EAT with stakeholders who have an in depth understanding of the challenges that young persons with disabilities face when applying for jobs in the formal employment market in Bhutan. As was the case in developing the tool in the UK, we applied a bottom-up approach throughout the two-week consultation period.

The adaptation involved various steps in reconceptualising the original version of the EAT which would be able to address more than one functional impairment e.g., deafness, physical disability, etc. This involved a number of collaborative development stages, for example we were able to share a working version of the EAT with Bhutanese stakeholders (e.g. school teachers, vocational trainers specialising in rehabilitation programmes for persons with disabilities) during a field visit to Bhutan in September 2019; and capacity mobilisation activities (see Fig. 1). A final version of the EAT was released in January 2019 during a visit to University of Minnesota when CICs and CIFs were trained on how to administer the tool, discuss translation issues, and scoring and interpreting the scores and converting them into levels. All CICs and CIFs were conversant in English, Dzongkha, Nepali, and Tsangla depending on where they were located in the country and local languages used there. The CICs and CIFs were able to translate their interviews into English, if necessary, as English was commonly used as it is widely spoken in Bhutan.

2.3. Adaptation of EAT

The new version of the EAT was divided into two parts: Part One contained the assessment questions, and Part Two focused on Action Plan Development. Part One questions were designed to generate assessment information but within these a set of 17 screening questions were included covering the five areas (aspirations, interests, and skills; accessing and using information; use of technology; independent travel; and needs and challenges related to disability) – see Table 3 for an overview of the revised EAT.

Most questions in Part One of EAT used the Likert scale of 1–5 – ‘1’ showing either has ‘little idea’ or ‘has none or very little experience’ to a score of ‘5’ which signifies ‘has a very clear idea’ or ‘thinks they have all the required skills’. For example, in Accessing and Using information, participants are asked: *How well do you think you are able to communicate your thoughts and ideas to others? (1–5)*. Total scores could then be calculated for each section with a cut-off score to allow participants to be assigned a ‘further from’ and ‘closer to’ work summative score for each section. It was the combination of these five summative scores gave the participants’ level. Table 4 shows how the level of work-readiness was calculated from the summative scores across all five sections.

An important part of the EAT interview is to develop an action plan to help the CIC and the participant understand themselves so that they can better advocate for their interests and needs. The Part Two ‘About Me’ section is based on numerous examples from Person-Centred Planning toolkits¹ as well as the National Parent Center on Transition and Employment from PACER.² Examples of formalized protocols include the *Person-Centered, Informed Choice Protocol* (Minnesota Department of Human Services, 2017); the McGill Action Planning System

Table 2
Levels showing distance from being work-ready.

Level 1:	Work ready
Level 2a	Nearly work ready (closer)
Level 2b	Nearly work ready (further)
Level 3	Support and development stage
Level 4	Foundation and growth stage

¹ Adapted from The Minnesota Governor’s Council on Development Disabilities, *It’s My Choice* (2014) <http://mn.gov/mnddc//extra/publications/choice/Its.My.Choice.pdf>

² <https://www.pacer.org/transition/learning-center/independent-community-living/person-centered.asp>

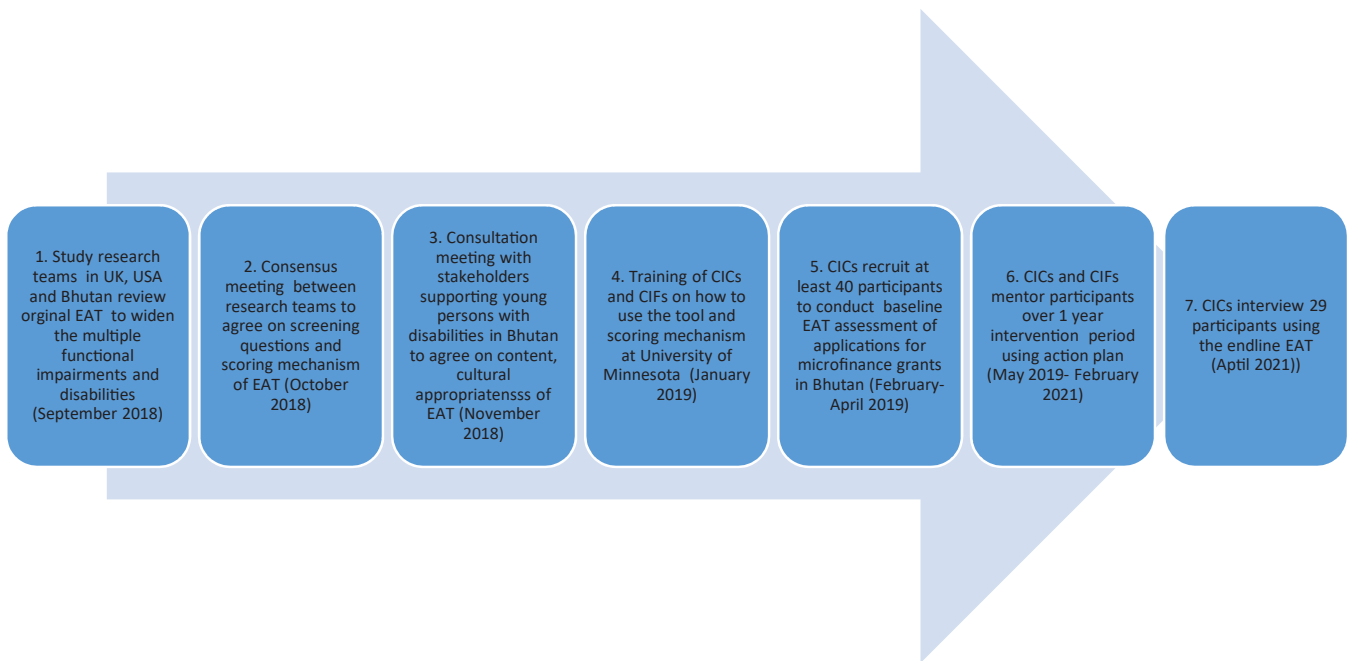


Fig. 1. Flow chart to show the development of the employment assessment tool.

Table 3
Overview of EAT: Part One and Two.

Part One	<ul style="list-style-type: none"> An assessment and screening tool including six sections: Section 1: Aspirations, interests, and skills Section 2: Work Search Section 3: Accessing and Using Information Section 4: Technology Skills Section 5: Independent travel Section 6: Needs and Challenges Related to Disability Adding the score and assigning your participant to the appropriate level Interpreting and summary (considering different aspects or variables such as your participant’s age, level of disability, local employment opportunities and government incentives to support the transition into work for people with disabilities).
Part Two	<ul style="list-style-type: none"> Complete a scoring sheet which provided instruction for the coordinator to generate a ‘distance for the labour market score’ (based upon the segmentation model) by combining participant responses. Use final score to find participant’s level using the segmentation model (see Table 2). Develop an action plan to decide on objectives broken down into SMART goals and agree on bespoke training for the participant.

Table 4
how to calculate the level of work-readiness from section cumulative scores.

If all 5 sections are ‘closer to work’	Level 1: Work ready
If 4 sections are ‘closer to work’	Level 2a: Nearly work ready (closer);
If 3 sections are ‘closer to work’	Level 2b: Nearly work ready (further);
If 2 sections are ‘closer to work’	Level 3: Support and development stage;
If 1 or no sections are ‘closer to work’	Level 4: Foundation and growth stage

(Vandercook et al., 1989); *It’s My Choice* (Allen, 2014); and *Future Planning 101*, a video-based tool (The Arc, n.d.).

Aspects of the action plans included resources (e.g. access to microgrants, bank credit, goods, services) that will support the individual to achieve their work related goals (includes transportation (if applicable); equipment (e.g., for more effective mobility or communication), human resources (e.g., a person to mentor the employee with a disability; the capacity of the workplace to design accommodations; likelihood of acceptance of a person with a disability at the workplace as an employee or trainee). Access to many resources were considerably curtailed because of the national lockdown during the pandemic in

2020/21.

2.4. Sample group

Recruitment of the EAT participants was carried out by the CICs and CIFs, as originally identified in our Phase 1 national survey activities (see Schuelka et al., 2022). Participants had to be aged 16–30 and have a declared impairment or disability by a CIC, CIF, or a member of school staff. Many participants were connected to rehabilitation centres, schools, and organisations that were run by the CIFs. Participants were chosen upon consenting to take part in the assessment and some of those who are already in process of finding economic opportunities.

Bhutan is divided into 20 *dzongkhags* [districts]. We recruited participants from 9 *dzongkhags*. Almost half (42%) of the participants lived in Thimphu, the most populated *dzongkhag* – and the national capital – and there we had the largest number of participants (n = 17). Trashigang, the furthest from Thimphu in the far east of Bhutan, had the second highest number of participants (n = 6). The other seven districts had between 1 and 3 participants. A total of 40 participants were interviewed using Part One and Two of the EAT. Of these, only 27 completed an action plan with their mentor, 26 took part in the endline interviews and 29 completed the evaluation of the screening tool, sharing their views on how useful, appropriate, and sensitive they had found it. Very sadly, one of the original participants died during the project and one other formally withdrew. Seven of the original participants were provided with microgrants.

Once participants had consented to participate in the study, the CICs travelled to their homes to carry out EAT interviews, calculate the scores from the screening questions, identify the participant’s level and subsequently co-develop the action plans. The co-designed action plans were substantially interrupted by restrictions on travel due to the COVID-19 pandemic, however, a small number of participants could access some microcredit grants and local resources. Most mentoring was switched to telephone and online communication coupled by visits whenever possible. Most interventions included discussing challenges and opportunities of finding resources and support system. These discussions mostly lasted from an hour telephone conversation to half a day visit to the participants’ homes or residential institutional setting. CICs and local inclusion champions provided information on resources

availability and mentoring on business or work related.

The screening, baseline, endline interviews were completed during meetings between CICs and participants. The interviews were conducted in a variety of Bhutanese languages – including English – and later the CICs fully translated the answers into English and all questionnaire data was uploaded using Google Forms. This allowed for all data to be collated and exported into an Excel spreadsheet. Data clean-up, management and familiarisation took place as the different online-generated spreadsheets were checked, merged, and restructured. At this stage, attrition between baseline and endline was noted and duplicates or differences in participant names or personal details across records were reconciled. Functions of Excel were used for descriptive analysis of quantitative data allowing the data to be sorted and filtered to identify common clusters, e.g., types of disability; patterns, e.g., level of closeness to work mapped to type of disability; trends over time, e.g., increase scores in key areas but ‘sticking points’ in others such as technology; and exceptions.

With the sealing of national borders during two years of pandemic in Bhutan, many participants experienced considerable challenges, particularly in seeking meaningful work as Bhutan was severely locked-down for months and even travel between *dzongkhags* was curtailed. This made economic opportunities difficult to come by and the procurement of any recommended devices or materials was also severely challenged, which, in turn, restricted the expansion of ideas or implementing activities as planned in the project proposal.

2.5. Ethic consent

Ethical clearance for the project was given by the Bhutanese National Statistics Bureau (NSB/SDPD/Survey/2019–20/4870), as well as the University of Birmingham Research Ethics Office (ERN_18–1601). All potential participants received written and verbal information in English, Dzongkha, Nepali, and/or Tsangla about the purpose and procedure of the study. A written consent form was completed, and verbal audio consent given before commencing data collection and intervention work.

2.6. Data collection and analysis

The findings from this quantitative analysis were then used as the basis to explore the qualitative data, i.e., participants and CICs comments and observations. Quotations from CICs and participants were then used as illustrative, explanatory examples. For example, to explain the gap between some participant aspirations and their struggle to get ‘closer to work’. The same approach was used to develop understanding of exceptions and areas of divergence in the data. The EAT also included follow-up questions to probe further into why a specific score or scale was selected by a participant. The stages of data collection are presented in Tables 5 and 6.

3. Results

In the next sections we will focus on the sections where there were predictable and unpredictable changes in the scores and plausible explanations for why these changes took place between the two data collection time points (base and endline).

Table 5
Stages of data collection.

Activity	Date
1. Collection of baseline data using the EAT	April-May 2020
2. Intervention period (including an extension of 6 months) due to the pandemic	June 2020 – February 2021
3. Collection of endline data using the EAT	May 2021
4. Evaluation of EAT with participants	May 2021

Table 6
Participants by age and gender.

Age group	Female	Male	Total no. of participants
17–20	1	6	7
21–24	10	6	16
25–28	3	3	6
29–32	0	8	8
33–36	1	0	1
37–40	0	1	1
not recorded	0	1	1
Total	15	25	40

3.1. Characteristics of recruited participants

The average age of the participants was 25, with the youngest at 17, and the eldest at 39 (see 6). The largest age group was 21–24 (n = 16), and the majority (n = 31) of participants were under 30 years of age. Fifteen female and 25 male participants took part in the baseline interviews. All but one of the women were in their twenties, whereas seven of the men were in their thirties. The largest age group for men was 29–32 (n = 8) whereas for women it was 21–24 (n = 10).

3.2. Declared disability or impairment

As part of our approach to enable participants to decide whether they wished to disclose a disability or impairment, we kept this optional. The largest declared category of disability was ‘physical disability’ (n = 16) for both male and female participants, including, for example, participants who were born with physical disabilities and those who became disabled due to stroke or injury (see Table 7). A further six participants, also with physical disabilities, were grouped under specific types of disability according to their specific circumstances or diagnoses: two with amputated leg(s) using prosthetic limb(s) and four with cerebral palsy. Sensory impairments including hearing impairment (n = 1), deafness (n = 4), and visual impairment (n = 4) account for nine of the participants. All four of the deaf participants were women, whereas three of the participants with visual impairments were men, and one a woman. Three participants were described as having intellectual impairments. Two participants have Downs Syndrome, and one has suspected foetal alcohol syndrome (FAS). For three of the participants the type of disability was not given.

3.3. Distance from being work ready at baseline (levels 1–4)

An important last step of the assessment process was for the CICs to draw on their professional judgment and knowledge of the participant to adjust the final level either up or down (see Table 4). In many cases, CICs already knew the participant and their levels of functioning in relation to travel, ability to communicate their needs to others and use technology. This also showed that the EAT did not work in isolation but relied on CIC information. In only 9 out of 40 instances, the CIC adjusted the final

Table 7
Participants by type of disability and gender.

Type of impairment/disability	Female	Male	Total no. of participants
Amputation of leg(s) – prosthetic limb	0	2	2
Cerebral palsy	2	2	4
Deaf	4	0	4
Hearing impairment	0	1	1
Downs Syndrome	0	2	2
Foetal alcohol syndrome (FAS)	1	0	1
Intellectual disability	1	2	3
Physical disability	5	11	16
Visual impairment	1	3	4
Not given	1	2	3
Grand Total	15	25	40

level calculated from the EAT screening questions. In 7 of the 9 cases, the judgement moved the participant closer to work, i.e., up a level, and in only 2 cases, a participant was moved down a level (from Level 1–2a, and Level 2b to 3). Just over half of the participants (n = 21) were placed in level 2a and 2b (Nearly work ready). A quarter of the participants were placed at the lowest level 4, ‘Foundation and growth’ stage (n = 10). The smallest number of participants fell into levels 1 (work ready) and 3 (support and development) (n = 4 and n = 5 respectively).

It was useful to review each of the six sections used in the screening calculation to examine how they differentiate clients as closer or further from the labour market (see Table 8).

For the purposes of this paper, we will review the responses to the screening questions for four sections that were of most significant interest with regards to assessing the quality of the EAT in terms of as useful, appropriate, and sensitive to their own needs.

3.4. Section one: Aspirations, Interests, and Skills

Looking closely at the first section of the EAT, the majority (72.5%) of participants were assessed as ‘closer to work’. This suggests that there were already high levels of interest in pursuing training and or receiving support to acquire income-generating activities, of which some participants had already had training in *zorig chusum*, or the traditional arts and crafts of Bhutan such as wood carving, painting, embroidery, and weaving. The questions in this section focused on the participants’ common activities and interests, the perceived importance of paid and unpaid work, the areas of work that the participants were interested in pursuing and the skills required for this type of work. The importance of having paid or unpaid work was rated highly (5) for the majority of participants (82.5%) with level 1 rating 7.5%. Sixteen (40%) participants said they had searched or asked around to find work or a training using the internet, WeChat, talking to family and community members, 14 (35%) said they had not instigated any searches or enquiries for work or training and 10 (25%) gave no answer.

CICs asked, more specifically, what kind of activities they would like to do to earn income, including part-time, full-time and self-employment, as well as unpaid family or community work activities such as working in a bakery, tailoring, spa therapy, laundry, and agriculture. They were then asked to consider the skills they have that would help them do this kind of work or activity. The CIC was able to make an assessment of the extent to which the participants’ skills matched the requirements of the type of work, for example, reading instructions, calculating or simple addition or subtraction, technological skills, specific physical or manual skills for gardening/farming, being able to get along with other people and good customer skills.

Follow up questions helped to tease out participants’ thinking behind a score they gave during the interview. Several participants stated that they wished to find work, but they had been experiencing difficulties in knowing how best to make the required steps to finding about jobs in their desired area of interest or within their skill set. The impairment and or disability had a significant impact on their ability to seek

Table 8
Levels based on the 17 screening questions and scoring system at baseline.

Level	EAT calculated Level	Final level (adjusted according to mentors’ professional judgement)
Level 1 (Work Ready)	5	4
Level 2a (Nearly Work Ready, Closer)	9	12
Level 2b (Nearly Work Ready, Further)	9	9
Level 3 (Support and Development Stage)	5	5
Level 4 (Foundation and Growth Stage)	12	10
Total	40	40

employment. In some cases, this was perceived as due to the physical constraints of the disability itself, e.g., muscular degeneration, and in others it was due to the limited opportunities, e.g., lack of employers with understanding or knowledge of sign language.

There was also a strong need to find employment to provide for their families – ‘Mr K. is under the poverty line where he struggles to provide basic needs to his family.’ Many seemed to be ‘stuck’ in terms of not knowing how best to act on their aspirations and so this resulted in a loss of confidence and loss of interest in seeking to find paid or unpaid employment. On several occasions, the actual interview process reignited positive attitudes towards finding work. Another CIC said that ‘I truly feel that this interview has given Mr R the motivation to find work. He is ready for a job irrespective of the disability he has. He is confident and takes feedback from others positively’. In at least half the interviews, the mentors confirmed that the participants were motivated to find work but many who wished to set up their own business lacked the entrepreneurial knowledge to be able to set up this up. Related to this lacuna in business knowledge, at least 80% of the 40 participants said that they did not have a CV or know how to promote their skills. In one instance, Ms D has never applied for ‘any work till date because of communication barrier (deafness). She does not have the guts to approach any organisations or even talk with her parents about this fear’.

Participants who scored within levels 1 and 2 were considered to be nearer to finding work if they could be given external support to write a CV, build their confidence to go to present an interview or give them advice on how to travel to work independently.

3.5. Section 3: Technology skills

A significant area of interest for both participants and CICs was the section on technology skills and levels of confidence, competence, and frequency of use. The toolkit therefore included several screening questions that scored these three sections in relation to using computers, tablets, and mobile phones. *Technology skills* is the only section where more participants were ‘further from work’ than ‘closer to work’ at baseline, with only 25% scoring ‘closer to work’. This could be due to the lack of access to technology, training and or internet connection where the participants lived.

Significantly, 30 participants were scored as ‘further from work’ although 10 were scored close to the threshold (between 20 and 23 points). With some additional training these 10 could transition into being ‘closer to work’. Ten were scored closer to work (See Table 9).

Follow up questions to the screening questions revealed participants were facing considerable challenges when using technology to communicate and access information. Those who rated themselves at the upper end of the confidence and competence scales were engaging in social media (e.g., Facebook, Messenger, WeChat) and were using text messages to communicate with friends and family. The four deaf and 1 person who is hard of hearing used technology extensively to communicate with friends and family, many of whom, were not able to use

Table 9
Results for Section 4: Use of technology (baseline).

Score / 30	No. of participants	
	closer to work	further from work
0–3		5
4–7		4
8–11		4
12–15		1
16–19		6
20–23		10
24–27 *	7	
28–31	3	
Grand Total	10	30

* Scores of 24 and above = closer to work

Bhutanese Sign Language. One deaf participant explained that they used the video function on social media to sign with other deaf friends from their old school. Another participant, who has cerebral palsy, explained to his CIC that he was unaware of social media but was keen to know more about it. A participant with visual impairment has been using a screen-reader (JAWS) to access information about possible jobs on the Internet on his computer. Another participant with a visual impairment said they were using a magnifying glass to access small print in newspapers and notices. A participant who had a stroke which affected his ability to speak, said he had learned sign language and was able to communicate with friends using video on his phone.

A significant factor that affects participants confidence and competence levels is having opportunities for technology skills, most of which takes place in larger towns and cities. Given the significant number of participants living in rural areas, it is much more difficult to travel long distances to towns and cities. This is discussed further in the next section on Independent Travel.

3.6. Section 5: Independent travel

Looking at the section of *Independent travel*, 55% of the participants scored closer to being work ready in relation to feeling confident to travel independently to a familiar place from their home or school using local or private transport. Significantly, less than half of participants did not feel confident to travel to a familiar place on their own in day light. Thirty rated themselves either confident (n = 6) or ‘very confident’ (n = 24) at travelling independently from home or school to a familiar place in the daylight. Twenty-five said they travelled on a daily basis to a known place (see Table 10).

Interestingly, 19 said they felt confident travelling independently from home to school to an unfamiliar place. Twenty-one participants said they either didn’t feel confident or had very little confidence in travelling to an unfamiliar place in the daylight (see Table 11).

Digging a bit deeper into the participants’ scores in the follow-up questions, significantly, around half answered between ‘not feeling confident’ in travelling independently to an unfamiliar place in daylight and relying on a friend or a family member to accompany them on the bus. Participants who live in Thimphu said they felt more confident using public transport independently, whereas those living outside the city felt more anxious about walking or taking public transport on hazardous roads which are often busy with traffic and have steep hills to climb. For instance, a participant, who uses a wheelchair to move around indicated he was able to travel independently to both known and unknown places as long as there were no problems with wheelchair accessibility. Generally, travelling outside cities, is generally, quite hazardous for persons with disabilities. This has a strong impact on being able to travel to an interview or work.

Table 10

Confidence and frequency travelling independently from home or school to a familiar place in the daylight (1–5).

Scale of 1–5	Confidence		Frequency	
	Total sample (n)	Total %	Total sample (n)	Total %
	1 (not confident at all)	2	5	4
2	3	7.5	5	12.5
3	2	5	3	7.5
4	6	15	8	20
5 (very confident)	24	60	17	42.5
Not given	3	7.5	3	7.5
Grand Total	40	100	40	100

Table 11

Confidence travelling independently from home or school to an unfamiliar place in the daylight (1–5).

Scale of 1–5	Confidence travelling independently from home or school to an unfamiliar place	
	Total sample (n)	Total %
1 (not confident at all)	12	30
2	3	7.5
3	3	7.5
4	6	15
5 (very confident)	13	32.5
Not given	3	7.5
Grand Total	40	100

3.7. Section 6: Needs and Challenges Related to Disability

In the section of *Needs and challenges related to disability*, 55% of participants felt confident discussing their skills as well as any adjustments, supports or changes they may require to their work task. Significantly, just under half (45%) did not feel confident opening up to a potential employer about their work needs which could have implications on being able to do the work they have been hired to do (see Table 12).

A small number of participants experienced challenges in gaining meaningful work because of the changes or adaptations that would need to be made to a potential work environment, such as ensuring wheelchair access to all amenities, adapting a works station to enable someone with limited mobility to use the desk-top computer. For instance, Mr. S said ‘working for somebody else will be very difficult for both him and the employer because they will have to make so many adjustments to the work environment and for the staff to accept my disabilities’. Another participant, who is deaf, raised significant challenges around being able to communicate to colleagues and customers at work. She said that ‘having to rely on an interpreter would be very difficult to do and there are not enough interpreters in Bhutan’.

Those who were calculated to be at levels 1 and 2 were more positive about the adjustments that could be made to their work environment. Some had received microcredit to help them to set up a small business at home. They could use the credit to make the small adjustments that would help them to be able to work from home.

The CICs also commented on the lack of employer awareness of disability and how this was having a negative impact on young persons with disabilities applying for jobs. One CIC said that ‘finding the right match in terms of identifiable employment skills was proving to be difficult.’ Another CIC said there were few available jobs suitable for persons with disabilities, particularly in the hotel and tourism industry. In spite of these challenges, CICs were still eager to help participants improve their work skills, which, in turn, would improve their chances of gaining paid or unpaid work. In some respects, it was difficult to motivate participants when there were few job opportunities available.

Table 12

Confidence in discussing any skills, adjustments, supports, or changes required with a potential employer (1–5).

Scale of 1–5	Confidence in discussions with potential employers about:			
	your skills		adjustments, supports or changes you may require	
	Total sample (n)	Total %	Total sample (n)	Total %
1 (not confident at all)	5	12.5	5	12.5
2	7	17.5	9	22.5
3	4	10	3	7.5
4	6	15	4	10
5 (very confident)	18	45	19	47.5
Grand Total	40	100	40	100

Those who were closer to being work ready (level 1) needed to improve their interview skills, being able to communicate clearly, talk about their needs openly to a future employer. During lockdown, it was difficult for some of the CICs to visit their paired participants to work on the key areas for development identified in the action plan.

3.7.1. Changes in level post-intervention

Comparing baseline and endline results of the 26 participants, there was a change at all levels (1–4) with participants generally moving upwards. The biggest increase was at level 1 (work ready) from two to six participants. There was a small increase of one participant at level 4 (foundation required before employment services) to six participants. At endline, only two participants increased their score and transitioned to being more work ready (see Table 13).

Looking more closely at the four sections discussed above, our analysis of the endline data showed small but important changes in both individual scores and levels of the 26 participants over the one-year intervention period. In Section 1 (Aspirations, Interests and Skills), nine out of 26 participants increased their score based on the screening questions and two had moved up a level – thus moving closer to being work ready. To counter this result, three dropped their overall score to move down a level and eight received lower scores compared to their initial assessment but did not drop level. These smaller drops and increases that did not lead to a change in the level could be due to several of factors including the restricted access to a mentor or opportunities to practice key work-related skills.

There was also a mixed picture of direction of travel in relation to Section 4 (Technology Skills) which, on the one hand, saw 16 out of 26 participants increasing their score after one year. Significantly, seven moved up a level, bringing them closer to work and 9 increasing their score but not level. Fortunately, no participant dropped level but eight had dropped their score. This is a much better picture compared with participants’ levels of confidence and competence using technology before the intervention. It is important to stress that we only have just over half of the participants’ data because of high attrition and not being able to contact a large number of them in rural areas.

Moving onto Section 5 : Independent Travel, unsurprisingly, there was little change in scores or levels. This is most likely due to the fact that many planned mobility and travel training had to be suspended because of restrictions in travelling in many parts of the country. So, only seven out of 26 increased their score, with only two moving closer to work. A further two participants also moved further from work and another seven had a decrease in their score.

Finally, in relation to Section 6: Needs and Challenges Related to Disability, a total of four increased their score enough to change their level and eleven did not change score or level at all. Again, these results are unsurprising considering the fact that participants had little training or few opportunities to practice interview skills which involved discussing adjustments, supports and changes with a potential employer. This is an area that we predicted would remain unchanged because the lack of training of individuals.

Table 13

Change from baseline to endline across five sections.

Level	Baseline level (n = 40)	Baseline level (n = 26)	Endline level (n = 26)
Level 1 (Work Ready)	4	2	6
Level 2a (Nearly Work Ready, Closer)	12	10	9
Level 2b (Nearly Work Ready, Further)	9	6	4
Level 3 (Support and Development Stage)	5	3	1
Level 4 (Foundation and Growth Stage)	10	5	6
Total	40	26	26

3.7.2. Impact of microcredit on participants

Another reason for a positive change in both scores and levels could be linked to an intervention we piloted at the same time as the EAT. In the intervention phase of our project, we offered microcredit grants to persons with disabilities to support entrepreneurship, employment, training, and social initiatives. Many of the participants of the EAT were also recipients of the microcredit scheme, and thus their progress in starting businesses, receiving additional training, or seeking meaningful work with financial support was captured in the EAT. The maximum awarded grant was 50,000 Bhutanese Ngultrum (approximately US \$600). Microcredit grant recipients experienced both tangible and intangible benefits (Ura Sonam Tshewang, Schuelka, and Kafley, 2022). Most of the grant recipients that created entrepreneurship opportunities through the use of additional funds were able to turn a profit that benefitted them as well as their families and communities. Because of the COVID-19 pandemic since 2020, some of our grant recipients experienced some economic setbacks, including difficult market situations and an inability to obtain certain imported goods and raw materials. Despite these unforeseen challenges, the intangible benefits were significant. Our grant recipients experienced an increased confidence and happiness, the ability to support themselves and their families/communities, an increased sense of self-worth, increased motivation; and were inspired to learn more, do more, contribute more, and build larger projects for additional funding opportunities. These were the findings as reported by the grant recipients. In our evaluation interviews, one recipient told us, “There was hope that people like me could do something ... the microcredit grant has changed everything in my life. I’m glad that I can make a change in my society.” Another said, “I became financially independent by getting self-employed. I am also able to support my family to buy essentials with the profit. Finally, I am able to help my brother studying at Paro College of Education [to become a teacher] with pocket money.” (Ura Sonam Tshewang, Schuelka, and Kafley, 2022, 4).

3.7.3. Evaluation of the Efficacy and Utility of the Employment Assessment Toolkit

As part of the endline assessment the research team at Royal Thimphu College were able to interview a total of 29 participants who took part in the final interview to share their views and experience on participating in the study and working with their mentors with the EAT. Ninety percent of them had previously taken part in the Endline questionnaire, and 79% had worked on a completed action plan with their mentor. The frequency of their contact and of the support they received varied due to COVID-19 as well as other personal factors.

Overall, the themes in the EAT were seen as ‘useful’ and ‘important’. One female participant from Thimphu had this to say “It was very helpful. It gave me a lot of exposure and experience on my own strengths and weaknesses. It also introduced me to topics I had never thought about before. Overall, it helped me become confident, gave me good practise to talk with people and open up.” It was important for the participant and CIC to have an honest and open conversation about quite personal issues.

One of the biggest challenges is producing a toolkit that asks the right questions in a sensitive way. One female participant from Paro felt uncomfortable having to answer personal questions to people they did not know, “I felt a bit uncomfortable as I was being interviewed by a new person. But now I feel comfortable as I have been communicating with them over a year now. The questions were fine.” A male participant from Trashigang had this to say about the personal nature of the intervention, “I felt a bit uncomfortable answering about the support I was receiving from my family as they [do] not support.”

Some participants reported an increase in awareness and skills, e.g. “I am more aware of how to enhance my art skills and how to run a small business” (male participant from Mongar) whilst others appreciated the support and inputs but did not see a tangible impact on employment, e.g. “It has helped me gained other skills such as public speaking, but it hasn’t helped me with employment” (female participant from Thimphu). However, for some there was a direct tangible impact on employment, not

only affecting them but also their family. For example, two participants had these testimonials:

Being self-employed has helped me be financially independent. I am also able to support my family for food and other resources. I am also able to send some pocket money to my brother who is studying. I have been able to transition successfully from school to work after 13 years. (Female participant from Trashigang)

I realised through the employment questionnaire that I have a set of skills that will help me get employment. One of the most important skills I had was baking skills. Likewise, I won the microcredit grant with the baking proposal and started my baking business. (Female participant from Thimphu)

4. Discussion

Data indicate that, for youth with disabilities, navigating employment is a complex process and requires considerations beyond skills development alone. We locate these conclusions in recent arguments that call for conceptualization and theorization beyond human capital theory when considering youth development (Johnstone and Schowengerdt, 2022) and focus on institutional approaches to the political economy of meaningful work for persons with disabilities (Mannocchi and Schuelka, 2022). Formal assessment practices revealed that alternative theoretical lenses, such as critical capabilities theory, and social capital theory may also inform the ways in which youth with disabilities navigate employment opportunities and community engagement.

The EAT is directed towards meaningful work and distance towards being ‘work ready’, but it is also deferential to the Bhutanese context in seeking to understand how persons with disabilities themselves define their own goals and self-determination, and in how they view their own aspirations in relational terms to their families and communities as well. This demonstrates the crucial work of iterative development rather than ‘experts’ going into countries with pre-conceived notions of what ‘works’, especially in terms of social and economic inclusion which are so contextual and socio-culturally dependent. Our participants had their own definitions of what ‘work’ they aspired to travel towards, and the CICs and CIFs worked with them to determine what skills, capital, information, connections, and support was needed. The EAT was successful because it was adaptable and because there were mentors that were there to help over a time period. For instance, one CIC had an excellent knowledge of Bhutanese Sign Language and so was able to advocate for the participants who were experiencing communication barriers in their own communities. The work of the study also sought to expand what was possible for meaningful societal participation of persons with disabilities in Bhutan, as many education and training programmes that do exist for persons with disabilities tend to push a narrow set of pathways such as traditional arts and crafts and massage therapy (for persons with visual impairment).

We locate these conclusions in recent arguments that call for conceptualization and theorization beyond human capital theory when considering youth development. For example, Johnstone et al. (2023) recently found that human capital theorization was insufficient for understanding the ways in which youth navigate employment in challenging or highly unequal economic environments. In the case of (Johnstone et al., 2023) study, reliance on linear models that assume inputs of skills lead to outputs of employment fails to consider the complexity of context, youth’s own navigation capacities, and the extent to which environments enable youth capabilities to convert to useful outcomes.

There is also an important point that Bhutan raises not just for itself, but for other countries as well, in terms of what is counted when we think of meaningful ‘work’. In Bhutan, there is much labour that occurs without direct financial compensation in the form of money. Indeed, the widespread use of currency in Bhutan was not officially adopted until

the 20th century, and previously taxes were paid in commodities or foreign coinage (Karma Phuntsho, 2013). The barter economic system is still seen in most socio-economic spaces in Bhutan today. When government statistics classify a person with a disability in Bhutan as ‘economically inactive’ (MoLHR, 2016a), this conforms with Global North-dominant conceptualisations of what economic activity is and is not. Bhutan, and similar countries, suggest that the Western-centric notions of ‘employment’ and ‘work’ need to be broadened to include activities performed by local community members without direct financial compensation. For example, many persons with disabilities are included in village life where they sweep local temples and perform other important functions that ensure community vitality. Sometimes this even includes ‘getting out of the way of others’ to ensure community harmony rather than individual gain, which directly challenges a Global North conceptualization of ‘disability’ within an individualistic and rights-based framework (Johnstone et al., 2023).

Overall, results indicate that in Bhutan there may be hidden conversion barriers for youth with disabilities. Youth may have developed skills during their educational programming, but these skills were narrowly defined by what vocational schools offered, and often organized by disability type (Johnstone and Schowengerdt, 2022). In this way, our participants possessed some human capital (skills), but were also lacking knowledge on how to access work opportunities (e.g., developing a CV), lack of opportunities to learn workplace-relevant technologies, and did not have the confidence to self-advocate for accommodations that might be needed in the workplace. Finally, although many of our survey participants thought self-employment was a viable option, they did not understand what was needed to be entrepreneurs.

In this regard, CCA is a helpful for examining the assumed linear connection between skills and employment. In this case, skills were often present, but a lacuna existed at the space in which existing capabilities could be converted into functional opportunities. We suggest here that further critical study may be needed in Bhutan on the barriers that exist between human capability and employment outcomes. In this case, such a study may be informed by Disability Studies and its interrogation of ableism. For example, community and formal education provided skill development for our participants, but did not necessarily envision them as citizens, workers, or economic contributors. “Hard skills” such as painting, tailoring, etc. were not sufficient in an environment that required youth to market themselves as viable employees in mainstream settings. Conversion of skills to economic or other functional outcomes was informed by the social dynamics of the would-be employee with a disability attempting to navigate a world that was not originally envisioned for them, either by educational personnel or employers themselves. Employment, then, can be considered more of a complex social phenomenon than a predictable outcome, even for an individual with skills. To this end, a greater focus on person-centred planning and microcredit support may be useful in helping to attenuate some of the employment barriers that youth with disabilities face that lie outside of the scope of skills alone.

5. Conclusions

This study has provided ample evidence of the positive impact of using the Eat with young persons with disabilities in Bhutan. The analysis revealed that using the assessment helped CICs to identify and prioritise interventions for participants to the best of their ability in spite of the restrictions of COVID-19. The assessment also helped the CIC and participant evidence measurable success as a result of the agreed intervention, albeit quite small in some cases. In this way the assessment was used as a method of establishing a baseline which following intervention could be compared with a re-assessment of the participant. Observing improvement (whether in mobility, technology use, job search skills, or whatever) is extremely motivating for the participant and this is important when working with individuals who have experienced different amounts of negativity about having a disability and

finding employment.

A positive consequence of the CICs using a formal assessment approach was that there was a shared language which supported communication between professionals and out-of-work participants. This advantage went beyond the CIC-participant relationship. Overall, a shared assessment approach with its associated consistency of language and data provides improved clarity of purpose and communication between CICs and potential employers.

There are potential dangers of unintended consequences of using assessment procedures in the way described above. Firstly, CICs and participants might (unconsciously or consciously) agree 'safe' and unambitious targets to ensure that positive progress is demonstrated. There was no evidence of this in the study.

The EAT can highlight to a local organisation or potential-employer the skills and attributes already gained by the participant, as well as identify areas for further growth and development. However, it is important to understand that in potentially scaling-up an assessment such as the EAT, that it requires considerable investment to ensure there are well-trained CICs and other government employment workers who have received training on disability and are able to support young persons who have already experienced multiple set backs, such as stigma, low expectation levels of others, in their lives within their community and school. If the Royal Government of Bhutan, or other country, were to take up the EAT in a more central manner, it is important that the EAT be used to also identify barriers, as well as levers, in other areas of society that could support the wellbeing and – indeed – happiness of the persons with disability. As a country like Bhutan reminds the world, it is vital to have a more holistic approach to development that focuses equally on individual and collective community wellbeing and the responsibilities of each to fully realise Gross National Happiness.

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³ Note that Bhutanese names are non-gendered and do not have a surname or family name, and instead are one or two given names. Because of this, Bhutanese names are written out fully and alphabetised by the first letter of their first given name.