

## HELP FOR THE DISABLED

Rehabilitation of the disabled today is world-wide. The International Society for Rehabilitation of the Disabled, founded in 1922, is a world federation of voluntary organizations in 57 countries. Its activities include communications on medical, educational, social and professional subjects related to rehabilitation, and its aim is to improve rehabilitation services throughout the world and to promote the better understanding of the needs of the disabled. It has set up committees of experts to deal with problems in specific disabilities, the rehabilitation of victims of leprosy, arthritis, cerebral palsy and ailments affecting speech, hearing and sight; it is active in occupational rehabilitation and the encouragement of voluntary services.

The Society's Review gives interesting information on rehabilitation in various regions and on present trends in relevant national legislation.<sup>1</sup>

Basic rehabilitation programmes in accordance with the law cover medical, educational, social and occupational training services. The medical services include consultation, tests for diagnosis, surgery, physiotherapy and ergotherapy. The educational services comprise schools for the blind, the deaf and the crippled, special provisions to permit disabled children to study, special separate classes, crash courses and, in Great Britain, for instance, special training for the handicapped. Occupational rehabilitation services provide occupational orientation and training and seek employment. These are the services laid down by law in every country.

In addition there is a wide range of other benefits for disabled employees, such as pensions; compensation; medical treatment; life annuities; low-cost housing; allowances for hospital, medical and dental expenses; allowances for the purchase of tools, equipment and business licences; educational grants; home nursing.

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<sup>1</sup> *International Rehabilitation Review*, New York, 1967, No. 4.

Some countries grant permanent financial assistance, supplementary unemployment benefits to amputees, and special old-age allowances.

Sometimes other benefits may consist of resident technical training courses in special institutions; paid travel for holidays; low standard production rates; shorter working day; longer annual vacation; free public passenger transport for the blind and people having lost both hands; housing, heating and lighting allowances. In some countries subsidies are paid to firms and to local authorities with special schemes for employment of, or projects in favour of disabled persons. In others, ten months work is counted as a full year and tax exemptions are granted on dogs for the blind.

Comparison shows that medical, educational and occupational benefits differ little from country to country. However, in social services differences are striking. This is because the extent and kind of social service is dependent on economic and social conditions in each country.

In the early days, voluntary organizations and individuals took the initiative in developing rehabilitation services which worked for certain categories of disabled persons, such as blind, deaf and crippled children. Gradually governments began to assume more and more responsibility for rehabilitation with the realization that disabled persons need not be a burden to society but can be integrated into the economy like any other citizen.

This increase in State responsibility for the disabled is reflected in recent legislation. Whereas measures for their benefit used to be a matter of general provisions for the public welfare, special acts, decrees and regulations are now promulgated in connection with their rehabilitation. State intervention should not, however, cause voluntary service in this field to be forgotten. Many examples of its importance are quoted in the *International Rehabilitation Review*. It mentions, inter alia, the useful work of the Red Cross in many countries, such as the organization of sewing and weaving workshops, studios for painting, schools for the deaf and dumb; the supply of wheel chairs, artificial limbs and orthopaedic appliances; the regular transport of disabled children; welfare centres for paralysed children and for the mentally disabled; the Junior Red Cross assistance to the aged.