Department of Social Work

SOCIAL WORK AND A COMMUNITY-BASED REHABILITATION PROGRAM FOR PEOPLE WITH DISABILITIES IN VIETNAM

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A thesis is presented for the Degree of Doctor of Philosophy of Curtin University

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Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

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Human Ethics (For projects involving human participants/tissue, etc) The research presented and reported in this thesis was conducted in accordance with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (2007) – updated March 2014. The proposed research study received human research ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Number HR 105/2014

Signature: ....

Date: 24.04.2017

ABSTRACT

Community based rehabilitation (CBR) was adopted in Vietnam since 1987, and has been considered as a key component of the Vietnamese disability legislation and national plan to support people with disability. The program has moved from a solely medical to a more comprehensive approach with emphasis on support for education, employment and social participation. However, since the CBR program is managed by the health sector, there are limitations in providing these social supports. In the meantime, social work has become a profession in Vietnam since 2010 and expanded its services to all communes in the country. This research was based on the hypothesis that social work could be a good fit to help CBR fulfil its social support components.

The research aims to analyse the gaps between the needs of people with disability and the current supports of the CBR program in one commune, and how the social work profession can help to close these gaps. This commune was selected as the research site because the CBR program was reported to be comprehensive in this area, which created the opportunity to establish the social work profession in collaboration with existing health disciplines.

A mixed methods approach was used to collect both qualitative and quantitative data with people with disability), service providers and policy makers. Data was collected through 36 in-depth interviews, 2 focus group discussions, observations, and a survey questionnaire to 228 district CBR workers.

The research has unpacked barriers to a comprehensive CBR program which was trying to provide support for education, employment and social participation. These include lack of skills, lack of collaboration, lack of networking and lack of clear mechanisms for CBR workers to perform these social support functions. Several strengths were identified in terms of resources, existing support structures and an openness to working with social workers. Finally, the research suggests the potential for social work to provide social supports to enhance the CBR program in the current context of Thai Binh province and the commune.

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LIST OF ABBREVIATIONS

CBO	Community-based Organization
CBR	Community-based rehabilitation
DILISA	District Division of Labour, Invalids and Social Affairs
DOLISA	Department of Labour, Invalids and Social Affairs
DPO	Disabled People's Organization
GOV	The Government of Viet Nam
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MOLISA	Ministry of Labour, Invalids and Social Affairs
PWD	People with disability
PWOD	People without disability
ULISA	Ward Unit of Labour, Invalids and Social Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

Introduction

Governments all over the world are working out how to provide services for people with disabilities, which will improve their life chances, and which can be managed within national budgets. In Viet Nam, the government has been trying community based rehabilitation as an approach which may fit with under-resourced rural communities. This thesis presents an empirical examination of a comprehensive community-based rehabilitation (CBR) program for people with disability in a commune in Viet Nam. In particular, the supports for social and economic activities are explored, to see if social work can help in the development and provision of relevant services to strengthen the social and economic supports in the comprehensive community-based program.

This introductory chapter provides a synopsis of this thesis and the study context, which includes background to the research, research objectives, methodology, and ethics concerns. This chapter also provides basic information about Viet Nam regarding the demographic, cultural, political and administration system of the country.

Terminology in the disability field is hotly contested, reflecting political struggles for the right to be heard, the fight for human rights and dignity for people with disability. In this thesis, these struggles are acknowledged and seen as valuable reminders of the need to recognize and value the points of view and needs of all people with disabilities. Some of the names or labels allocated to people with disabilities, and/or claimed by some groups, include: person with disability, people with disabilities, the disabled, and as acronyms are everywhere, PWD. While recognizing that each of these terms has its own history, they will all be used interchangeably throughout the thesis. People without disability may also be referred to as PWOD.

An overview of the thesis

Research rationale

Disability is a serious social challenge in Viet Nam. Disability prevalence is variable, as reported from the three national surveys in the country, using the well-known framework of the International Classification of Functioning, Disability and Health, known commonly as ICF, of the World Health Organization (WHO) (World Health Organization [WHO], 2013). The 2009 Viet Nam Population and Housing Census (2009 Census) reported that 7.8% (or 6.1 million persons) of the 78.5 million persons from 5 years old and above, who were "*living with one or more disability in seeing, hearing, walking or cognition*" (United Nation Population Fund [UNFPA], 2011, p. 11). The prevalence rate found in the 2009 Census was closely aligned to the results reported by Ministry of Labour, Invalids and Social Affairs at 6% (Ministry of Labour, Invalids and Social Affairs [MOLISA], 2009). However, the report by MOLISA in 2009 did not discuss the concept and measurement on disability that was used. Although all were using the ICF framework, the number reported by 2009 Census was much smaller than that of the 2006 Viet Nam Living Standard Survey (General Statistics Office of Viet Nam, 2015) and the 2011 Disability and Stigma survey (Institute for Social Development Studies [ISDS], 2013) which were 15.8% and 27% of the population aged 15 or older respectively.

Although not all research document showed agreement on the number of people with disability in Viet Nam, one inevitable fact is that this group is at a disadvantage compared to the group without disability in different aspects of life. The first aspect is health. The 2011 Disability and Stigma survey showed a significantly different percentage on self-reported poor health among people with disability and people without disability, which is 42% compared to 8.5% respectively ISDS, 2013). This number is even higher among people with severe disability which accounts for 90% of the people reported to experience poor health. The second aspect is education. Data from the 2009 Census shows that the literacy rate for people with disability is 76.3 percent, compared to 95.2 percent for the people without disability (UNFPA, 2011). The third aspect is economic activities and economic condition. The unemployment rate for PWD is significantly higher than that for people without disability, i.e. 28% and 18% respectively (UNFPA, 2011). The report of National Coordinating Council

on Disability using statistics from 2006 Viet Nam Living Standard Survey showed that the occurrences of disabilities are also significantly linked to poverty (National Coordinating Council on Disability, 2010). The fourth aspect is stigmatization and social participation. People with disability experienced more difficulty in getting married, and higher stigma scores than the people without disability (ISDS, 2013).

Community Based Rehabilitation (CBR) was developed by WHO as a strategy to deal with disability within limited resources. This initiative aimed to widen the supports towards more people with disability in low and middle-income countries (WHO, 2004). CBR, as defined by the WHO, is "*a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities*" (WHO, 2004, p. 2). From this definition, WHO aims to create comprehensive supporting activities including physical and psychological health rehabilitation, creating equal opportunities by supporting education, job placement, vocational training and social participations. In a simple way, CBR includes methods employed in the community to mobilize resources of the family and different agencies in the community to provide supports for more people with disability within a limited budget.

CBR was first adopted in Viet Nam in 1987 as a solution to support people with disability living in the community (Tran & Tran, 1999). Since its first adoption, the program has experienced quick development in the country. As reported in 2004, CBR programs were adopted in 51 out of 63 provinces with 374 districts and 4852 communes of the country (Tran et al., 2004), and were approved in the Decision number 4039/QD-BYT to be integrated into the National Targeted program to be implemented nation-wide (Ministry of Health [MOH], 2014).

The CBR model adopted in Viet Nam used to be a single medical approach which concentrated on supporting people with disability in doing physical and mental rehabilitation and other health related supports. However, the need for support among people with disability was more complex, which required a shift towards a wider social approach, which would include not only physical rehabilitation but also other social and economic activities, i.e. education, vocational training, employment and social participation. However, there has been little research on the implementation of the social components of CBR since the comprehensive model was introduced in recent years. Most researches on CBR in Viet Nam provided a deep analysis in health aspects

while only slightly touched on the other social components (Sharma, 2001; Tran, 2013; Tran, et al., 2004; Tran & Tran, 1999). These studies also emphasized that, since the beginning, the Ministry of Health (MOH) had been the main body to manage CBR programs in Viet Nam, which could have resulted in more focus on health supports than the other social and economic activities. Only a few studies mentioned the support of CBR in social participation, reducing discrimination and the participation of other social organizations in the commune (Sharma, 2007; Vu, 2005).

In the meantime, researchers from other countries recommended that social work and other community development professions should become a part of CBR to enhance the supports in social and economic activities (Biggeri et al., 2014; Lightfoot, 2004). Social workers naturally fit with the CBR model because they are professionally trained to work with the community and facilitating the coordination among services (Lightfoot, 2004). Social workers are trained with community development skills, case management skills, advocacy and empowerment skills, counselling skills which strongly support the social components of CBR. This is crucially important as researchers found that the CBR workers in Viet Nam were trained with a health perspective, and they admit that they did not have any professional skills and knowledges to social supports (Sharma, 2001). However, there has not yet been any investigation into how the social work profession could be introduced into the current CBR model.

Social work has been an official profession in Viet Nam since 2010 after the “Project 32” of the Prime Minister to approve a National Project for the Development of Social Work (The Government [GOV], 2010a). According to this Project, The Government is currently investing both financial and human resources to develop complete social work services in every province in the country. It is, therefore, a good time to explore if there is a role for social work in a nation-wide community-based program like CBR.

Research aims and objectives

This research analysed the gaps between the needs of people with disability and the current supports of the CBR program in one commune, and how the social work profession can help to close these gaps in Community-based Rehabilitation programs in one commune in Viet Nam, including education, vocational training, employment

and social participation. The specific objectives of this study were:

1. To describe the socio-economic activities of people with disabilities who were living in the commune, i.e. community;
2. To identify the barriers and supports to socio-economic activities;
3. To analyse the gaps between the barriers and available CBR program support;
4. To develop policy and practical recommendations for potential roles of social work to close these gaps.

Research methodology

The research employed a mixed methods approach. As the research was exploring the everyday lives of people with disability in the commune, it was largely a qualitative design, with a complementary quantitative component. The qualitative information was collected in 2014-2015. Analysis of qualitative data was used to develop a questionnaire and focus group discussions in 2016.

The researcher consulted with Heads of the CBR program at different levels (central, province and district) to select the research site, which was a commune in Quynh Phu District, Thai Binh Province in Viet Nam. The commune was chosen because it was reported by a higher level manager of the CBR program to be their best practice model of comprehensive CBR in the District.

The research examined the issue though different points of view, from the beneficiaries (people with disability), service providers (CBR manager and CBR worker), and other related government agencies and social political organizations at different levels.

The research context

This section provides demographic information on Viet Nam, also local, social, political features. It will also provide information on the administration units in Viet Nam and social and economic development which will be helpful for the analysis chapters.

Demographic information

Geography

The shape of Viet Nam is characterized by a long and narrow area, which is drawn like a letter "S" in the world map. Because of its long shape, Viet Nam has a long coastline which occupies the entire Eastern and Southern coasts of Indochina. The North of Viet Nam is bordered by China, the West with Laos and Cambodia, the East with Eastern Sea and the East and South with Pacific Ocean (See Figure 1.1).

The total area of the country is 331,690 square kilometres with the distance of 1650km between the north and the south (The Government, 2017). Two-thirds of the country's mainland are covered with mountains and hills. The Northern part of the country is largest with 600km wide, while the Central part is narrowest with only 50km wide. Because of the narrow land, the Central part is facing nature risks and is exposed to flooding and typhoon. This particular geography characteristic of wide mountainous areas and narrow land of the Central part have contributed to the rapid expansion of a poverty gap and restricted social service accessibility (L. T. T. Nguyen, 2015).

Figure 1.1: Map of Viet Nam

Source: Operation world (operationworld.org)

History

Viet Nam has a written history of 4,000 years since it was first named Van Lang in 2879 B.C.E (Corfield, 2008). Viet Nam's history has gone through a long and continuous period struggling for its independence and freedom. Viet Nam had gone through over 1,000 years ruled by Chinese feudalists (111 B.C - 939 A.D), nearly 100 years colonised by the French army (1859-1945) (Corfield, 2008; Ministry of Foreign Affairs [MOFA], 2017). From the early 19th century to the late 20th century C.E., it had to endure wars and revolutions against Western countries' imperialism and colonialism (MOFA, 2017). Viet Nam declared independence on 2nd September 1945. However, not long thereafter, Viet Nam had to plunge into war to resist the French plot to take control over Viet Nam once again. This war lasted 9 years and ended in 1954 when the country was divided into two sections at the 17th parallel. The North became the Democratic Republic of Viet Nam under the leadership of the Communist Party, while the South was influenced by the West, mainly by the United States (Corfield, 2008). The country only reunified in 1975, and is named the Socialist Republic of Viet Nam, which is now a country at peace.

Social and economic situation since 1945

In 1945, at the end of the World War II, hunger was all over the world and Viet Nam was not an exception. During this year, Viet Nam lost over 2 million Vietnamese poor farmers because of hunger within 1 month (GOV, 2017). With a huge effort in the country, starvation was mainly addressed by early 1946. However, the whole country was deep in poverty.

In the 1954-75 period, the country was politically divided into two regions, the people in North were totally liberated while the South of Viet Nam was dominated by America (Corfield, 2008). The country in this period had undertaken two tasks: developing the economic and political system in the North while supporting the South to get its freedom from the U.S for national reunification. The country remained in poverty.

The country was totally liberated in 1975, when the North became totally independent after the American war. This period marked the complete liberation of South Viet Nam. From this time, the Vietnamese could live in peace and unification

but were still faced with difficulties and challenges as the result of wars: Bombs on the land; and ruined villages, towns and cities and other facilities. During this time after the war, Viet Nam was in extreme difficulty. As reported by the government, the country experienced a rapid increasing of population while the growth in foods remained slow (GOV, 2017). There was not enough food for all people so the country had to import even more food during this period than the time of war. The life of Vietnamese people had come to an extremely hard time in its history. The government report (GOV, 2017) also stated that Viet Nam had to import even more food during this time than in the period of war. People's lives fell into an extremely difficult stage. Food and basic necessities for life were critically short. The inflation rate reached 3-digit numbers which turned into the biggest crisis of the country from the past until now. Social issues like unemployment and drug use became widespread. No social services or social protection were available during this period of time.

Viet Nam's economy showed signs of improvement after the "Renovation" and "open-door market" in 1986. Although some early successes were seen during the first five years after renovation, the remarkable changes were only achieved in the second five-year period (1996-2000). During this time, GDP increased rapidly at the average rate of 6.94%, agriculture reached an increase of 1 million tons per year, and industry development reached a rate of 13.5% (GOV, 2017). During the following five years (2001-2005), the country was in a stable economic stage: GDP growth rate continued to increase to reach 7.5% per year during this 5-year period; the country's macro economy became stabilized; GDP was mobilized and produced a healthy State budget; and total investment capital rapidly increased (GOV, 2017). In 2005, Viet Nam officially joined the World Trade Organization, which provided an important boost to Viet Nam's economy and opened more opportunities to expand trading activities with other countries in the world (Vuong, 2010).

Population and culture

Vietnamese population and ethnic minority groups

By the end of 2013, the population of Viet Nam had reached 90 million. Viet Nam, therefore, ranked to be the 14th country in the world in terms of population (MOFA, 2017). Viet Nam consists of 54 ethnic groups, which makes it a multi-ethnic

country. The most dominant group of the country is the Kinh (or called Viet) which represent 86.2% of the population. Most of other ethnic groups live in Northern and Central regions. With the existence of various ethnic groups, Viet Nam really enjoys cultural diversity.

Vietnamese culture

Firstly, agricultural culture was considered a characteristic of Viet Nam from the past until now. Village community was symbolic of the agriculture society because the production of agriculture economic activities is concentrated within the village (GOV, 2007). While the Western culture respects the individual, the Eastern culture puts more value on the community and relationships (Hieu, 2009). Therefore, people in the commune were described as highly appreciating the emotional ties and attachment among members of the family and the relationship with their neighbours. During the time of war, all people in the village had turned into one big and consolidated family, which created enormous strength to fight against the enemies. There are sayings in Viet Nam that reflect this culture: "there would be no home in a lost country", and "the whole village rather than a sole roof would be engulfed by flood”. This way of living has been maintained to become a traditional inheritance of the whole nation that helped the nation to overcome many difficult situations (Hieu, 2009). This has formed the cultural characteristic of Viet Nam, while the village remains the basic unit of both rural and urban areas even in the current time (GOV, 2017).

Secondly, agriculture culture also had some draw backs when the nations used to enhance agriculture economics while restraining trading (GOV, 2017). This habitat was first developed in the Nguyen dynasty in 18th century and still remain until the modern period after the wars (1970s) (Hieu, 2009). During this period after the war, it was still considered to be a shame if someone was doing his/her own business. Private businesses were forbidden and not approved by law until the “Renovation” and “open market” in 1986. However, people, especially the old generations in the village still inherit the thought of anti-business, which has resulted in the parents and grandparents not supporting the young generation when they want to start their own business (Hieu, 2009). However, this culture also put high value on education (Hieu, 2009), which

could be considered as a strength. Trying to pursue higher study tended to become the priority goals that any parents expected their children to do.

Thirdly, the agriculture culture highly appreciated "Benevolence" while closely combined it with "Righteousness" and "Virtues" (MOFA, 2017; GOV, 2017). Nguyen Trai, who described the soldiers from the wars using the Vietnamese concepts of “Benevolence” and “Righteousness”, became the great cultural symbol of the whole nation (GOV, 2017). Parents were teaching their children to follow the image of Nguyen Trai in every activity in life. According to his image, people tended to contribute to help other people in the commune without thinking of any types of payment. People also highly respected the standard of right and wrong set by the community and tried not to go opposite these moral standards. People also value happiness as their first goal in their life, not to put so much consideration on money and social position.

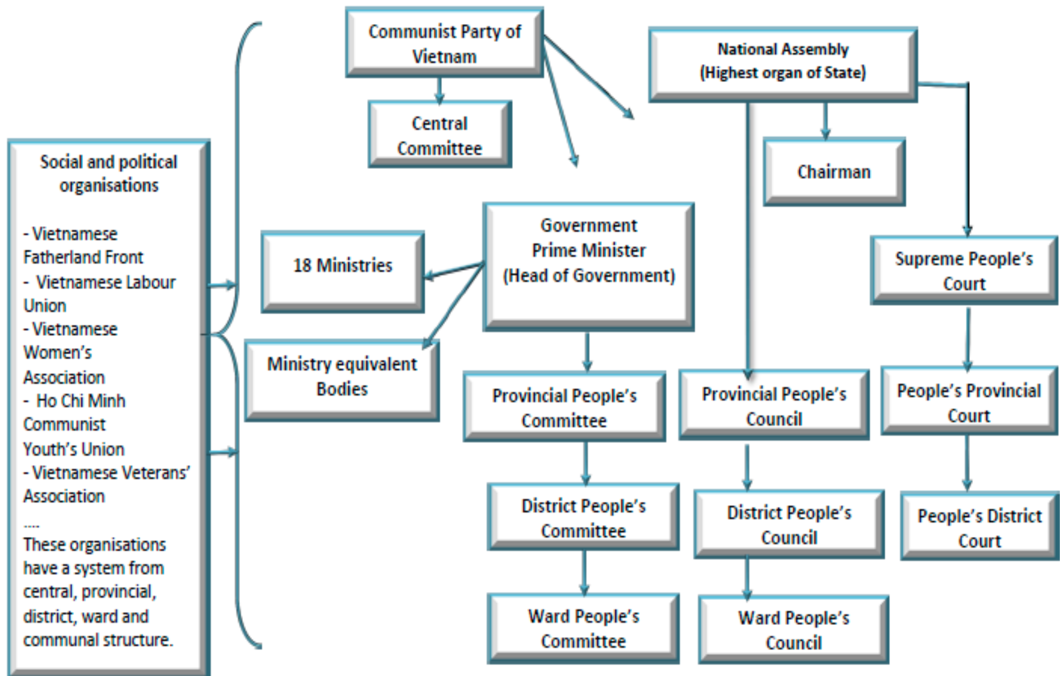
Political structure

Political structure

The current Vietnamese political system constitutes the four main systems, which are: the Communist Party of Viet Nam (CPV), political organizations, social political organizations, and social professional organizations. The relationship among these systems is presented in the Figure 1.2.

First, the country only has one unique Party, which is the CPV. This is the ruling and founding Party of the whole Nation. The history of CPV was back to 1925 during the time of Western colonial and resistance wars, when the patriot Ho Chi Minh founded the Vietnamese Revolutionary Youth League (in Vietnamese *Thanh Nien*) (Corfield, 2008). The Youth League set up the CPV in order to develop the nation’s strength through patriotism. This national strength developed by consolidating patriotism through CPV, and was the secret weapon that led the country to victory. After the country's reunification, the CPV continued to lead the people of Viet Nam in renovating, modernising and industrialising the country (GOV, 2017).

Figure 1.2: Social political map of Viet Nam



Source: (L. T. T. Nguyen, 2015)

Second, the highest-level representative body of the whole Nation is the National Assembly. The National Assembly is also the highest organ of state power of the Socialist Republic of Viet Nam. It is also the only organ to have the constitutional and legislative rights. The National Assembly elects from among its deputies to select the State President. The State President is the Head of the State who represent the country in all domestic and foreign affairs.

Third, the Government is the highest organ of the National Assembly, and also the executive organ of the Socialist Republic of Viet Nam. The Government is the main administrative organ of the country. It was assigned by the State to administer the affairs in: political, social and economic, culture, national defence, security and foreign relations. It has the mission to ensure the State apparatus runs efficiently from the grassroots to central levels. It has to assure that people respect the Constitution and Laws. It is also responsible to improve and maintain material and spiritual life of the people. The Government consists of Prime Minister (the deputy of National Assembly) and 18 Ministries and other Ministry equivalent bodies of the country.

Fourth, the social political organizations are the organizations representing the

interests of different groups in the community. The social political organizations are the legal organ to enable these groups to participate in the political activities of the country, raising the voice of their own interest and to protect their own benefit while contributing to support related to national tasks. Viet Nam currently has major social-political organizations as follows: the Vietnamese Father Front, The Vietnamese Trade Union, the Women Association, the Vietnamese Veteran's Association, Ho Chi Minh Communist Youth Union (in short: Youth Union) laying under the Youth Federation. Other major professional associations are Viet Nam Lawyers Association, Viet Nam Mathematics Association, and Viet Nam Buddhist Church, Viet Nam Children Fund. In representing the interests of different groups, these organizations contribute to assure the implementation of the guidelines of CPV and other policies of the Government.

Mapping organizations for people with disability in Viet Nam

At the government level, the main Ministry to take the responsibility for people with disabilities in Viet Nam is the Ministry of Labour, Invalids and Social Affairs (MOLISA) (International Labour Organization [ILO], 2010). Although the Disability Ordinance of 1998 (GOV, 1998) has set down overall responsibility to MOLISA, it also assigns collaborating responsibilities to many other Ministries with specific responsibilities. The two other Ministries that are assigned the most duties to support people with disability are Ministry of Health (MOH) and Ministry of Education and Training (MOET) (ILO, 2010).

As set by its missions, the Vietnamese Youth Federation, Vietnamese Veterans' Association and Vietnamese Women's Union are expected to be the three social political organizations that include in their missions to support people with disability. Firstly, the missions of Veterans' Association are only concerned with the welfare and needs of war veterans. These war veterans are also one part of the group of people with disability. However, this Association does not focus their support to any other people with disability who were not war injured. Secondly, the Youth Federation is the core political organization to support all Vietnamese youth, including the young people with disability. According to the Rules of Youth Federation, it will "*reconcile, gather and educate all Vietnamese youths... to support their youth members to become good*

citizenship and contribute the most to develop and protect the country" (The rules of Youth Federation, www.doanthanhnien.vn). Since all the Vietnamese young persons are included to be supported by the Federation, youth with disability is not excluded. Thirdly, the Women's Union is the core political organization to represent for all Vietnamese women in "*advocacy for women development and gender equality*" (The Vietnamese Women's Union, hoilhphunu.org.vn). Like the young people with disability, although the Vietnamese women living with disability are not the only focus of the Women's Union, they are not being excluded. As from their missions, these three organizations could be expected to bring some support to people with disability from the central to grass roots levels.

Besides the social political organizations, other social professional organizations are also set their missions to support people with disability. These social professional organizations are: Viet Nam Blind Association represents the interest of people with vision with disability; Society of Support for Handicapped and Orphans represents the interest of people with disability in general. These social professional organizations are officially set up and recognized by the Vietnamese government, having strong vertical networking from central to local levels, which allow them to reach each individual in the community and connect them to the resources at higher level.

The next category of organizations within Viet Nam is the Vietnamese non-government organizations (NGOs) and International NGOs (iNGOs). A large number of these organizations share the same concerns on the issue of disability. They tend to work at the local level. However, most of these organizations focus on charity supports rather than to provide professional interventions (ILO, 2010). The advantage of these organizations is to fill in the gaps between the needs of the targeted group of disability and the provision of care from the government services. Some typical NGOs/iNGOs working on people with disability-centred projects are: United Nations Children's Fund (UNICEF), Handicap International and Viet Nam Assistance for the Handicapped (VNAH).

It is important to add the contribution of the less formal and even informal organizations of people with disability. These are the Community-Based Organizations (CBOs) and the Clubs for people with disability. These organizations and Clubs were founded based on the interest of people with disability. However, there was little formal information about these organizations and Clubs due to their

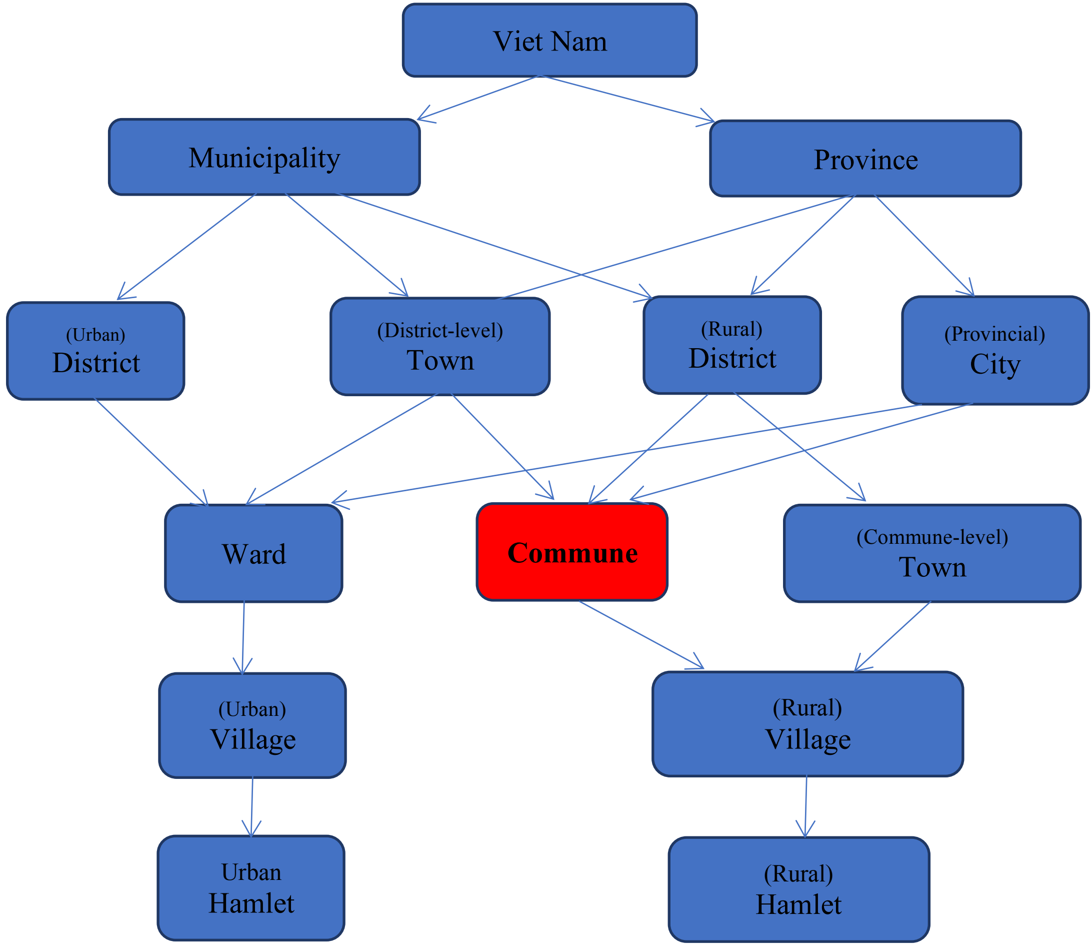
informality (ILO, 2010).

Classification of administrative units

Viet Nam has gone through many changes in classifying administrative units of the country during the war periods. Only after liberation in 1975, did the country regulate its own administrative units. The Vietnamese administrative units were officially classified in the “1992 Constitution of the Socialist Republic of Viet Nam” which was amended on 25 December 2001. It was then detailed in the government Decree later in 2007, which was drawn as in Figure 1.3.

Viet Nam’s administrative units are officially classified into three main levels: Central level, Provincial level and Commune level. From the central level, Viet Nam is consisted of 58 provinces (Vietnamese: *tinh)* and 5 municipalities (Vietnamese: *thanh pho*). The 5 municipalities are named Hanoi, Ho Chi Minh city, Can Tho, Da Nang, and Hai Phong.

Figure 1.3: Classification of administrative units of Viet Nam



Sources: 1992 Constitution of the Socialist Republic of Viet Nam, amended in 2001; and the Decree of the government number 15/2007/ND-CP of January 2007 on the classification of provincial or district level administrative units.

The second level is called provincial level. At this provincial level, the provinces are divided into rural districts (Vietnamese: *huyện*), provincial cities (Vietnamese: *thành phố trực thuộc tỉnh*), and district-level towns (Vietnamese: *thị xã*). Meanwhile, the 5 municipalities are divided into district-level town (*huyện*) and urban districts (*quận*).

The third level is called commune level. At this level, district-level towns and rural districts continue to be divided into commune-level towns (Vietnamese: *thị trấn*) and communes (Vietnamese: *xã*). Meanwhile, wards (*phường*) is the third level of the 5 municipalities after town and district.

Under the commune level in rural areas, there are clusters of human settlement

communities called villages (Vietnamese: *làng*) and hamlets (Vietnamese: *ngo xom*). These are specified as urban village and rural hamlet to distinguish between these units in rural areas. However, the word "village" and "hamlet" originally and historically appeared from the rural areas, therefore when we mention "village" and "hamlet", it should be understood as rural units.

In rural areas, a village is the middle administrative unit between town (the larger unit) and hamlet (the smaller unit). The villages are normally close to each other instead of being scattered all over the landscape. As from the introduction of Vietnamese culture in previous part, the Vietnamese village is the typical symbol of the agricultural culture of the country. The people tend to bond to each other, which is the most prominent characteristic of village culture. They grow rice together and have the same traditional handicrafts. A hamlet is a smaller unit than a village, usually a group of 5-30 families living in the same area. Each hamlet has one head, who works on a voluntary basis.

Structure of the thesis

The thesis is divided into 9 chapters: Chapters 1 to 3 provide an overall background to the thesis; Chapters 4 to 7 present the research findings; Chapters 8 and 9 discuss the findings, give recommendations and conclude the research.

Chapter 1 is the introduction. This chapter provides overall information about the research, including background, objectives, rationale and methodology of the research and other basic information about social, economic and cultural features of Viet Nam which may directly or indirectly affect the research matter;

Chapter 2 is the literature review. This chapter reviews three main important aspects of the thesis. Firstly, it reviews the current social needs of people living with disability in the world and in Viet Nam. The social needs include education, vocational training, employment, discrimination issues and social participation. Secondly, it reviews how CBR programs in different countries support these social and economic needs. Thirdly, it reviews barriers to provision of these social supports for people with disability in CBR programs in different countries and in Viet Nam. Last but not least, it provides a current review on the social work profession in Vet Nam, both in its

development and legislation and the extent of social work services in the country;

Chapter 3 details the methodological approach utilised in this thesis. This chapter aims to answer the two core questions of the thesis: What is the conceptual framework that informed the research approach; and what methods were used to conduct the research;

Chapter 4 is the first findings chapter on the social and economic activities among people with disability, including education, vocational training, employment and social participation;

Chapter 5 is the second findings chapter on the supports that community nurses or CBR workers provide for social and economic activities (education, vocational training, employment and social participation). The gaps between the supports of CBR workers and the social economic activities among people with disability are identified by looking at the barriers to each of the social and economic activities identified by people with disability in Chapter 4 and how CBR workers could support these activities.

Chapter 6 presents an analysis of three cases selected from 12 people with disability, who participated in in-depth interviews. The three cases were selected to represent both successful and unsuccessful stories in one or more social or economic activities. The cases were analysed using an ecological system theory in social work to identify the factors that may contribute to the success or failure.

Chapter 7 provides an overall analysis of the resources of each of the government agencies and social organizations that might or might not contribute to the CBR program.

Chapter 8 is the discussion on the roles of social work may take to fill the gaps analysed in Chapter 5, and recommends how to incorporate social work into the current CBR program, given the available resources as described in Chapter 6.

Chapter 9 draws the thesis to a conclusion. It summarises: the current situation of social and economic activities of people with disability; supports from CBR workers; and resources from government agencies and other organizations in the commune and then concludes with suggestions of how social work might contribute.

CHAPTER 2. LITERATURE REVIEW

Introduction

A literature review establishes the broad context of any study and supports the scope and intention of the investigation (Boote & Beile, 2005; Mertens, 2014). In this case, examination of the literature seeks to determine what is already known of the origins and state of the social work profession in Vietnam and the profession's potential to improve existing CBR programs for people with disabilities in Vietnam. Specifically, the chapter first outlines what is known of the needs of people with disabilities, and the challenges and barriers to implementing comprehensive CBR around the world. In particular, it focuses on the challenges and barriers for people with disability in Vietnam and the potential role for social work in improving CBR practice in Vietnam.

Both online and hard-copy documents were used for this review of the literature. A search was made in the Curtin University Library for hard copies of journals, textbooks and dissertations related to the area under study. Systematic online searches were made via the following data bases: Medline, Pro-Quest, Web of Science, and Google Scholar. Boolean operators were used to connect the following keywords related to the topic (see Table 2.1).

Firstly, to search literature for the needs of people with disability, the following terms and operators were used: "People with disability" AND ("need" OR "education" OR "employment" OR "vocational training" OR "social participation"). Secondly, to search for the implementation of CBR and the barriers of the program to social support, the following terms were used: "community-based rehabilitation" AND ("outcome" OR "effects" OR "evaluation") AND "people with disabilities ".

This chapter presents the literature review in four sections: the needs of people with disability, the implementation of CBR, barriers to the provision of social support within CBR programs and social work in Vietnam.

Table 2.1: Search Strategy

Key terms	OR
"people with disability" AND	need(s) education employment "vocational training" "social participation" Vietnam
"community-based rehabilitation" OR CBR	Outcome comprehensive Effects evaluation "social support" "social work" Vietnam
"social work*"	Vietnam

Needs of People with Disability

Review of the literature about the needs of people with disability reveals that education, employment, stigmatization and social participation of people with disabilities and gender inequality remain the most reported needs or concerns of people with disability. These issues are reported under separate headings.

Education

The number of children with disability is increasing world-wide. In 2008, the number of children living with disability (aged 0 to 14 years old) were estimated to range between 93 million and 150 million (Murray & Lopez, 1996; Salomon & Murray, 2002). In relation to their participation in education, the WHO shows the rates of completing primary school and mean year of education among children with disability are significantly lower than that of children without disability (WHO, 2011). The analysis of data from 51 countries in the World Report showed a higher average

percentage of primary school completion among males with disabilities (61.3%) than females with disabilities (50.6%). This number was also higher among females without disability (52.9%) compared to females with disability (41.7%). The report also showed lower mean years of education completed among people with disability (5.96 and 4.98 for males and females) compared to that of people without disability (7.03 and 6.26 for males and females) (WHO, 2011).

Research has identified the reasons for low participation rates of education among children and youth with disabilities. Barriers relate to limited accessibility to special education programs, the availability of education services, inadequately trained teachers, unsuitable teaching resources, family decisions, low expectations about the need for education, and limited financial resources. In a review of literature in developing and developed countries in the world, Mitchell concluded that the number of special schools was very low in developing countries, and even fewer were likely to be located outside large cities. In developing countries, children or adults with disability living outside capital cities had to travel out of their home town for education or training. They had no other choice than to reside at the school or training centre for the study (Mitchell, 1999). Some children with disability find education in mainstream schools as an alternative to a special school. However, in a global survey, the United Nations International Children Fund (UNICEF) has shown that trained teachers and adapted teaching material for children with disability are short in mainstream schools. It was also found that mainstream schools are unwilling to include children with disability (United Nation International Children's Emergency Fund [UNICEF], 1999.). Other literature concluded that the main reason for children with disability being excluded from school is because their education is not perceived as important for their families and society (Groce, 2004). More importantly, a research in Lodz province in Poland also showed that education at higher level was only considered as the important life goal for 1.16% among 173 children with disability finishing basic level of vocational training (Jachimczak, 2012). The research also found that education continuation was ranked not important or only slightly important among 86% of these children. None of them chose to rank higher education as highly important plan in their life (Jachimczak, 2012). A literature review by Groce found that some parents had chosen to educate the non-disabled sibling rather than the child with disability because parents expect better education will enable the children without disability to support

their disabled sibling in the future (Groce, 2004). He also analysed that school fees might be the barrier that forced parents to make that decision when they cannot afford fees for all children.

In Vietnam, a large-scale quantitative research in six provinces in Viet Nam pointed out that people with disability have serious disadvantage in education (Le, Hoang, Kim, & Nguyen, 2011). School attendance had a negative relationship with level of disability among youth population at all levels, and the proportion of people with disability who completed education at each level was lower than those among people without disability. Other qualitative research in the North and Central of Viet Nam showed that people with disability did not have access to mainstream school, so their families have to look for special education or even a private tutor at home (Palmer, Groce, Mont, Nguyen, & Mitra, 2015). However, special school required very expensive education fees that were not affordable to all household from the group discussion in the research. Even though, none of them are subject to any fee discount (Palmer et al., 2015).

An alternative to standard formal education is vocational education and training (VET), or vocational training in short. From an analysis using Australia Survey Data in 2008, VET was found to be a more accessible alternative pathway than higher education for people with disability (Cain & Kostas, 2011). The advantage of VET is that it can accommodate students from different academic backgrounds, even if they are not able to complete school. However, the vocational training programs from the Government are only accessible to a few people with disability, as shown in the qualitative research in North and Central of Vietnam. Alternatively, they look for vocational training from private sectors, but it was reported to have limited scope and very expensive tuition fees (Palmer et al., 2015).

Employment

Unemployment has always been a serious issue among people with disability compared with people without disability. A literature survey conducted 25 years ago in several countries in the world confirmed that the average rate of unemployment among people with disability was 40-60% higher than that of people without disability (Elwan, 1999). Other research in the same year affirmed this result, and also

emphasized that this was true even in developed countries, where many supporting programs were implemented (Metts, 1999). Some years later, the International Labour Organization (ILO) estimated that 80% of the people with disability in some developing countries were unemployed (ILO, 2003). More recently, the World Report on Disability which gathered reports on employment rates among various countries in the world confirmed that "*employment rates for people with disabilities are below that of the overall population*" (WHO, 2011, p. 237).

Not only is the participation in employment of people with disability lower than for people without disability, they also face less equality in the workplace. A review on employment among adolescents and youth in developing countries concluded that young people with disability tended to work in low skill jobs because they cannot find better ones, and that they had fewer chances to take higher positions at work in comparison to the young people without disability. Even if they finished higher education, they had more difficulties in finding a job. They also had less chance to secure the job and to take higher positions compared to people without disability with the same education level (Fine, Asch, & Frick as cited in Groce, 2004). Moreover, even when they started to work, young people with disabilities often have more pressure not to make errors. The study in Poland among 130 school children with disability and 174 school children without disability, all of whom completed basic vocational education, showed that once a person with disability failed at their probation duration of work or lost their first job due to some mistake, they would be easily labelled as unemployable and had no opportunity to try again. In addition to that, people with disability tended to have lower income while the chance of unemployment was much higher compared to those without disability (Chrzanowska, 2012). Another analysis among British male people with disability concluded that more people with disability were found in "manual occupations" while less of them were working in "white collar" jobs (Kidd, Sloane, & Ferko, 2000). A review of the existing international evidence confirmed this result by concluding that the disabled were more likely found to work in part-time or temporary jobs rather than stable ones (Jones, 2008).

Research has identified several reasons that make it more difficult for people with disabilities to get a job. A review of the literature before 1995 by UNICEF also emphasized that young people with disabilities had no skills, therefore had a lot of difficulties to compete with the other groups without disability when looking for jobs

(UNICEF, 1995). This has been found to be the same with the result of more recent research in Poland. The research showed that low education was the reason to have less opportunities of professional activities, but more difficult of jobs selection and security (Chrzanowska, 2012). Another qualitative research study in Ghana among women with disability found that reasons for not working may come from the disabled themselves (low confidence among the participants, negative reaction of the disabled to societal attitudes) or come from the society (negative perception of disability and doubting the capacity of people with disability) (Augustina, Reiko, & Hank, 2012).

The relationship between low education and low employment was found to be the same in Vietnam. The qualitative research study based on focus group discussions in northern and central Vietnam by Palmer found that the most prominent barriers for people with disability to start working were "*limited education*" and no "*professional training certificates*" (Palmer et al., 2015, p. 6). However, it was important to learn that "*discrimination by employers*" (Palmer et al., 2015, p. 6) would be the hardest barrier to the disabled when they reached for higher education, which then reduced the chance to secure a job for these persons. The findings of Palmer et al. (2015) pose a serious concern about discrimination in the workplace toward people with disability. Not only that, the research also found that family members were identified to be a barrier for people with disability to work because they often "*did not believe in their self-reliance and work capability*" (Palmer et al., 2015, p. 6). In other research using a large scale quantitative survey in 6 provinces in Vietnam, "*health problem was reported as the major reason for not working among the adult people with disability, especially among the people with severe disability at working age*" (Le et al., 2011, p. 49).

Stigmatization

Before reviewing discrimination, we need to review the literature about different types of discrimination among people with disability to be able to understand the causes of discrimination. Arole and his colleges distinguished between "*self- stigma*" and "*community stigma*" (Arole, Premkumar, Arole, Maury, & Saunderson, 2002, p. 186) which were both high among communities with leprosy in the state of Maharashtra, India. They concluded that people might feel ashamed and try to run away from others

because they had experiences of discrimination from the community (community stigma) and they perceived stigmatization by themselves (self-stigma). The result of this isolation was to create the stereotype that being a person with disability was so bad and needed to be hidden away from other people. These shameful and isolating feelings as causes of stigmatization were not only found to be most predominant in research in India but also in Indonesia (Arole et al., 2002; Fung, Tsang, Corrigan, Lam, & Cheung, 2007; Van Brakel et al., 2012). Other research on psychological aspects of self-stigmatization in China found a close relationship between the stigma perceived by one person and "*poor self-esteem*" (Fung et al., 2007, p. 415). In turn, low self-esteem might result in negative consequences such as reducing family relationships and friendships, and reducing their commitment to treatment and lowering their chances to recover (Fung et al., 2007). More research in South Africa found that people with disability usually perceived stigma from the community and isolation from social participation to be more important than their own impairment (Scott, 2000). This finding raises serious concerns about the issue of stigma and invites questions about the roles for communities and the government in advocacy and action to overcome stigma.

Recent quantitative research studies provided statistics on this problem. One Indonesian survey on 1358 persons with leprosy-related disability showed that about 60% among them had problems in social participation and 35.5% among them expressed that they had experienced community stigma (Van Brakel et al., 2012). The survey also showed that discrimination lowered the desire to find employment as well as to getting married. The large-scale survey in 6 provinces of Vietnam in 2011 also came to the same result that "*people with disability were 1.78 times more likely to experience from high stigma than people without disability*" (Le et al., 2011, p. 67).

Many researchers have explored how stigma impacts social participation of people with disability. Firstly, as reviewed in previous parts, stigmatization was found to have negative effect on employment and education in different countries in the world including Viet Nam, and listed as: denied access to school, refusal to hire people with disability, access only to lower skill jobs, less job security, and less income among people with disability (Fine, Arsch & Frick, as cited in Augustina et al., 2012; Chrzanowska, 2012; Groce, 2004; Jones, 2006; Kidd et al., 2000; Palmer et al., 2015).

Secondly, stigmatization reduces the opportunities for communication and social

participation. From the large-scale survey in Indonesia among people affected by leprosy, Van Brakel found that the level of community stigma (stigma as a result of impacts from environmental factors) could decide the level of their participation. According to his research, higher levels of community stigma were strongly associated with increased restriction in participation (Van Brakel et al., 2012). Other research in Nepal also found that young persons with disability were often not included in common social interactive activities, such as participating in a team sport, being in a relationship, and learning to use transportation vehicles. This exclusion had a great impact on their life, which made them feel different from the people without disability (Corline et al., 2011). Lack of interaction with parents and peers was also reported to be a big issue among people with disability in urban poor communities and slums in Philippines (ILO, 2012). This lack of interaction could minimize their ability to develop social skills, restrict their ability to discuss their needs, and result in preventing them from getting their basic rights (Van Brakel, 1999). More importantly, the research in Nepal raised concerns on the attitude of the community toward social participation among people with disability. The community was found to accept easily the restriction of social participation among young people with disability. The community did not consider it to be a problem when they saw young people with disability being excluded from participating in any cultural and religious events (Corline et al., 2011). This reveals a great concern for the professions which provide support to people with disability.

Thirdly, stigmatizing attitudes lead to problems in having a relationship, and in getting married. The survey in Indonesia found that 38% of 1358 members of a leprosy population lived without a partner because of not getting married, being divorced, living apart or being widowed (Van Brakel et al., 2012). Van Brakel concluded that the marriage problem might be the result of community stigma and discrimination because it was reported to be the major barrier among the research participants. This problem had also been reported in the past in several countries. A study in South Africa showed 30% of leprosy patients were maltreated and neglected by their husbands or wives (Scott, 2000). The report published by the United Nations five years earlier even reported that young people with disability used to be not officially recognized by law to get married. In some countries, certain types of disability were not allowed to legally get a marriage certificate. As they were constrained by law, young people with

disability tended not to get married in the past, which was reported to be particularly true for young disabled women (Economic and Social Commission for Asia and the Pacific, 1995).

Lastly, stigmatization creates inaccessible health care. People with disability were reported to receive a lower level of services in health facilities than the people without disability because nurses and doctors had problems in communicating with them, as suggested by the quantitative study in Nepal (Corline et al., 2011).

Interventions to overcome stigmatization were mentioned in the research among 1358 persons with leprosy in Indonesia (Van Brakel et al., 2012). The research recommended interventions both to the individual and his/her social environment: The individual should receive more education, start to work, do physical rehabilitation to reduce the impairment. It was suggested that the community reduce stigma, provide counselling to the people with disability and implement advocacy work, especially for women with disability (Van Brakel et al., 2012).

Gender inequality among people with disability

Gender inequality has been found to be an issue for people with disability. It is reported in Ghana that "*compared with their male counterparts, women were more disadvantaged in terms of opportunities, economic resources at their disposal, and the information they receive*" (Coalition for Women's Manifesto for Ghana, as cited in Augustina et al., 2012, p. 192). The women with disability were described as not only suffering exploitation and abuse practices but also as being excluded from education, healthcare, and employment opportunities.

Not only the developing countries but also developed countries like Australia experience the same issue. The analysis of research using the Australian survey of Disability Aging and Carers showed that the unemployment rate among young women with disability was 50% higher than that of young men with disability (Anthony, Su, Debra, & Harmony, 2012). Other recent research in South India showed the same result but with a smaller sample size but statistically significant difference between the two sexes: the unemployment rate among women with disability was 52.7% compared to 39.3% among men with disability (Gudlavalleti et al., 2014).

To explain this gender inequality, Corline highlighted the difference in the attitudes of the family and community towards disabled men and women (Corline et al., 2011). The research also pointed out the reasons that men with disability more actively participate socially. It showed that a woman with disabilities is often seen as a greater burden to the family, while a man would still be encouraged to participate in activities both at home and in the community (Corline et al., 2011).

The nature of CBR programs and their social components

The nature of CBR programs

According to the guidelines of the WHO, comprehensive CBR includes five components: Health, Education, Livelihood, Social and Empowerment (WHO, 2010). The CBR Matrix in Figure 2.1 represents the five components of an ideal CBR program, showing that each component is divided into five key elements. Underpinning these components and elements are a set of principles, which should be observable in any activities a program provides.

Figure 2.1: CBR Matrix proposed by World Health Organization

CBR MATRIX

HEALTH	EDUCATION	LIVELIHOOD	SOCIAL	EMPOWERMENT
PROMOTION	EARLY CHILDHOOD	SKILLS DEVELOPMENT	PERSONAL ASSISTANCE	ADVOCACY & COMMUNICATION
PREVENTION	PRIMARY	SELF-EMPLOYMENT	RELATIONSHIPS MARRIAGE & FAMILY	COMMUNITY MOBILIZATION
MEDICAL CARE	SECONDARY & HIGHER	WAGE EMPLOYMENT	CULTURE & ARTS	POLITICAL PARTICIPATION
REHABILITATION	NON-FORMAL	FINANCIAL SERVICES	RECREATION, LEISURE & SPORTS	SELF-HELP GROUPS
ASSISTIVE DEVICES	LIFELONG LEARNING	SOCIAL PROTECTION	JUSTICE	DISABLED PEOPLE'S ORGANIZATIONS

Source: http://www.who.int/disabilities/cbr/matrix/en/.

However, research suggests that the approach proposed in the WHO Manual is more theoretical than practical (Sharma, 2001). Thomas discussed that there was no unique model of CBR which would apply everywhere in any country in the world. In fact, he insisted that each country had developed its own strategies and methods which were adjusted according to their own context and culture (Thomas & Thomas, 1999). Research in more recent years affirmed that there was no single model of CBR that can fit all circumstances. The model should be adjusted and reconstructed according to the diversity of cultures and levels of development in different countries in the world (Cornielje, Nicholls, & Velema, 2000; Mauro, Biggeri, & Grilli, 2015).

Each country has its own CBR priorities, based on its current socio-economic conditions. For example, in China, CBR programs have paid much attention to vocational and social rehabilitation in addition to health aspects (Zhuo & Kun, 1999). In Vietnam, achievements in CBR at the national level have mostly focused on the Health component, with a smaller emphasis on Education and Livelihood (work placement) (Tran, 2013; Vu, 2005). An evaluation of CBR implementation in North Central of Vietnam showed that CBR in Vietnam has been focusing on three components: Health, Education and Social support which includes work placement (Sharma, 2001). National statistics about CBR in Vietnam show that while most people with disabilities received support in Health and rehabilitation (65% of the total people with disabilities interviewed), only a small number of people with disabilities received support on Education and Livelihood (work placement) (Tran et al., 2004). Research on CBR in specific Vietnamese provinces also has drawn the same conclusions. For example, the CBR program in Vũng Tàu province was reported not to be a comprehensive model because it did not provide loan support for people with disability, and did not provide vocational training, even though people with disabilities indicated a need for these types of support in this province (Mijnarends, Pham, Swaans, Van Brakel, & Wright, 2011).

It has been shown that a comprehensive approach in CBR requires substantial collaboration among different stakeholders (WHO, 2010a). Multi-sector cooperation is the key element to achieve better results in supporting people with disability in the community (Sharma, Hoang & Vu, 2006; 2001). But instead, research from different countries in the world shows insufficient coordination among health care providers and other government agencies (La Cour & Cutchin, 2013; S. Miles, 1996), poor

information transfer systems (Inthirat & Thonglith, 1999), and limited availability of resources (Biggeri et al., 2014; Hartley et al., 2010). Suggested solutions include organising a mechanism to communicate between members of the team and also among different agencies to enhance the coordination (S. Miles, 1996), and developing referral systems with the availability of adequate resources (Saurabh, Prateek, & Jegadeesh, 2015). In Vietnam, the MOLISA and the MOET have limited roles in implementing a comprehensive model. Several research projects into CBR in Vietnam have shown that, from the beginning till now, MOH has been the main body to manage CBR programs in Vietnam (Hoang & Vu, 2006; Sharma, 2001; Tran et al., 2004; Vu, 2005). However, it was shown in the evaluation of CBR in North Central Vietnam that CBR and the Health agency need to cooperate with other programs and other sectors to get better results in providing comprehensive supports (Sharma, 2001). The recent report in Vietnam stated that there is now evidence that CBR is moving away from a single Health focus to a more comprehensive approach (Tran, 2013), but that most of its achievements to date are in Health because of a lack of multi-sector cooperation (Dam, 2010). Following is the review of literature on the supports of CBR in some social and economic activities in different countries in the world, including Vietnam. This is to find out whether CBR has actually provided comprehensive supports or has focused only in health.

Data from many countries identify Education support as a focus of CBR programs. Research into CBR in Zimbabwe and the Philippines showed getting disabled children to start school was a high priority. Success of CBR support in education was reported a long time ago, in the research by Lagerkvist in 1992 among 106 school children in Philippines and 100 school children with disability in Zimbabwe. In the research, CBR's supports in education were reported to reach 26% among the participants in Philippines and 69% among the participants in Zimbabwe (Lagerkvist, 1992). The contribution of CBR workers to help children with disability to go to school was also recognized from the national research in Eritrea (Grut, Hjort, & Eide, 2004). Another examination of 29 reports published between 1987 and 2007 across 22 developing countries in Asia, Africa and Central America confirmed that CBR programs were focusing on Education support in seven countries. CBR workers helped many children with disability to overcome their barriers to start school. The percentage of children with disability who had been persuaded to go to school by

CBR workers was 26% in the Philippines, while this number was even higher in Ghana (48%) and all other countries (more than 50%) (Johan, Bassey, & Priscila, 2008). This review also demonstrated that CBR workers in most countries tried to bring children with disability to both mainstream and special schools (Johan et al., 2008).

Researchers have also answered the question: How did CBR workers support the children with disability to go to school? The review of published literature in 22 developing countries pointed out these following activities of CBR workers in education support: financial support; encouraging the child to go to school; encouraging the parents to let the child go to school; and talking with the schools to accept the child (Johan et al., 2008). Moreover, CBR workers were also reported to help the parents to eliminate their hesitation and embarrassment to decide to bring their child to school. In addition, CBR workers were also found to teach staff at school about how to work with a disabled child (Johan et al., 2008). Other researchers reported that CBR workers also tried to advocate to integrate children with physical disability to the mainstream schools (Lindquist & Nordholm, 2009; Sharma, 2001), while they refer the children with hearing and seeing disability to special schools (Lindquist & Nordholm, 2009). It also includes communicating with teachers from public schools to help them understand more about the new enrolled children with disability and teaching them how to include these children in their classes (Mitchell, 1999).

In Vietnam, it was reported that community volunteers, teachers and family members of people with disabilities were targeted for training to be involved in the tasks of CBR team. This was reported to have great effect in helping the mainstream school system accept the children with disability (Sharma & Deepak, 2001; T.H. Tran & Tran, 1999).

CBR and livelihood support

Employment support has become an important component in a comprehensive CBR model in many countries. Several studies from the past until now have examined the rate of employment among people with disability as the important factor to measure the success of CBR (Gershon & Srinivasan, 1992; Lagerkvist, 1992; Mauro, Biggeri, Deepak, & Trani, 2014; Zhuo & Kun, 1999).

Studies have demonstrated that CBR workers support people with disability in

finding employment. The CBR program in the Philippines and Zimbabwe sought to find jobs for adults with disabilities. This study reported that "*in both programs the CBR team tried hard to secure some occupation for the disabled*" (Lagerkvist, 1992, p. 47). More than ten years later, another study showed that more than 50% of the people with disability started making some progress in vocational training and working with the supports from CBR workers in Benin, a small country in West Africa (Jadin, Agbogbe, & Barima, 2005). More recently, a case control study by Biggeri et al. (2014) in a district in India demonstrated that CBR could be effective in helping people with disability to find a job. The control group was the group of people with disability in the area without CBR. People with disability having CBR supports were found to have 9% more capacity/ability to work than the control group. Moreover, the people with disability under the support of CBR workers believed that they had equal opportunity to find a job as the people without disability (Biggeri et al., 2014).

Another major finding of CBR research in Africa and China from the past until now is that employment is an essential aspect of social integration and changing attitudes towards people with disabilities (Mauro et al., 2014; Zhuo & Kun, 1999). The fact that people with disability started to work could change the way they interact with the community. People in the community started to have a new look toward them (Abera & Shanko, 2000; Ebenso, Ayuba, & Idah, 2007; Vanneste, 2000).

Although there are reports on CBR supporting employment in different countries in the world, no statistical or descriptive report was found on this support in Vietnam.

CBR and reducing stigmatisation

Since stigmatisation was considered as a significant barrier which reduced social participation, CBR specifically identifies its focus as to enhance social participation, bring equal opportunities and help with social inclusion of people with disabilities. The literature describes two aspects to this goal: changing people's perceptions and attitudes towards disability.

Changing people's perceptions

The literature in the past showed consistent evidence that CBR can change

parents' and other family members' perceptions of their disabled children and adult disabled relatives. CBR aimed to help family members develop a better understanding of the causes of disability and learn how to help their family member with disability in mobility and autonomy. In Zimbabwe, one year after the start of CBR program, parents and caregivers reported that they had a clearer understanding about their child's disability and that they were feeling less worried and much more confident to help their children cope with all difficulties raised (Mariga & McConkey, 1987). Other research in Jamaica interviewed 375 parents of children with disabilities. It showed that 92% of parents were able to name their child's diagnosis which they had not been able to do before. It also showed that over 30% said they had changed their attitude to their disabled child. Moreover, in one research site, after four years of CBR implementation, 72% among the parents were found to change their daily activities to allow them to spend more time with their child with disability (Thorburn, 1992). Similarly, in Guyana, the change of parents' thoughts before and after CBR supports about their children's disability was recognized through interviews. Parents were recorded to have less depression and less worry about the future of their children (O'Toole, 1988).

CBR workers also played important roles in working with the community to reduce discrimination. They were found to educate the community about the disability to help them become more aware of the cause of disability and to increase the sympathy among other people. Many community leaders felt the decrease in levels of stigma in the community since the CBR program had started (Mitchell, 1999). Another example is that 95% of the people affected by leprosy were found to increase acceptance about their own condition, and receive more respect from their family members, as the result of CBR supports (Gershon & Srinivasan, 1992). A more recent study also brought more evidence to this conclusion: The study across three countries (Ghana, Guyana and Nepal) involving interviews with people with disability, reported that disabled persons were redefined positively among the community. This is the result of raising consciousness of community leaders and community organisations to the issue of disability and starting a social change process (WHO, 2002).

Changing attitudes

It was found in research that people's attitudes towards people with disability

and the attitudes of people with disability themselves could be changed. The research of Zhuo and Kun in China illustrated the change in community attitudes towards people with disability after the CBR intervention. The research showed more concern and understanding of the difficulties of people with disability among the community and family members. In the meantime, people with disability were also found to have a more positive view point on life, which allowed them to think of a bright future and meaningful life (Zhuo & Kun, 1999). CBR workers reported that they found people with disability perceived less stigma and felt equal to other people (Zhuo & Kun, 1999).

The review of literature on the outcome of CBR from 22 countries showed clear evidence on the change of community attitudes after CBR implementation. This change was reported as the result of support from CBR, when they worked with people with disability and their family, and also the result of working with the community to develop a positive view of people with disability (Johan et al., 2008).

However, there is a scarcity of research regarding the effectiveness of the supports of CBR programs to reduce stigmatization among people with disability.

CBR and social participation

Encouraging people with disabilities to participate in the community is an important component of CBR aiming to reduce stigmatisation and increase social integration. Prominent researchers in different countries from the past until now revealed the effectiveness of the CBR program in increasing social participation among people with disabilities.

A long time ago, Dolan and his colleges reported a high percentage among people with disability (60%) of a CBR program in South African participated in the activities in the community. The social activities and groups they were participating in included: joining the support groups initiated by the CBR workers; sitting in school committee; or going to a church (Dolan, Concha, & Nyathi, 1995). More recent research in Uganda showed the support of the legal system of this country to include people with disability in all levels of local councils. Therefore, some people with disability were found to fulfil some roles in the district and sub-district of the government structures (Claussen, Kandyomunda, & Jareg, 2005).

In a recent large-scale survey among 1591 people with disability in 171 villages in two districts of Karnataka State in India, positive changes on social participation among people with disability were found to be the impact of the 4 years implementation of CBR program. The statistics on this change was reported as follows: "*20.8% express their own views and participate in family decisions*" (p. 195), "*25.3% spend leisure time with friend, 23.9% express their own views and participate in community decisions, 37.2% felt free from community prejudice and self-prejudice, and 32.4% feel respected by the community*" (Mauro et al., 2015, p. 199). Statistical results from this large-scale survey confirmed the positive effects of the CBR program to really make changes to social participation among people with disability. They were now able to join social networks to reduce isolation.

Recent research has also shown that a CBR program can help people with disability integrate into the community (Mauro et al., 2014). This study suggested the increased autonomy in daily life activities could mean better participation in family and community matters. This finding re-confirmed the result of other research in China from 15 years before. The study also found that people with disability tended to have increased motivation to live independently from other supports, which encouraged them to re-enter family and community activities (Zhuo & Kun, 1999). Moreover, this study looked at sport and recreation as a means to enhance social rehabilitation which also involves the entire community in the CBR program. It found that the community sports and recreational activities worked as a connection to bring together both people with and without disability (Zhuo & Kun, 1999).

However, other research from the past and more recently showed that CBR programs do not always help people with disability to participate in community's activities (Kivela, 1985; Moniruzzaman, Saha, & Habib, 2015), and there is not any study in Viet Nam that specifically focuses on the support of CBR in improving social participation for people with disability.

CBR and emotional support

There are controversial results about how CBR provides emotional support. A literature review on CBR in developing countries reported both a failure to maximise and a neglect of the psychosocial dimensions of disability (Turmusani, Vreede, &

Wirz, 2001). Other research in South Africa and Guyana found that people with disabilities and their family members reported that emotional supports from CBR workers were very helpful to them (Dawad & Jobson, 2011; O'Toole, 1988). However, the research is only from one specific area of these countries and staff training and implementation of CBR programs may be variable, making generalizability of the findings limited.

To assess the specific emotional change after the CBR support, a study for preschool children in Guyana (O'Toole, 1988) found that positive improvement in feelings was noted among 53 preschool children with disability and this was deemed to be a result of CBR. The children reported they were happier (15%), more independent (25%), more mobile (15%), more motivated (20%), better behaved (10%) and able to communicate better (10%). Their caregivers also reported important changes in themselves as a result of the program: feeling more relaxed (30%), prouder of the child (15%), happier (20%), more confident (10%) and understanding more about the child's potential (10%). The program also appeared to be important in decreasing the amount of depression the mothers reported experiencing (O'Toole, 1988)

There is a qualitative study in Yen Xa, a small village in Vietnam, which looked at how CBR workers could provide emotional support for people with disabilities in Vietnam. It reported that a 35-year-old amputee woman had lost her small son to encephalitis during her rehabilitation period. She mentioned that the CBR worker visited her every day just to talk (Sharma, 2001). From this, we understand that encouragement and counselling may be very important aspects of CBR to help people with disabilities integrate into the community. However, there was no assessment of the skills of the CBR worker in providing this service. For this research project, it could be worthwhile to investigate if professional counselling skills of social workers could contribute significantly to support people with disability in Vietnam.

CBR and participation from the community

The participation of the community was reported to be an important aspect of CBR (Claussen et al., 2005; Sharma, 2007), and ought to be measured in evaluations (Sharma, 2007). Several other authors (Claussen et al., 2005; Evans, Zinkin, Harpham,

& Chaudury, 2001; Tran & Tran, 1999), argued that community members needed to get involved in all aspects of the program design and implementation. This was found to be crucial for them to perceive that they are also the contributors to the program. Without their long-term participation, the program cannot maintain its sustainability. Community members had to participate actively rather than be passively involved in the program. To be an active contributor, they needed to take a role in planning and making decision (Claussen et al., 2005; Velema, Finkenflugel, & Cornielje, 2008). As research in India showed, the benefit of community involvement in CBR was said to be the breaking down of stigma over time (Mauro et al., 2015).

However, research in different countries has shown that community participation is very limited in CBR, and yet not always evaluated (S. Miles, 1996; Pollard & Sakellariou, 2008). The community more often participated passively rather than taking an active role to collaborate with the program (Pollard & Sakellariou, 2008). Vietnam was mentioned in a systematic review which identified that among 22 studies that provide evaluation of CBR, only six examined the participation of community. Of these six evaluations, four documented positive effects of participation (Zimbabwe, Guyana, Philippines, Australia) while the remaining two showed very little community participation or none at all in Vietnam and Zimbabwe, or it appeared but was inadequate (Sharma, 2007). This systematic review not only showed a low percentage of community participation in many countries including Vietnam, it also demonstrated that participation among different community members was not considered to be important factors for inclusion in research.

Barriers to provide social support via CBR

This section reviews the literature on the barriers for CBR programs to provide supports in social and economic activities in different countries, including Vietnam.

Barriers for CBR workers

Shortage and overwhelmed CBR worker

Research about CBR in Africa, Lao PDR and Denmark has shown a serious shortage of rehabilitation personnel from the top to bottom level (Inthirat & Thonglith, 1999; La Cour & Cutchin, 2013; S. Miles, 1996). In Vietnam, a study on CBR in the North of Vietnam found a good ratio of CBR workers to people with disability. Each CBR worker was dealing with two to four people with disability (Sharma, 2001). However, this is one of the very few implemented CBR models that have enough CBR workers in the field. More recently, researchers have demonstrated that there is always a shortage in the CBR workforce at the community level and that there is a high turnover rate of CBR staff (Mijnarends et al., 2011; Tran et al., 2004). This is because CBR workers often do not receive adequate pay or even no pay at all while CBR activities were time consuming (Tran et al., 2004). Many CBR programs in Vietnam have to rely on volunteers at the grassroots level. However, this volunteer basis is not sustainable since volunteers cannot continue contributing long term. The resultant short-term involvement can mean that new CBR workers do not have a thorough understanding about the needs of individuals with disability, which results in the provision of single medical supports rather than following the comprehensive model.

CBR workers lack skills and training

A systematic review on CBR in developing countries in 2012 and 2015 concluded that non-medical CBR workers providing CBR services at the community level remain largely untrained (Mannan et al., 2012). This problem of untrained CBR workers was reported to reinforce a lack of trust from the community in a study in Depo Provera (Stanback et al., 2005). This is a barrier that has prevented the CBR program from being effectively integrated into the government health care system in several countries (Stanback et al., 2005). Therefore, organising training sessions for CBR workers and also remunerating them was highly recommended (S. Miles, 1996; Saurabh et al., 2015).

However, it is not only a need for the health component but also training in other social skills that are needed for the CBR worker to fulfil the goal of comprehensive support. Mitchell emphasised that the CBR workers needed careful training in

counselling skills. They also need to be trained in how to provide emotional support to people living with disability and chronic illness and their families, and to reduce the stigmatization among these persons (Mitchell, 1999). This need for training is just as necessary for the provision of comprehensive CBR programs for all people with disability and chronic illness.

A role for social work in CBR teams

Multi-disciplinary team needed in CBR

Studies in Africa have understandably recommended the need for multi-disciplinary teams to provide CBR services and to effectively deliver comprehensive CBR services in the community (Hartley et al., 2010; S. Miles, 1996).

Research has shown that without the employment of multi-disciplinary teams there are difficulties in fulfilling the goals of comprehensive CBR (Dawad & Jobson, 2011; Saurabh et al., 2015). Those recommending multidisciplinary teams for CBR work argue that if CBR only focused on rehabilitation then CBR would effectively be managed by the government health care agency. However, the WHO report about comprehensive CBR as a strategy recommended that CBR should broaden their scope to focus on "*poverty reduction, equalisation of opportunities and social inclusion*" (WHO, 2004, p. 2). This requires a range of knowledges and skills in CBR workers. However, CBR workers in North Vietnam admitted that they were lacking skills and knowledge to provide supports in Education, Livelihood, Social and Empowerment components of CBR (Sharma, 2001).

Multi-disciplinary teams do exist in CBR programs of some countries. In Lao PDR, the case study in Luang Prabang showed that the team involved in CBR tasks including "*a surgeon, six physical therapists, four prosthesis technicians, three assistant prosthesis technicians, and generalist nurses*" (Inthirat & Thonglith, 1999, p. 472). Other CBR programs in Guyana were designed specifically for pre-school disabled children, and found that community nurses needed to team up with an educational psychologist, and physiotherapist to provide more comprehensive supports (O'Toole, 1988). However, there is still no research examining the effectiveness of multi-disciplinary teams in CBR.

Like many countries, CBR staff in Vietnam are mostly from the health system

(Sharma, 2001; Tran & Tran, 2004). At the community level of CBR, community nurses constitute the main workforce (Tran, & Tran, 2004), while social workers or educators are not mentioned. Clearly, there are numerous difficulties in extending CBR beyond a narrow health focus to a more comprehensive program, particularly due to lack of training and the decision to choose only health-related professionals to be CBR workers.

Social work and CBR

Research has identified a role for social work in CBR programs in several countries, mostly as a recommendation about reaching the goal of a multidisciplinary approach to the provision of comprehensive CBR programs (Biggeri et al., 2014; Lightfoot, 2004; S. Miles, 1996; Mitchell, 1999).

Historically, Miles mentioned the role of the social work profession in CBR teams twenty years ago. Although he did not directly recommend including social workers in CBR teams, he argued that CBR work could benefit from including social work principles and methods. He also argued that by including social work's principles and methods, CBR workers would be oriented to take social work perspectives (S. Miles, 1996). Three years later, the literature review by Mitchell emphasised the provision of referral services as an important component of social work practice. The referral services and the available resources are the basic infrastructure for the community to support vulnerable sectors, including people with disability. These infrastructures needed to be in place in regions before initiating the development of CBR programs in the commune (Mitchell, 1999). Other research in India mentioned the importance of mobilisation of resources in the community, which is a role highly relevant to social work and a skill that social workers are trained to use.

Five years later, Lightfoot recommended that non-medical trained professions like social work were well-placed to play an effective role in supporting and managing CBR workers. She argued that "*social workers and other community development workers have a natural fit at the intermediate level of the CBR model, as they have expertise in working with communities and coordinating services*" (Lightfoot, 2004, p. 466). She then recommended specific roles for social workers that should be ideally

taken to provide more social supports for people with disability in CBR programs, i.e., "*organising, coordinating, supervising and advocacy functions at the intermediate level*" (Lightfoot, 2004, p. 466).

In 2014, a research study in India strongly recommended that social work was the best profession to fulfil the job of CBR worker (Biggeri et al., 2014). To come to this conclusion, he emphasised that CBR need to be considered as a means of information exchange between the people within a community and the policy makers from central levels, and between the people with disability living in the community and the DPOs at larger levels. He said that it is a task of the CBR worker to fulfil the role of connecting and mobilizing resources. However, if CBR workers were from medical and nursing disciplines only, they could not so readily fulfil the tasks to connect people with disabilities to the resources available within and outside of the community. This leads to the question of how well-placed is social work in Vietnam to step into key roles in the delivery of comprehensive CBR programs.

International Social Work and Social work in Viet Nam

This part reviews the literature on international social work and social work development in Viet Nam, both in legislation and in practice.

Understanding social work

The international social work profession was firstly recognized and described in 1880s. It has since been modified to "the social work profession promotes social changes, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environment. Principles of human rights and social justice are fundamental to social work" (International Federation of Social Worker, 2000, as cited in Doel, 2012, p.6).

In terms of models or approaches of social work, there is a long-standing controversy between 'ways of thinking about social work' (Gray, Webb, 2009). One way is to start thinking about social work as "a group of practical interventions that try

to improve situations in people's lives" (Gray, Webb, 2009, p. 1). This way of doing social work could be considered as a top-down mechanism of support as it focuses on legal procedures or policy guidelines which governments have set to protect and support people's lives. With this approach, social workers provide support within the government budget and programs. However, another way is to think of social work as "a response to attempts to reconcile individual freedoms with social solidarity" (p. 1). This could be considered as a bottom-up mechanism where a social worker raises concerns about the needs of people living with disability and works together with people with disability to get what they need to live a good life. The core of this approach is to "empower clients and integrate clients' participation in the process" (Blok, 2012, p.146). As can be seen, while a top-down mechanism focuses on individual needs decided on by government, the bottom-up advocacy mechanism works alongside people with needs to provide responses that they want. This has been the ongoing tension in social work.

Underlying this is a 'social work tradition' based in social work knowledge, "an accumulation of concepts, methods and values" (Gray, Webb, 2009, p. 2) which is formed and re-formed as sets of ideas, concepts, models and frameworks which are tested and developed by researchers and practitioners. Social work tries to understand and explain what is happening for people. This process supports and recommends various interventions including: counselling, training, advocacy, monitoring, mediator, community development, and integration. These interventions are related to appropriate professional roles of social workers. These roles are presented by different authors as follows:

- "Counselling" was described by Brearly (1991) as one of the two most important roles of social work. As defined by British Association for Counselling and Psychotherapy (BACP), "counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose" (BACP, 2004). This definition focuses on the "purely" psychological counselling while a social worker doing counselling also includes the engagement with the client's service delivery system and intervention into clients' social environment (Seden, 2000).

- Social work has also embraced case management which is defined as "a set of logical steps and a process of interaction within a service network which assures that a client receives needed services in a supportive, effective, efficient, and cost effective manner" (Weil et al. 1985, p. 2). Case management focuses on providing and coordinating optimal care for the client within limited resources, and focuses on cost-effectiveness.
- The social work "advocacy role" represents clients or a cause in a forum attempting to systematically influence decision making in an unjust or unresponsive system (Schneider & Lester 2001 p,65, as cited in Wilks, 2012). This is to support the people to speak with their own voice.
- The social worker takes a facilitator role to help vulnerable individuals and families, groups or community to participate in and contribute to their social environment (Blok, 2012, p.145).
- As "integrator", the social worker supports clients to participate with other people, "forming a cohesive society with common values and standards" (Blok, 2012, p.145).

International social work: a brief literature

International social work was first mentioned in 1928 in a speech written for the First International Conference of social work by Eglantyne Jebb (Jebb, as cited in L. Healy & Link, 2012). Since its birth, social work has been involved in addressing global issues for vulnerable groups in different countries in the world (L. T. T. Nguyen, 2015) because its nature makes it an international profession (L. M. Healy, 2012). Healy has been contributing greatly on this international aspect of the profession. She had simply defined international social work "as any aspect of the profession that involves more than one country" (L. M. Healy & Link, 2012, p. 5).

As far as being regarded an international profession, social work in a country will have more opportunities to learn from others through "internationally related domestic practice and advocacy, professional exchange, international practice, and international policy development and advocacy" (L. M. Healy, 2008, p. 10). The profession's education, value and ethics can be exchanged from country to country,

bearing in mind the adaptation related to culture and social and economic context (Hugman, 2010). Therefore, the social work skill sets such as counselling, process of change, advocacy, case management, and networking will be used by social workers among different countries to solve the same problem, but to a different extent.

Development and legislation support for social work profession in Viet Nam

Social work appeared a long time ago in Viet Nam starting with the country's colonization by France in the North (1862 to 1945) and America in the South (1862 to 1954). During this period, social work unofficially developed although it was largely French and American in origin. The notion of social work was informally developed by French Catholic organizations to help wounded soldiers, the poor and homeless people, and Vietnamese institutional care was also established during this period to accommodate and care for orphaned children, patients, the elderly, and the disabled (Bui, Nguyen, & Nguyen, 2010; T. O. Nguyen, 2002; T. T. L. Nguyen & Bui, 2011).

Post 1950s, Vietnam went through a period of socio-economic restructuring, when the country focused on tackling issues such as economic development, employment and the remaining consequences of war and occupation. Social work activities were not found during this period. One document outlining social work's history in Vietnam stated that the social work profession was "forgotten" during this transition period (Bui et al., 2010), although another said social work was prohibited because social work centres were linked to the United States (H. T. T. Nguyen & Nguyen, 2015). More recently and after a long period of economic development, Vietnamese society has begun to experience robust growth in social and economic wealth, although the gap between the rich and the poor is widening. Accompanying these changes is an increasing crime rate, increasing vulnerability of disadvantaged people and a greater sense of social insecurity (H. T. T. Nguyen & Nguyen, 2015). More and more people are not benefitting from the rapid economic growth and there are growing disparities regarding wealth and opportunities (T. O. Nguyen, 2002) In turn, this has created the demand for social work to become a profession once again in Vietnam (T. O. Nguyen, 2002).

In response to this demand, formal social work training in Vietnam started

around the year 2000. However, social work was not recognized as an official profession in the country until the government launched the “Project 32” to approve a National Project for the Development of the Social Work Profession 2010-2020 (GOV, 2010a). Following the launch of the “Project 32”, a job code for social workers was granted by the MOLISA, which confirmed the need for this profession in Vietnam (MOLISA, 2010). This laid the foundation to create opportunities for social work graduates to be located in the appropriate tier of positions.

Furthermore, the MOLISA issued regulations to set the professional standards for each of the job titles. This MOLISA document further extended the legal requirement for professional competence at specific levels of social work practice (MOLISA, 2010). In 2013, a professional standard for social work collaborators working at the commune/ward/town level, the lowest level of professional practice in the administrative system, was introduced (MOLISA, 2013). These two MOLISA documents provide for strong legislation to standardize the positions for social workers hierarchically, from the top to the commune level.

The role of social work in Vietnam was also clearly described in the Circular 07/2013/TT-BLĐTBXH along with the targeted clients of social workers. These also include people living with disability. The main role and tasks for social workers in disability are in the areas of community support and include: conducting assessments of clients’ needs and providing direct support like counselling, therapy, connection and referral, and communication with different agencies (MOLISA, 2013).

The availability of social work resources in Vietnam

Along with the legislative support to establish the social work career as well as the provision of government funding for social work in Vietnam, it is now important to learn how quality social worker services can be accessed by those who need them and indeed be implemented in the community.

Professional social work services have now been introduced in many forms. These include services at social work service centres, the provision of community-based care and alternative care (adoption, foster care, social homes, and so forth), and social workers in the role of social entrepreneurs (L. T. T. Nguyen, 2015). The formal information from MOLISA’s webpage shows that social work centres are in 30

provinces throughout the country (MOLISA, 2014). Furthermore, there are 21 provinces with approved plans to develop a social worker network, as requested by the "Project 32" with plans to develop 8,800 social workers to work at the commune level (MOLISA, 2014).

With the establishment and growth of the social work career in Vietnam, people are now concerned about the quality of skills and knowledge of social workers and how the new social work centres can provide sufficient coverage of quality services within the short period of their development. Prior to the 2010 milestone when social work received the necessary funding to become professionalised, there was a document about social workers as 'para-professional' (UNICEF, 2005). At this time the workers had very little training. Up until 2009, research about social support was still concerned about appropriately qualified personnel who were working as social workers (Hugman, Douglas, Le, Nguyen, & Nguyen, 2009). After the 2010 milestone, efforts were made to increase the number of university trained social workers. This was marked by the birth of the Viet Nam Vocational Training Association and Vocational Social Work after the Decision 272/QĐ-BNV in 2013 (Ministry of Home Affairs [MOHA], 2013). Most recently, the report from a conference on Social Work training in Ho Chi Minh in 2016 stated that there are over 50 universities, colleges and vocational schools which provide social work training all over the country. Additionally, there are 4 universities now starting postgraduate training in social work (H. H. Nguyen, 2016).

However, recent research in a region of Vietnam has shown limitations in the quality of implemented social work services. Despite the fact that the central government has invested hundreds of billions of Vietnam Dong to develop social work through several activities such as providing financial support for social work training and education at various levels, and encouraging the social work services development, the current development of social work is yet unable to satisfy the demand for social work intervention, as from the research in Tay Nguyen, a mountainous area of Vietnam (H. T. T. Nguyen & Nguyen, 2015). That research identified several concerns related to: a lack of communication and counselling skills amongst social workers, social workers not trained to work with specific clients, social workers not knowing how to deal with crises among clients, and social workers at the commune level being paid low salaries.

Summary of Literature Review

This literature review has shown the lower rates of participation of people with disabilities in education, employment, and social participation in comparison to the group of people without disability, and that the impact of stigmatisation is substantial. From these existing unmet needs, the researcher has recognised that people with disabilities need to go to school, have jobs, be treated equally and feel good about themselves.

Among different countries in the world, implementation of comprehensive models of CBR have proved to have some efforts in providing supports in education, employment, stigmatization reduction, social integration and emotional supports. In Vietnam, however, there was very little literature which could provide evidence on the supports of CBR towards these social and economic activities of people with disability. The barriers to implement comprehensive support models were found in literature from different countries. These included a shortage of CBR workers, and their feelings of being overwhelmed, CBR workers' lack of skills and trust. The literature also recommended a multi-disciplinary team in CBR, which included the roles of a social worker.

Social work was recommended to be involved in CBR program to support the social and economic activities among people with disability, by providing referral services, mobilization resources, and working with communities, coordinating and supervising services and connecting the communities and the government.

In Vietnam, although social work has been a profession since 2010 from legislation systems and government actions, the quality of these services still need to be enhanced in the close future.

CHAPTER 3. METHODOLOGY

Introduction

This chapter explains the conceptualisation of the research problem, and the reasoning behind decisions made in designing the research, including strategies used to strengthen the research process and findings. This chapter also identifies and presents limitations of the research and findings. As a qualitative researcher, I describe ways in which this may influence my approach and interpretation of the research information.

Objectives of the research

The general objective of the research was to examine how the social work profession can improve support of the Community-based Rehabilitation program for socio-economic activities of people with disabilities in Vietnam.

The specific objectives of this study were:

1. To describe the socio-economic activities of people with disabilities who were living in the commune, i.e. community;
2. To identify the barriers and supports to socio-economic activities;
3. To analyse the gaps between the barriers and available CBR program support;
4. To develop policy and practical recommendations for potential roles of social work to close these gaps.

Theoretical framework

The research is based on a social constructionist world view. The researcher works from a perspective that people construct their own meanings and understanding of the world. The researcher and the research participants are guided by beliefs and

values. The researcher tries to understand the meanings in the research context, by using a broad range of methods of inquiry and means of interpretation (Paul, 2005).

Drawing on social work theoretical frameworks, the inquiry used a bio-psycho-social model (K. Healy, 2005) of disability, drawing on a social model of disability (K. Healy, 2005; Hughes & Paterson, 1997; Oliver, 1996; Swain & French, 2000), a rights-based approach (Bigby & Frawley, 2010; Briskman, 2014; Oliver, 2012), and ecological system theory (Bronfenbrenner, 1977; Germain, 1973) to form the research questions, to design the approach to the research, and to interpret findings or information gathered. This includes a conceptualisation of disability in line with the ICF (WHO, 2001), taking into account, not only the underlying health condition and the restriction of body functions, but also the environment in which the person lives.

Social constructivism worldview

The core assumption is that people's realities are not objectively "out there" but are constructed by each individual, depending on "social and cultural factors" (Guba and Lincoln, 1989, p 12 as cited in Howell, 2013). "Constructivism is a theory of knowing that emphasizes the role each person plays in constructing his or her own knowledge rather than absorbing knowledge directly from the environment" (Branscombe, 2013). In other words, constructivism accepts reality as a construct of the human mind, therefore reality is seen to be subjective. The following tenets from various authors outline the key features of constructivism:

1. Knowledge is not passively accumulated, but rather, is the result of active interaction by the individual (Von Glasersfeld 1984);

2. Cognition is an adaptive process that functions to make an individual's behavior more viable given a particular environment (Von Glasersfeld 1984);

3. Cognition organizes and makes sense of one's experience, and is not a process to render an accurate representation of reality (Von Glasersfeld 1984); and

4. Knowing has roots in both biological/neurological construction, and social, cultural, and language based interactions (Gergen, 1995).

Thus, constructivism acknowledges that the researcher needs to focus on the

point of view of participants within his/her own overall context. However, these above tenets may be emphasized differently, resulting in various types of constructivism. There are the two extreme ends of the philosophy, which emphasize either the weak side of constructivism (namely "cognitive constructivism") or the strong side of constructivism (namely "radical constructivism") (Von Glasersfeld 1984; Schwandt (year), cited in Howell, 2013, page #). The word "weak" or "strong" is not a value judgment, such as better or worse, but refers to the foundational assumption.

The "cognitive constructivism" or the weak constructivism embeds the first two tenets, which trust the reconstruction of the external realities through an adaptive process in the person's mind. This process may lead to subjectivity when doing research. At this point, Longino (1993) considered how a researcher can totally control his own subjectivity in an experimentation and observation when there are "contextual", "intersubjective" elements and the observation "incorporates background assumptions" (Longino, 1993, cited in Howell, 2013, p 92).

On the other side, "radical constructivism" or strong constructivism fully embraces the first three tenets of the philosophy. While radical constructivism also acknowledges the cognitive side of the mind, it is believed that reality is unknowable since each person perceives the reality by his own senses. According to Glasersfeld (1995), internal knowledge does not match external reality, but rather it is a "viable" model of experience (von Glasersfeld, 1995, p. 4). These viable models are created within an individual, influenced by the context within which an activity was experienced (Doolittle, 1999). It was called "an experientially based mind" (Doolittle, 1999, para. 23), which totally objectively perceives the reality. Consequently, all statements from research should be treated with "suspicion and continually doubted" (Howell, 2013, p.93).

While both "cognitive constructivism" and "radical constructivism" may lead to either extreme ends of the philosophy, "social constructivism" is a balance between the two. Social constructivism, unlike cognitive and radical constructivism, emphasizes all four of the previously mentioned tenets. Social constructivism maintains the social nature of knowledge, and the belief that knowledge is the result of social interaction and language usage (Prawatt & Floden, 1994). Since knowledge is shared by using language, it is not an experience of a sole person. In addition, this social interaction always occurs within a socio-cultural context, resulting in knowledge

that is bound to a specific time and place (Gergen, 1995; Vygotsky, 1978). This position is exemplified by Bakhtin (1984), "truth is not to be found inside the head of an individual person, it is born between people collectively searching for truth, in the process of their dialogic interaction" (p. 110). In this case, truth is neither the objective reality of the cognitive constructivists nor the experiential reality of the radical constructivist, but trust in a socially constructed and agreed upon truth resulting from "co-participation in cultural practices" (Cobb & Yackel, 1996, p. 37).

This study embraces the social constructivist worldview, which underpinned the qualitative research methods, with open-ended questions to invite more sharing from the research participants. The researcher also embedded herself into the participants' contexts to understand their points of view by living in the commune and participating in some activities of the commune. The social constructivist worldview also reminds the researcher to carefully interpret the data collected within the particular context and culture.

Bio-psycho-social model of disability

The social model of disability was first developed by activists in the Union of the Physically Impaired against Segregation in 1970s. The core definition of the social model was explained by Oliver (Oliver, 1996) in the Fundamental Principles of Disability:

> "*In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. People with disability are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairment*" (Oliver, 1996, p. 22)

The social model, therefore, distinguishes clearly "*the impairments people have and the oppression that they experience*" (Shakespeare & Watson, 2002, p. 4). More importantly, it defines disability as social oppression, not the form of impairment. Other authors provide more detail to this model, which is to point out the hindrances imposed by society that created "disability" are negative attitudes, physical

impediments, and institutional, communication, and social barriers (Harris, 2000; Hughes & Paterson, 1997; Swain & French, 2000).

Incorporating this point of view, the WHO developed and introduced the International Classification of Functioning, Disability and Health (ICF) in 2001, which pays attention to both a person's health conditions and the factors from his/her contexts (WHO, 2013). It integrates both the medical model and the social model as a "*bio-psycho-social synthesis*" (WHO, 2013, p. 5). The meaning of disability that guides this research, therefore, draws on the ICF model:

> "*Disability is an umbrella term for impairments, activity limitations and participation restrictions*" (WHO, as cited in WHO, 2013, p. 8).

This bio-psycho-social model in line with the ICF allows the researcher to identify and discuss the barriers of people with disabilities not only in terms of their own impairment but also in environmental factors, including "*the physical, social and attitudinal environment in which people live and construct their lives*" (WHO, as cited in WHO, 2013, p. 8). When mentioning about the environment factors in disability matters, there is a connection between the social model of disability and the ecological perspective developed in social work theory as presented below.

Ecological system theory in social work

An ecological approach to social work practice emerged from the works of Carel Germain, an American social worker who was one of the major social worker leaders and thinkers in 1970s. Although she had started work on the concept of ecological social work some years earlier, the birth of "Social Work Practice: People and Environments: An Ecological Perspective" (Germain, 1973) marked the first comprehensive overview of the ecological model. She suggested that ecological social work "*practice is directed toward improving the transactions between people and environments in order to enhance adaptive capacities and improve environments for all who function within them*" (Germain, 1979, p. 17). Based on this point of view, the problems of a person should be primarily explained by the interaction between the person and his/her own environment including social and economic, accessibility to resources, and political forces rather than blaming all issues on the person himself.

There is a connection between the social model of disability and the ecological

framework in social work, which draws the focus on to the problem in the environment rather than focusing on the individual. The ecological framework provides the researcher with a wider understanding about the "social environment" when viewing it as various systemic levels including the individual, family, the small group, and the larger community. This concept of the social environment is very important to allow for exploration of the barriers to social and economic activities faced by the people with disabilities in the community. Instead of looking at people with disabilities as the problem, the researcher can analyse their circumstances in terms of relationships with their family, school, workplace, and also the cultural context, different supports from the community, and other social policies.

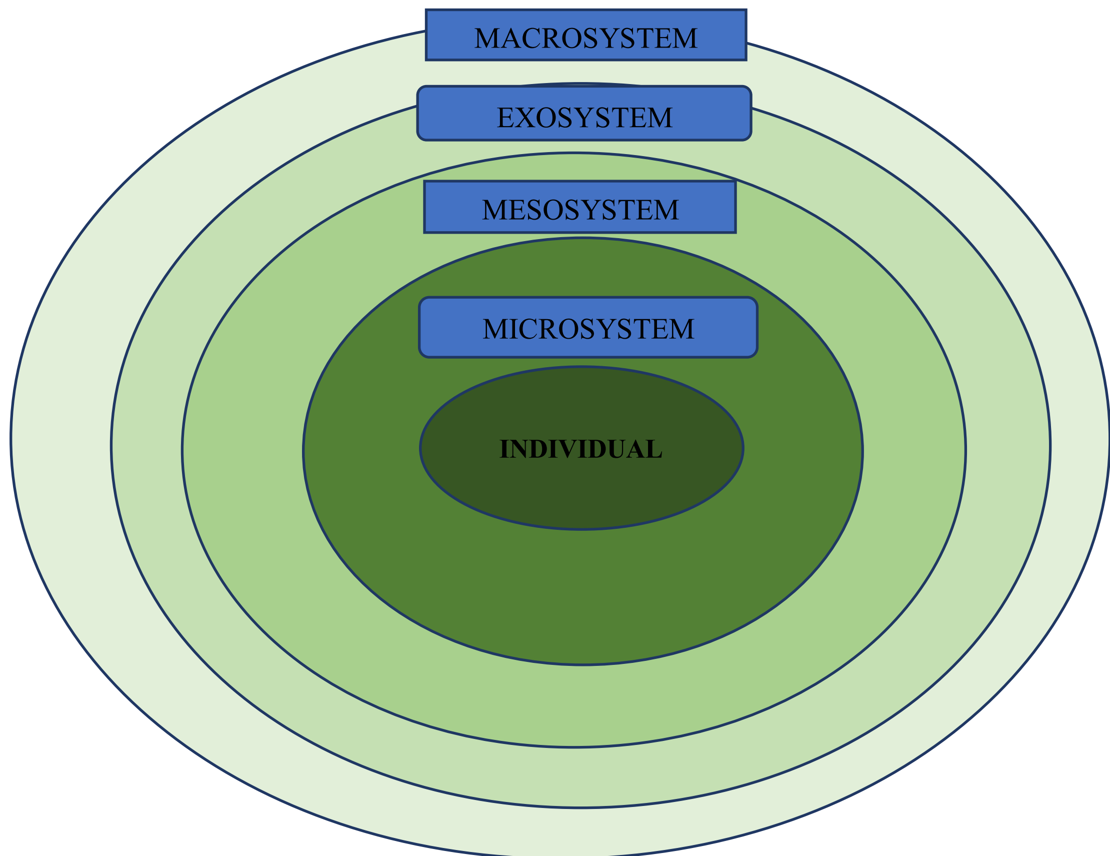
However, Urie Bronfenbrenner, an American psychologist criticized the ecological perspective for focusing too much on the context while discounting the role of the person to deal with problems that occur. To overcome this drawback, he first introduced an Ecological System Conceptual Model in 1977 (Bronfenbrenner, 1977), which was further developed into a theoretical model in the 1980s. In this new form, the environmental factors of an ecological perspective add the dynamics and interactions between systems and sub-systems. According to this way of thinking about systems and sub-systems within the ecological context, the person is responsible for the problem within the Individual System while other environment factors can be examined within the Microsystem, Mesosystem, Exosystem and Macrosystem and hence the problem can be addressed at higher levels. Figure 3.1 below shows this theoretical model.

For this study, the ecological system theory applies, and but the systems are closely aligned with both government administration levels and geographic distances from the commune. The systems which were considered in the research include: Microsystem represents the family in relation to the individual, while Mesosystem represents the Commune level, Exosystem represents the District and Province levels, and Macrosystem represents Central level, respectively. The ecological system theory in social work provided a tool for the researcher to analyse the factors related to the individual and his/her own environment that leads him/her to live a good life or achieve his/her life goals.

Since mentioning about the resources in an individual's multi-level systems, it is important to mention about social capital (Putnam, 1993, 1995, 2000). He defined

social capital broadly as the factors from a person's social environment such as "*networks*", "*norms*", and "*trust*" that facilitate the cooperation among resources for mutual benefit (Putnam, as cited in Aldrich & Meyer, 2015, p. 257). The concept of social capital provides social work researchers and practitioners a way of thinking when analysing the social environment of a person under ecological system theory.

Figure 3.1: Ecological system map



Putnam described two main components of the concept: bonding social capital and bridging social capital (Putnam, 2000). Firstly, the bonding capital was explained to be the relationship within one group of people, which consisted of reciprocity and "strong" trust within the same social group. Bonding social capital referred to the close ties among a person and friends and his/her family, which were often observed at commune level. Secondly, the bridging capital was described to be the social relationships between different groups. It consists of reciprocity and "thin" trust between different groups. Bridging capital refers to the ties among different groups,

which are normally observed as a person's social network. More recently, linking social capital has been named as a further component of the social capital concept. Linking social capital refers to the networks between the individual and government agencies or authorities at different levels outside the person's everyday social networks. For this research, linking social capital would create vertical ties through community- district- province- central levels (Woolcock, 2001).

Concerning the roles of social worker in generalist practice, John T. Pardeck drew on the work of a number of writers (Anderson, 1981; Hernandez, Jorgensen, Judd, Gould, & Parsons, 1985), and summarized six roles which are:

- "Conferee": The practitioner serves as the primary source of assistance to the client in problem solving;
- "Enabler": The practitioner facilitates and enhances system functioning in order to help people with disabilities to solve the problem by themselves.
- "Broker": The practitioner links the client with services and makes sure they are able to use those resources.
- "Mediator": The practitioner stands in the middle to help people understand each other.
- "Advocate": The practitioner speaks on behalf of the client to the policy makers, service providers or community to make changes in favour of the vulnerable group.
- "Guardian": The practitioner controls all factors from the environment to protect the client. (Pardeck, 1988, p. 134).

According to Pardeck, these six professional roles allow the practitioner to work effectively with five basic client systems: "*the individual, the family, the small group, the organization, and the community*" (Pardeck, 1988, p. 134). These six social work roles are used as a guide for the research analysis to think about potential roles for social work in the current community-based rehabilitation program supporting the participation of people with disabilities in social and economic activities.

Research design

Mixed research methods

This study employed a mixed methodology that combined a dominant qualitative design, supplemented with a quantitative research method. By using the mixed methodology, this inquiry has the advantage of:

- Increasing validity due to the triangulation of methods (Creswell, 2011);
- Increasing transferability of the research results by including research participants from the District level instead of single commune case study;
- Increasing confirmability by collecting quantitative data to supplement the qualitative analysis.

A dominantly qualitative research design was employed for three reasons. Firstly, this research aimed to include the voice of people with disability and their family in the community as a tool for policy advocacy, in particular, to raise the voice of the beneficiaries on their own lived experience, the story of their successes or failures in social and economic activities. A qualitative design provided the tool to get the insider's perspective, the meanings people attach to things and events (Punch, 1998). Moreover, when using qualitative methods, the researcher can take advantage of naturalistic and interpretative features and the exploration, explanation or description of a phenomenon (Denzin & Lincoln, 1998; Rossman & Rallis, 2003; Marshall & Rossman, 2006; Padgett, 1998; Punch, 1998). All of these characteristics of qualitative research methodology helped to get the inside perspectives of the disabled and the workers in the commune, which then contributed to the development of policies and programs from the bottom-up.

Secondly, a qualitative research design fits well with the nature of the research question. This research aimed to answer the questions of "What" and "How" in addressing the four main sub-objectives:

- What are the social and economic activities of people with disability living in the commune?
- What are the barriers and supports to social and economic activities?

- What are the gaps between the barriers and available CBR program supports?
- How could social work close the gaps?

Qualitative research methods were used to explore these questions first, as Creswell suggested that in a qualitative study, the research question often starts with a question of *how* or a *what* to describe what is going on (Creswell, 1998).

Thirdly, a qualitative approach was selected because the topic needed exploration. Since the social work profession did not exist in the community, the researcher was unable to define clear variables at the beginning of the research. The potential roles of social work were explored during the course of in-depth interviews and focus-group discussions with research participants.

To supplement the qualitative methods, a small-scale quantitative research method was employed to help triangulate the data. A survey questionnaire explored the work of community nurses who are working in the role of CBR workers. The quantitative data was used to supplement and check the findings derived from other sources. This was to enhance the validity of findings.

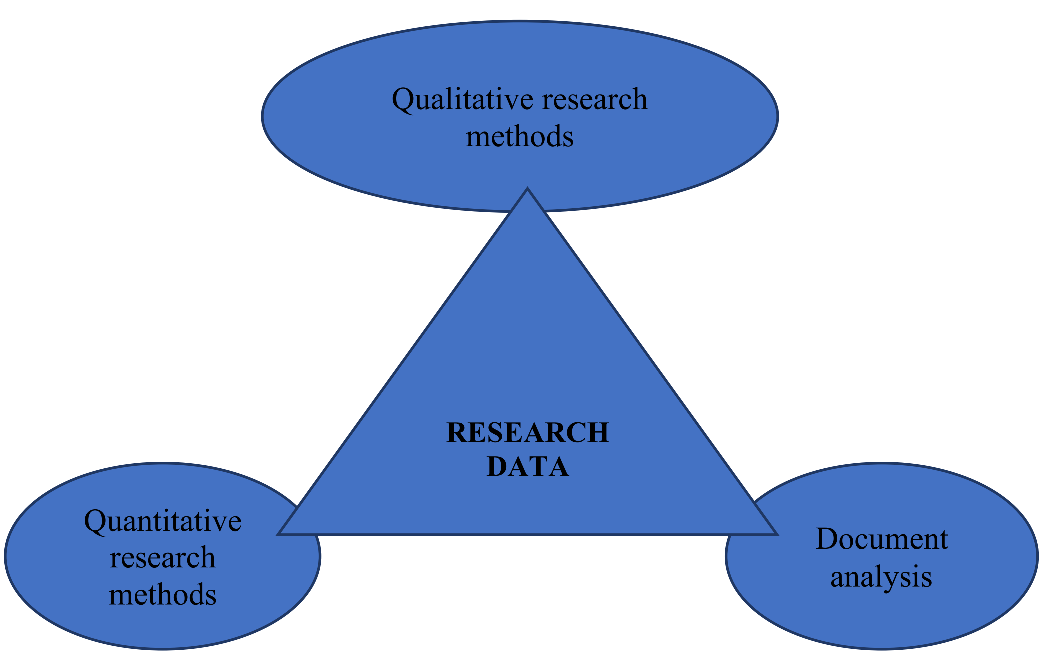
The in-depth interviews were first carried out in 2014 and 2015, one year before developing the questionnaire in 2016. Thematic analysis of qualitative information from the in-depth interviews was used to develop the questionnaire for community nurses who work in the role of CBR workers in the District.

Data collection strategies

The research employed three data collection strategies to generate a broad range of information: document analysis provided background data for the research in the period before the research was carried out. Document analysis was important because the CBR project started in 2009 and finished in 2013 before the data collection for this research was carried out in 2014-2015. While in-depth interviews were used to gather in-depth information from individuals about their personal experiences, focus groups discussions were used to verify or challenge the interpretations from previous interviews, observation aims to triangulate information for qualitative research method

(in-depth interviews and focus group discussions). Furthermore, observation provides information about the context of the research, the relationships between research participants, the governance arrangements which affected relationships between Health and MOLISA workers. In the meantime, survey questionnaire was utilized to gather information about the barriers and supports from larger population of CBR workers throughout the District. The survey questionnaire helped to answer the second research question "To identify the barriers and supports to socio-economic activities".

Figure 3.2: Triangulation of data collection



The research aimed for triangulation in data collection "*to secure an in-depth understanding of the phenomenon in question*" (Sai & Lincoln, 1998, p. 4), which was presented in Figure 3.2. By employing a combination of in-depth interviews, group discussions, observations, questionnaires and document analysis, the researcher was able to validate and crosscheck findings from a range of different data sources, thus reducing the weaknesses of any single data collection strategy (Patton, 2001).

In-depth interviews

Totally 36 in-depth interviews were conducted with people with disability, CBR

program providers (CBR workers and CBR managers); social organizations and government agencies at different levels (commune, district, province and central level). There were three separate semi-structured interview guides used for in-depth interviews (see Appendix E). One was designed for interviews with people with disability. This is to deeply understand the needs of people with disabilities from their personal stories. Another was for interviewing CBR service providers (CBR workers and CBR managers). This is to understand how they provide the services and the difficulties when providing services. The last one was for interviews with social political organizations and government agencies at different levels. This is to explore their current participation in CBR program and available resources that may contribute to the program. A semi-structured style was used in order to "*explore additional information that the respondent has raised, to ask other questions, or to follow up issues that were not originally included in the interview schedule*" (Alston & Bowles, 2002, p. 116).

The semi-structured guide for people with disability focused on their own experiences in four specific social and economic activities, i.e. education, vocational training, working, and social participation. The semi-structured guide for service providers and government agencies consisted of 3 main parts: The first was about the social activities among people with disability; the second was about community-based rehabilitation; the third was about their difficulties in providing comprehensive services.

All three semi-structured interview guides were first prepared in English and then translated into Vietnamese. The average length of the interviews was 45 minutes. The shortest one was 25 minutes and the longest one was one hour. Some participants gave consent for the researchers to make an audio recording, but some did not. The researcher only recorded when interviewees gave their consent, for those who did not give consent for tape recording, the researcher took notes of the interviews.

A face sheet (Lofland & Lofland, 1995) that recorded the date, time of the interview, location and some information about the research participants was attached to each interview. This helped the researcher to keep track of the schedule of the in-depth interviews and basic information about the participants, such as their gender, working position, agency and so forth.

Focus group discussions

Two focus group discussions were conducted. The first group discussion was for people with disability in the commune. The second one was facilitated for community nurses who also worked in the roles of CBR worker in the commune. The total amount of time for the two group interviews was two hours.

There were six people with disability included in the first group and seven community nurses/CBR workers in the second focus group discussion. This number of participants in the focus group discussion meets the standard of a "*moderate size*" so that the researcher could get the participants' insights and perspectives on the research topic (Morgan, 1988, p. 43).

Six people with disability in the focus group included 3 people who previously participated in the in-depth interviews. One was school age (8 years old), and all the others were of labour age which is 18-60 years old according to the current Viet Nam Labour Code (GOV, 2013) – the youngest was 24 and the oldest was 45. The CBR worker was asked to invite people who were reported to have some difficulties in education, or vocational training, or working or social participation. The intention was to make a conversation among all these participants about the barriers they faced in different social aspects, and their views of the need for support from outsiders.

This community had a total of seven community nurses who also worked as CBR workers, and they were all invited for the group discussion. There were two community nurses who had just commenced in the roles of CBR worker within one or two months, so their understanding was limited, while the other five people had been working in CBR roles since the program began in 2009.

Each focus group had its own discussion guide, consisting of 10 open-ended questions. They were composed in English and then translated into Vietnamese. The focus group discussions with community nurses were held in the meeting room of the health centre in the commune, a place where they felt very familiar. The other group discussion with people with disability was conducted in the house of the Head of the People with disabilities' Club. This place was commonly used by many people with disability in the commune, and it helped them feel comfortable when sharing their feelings and ideas.

To facilitate the group discussions effectively, the researcher was both a

facilitator, creating a supportive environment by carefully selecting the location, conducting warm-up introductions. As an interviewer, the researcher prepared a set of guideline questions and used these questions to invite people sharing their opinions and points of view. During the introductions of the group discussions, the researcher additionally informed the participants about confidentiality. The researcher always kept a minor involvement in the discussion, to enable a "*form of highly nondirective focus groups*" (Morgan, 1988, p. 49)

With the participants' consent, and that of the parents in one case where the child was under 16 years old, discussions were recorded. The research strictly followed the ethical requirements of the University HREC in gathering informed consent, maintaining confidentiality and following the adverse reaction protocol to minimise risk for the participants. These documents are at Appendix A, B, C and D.

Questionnaires to CBR workers in the whole district

The researcher interviewed the whole population of 228 District community nurses/CBR workers.

The questionnaire was administered during a meeting in the commune of the 228 District CBR workers, with the consent of the CBR District Manager, and consent from each of the research participants. The researcher facilitated the interview section to make sure all research participants were able to understand the questions and how to fill in each question properly.

The questionnaire was divided into three parts: The first part was about general information of the CBR worker (gender, age, experience and training); the second part was about the needs of people with disability; the third part was about the CBR program. The third part was the main part of the questionnaire which focused on each component of social support (education, vocational training, work, and social participation). In this part, each social support component was broken down into four topics: Do they provide support or not? How do they provide support? What difficulties are there in providing support? And what more should be done to provide the support better?

Document analysis

An analysis of relevant documents collected at different levels from the commune to the central levels was conducted; specifically, those related to the community-based rehabilitation activities and reports on people with disability. Documents are seen as a "*rich source of information about many organizations and programs*" (Patton, 2001, p. 293). Document analysis gives additional strength to observations and in-depth interviews that helps to make findings trustworthy (Glesne & Peshkin, 1992). This "*least obtrusive*" means of data collection provided "*valuable information*" (Padgett, 1998, p. 67) on the day to day lives of people with disability, the supporting activities of community nurses/CBR workers and the results of these supports.

Documents were generated from various sources, including official documents issued by the government of Vietnam, published reports from the CBR program for the whole of Vietnam and in the specific research area, and electronic texts. The collected documents were classified and sorted by relevance to the research (see Appendix G).

It was an advantage that the research was carried out in a CBR project site where all CBR reports had been collected monthly, quarterly and annually in the district and the commune from 2009 until 2013. Although CBR was then integrated into a national targeted program, the reporting was less comprehensive after the completion of the project in 2013 due to lack of funding.

Observations

Observation is an important qualitative research method. This process is done naturally through the "habit of observation" when the researcher comes into the field, taking note of the physical, social and cultural environment, and while doing the in-depth interviews with the research participants (Jones, 2004, p.138). As a qualitative researcher with a social constructivist worldview, it was very important to observe everyday practices in the commune and the behaviors and attitudes of the research participants when collecting data as this information contributes to the interpretation of the data collected through interviews and survey questionnaires. People "virtually" express their thinking by non-verbal language, which is also an important source to

triangulate the verbal expression.

Observation during interviews concentrated on the voices of the participants, the non-verbal body language, the living conditions of the participants, how they interacted with other people in their living environment.

The researcher noted her observations during and after the interviews. However, the researcher's constructions of meaning from observation data is unlikely to match the constructions of meaning from their experience of taking part in what has been observed. In other words, the interpretation of what researcher observed may be different from the participants' interpretations. Two separate columns in the fieldtrip diary kept these notes apart.

The researcher had to get consent from the people with disabilities club and CBR manager in the commune to observe the support they provided to the clients. The researcher identified herself as a researcher when doing the observation, and obtained consent from each of the individuals being observed. Observation focuses on the relationships among people with disabilities when participate in club meetings, the relationships between CBR workers and their clients (people with disabilities). The purpose of observation was to triangulate the information collected from qualitative research methods (in-depth interviews, focus group discussion). The observations were recorded by taking notes after each meeting.

Selection of the research site and research participants

Selection of the research site

The researcher consulted with several key persons in the CBR program to select the research site. The first fieldtrip was used to explore the potential research sites and to decide which CBR model would be the most suitable for this research.

As the research aimed to explore how the social work profession could contribute to the current CBR model to support social and economic activities among people with disability, it was important to select a "good" comprehensive CBR model instead of a single medical model. The social components in comprehensive CBR (education, vocational training, employment and social participation support) were

seen as “basic infrastructure” to integrate the social work profession into the model. It was hypothesized that the current method of employing only health staff to provide social support for the disabled may be a weakness, and there may be a gap which the social work profession could fill.

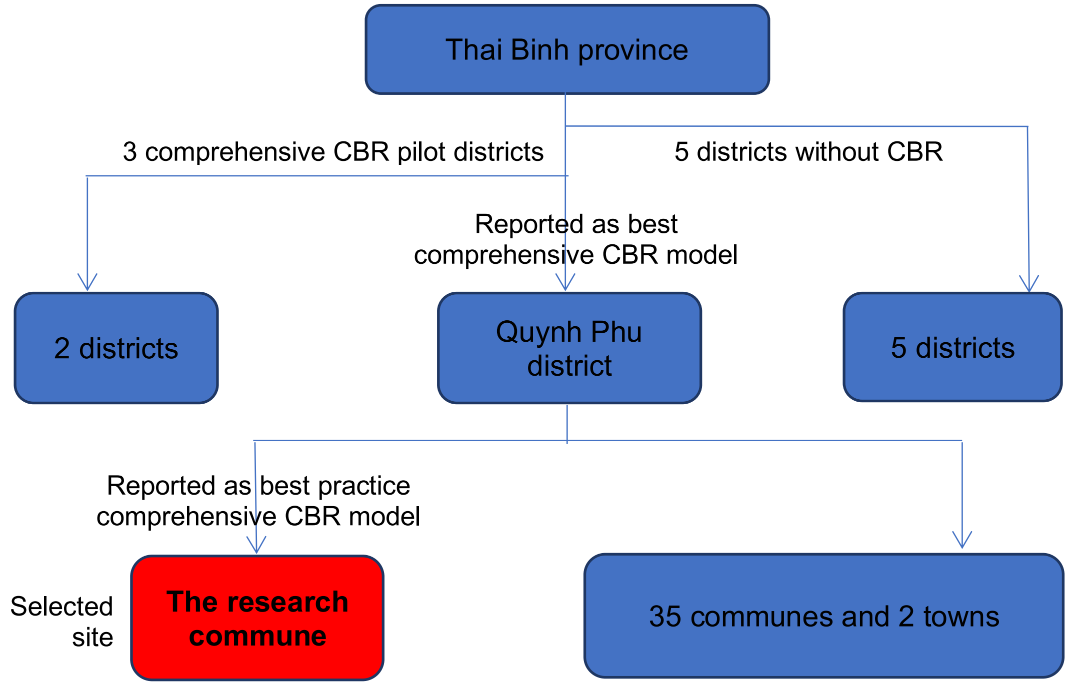
To select a good comprehensive CBR model, the researcher consulted with the Head of CBR program at the central level. Of the three provinces that had implemented a comprehensive CBR model since 2009, Thai Binh Province was recommended. The CBR Manager in Thai Binh Province provided permission for the research, and recommended the District with the best practice comprehensive model in the province. During the meeting, he explained that there were only 3 Districts which had piloted the comprehensive CBR model from 2009 to 2013. Of those, he recommended Quynh Phu District as it had implemented more comprehensive components than the other two CBR pilot Districts. This result was confirmed in the CBR monitoring report by the Project manager team in 2013 (See Appendix G.VII).

The CBR Manager in Quynh Phu District recommended one specific commune among the 38 in the whole District. This commune was reported to be one of the most supportive CBR models which provided more social activities and support for people with disability.

Because the research involved interviews with key persons of the commune (CBR manager of the commune, CBR workers, people with disabilities club leader, Labour Affairs worker and other heads of different social organizations) who can be identified easily if the commune were identified, the research commune needs to be anonymous, and from here on is called “the research commune” (or “the commune” in short).

The map of the selected research site was presented in the Figure 3.3. as follows:

Figure 3.3: The map of the selected research site.



To help understand more about the research context, some basic relevant information of the Province, District and Commune and the specific CBR program implemented in this research site will be briefly explained.

Thai Binh province is located in the South of Red River Delta area, where the natural conditions are very favourable for developing agriculture and aquaculture. Since the strength of the province relies on agriculture and fisheries, the province culture was characterized by typical agriculture culture, described as hard working, caring for others, knowing each other. These characteristics of the culture are important, as it helps explain the behavior of the community.

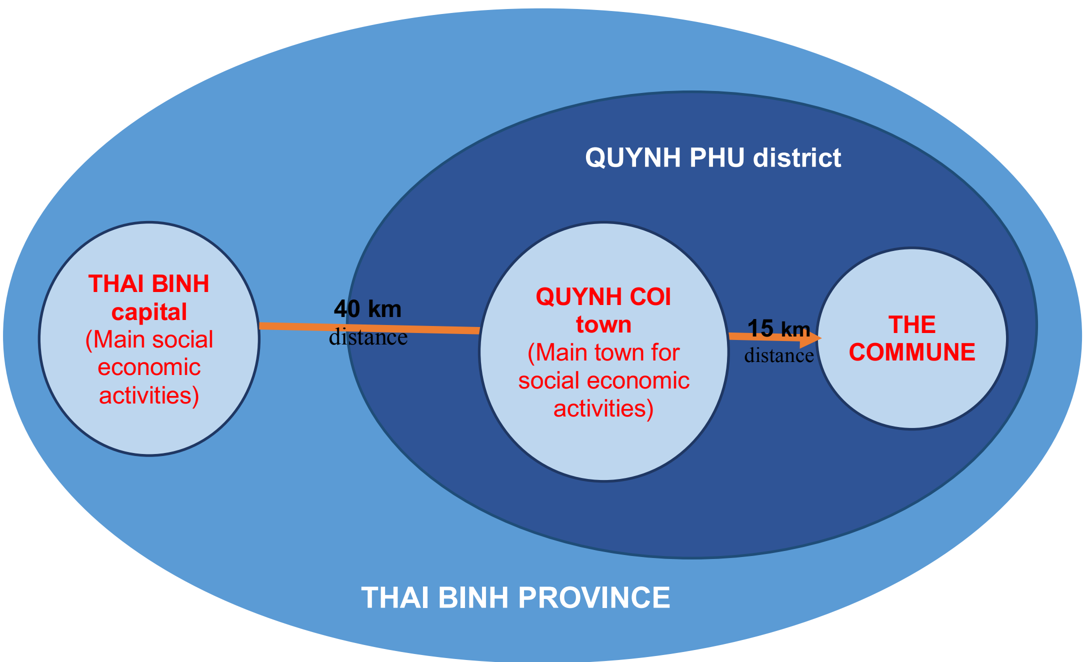
Quynh Phu District is one of 7 Districts, located at the North of the Province. The District consists of 36 communes and 2 towns. According to the CBR report in the District in 2011 (internal report, Appendix G.IV), Quynh Phu is an agriculture-based District, 80% of the residents live on planting wet rice. The average income is 3,500,000 VND [1] per person per year. Given this socio-economic characteristic, it is probable that the agriculture culture is deeply engrained in the residents in the District.

Geographic distances to and from the research site are also important to analyse

[1] 3,500,000 VND equals to 200 AUD, at the current exchange rate in 2017

resources and travelling matters among the people with disability. The main town of Quynh Phu District is named Quynh Coi town, where all government agencies and other organization offices are located. All other main social, economic and political activities of the District are mainly located in this town. The estimated distance from the Province Capital to Quynh Coi town is 40 kilometres, which takes around one hour travelling by car. The estimated distance from Quynh Coi town to the research commune is around 15 kilometres. Travelling is not difficult at the moment as infrastructure is fairly developed, but it was more difficult to travel in the past when the roads were mostly sand and soil. The map representing distances of the research sites is presented in Figure 3.4 as follows:

Figure 3.4: The map showing distances from the selected research sites

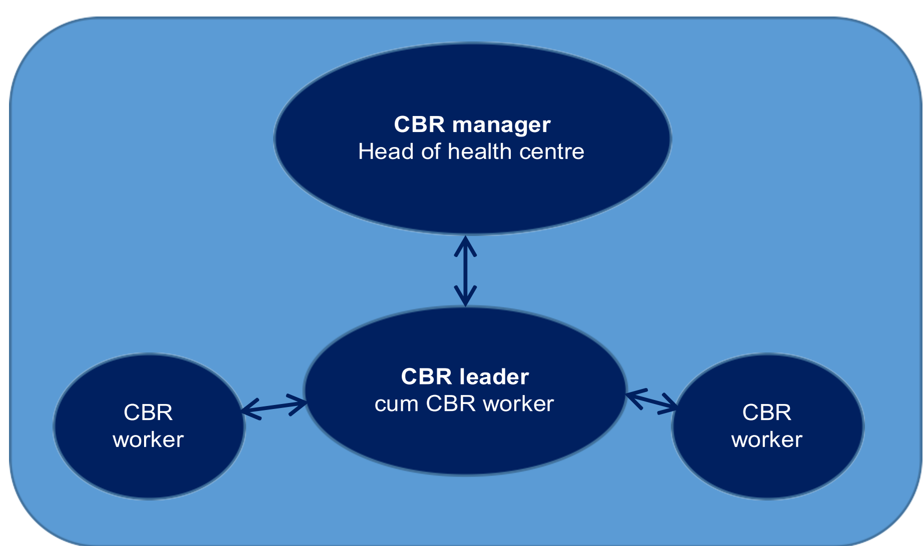


Comprehensive CBR was piloted in the district from 2009 until 2013, as part of a large CBR program in three different Provinces in Viet Nam. This has been named “the CBR project” in this study. It was piloted with the hope to develop a good comprehensive CBR model to continue at the research site even after the project finished, and to replicate nation-wide. As planned, CBR was approved to be integrated into Viet Nam National Targeted Program signed by the Prime Minister in 2012 (GOV, 2012a).

Under the CBR project, a large number of community nurses in the piloted District were employed to work as CBR workers; this amounted to 228 community nurses/CBR workers among the total of 385 community nurses in the District. This was mentioned in the report number 01/BC-BQL on CBR project activity in Quynh Phu district in 2010 prepared by the Project management team in 2011 (Appendix G.IV). For this research, the community nurses who were also CBR workers are called "community nurses:" or "CBR workers" or "community nurse/ CBR worker".

The current community nurse/CBR worker team (CBR team in short) in the commune included: CBR Manager of the commune who was also Head of the Health Centre in the commune; community nurses/CBR workers one of whom was the CBR leader. The team members are presented in Figure 3.5 as follows:

Figure 3.5: The map on CBR team in the commune



The community nurses received monthly allowances from the Government to provide services in the community, which was 350,000 VND [2] per month per person. At the time of the CBR piloting project from 2009 to 2013, the District and the commune received additional funding from the project to top up the monthly allowances for an additional 100,000 VND [3] per month per person. However, since the CBR was integrated into the National Targeted Program after the project finished in

[2] 350,000 VND equals to 20 AUD, at the current exchange rate in 2017
[3] 100,000 VND equals to 8 AUD, at the current exchange rate in 2017

2013, all 385 community nurses in the District (as well as all other Provinces nation-wide) were mandated to do the tasks of CBR workers without any further top up.

Selection of the research participants for in-depth interviews

This study adopted purposeful sampling selection, which brought rich and deep data for the inquiry (Padgett, 1998; Patton, 2001) because "*the logic and power of purposeful sampling lie in selecting information-rich cases for study in depth*" (Patton, 2001, p. 230).

People with disability

The researcher consulted with the leader of the CBR workers in the commune to discuss selection of people with disability for the research. The researcher created criteria to select the disabled for the interview while the CBR workers made the selections.

The first criterion was age. Interviews with the people with disability aimed to understand their experiences in education, vocational training, work and social participation. Therefore, the disabled were purposively selected by age groups, because different age groups would have particular kinds of need. Participants of school age (from 6 to 18) and of labour age (18 to 60) according to Vietnamese Labour Code (GOV, 2013) and over labour age (over 60) were intentionally selected. There was no set number of cases in each age group, but the search stopped once information saturation was reached, which means information started to repeat in new interviews.

The second criterion was the "extreme" cases. Since we were looking to hear about barriers among people with disability in their social and economic activities, we aimed to look at cases of success and cases of failures in any of the social aspects (education, or vocational training, or working, or social participation). By selecting "extreme" cases of success or cases which did not achieve expected results, this provided a chance to analyse important factors which may have led each of these individuals to success or disappointment.

After hearing the selection criteria of the researcher, the leader of the CBR team made recommendations based on her own thorough understanding about all the cases

reported to the CBR program in the commune. Each of the 12 people with disability who were included for interview was assigned a case code for data management purposes. Each person was given a pseudonym as in the Table 3.1.

Table 3.1: People with disability in the commune who were interviewed, 2014, 2015

Case code	Pseudonym	Age	Disability	Agent Orange	Communicate with researcher	Interviewed
A	Khoi	8	Mild Down syndrome	Yes	Yes but limited (small)	The Mother and the child
B	Minh	14	Intellectual disability+ Visual disability	No	No (limited communication ability)	The Father
C	Bi	14	Intellectual disability+ Learning difficulty	No	No (limited communication ability)	The Mother
D	Bach	17	Intellectual disability +Mobility disability	No	Yes	The person
E	Bong	27	Mild Mobility disability	No	Yes	The person
F	Tam	27	High Mobility disability	No	No (shy)	The Parents
G	Lan	37	Mild Mobility disability	Yes	Yes	The person
H	Tu	44	Mild Mobility disability	No	No (out of the commune)	The wife
I	Chi	45	Lost arms	No	Yes	The person
J	Long	54	Mild Mobility disability	No	Yes	The person
K	Ha	54	Mild Mobility disability	No	Yes	The person
L	Phuong	87	Mobility disability+ Visual impaired	No	Yes	The person

There were four cases of people with disability who were selected but were not able to communicate with the researcher because of shyness, limited communication ability or travelling out of town at the time of the research. The researcher interviewed his/her direct carers instead (mother and/or father, or the wife). There were two cases who acquired disability as the result of Agent Orange.

The interview with people with disability and their family members, if needed, focused on information about the everyday life of this person, the difficulties of the family and the needs of the disabled person which were different from other family

members' perspectives; how the current CBR program could support them; the gaps between their own difficulties and current supports; what should be changed to close these gaps.

People from Government Health Agency directly manage and implement CBR program

The representatives of CBR management team at Central, Province, District and Commune levels were interviewed to gain an understanding about the structure and vertical organization of the CBR program. They were all from Health Agencies.

CBR workers in the commune were selected one after another by snowball sampling. Following the process of snowball sampling, the researcher worked with the CBR manager and the CBR leader in the commune to identify suitable people who could provide the most valuable information for the research. The researcher excluded all community nurses who had just started the role of CBR worker (under two years). The number of interviews among CBR workers in the commune was determined by saturation of information. Finally, there were 3 community nurses/CBR workers in the commune. The Table 3.2 shows the pseudonyms of the seven research participants:

Table 3.2: Health people contributing directly to CBR, who were interviewed, 2014

Level	Pseudonym	Position
Central	Hoang	Member of CBR manager team at central level
Province	Cach	Member of CBR manager team at province level
District	Cao	Member of CBR manager team at district level
Commune	Tung	CBR manager in the commune
	Uyen	Community nurse/ CBR worker
	Tra	Community nurse/ CBR worker
	Linh	Community nurse/ CBR worker

Government agencies involved in CBR

While the MOH is currently the main organisation responsible for delivering comprehensive CBR, MOLISA plays an important role in providing social support towards people with disability. Therefore, the researcher interviewed representative persons from MOLISA at all levels to understand their current supports, resources and

limitations when contributing to the CBR program.

The names of different levels of MOLISA from central to the commune are presented in this following Table 3.3 with the abbreviation or short names:

Table 3.3: The list of MOLISA at different levels, 2014.

Level	Name in full	Abbreviation
Central	Ministry of Labour, Invalids and Social Affairs	MOLISA
Province	Department of Labour, Invalids and Social Affairs	DOLISA
District	District Division of Labour, Invalids and social Affairs	DILISA
Commune	Ward Unit of Labour, Invalids and Social Affairs	ULISA

The five participants from MOLISA at different level are given pseudonyms as presented in Table 3.4:

Table 3.4: The list of interviewed MOLISA at different levels, 2014.

Level	Pseudonym	Position
Ministry	Do	Member of MOLISA
Province	Hoa	Member of DOLISA
	Hai	Member of Social work centre of the Province
District	Loi	Member of DILISA
Commune	Em	Labour affair worker of ULISA

During the course of the research, there were concerns about transportation accessibility for people with disability to participate in any other social and economic activities. Therefore, persons from the government transportation agency were invited for interview. There were two people from transportation agency, who were interviewed, as presented in Table 3.5:

Table 3.5: The list of interviewed MoT at different levels, 2014.

Level	Pseudonym	Position
Province	Vu	Representative of Department of transportation (DoT)
District	Vinh	Representative of DoT in district

Social political organizations related to people with disabilities

During the interviews with the CBR manager and CBR workers in the commune the informants discussed the social and political organizations in the commune that had already made some contributions to the CBR program or could possibly contribute in the future. The list recommended by the CBR team in the commune was: Women's Union, Youth Union, Red Cross, Farmers' Union, Veterans' Association and the People with disabilities Club.

The interviews with representatives of DOLISA recommended interviewing the Organization for people with disability in the district, as it may be a resource for contribution to the CBR program. Therefore, the organization for people with disability was included in the interview.

The researcher started by interviewing the representative of each of the recommended organizations at the high levels, before deciding whether or not she should continue to interview that organization at the lower level. If the interview at the higher level showed any resources or willingness to participate into the community-based program, the researcher then approached that organization at the lower level for further information about resources and promising contributions (people with disabilities Club and Red Cross). Vice versa, if the organization representative at the higher level showed no possibility of supporting CBR, then no further interviews were organised at the lower level (Women's Union and Veterans' Association).

There were two organizations (Youth Union and Farmers' Union) for which the researcher was not able to speak with representatives at the higher level because of time constraints. Therefore, interviews were only made at commune level.

The Organization for people with disability only had a representative at district level, therefore only one interview was carried out.

Totally, 11 interviews were done. One person was also a person with disability who was listed among the 12 people with disability who participated in the research. This person (Lan) was only interviewed once, but addressed both the Interview Guideline for people with disability and the Interview Guideline for organizations.

The list of 11 interviewees who represented organizations at different levels is presented in Table 3.6 as follows:

Table 3.6: The list of interviewees from social political organizations at different levels, 2014

Organization name	Level	Pseudonym
Organization for people with disability	District	Tho
Women Union	District	My
Youth Union	Commune	Dang
Red cross	District	Khoa
	Commune	Tuan
Farmer union	Commune	Hay
Veteran organization	District	Dac
PWD club	Centre	Cong
	Province	Hop
	District	Anh
	Commune	Lan (also interviewed as a person with disabilities)

Selection of participants for the questionnaires

The questionnaire was administered to the whole population of 228 District Community nurses/CBR workers at one time, as they were all together for a District meeting in the research commune.

Selection of participants for the focus group discussions

There were two focus group discussions: One with people with disability and one with the community nurses/CBR workers. There were 7 community nurses/CBR workers in the commune, all of whom were invited to the group discussion and all attended the discussion.

As mentioned earlier, 3 people with disability who had previously participated in the in-depth interview were also invited to participate in the focus group discussion. These 3 people had revealed most difficulties in social aspects (education, vocational training, job placement and social participation). This was to give a chance to the researcher to gain more in-depth information about the matters raised in the earlier interviews.

The researcher also consulted with one of the CBR workers to invite three other people with disability who were reported to have difficulties in accessing

social and economic activities but who had not had a chance for an in-depth interview. This was to allow the researcher to explore new barriers (if there were any) to any social and economic activities among the disabled in the commune.

Ethical considerations

The consent form was explained clearly to respondents before obtaining their signature. If participants had difficulties in reading, the researcher read out all consent forms and made sure he/she understood it clearly before making a decision. The researcher also emphasized to participants that there would be absolutely no consequence to them if they chose to withdraw at any stage of the research.

The research included a vulnerable population who were living with disability in the community. When the people with disabilities had difficulties in communicating, their direct caregivers were consulted or interviewed.

The research anticipated the inclusion of people with a cognitive impairment, an intellectual disability, or a mental illness. An Adverse Reaction Procedure (see Appendix D) was developed as a guide for the researcher in case any of the participants experienced some form of distress. In case of distress, the researcher suggested a break. After the break, if the participant still did not want to continue, the researcher asked for permission to come on another day. At the same time, the researcher reminded the participants of their right to withdraw from participation in the research. If the participant agreed to continue at a different time, an appointment was then made for that. In case he/she chose to withdraw, all information from the interview was destroyed. The researcher also checked to see if the participant wanted to talk to their guardian or a counsellor or a support provider.

As the research was carried out with one specific commune, the commune and some participants (e.g. managers, commune leaders) could be identified by the researcher within the database. Therefore, the commune was de-identified in the thesis.

Since the research was carried out with people involved in CBR programs in the selected commune, consent was sought from the Head of the CBR program at the commune. The signature of the Head of CBR management department at the commune was also obtained before the researcher started collecting information.

Managing data resources

Data from in-depth interviews and focus group discussions were collected in the form of taped recordings or written notes, and then transcribed. The transcribing was first typed in Vietnamese and then translated into English.

When observations were conducted, the researcher recorded the social activities of people with disability in a field work diary. Field notes were kept in folders marked by date and the researcher's comments.

Documents collected from the community were organised according to types of reports and documents and organised into folders. All folders were marked with notes so that the researcher could easily find the contents needed for analysis. The researcher used a content analysis approach (Padgett, 1998) to analyse the collected documents. All raw data were kept in a securely locked cabinet to which only the researcher and supervisors had access. All data will be stored for 7 years and then destroyed.

Data processing and analysis

Transcribing the interviews

Much of the transcribing was completed alongside the data collection process which allowed the researcher to check her thinking and research process, that is, "*to cycle back and forth between thinking about the existing data and generating strategies for collecting new, often better, data*" (M. B. Miles & Huberman, 1984, p. 49). For the interviews that were not transcribed at the time of data collection, the researcher collected the phone number from the research participants so as to check she had understood correctly what was said in the interviews.

Translating the interviews

The interviews were translated by the researcher, de-identified, and then checked by a social work lecturer in Viet Nam who had sufficient English competence to confirm the trustworthiness of the research result.

Thematic analysis

Thematic analysis is considered "*a foundation method for qualitative analysis*" (Braun & Clarke, 2006, p. 78). It is a method for identifying and analysing patterns of meaning in a data set (Braun & Clarke, 2006). It "*illustrates which themes are important in the description of the phenomenon under study*" (Daly et al, as cited in Joffe, 2011, p. 209). By employing thematic analysis the researcher is able to highlight "*the most salient constellations of meanings*" from the data set (Joffe, 2011, p. 209).

The *flexibility* that thematic analysis affords (Braun & Clarke, 2006, p. 78) was an important advantage for this study. Such flexibility allowed the researcher to start data analysis at any time during the research process, which meant that subsequent data collection was based on previously analysed data (Strauss & Corbin, 1990). The researcher, therefore, started preliminary analysis during the data collection phase to determine whether or not she should seek further interviews with the same organization but maybe at a different level (province, district, commune level). This process was important because social work roles did not exist in the commune, and so this kind of exploration in the field was required.

The method of analysis chosen for this study was a data-driven inductive approach (Boyatzis, 1998). This means the themes were identified from the data themselves (Patton, 2001). To do this, the researcher had to eliminate "*preconceptions on the research matter*" (Braun & Clarke, 2006, p. 83*)*. The researcher minimized preconceptions by: (1) recording the observation with fieldtrip diary. The diary was divided into two columns, one of which described objectively what happened during the interviews, and the other column described the reflection of the researcher on what had happened. By dividing into two columns, the researcher distinguished between what was observed and what she thought about these observations; (2) using open-ended questions during the interview to understand the interviewees' point of view instead of Yes-No questions; (3) questioning and requestioning to clarify the information; (4) When contradicting information appeared during transcription, the researcher went back to the interviewees to clarify.

The interview transcripts were imported into the NVivo data management

program, to undertake a comprehensive process of data coding and identification of themes. This process was a step-by-step process (Braun & Clarke, 2006).

The first step of coding took place during the field work with "*jotting down"* of ideas (M. B. Miles, Huberman, & Saldana, 2014, p. 93) and "*potential coding"* schemes (Braun & Clarke, 2006, p. 86) which guided a second official step of coding.

The second step included generating initial codes, or the "*first cycle coding"* (M. B. Miles et al., 2014, p. 73) which the researcher was able to do after reading transcripts several times to become familiar with the data. At this stage, the researcher *organized* the data into "*meaningful groups"* (Tuckett, as cited in Braun & Clarke, 2006, p. 88). In the first cycle coding, mixed methods of coding were used including Descriptive Coding, In Vivo coding (which include the words from the interviews), Emotion Coding and Evaluation Coding (M. B. Miles et al., 2014). The code developed at this stage also incorporated a little of the surrounding data when it was relevant.

The third step was to search for a theme. For this step, the researcher "*sort[ed] the different codes into potential themes, and collat[ed] all the relevant coded data extracts within the identified themes*" (Braun & Clarke, 2006, p. 89). The researcher used pattern coding to identify the emerging themes as units of analysis and focused coding to build the "*most salient categories"* from the data (Charmaz, 2006).

The fourth step was to review themes, which involved the "*refinement of the themes*" identified from the previous step, which included re-reading "*all levels of coded data extracts*" (Braun & Clarke, 2006, p. 91) to make sure codes for each theme formed coherent patterns. After this, the researcher re-read the whole data set to check whether the themes reflected the meanings initially evident in the data set.

Along with the coding process, the researcher used NVivo as the tool to manage all the codes and themes.

Trustworthiness of the analysis process

Trustworthiness as mentioned by Guba (1981) is an important criterion to ensure rigour in research. This section discusses how this research pursued trustworthiness to maximise "*credibility*" and "*transferability*" (Shenton, 2004, p. 64).

Credibility: The credibility is mentioned by Guba as the key criterion needed for internal validity (Guba, 1981) and was sought using several strategies:

Firstly, the research adopted a well-established research method: multiple individual case studies within a particular CBR model. Moreover, there was also a quantitative research method to supplement the analysis of qualitative data. Additionally, the researcher kept consulting with local experts throughout the whole study process. To increase the validity of research findings, the researcher also applied cross-case comparisons among the 12 people with disability in the commune.

Secondly, the researcher ensured the triangulation by using different methods of data collection, from qualitative (individual interviews, focus group discussion, observation) though to quantitative (questionnaire) and also document analysis.

Thirdly, the researcher intended to develop "an early familiarity" with the research site (Shenton, 2004). Before starting the research, the researcher visited the site twice to make her research plan as well as to understand the culture of the commune. The researcher also stayed in the house of a local person instead of a hotel to immerse herself more in the daily lives of people in the commune. During the research period, the researcher chose to stay in the house of the Head of the Club for people with disability, and identified herself as a researcher when staying with this family (with the consent from the family and the people with disability). The leader of the Club for people with disability also acted as a catalyst for the researcher to build rapport with other people with disability.

Fourthly, the researcher involved her two supervisors in evaluating and identifying themes in order to test whether the themes identified by the researcher "*accurately reflect[ed] the meaning evident in the data set as a whole*" (Braun & Clarke, 2006, p. 91). Both supervisors reviewed individually and provided feedback. The main purpose of this procedure was to "*build reliability in themes analysis coding*" (Hosmer, as cited in Alhojailan, 2010, p. 16). Based on this feedback, the researcher became more informed about any results that were potentially inaccurate, and was able to make changes to her own review of the themes. Revised themes were then reviewed one more time by the two supervisors.

Fifthly, the researcher maintained consultation with the Head of CBR, the CBR workers in the commune, and DOLISA at the district level throughout the whole study

process to ensure as much objectivity in the study as possible.

Quantitative data analysis

Stata software was employed to analyse the questionnaire for the whole population of 228 community nurses/CBR workers in the commune. Therefore, these quantitative results reflect the whole population of the district community nurses/CBR workers.

Summary of Methodology chapter

The chapter was divided into three sections, which presented and discussed three important foundations of the research. The first section of this chapter explains the theoretical framework which shapes the research approach. The research is based on a social constructionist world view, ecological system theory in social work and rights-based approach which allowed the researcher to view disability as the person- in-context.

The second section provide a detailed description of the methodology used to conduct the research. Additionally, the processes of data collection, sampling, and data analysis were explained.

The third section discussed the ethical considerations of the research, and strategies used to maximise the trustworthiness of the project.

The next chapter looks at the social and economic activities among people with disability in the commune, and the barriers of these activities.

CHAPTER 4: SOCIAL AND ECONOMIC ACTIVITIES: EXPERIENCE AND BARRIERS

Introduction

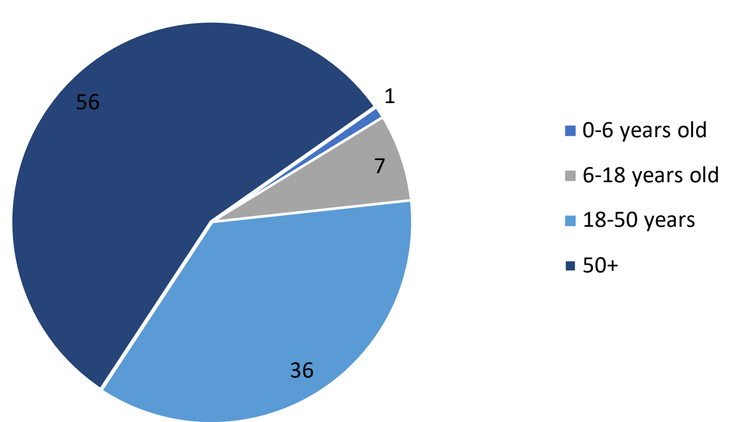
This chapter analyses data about the facilitators and barriers for people with disability in the commune engaging in social and economic activities, such as going to school and/or accessing vocational training, obtaining a job and participating in social activities. The information was collected from the following sources:

1. In-depth interviews with people with disabilities (or caregivers), CBR workers and other stakeholders.
2. Focus group discussion with people with disabilities and CBR workers from the commune.
3. Document analysis, including both internal documents from the community and the published documents of CBR program in the province:
    - Communication speech written by CBR workers to read over the loudspeaker of the commune (Internal document);
    - Monthly, quarterly and annual reports on disability in community- based rehabilitation program (Internal document);
    - Monthly, quarterly and annual reports on community-based rehabilitation in the commune (Internal document);
    - Monthly reports of individual CBR workers on their supports and difficulties (Internal document);
    - Report on evaluation of community-based rehabilitation program from the CBR program in the district (published after the period of four years implementation CBR project 2009- 2013);

Overview of social and economic needs based on age groups

The type of social and economic services needed by people with disability varies according to their life stage. Children with a disability who are of school age may well need support to be able to go to school, although there are a number of reasons why some children with disability do not attend school. With an incomplete education, people with disability of working age may then need support to participate in vocational training. In order to describe the need for education and/or vocational training for people with disability living in the commune, it is important to understand their demographic profile, which is presented in Figure 4.1 as follow:

Figure 4.1: Recorded Age Range Percentages of 212 People with Disability in the Commune in May 2013



Source: CBR report from the commune in May 2013.

As can be seen from Figure 4.1, more than 50% of people with disability living in the commune were over 50 years of age. As we know, older people have a higher prevalence of disability owing to age-related conditions (WHO, 2010b) often acquired later in life, and many of these have the potential to be amenable to physical rehabilitation provided by CBR.

By comparison, the proportion of people with disability including children of school age ranging from 6 to 18 years old was only 9% of people with disability in the

commune (15 of 212 people with disabilities). Not all of the 15 asked for support to attend school. Further, according to a CBR worker, not all these school age children and young people were able to study and cope with attending school (interview Tra, CBR worker). There is a range of reasons why attending school is not always possible and it is also important to compare the expressed needs of the people with disabilities with the needs perceived by service providers (CBR workers, CBR manager and policy makers) when making sense of these reasons. For example, in not being able to attend or complete school, it maybe that vocational training support is a better option.

Regarding the needs of vocational training and employment, the researcher was looking for the number of people with disability in the commune aged from 18-60 years, as this is the current standard working age according to the current Viet Nam Labour Code (GOV, 2013). However, the CBR program reported an age range of18-50 years in the commune. The research used the number of people with disability in the age range of 18-50 years to reflect one part of the needs in vocational training and employment. While the number of school age children and young people with disability is small, the proportion of a group of people with disabilities of working age (18-60 years old) is greater. There were 77 adult people with disabilities in the commune or 36% of the commune population. It was assumed that this larger group may also have a substantial need for vocational training and employment support.

Education

Experiences of Education

Of the 220 people with disability in the commune at the time of the research, 12 people, representing a broad range of ages (8 to 87 years of age), were invited to complete individual interviews. Of these 12 people with disabilities, three had acquired their disability after school age so the research did not continue interviewing these three cases about their education experience. The remaining nine people with disabilities had experience of disability while of school age, and four were currently of school age (under 18 years old), while five were over 18 years and thus past school age. These two age differences (currently of school age and post school age) tell the story of two generations and illustrate the changes in access to the education system over

this time.

The interviews with people with disability (and/or their families/carers) of both school age and over school age, revealed participants who went to school. They had all had to attend mainstream schools given there were no special schools or programs for children with disability in the commune. The interviews with people with disabilities and their families revealed stories about how children with disability struggled recently and/or indeed historically within mainstream schools. Table 4.1 illustrates these challenges.

Table 4.1 illustrates that none of the four school-aged children, all with some form of intellectual disability, had gone past Grade four. Of the remaining eight adults interviewed, the highest grade completed was Grade seven. One child with intellectual disability did not go to school at all, two completed Grade one, and one finished Grade four. This information indicates a serious concern about access and availability of education for children with intellectual disability in this commune.

The five adults with disability impacting their mobility when they were of school age attended school and completed more years of schooling than the children with intellectual disability. Three were able to complete Grade seven in the old education system, one completed Grade five and only two completed Grade two.

Five in the group of nine adults and children with disability who had a disability at school-age said they wanted to continue their study but had had to leave school early. Khoi (8 years old) and Ha (14 years old) were of school age at the time of interview. While they had received support from CBR workers to go to school (encouragement and some teaching at home), they were not attending school at that time. The three older people with disability impacting their mobility who had gone to school some 10 to 20 years ago, Mr. Long (54 years old), Ms. Lan (37 years old), and Ms. Bong (27 years old), mentioned that they had really needed more help from the community to get to school. However, there were no support workers or CBR at that time.

Table 4.1: The Reasons for Leaving School amongst Interviewees with a Disability

	Pseudonym		Age	Disability status	Education status	Expressed need	Reason not going to/ leave school
1	People with disabilities of school age	Khoi* (Mother)	8	Mild Down Syndrome	Left school at Grade 1	"*I want my child to go to school*" (mother) Hung shook head when asked if she wanted to go to school	"*My child is slow and cannot understand well numbers and figures, if there is a special class in town I will bring him to the class*" Cannot leave his home town to the city for study Feels shy and discriminated since is older than other children in the class.
2		Minh* (Father)	14	Intellectual disability + Visual impaired	Leave school at Grade 4	Father wanted him to study but he cannot study, the family accept him leaving school	"*He cannot catch up with other students so we decide to let him quit school*"
3		Bi* (Mother)	14	Intellectual Disability+ Learning difficulty	Left school at Grade 1	"*I do not think he can do anything with study, he needs to learn some skills to work*" "*My child does not want to go to school, I cannot force him to do so*"	Stayed in Grade 1 for three years and then had to quit because could not keep up with other students in class Needs to go to special school because it provides correct support Cannot be away from home and travel to the city Shy when older than others in the class

	Pseudonym		Age	Disability status	Education status	Expressed need	Reason not going to/ leave school
4		Bach	17	Intellectual disability + Mobility disability	Did not have any schooling	His health and disability need to improve before he can think of going to school	Need to go to special school because he cannot follow other students in class Need to improve health condition before thinking of going to school
5	People with disabilities over school age	Bong	27	Mild Mobility disability	Left school at Grade 2	"*I wanted to continue school*"	"*I could not go to school by myself. I need someone to help me travel there every day. I did not want to be dependent on other people so I decided not to go to school*"
6		Tam* (father)	27	High Mobility disability	Left school at Grade 2	"*I only want her to have activity so she has some communication with other people*"	"*We made her leave school because she had become too weak. She could easily have broken her bones so it was dangerous for her to go out*"
7		Lan	37	Mild Mobility disability	Left school at Grade 7	"*I wanted to continue going to school*"	"*I was not talking to anyone. I think too much about my limping legs, and I did not want to walk through a group of people. So I left school*"
8		Tu* (wife)	44	Mild Mobility disability	Left school Grade 5 or 6 (unsure)	*Acquired disability after school age and in the middle of his labour age (39 years old) The wife was unsure about schooling period of her husband*	
9		Chi	45	Lost arms	Finish school but do not go to university	*Acquired disability after school age and in the middle of her labour age (41 years old)*	

	Pseudonym		Age	Disability status	Education status	Expressed need	Reason not going to/ leave school
10		Long	54	Mild Mobility disability	Left school at Grade 7	*"If there is some support I might have continued school"*	*"I know my health condition did not allow me to study for more years of school. More important, I was feeling discrimination at school"*
11		Ha	54	Mild Mobility disability	Left school at Grade 7	*"I know that I cannot do anything with education, I'd better learn some skill for work"*	*"First I had difficulty travelling. Second, I thought that even if I study, I may not be able to do anything. It was better for me to learn some skills and start working"*
12		Phuong	87	Mobility disability + visual impaired	No information	*Acquired disability after school age and after labour age (only 7 years ago when she got old)*	

Source: Interviews with 12 Children and Adults with Disability in the Commune, 2015.

** Interview with family members/carers (mother and/or father or wife) because limited communication ability or out of the commune at time of the research*

The remaining four of the nine adults and children with disability who had had their disability at school age said they reached a point where they had not wanted to continue with school. Bi (14 years old, with Intellectual disability and Learning difficulty) and Ha (54 years old, with a mild disability impacting his mobility) did not want to continue studying because they believed that education would not necessarily give them a good job. Rather they thought it better to learn some skills to enable employment. The other two, Bach (17 years old) and Tam (27 years old), explained that they did not want to go to school because their disability and health did not allow them to do so. Of these four people, only Bi (14 years old) and Bach (17 years old) were receiving support from CBR workers who were trying to get them back to school, but with no success.

This information from a range of children and adults with a disability illustrates that while in the past it was a struggle to continue school without any help or CBR support, even today with the support of CBR, these children are still leaving school early.

Barriers to education

Analysis of information provided by children and adults with disability and their families, demonstrate key barriers to accessing school such as feeling like they cannot keep up with peers, feeling stigma and discrimination, and an unwillingness to travel long distances and be away from home for extended periods to get to more appropriate services.

The most common reason given for leaving school or not attending was not being able to keep up with other students in class. All four children with intellectual disability and/or their families indicated that they were not able to keep up with the other students in class. As a consequence, Khoi (8 years old) and Bi (14 years old) had remained in Grade one for three years. Minh (14 years old) was able to finish Grade four, but he still cannot write to Grade 1 standard:

> "*He started school at eight years old. He has finished grade 4, only because the school accepted special graduation at Grades one, two, three. In fact, he does not know anything. His writing is now even worse than a student in Grade one. He cannot write his name properly, no one*

> *can read his writing. He cannot follow other students in class so we decided to let him leave school"* (Father of Minh, 14 years old).

The second reason that children or their families gave for not wanting to continue at school was discrimination. When Khoi (8 years old) who has an intellectual disability was asked: "*Do you want to go back school?*" he shook his head, and did not give a reason. His mother, after a long breath, explained that her son refused to go back to school because:

> "*My child stayed three years in grade one. I encouraged him to try another year in the same class but he said he is grown up now, and he feels very embarrassed if going to school with smaller children*" (Mother of Khoi, 8 years old).

Khoi left school because he felt discrimination at being the oldest in the class. If such problems are not solved, then it is unlikely that any child will continue studying in a public school with other students. Mr. Long, 54 years old, also recalled his memory of discrimination at school many years earlier.

The third reason for not continuing school is difficulty in travelling. Those with a disability affecting their mobility spoke of difficulty with transportation to school. Either they did not have special vehicles, or other family members are unavailable to help them travel to school every day.

> "*I wanted to go to school at that time. But if I went to school, I would have needed one person to help me in travelling. I did not want to be dependent, so I decided to quit school early at Grade 7*" (Ms. Bong, people with disabilities 27 years old).

Ms. Bong, a 27 year-old person with a disability that affects her mobility, quit school because she did not want to be dependent on other people. She could not travel from home to school every day without help but she did not accept being dependent on other people. Had there been a special vehicle for her, she would have continued going to school. This illustrates the challenges for people with disability of balancing independence with sufficient support to travel from home to school or to work.

As well as the points of view of children and adults with disability and their families about attending school, it is also important to understand the perceptions of CBR workers as to why children with a disability do not attend or stop with school.

The question: “What are the reasons people with disabilities do not go to school?” was included in the questionnaire (see Appendix H). The six answer options to this question were developed based on the thematic analysis from in-depth interviews.

The Figure 4.2 indicates the frequency of each reasons chosen by CBR workers as the explanations why people with disabilities not going to school. The CBR worker was allowed to choose more than one answer to the given question.

Figure 4.2: Frequency of Reasons PWD Not Attending School by District CBR workers

Source: Questionnaire of 228 CBR workers in the District, 2016.

Figure 4.2 demonstrates that CBR workers saw that the most common reason for children with disability either not attending or continuing school was the practical barrier of “Travel difficulty”. However, while this was relevant in the interviews with people with disability, for them the more common explanations were an inability to keep up with peers in the classroom and experiencing stigma and discrimination. In Table 4.2, CBR workers may have understood this in two different ways; either a child cannot study or the public-school program is not appropriate for him or her. These two explanations potentially lead to different responses to the situation. “A child not able to study” is a reason which tends to blame the child for the disability rather than

intervening in the school environment to enable the child to be able to study. On the other hand, the explanation that the “school program does not fit” places the blame on the school environment, in not providing proper support and teaching methods to enable the child with disability to study. Chart 4.2 shows that more CBR workers (n=50) selected “people with disabilities cannot study” than selected “School programs do not fit” (n=25) in the district as reasons for people with disabilities not going to school. This may explain why some CBR workers chose to do something to “adjust” the child to fit with the environment. For example, CBR worker, Mrs. Uyen, visited Khoi at home to teach him, hoping he would be able to catch up with other students in school. However, this intervention did not change the situation for Khoi who still left school at Grade 1.

After the top two reasons of “travel difficulty” and “people with disabilities cannot study”, “discrimination” was the third reason CBR workers selected to explain why people with disabilities do not go to school. Other reasons like “the school refuses to take people with disabilities” were selected by very few CBR workers (n=9). CBR workers often view public schools as places which welcome children with disability so school refusal was given as an uncommon reason that children left school. Likewise, “family refuses the support offered by CBR worker” was also less frequently selected among CBR worker in the District as a reason to explain why children were not going to school.

Vocational training and employment

Experiences of vocational training

Of the 12 people with disabilities interviewed, ten were of an age at which they could potentially access vocational training (14 to 60 years). Of the two who were not of vocational training age, one was 87 years of age and the other was an eight-year-old child with a mild Down Syndrome who could not study at school yet hoped to one day learn skills to find a job. Of those of vocational training age, one had Down Syndrome, one had both intellectual and mobility disabilities, and one had both intellectual and vision disabilities while the remaining seven had only a disability which impacted their mobility. One of these was in a wheelchair and dependent on other people, while the other 6 were able to walk and to live independently.

Among the 10 adults of vocational age, seven had received some sort of vocational training and three had received none (14, 17, and 44 years old). Two of the seven had tried vocational training but had also left the training before its completion. Table 4.2 shows the characteristics of these 10 people with disability, and also reflects information about their engagement with vocational training, and employment, and whether there was a match between their job and their training. This information was gathered through in-depth interviews with the person with disability or their parents.

Table 4.2: Vocational Training Status Amongst Interviewees with a Disability

	People with disabilities	Age	Gender	Disability status	Have Vocational training (VT) yet?		Need VT	Job	Job same as VT
1	Khoi (Mother)	8	M	Mild Down syndrome	Under the age to need vocational training				
2	Minh (Father)	14	M	Intellectual disability+ Visual impaired	Yes	Carpenter	Yes	Yes	No (Need another job)
3	Bi (Mother)	14	M	Intellectual disability+ Learning difficulty	No	N/a	Yes	No	N/a
4	Bach	17	M	Intellectual disability+ Mobility disability	No	N/a	Yes	No	N/a
5	Bong	27	F	Mild Mobility disability	Yes	Sculpture Tailoring (On the job training)	No	Yes	Yes
6	Tam (parents)	27	F	High Mobility disability	Yes but left	Tried to learn tailoring but left after some weeks	Yes	No	N/a
7	Lan	38	F	Mild Mobility disability	Yes	2 year training tailoring, Medicine	No	Yes	Yes (Self-employed)

	People with disabilities	Age	Gender	Disability status	Have Vocational training (VT) yet?		Need VT	Job	Job same as VT
8	Tu** (wife)	44	M	Mild Mobility disability	No	N/a	Yes	Yes	N/a
9	Chi**	45	F	Lost arms	Yes but left	Tried to learn tailoring but left after some weeks	Yes	No	N/a
10	Long	54	M	Mild Mobility disability	Yes	Carpenter, 2 year training electric	No	Yes	Yes (Self-employed)
11	Ha	54	M	Mild Mobility disability	Yes	Carpenters (On the job training)	No	Yes	Yes
12	Phuong	87	M	Mobility disability+ Visual impairment	Acquired disability at old age (80 years old)				

Source: In-depth interviews in the commune, 2014, 2015

*** The cases acquired disability in the middle of labour age*

Looking at those of vocational education training age, the two who had not received any vocational training were Bi (14 years old) and Bach (17 years old). Both have intellectual disabilities; Bach never went to school and Bi left school after Grade one, and neither had any skills training. Both their parents said they did not know what training opportunities were open to them in the commune. Bi and Bach both wanted to start looking for a job but had not had any success at the time of the interview. The CBR workers explained that skills training classes were organized at various schools in the province, and parents needed to be encouraged to ensure that their children attend. However, this means travel, and parents were not always willing or able to accompany their children to the province. Neither did they want to see their children go alone to the province.

Mr. Tu, 44 years old with a disability which affects his mobility, had not accessed any vocational training. Because he was out of town, his wife participated in the interview. She explained that he had had an accident when he was 37 years old, and broken his legs and arms. Although he could now walk, and carry things with his arms, she said his limbs were weak and hard jobs were not suitable for him anymore. The previous year, he had a fall when carrying heavy construction material from the first floor to the second floor. The accident prevented him from working near home, so he had left his home town to go to the city to look for another job. The wife said, he needed to have skills to look for a better job, because he could no longer continue working his hard job given his health condition was getting worse. The wife insisted that he needed to have appropriate skills training to enable him to look for a different job. However, from what she said about her husband, he had refused skills training given he was reluctant to spend time learning. Instead, he wanted to work to earn money for the family.

> "*All I want now is that he is having a chance to learn some skill. Only with some skills he can find a job that is more suitable with his health. Otherwise he will still end up with working at construction sites like he used to do before*" (Wife of Mr. Tu, 44 years old)

Ms. Tam (27 years old), who left school at Grade 2, also had no skills training, and did not want vocational training. She lived with her parents as she needed their support because of her disability. Her parents said that they used to hope that she could learn some skills to have an appropriate job, but it had not happened. They said they have had to accept the fact that she cannot do anything because she has fragile bones due to her osteogenesis imperfecta syndrome. When asked whether they wanted their adult daughter to still learn some skills, her parents shook their heads:

> "*We want it more than anyone else. We did bring her to try learning some skills before but we realized that she cannot do it. We have to accept that*" (Parents of Ms. Tam 27 years old).

Despite the CBR workers supposedly being able to provide support to these two adults to attend vocational training, it has not happened. This may either suggest a need for greater professional support for CBR workers in skills training and/or job counselling, or that the training and counselling services may not be effective.

However, six people did access vocational training, and only one was not currently working. Five had jobs. Mr. Long (54 years old) and Ms. Lan (37 years old) are prime examples. They brought their skills training to life and opened their own businesses. One of the main differences here for these two people was they both had two years of good skills training and in more than one skill. The businesses they ran, at the time of the interviews, were developed around the skills they learned at vocational school and these two examples show the importance of vocational training and the great effect it can have on helping people get work.

Mr. Ha (54 years old) and Ms. Bong (27 years old) are two other people who also acquired jobs directly related to the skills training they had. They both had very practical on-the-job training. The business that provided the training to Ms. Bong, who has a disability which impacts her mobility, was then able to offer her a job afterwards. Ms. Bong then went to another city to learn and work for a big sculpture company for people with disability. They trained her and she worked for them for a long time before she went back to her home town. She then learned tailoring skills in Ms. Lan's tailoring shop (Ms. Lan is the person with disability included in the research, who has her own business in the commune). Ms. Bong said that the tailoring job was best for her, and she only hoped that Ms. Lan would have more contracts in her workshop so she can continue working and having stable income.

Mrs. Chi (45 years old) acquired her disability in an accident at work when she was 41 years old. She had finished high school and had a job before the accident. However, after she lost her arm in the accident, she could not continue with her previous job so she had to learn some skills to have a new job, which was more suitable to her condition. She then had some skills training in a tailor workshop (for some weeks) before she was offered a job in the same workshop but did not remain in that job. She explained that she left because sitting all day long caused her back to hurt badly. The job itself was not too difficult but she did not feel well spending the whole day sitting. Moreover, her husband was working, and he earned enough money and said he wanted her to stay home to take care of their two children. At the time of

interview, she indicated she was motivated to learn other skills and find another job. She said the timing was right for her now since her two children were grown up and she was bored at home all day.

Of the five people who had a job and had had some skills training, only one was working in a job not related to his training at all. Minh (14 years old), who has an intellectual disability and visual impairment, had learnt carpentry before, but could not find work as a carpenter. Instead, his father asked his friend who had a bicycle workshop, if he could hire his son. Working in a bicycle workshop has meant Minh has had to do hard work like carrying heavy tools and bicycles. However, Minh's father was happy with the work arrangements for his son and was not planning to look for other jobs because he felt his son was safe working for someone he knew. He felt Minh was safe because he had asked his friend to keep his son away from electricity, sharp items and any other danger.

Ms. Bong, Mr. Long, Mr. Ha and Ms. Lan were the four people who had a job directly related to the skills training they received. As mentioned, Ms. Lan and Mr. Long were trained for two years and successfully ran their own small businesses in the commune. Clearly, professional training is important, and Ms. Lan's tailoring shop also created jobs for others with a disability. Ms. Bong and Mr. Ha also have had on the job training in tailoring and carpentry, and then retained their jobs in the business. These are the factors that we need to consider in developing a good practice support model in vocational training and employment.

Experiences of employment

Table 4.3 shows the working status for the 12 people interviewed with disability and their desire to work.

Table 4.3: Employment Status Amongst Interviewees with a Disability

No	People with disabilities	Age	Disability status	Working status	Do you need a job?
01	Khoi (mother)	8	Mild Down syndrome	N/A	N/A
02	Minh (father)	14	Intellectual disability+ Visual impaired	Working in a bicycle workshop, low paid, and a hard job.	Currently working but job is hard for him. Father does not want him to change job.
03	Bi (mother)	14	Intellectual disability+ Learning difficulty	No Job	Yes Mother wanted him to work but she thought he cannot work
04	Bach	17	Intellectual disability+ Mobility difficulty	No job	Yes
05	Bong	27	Mild mobility disability	Works in Ms. Lan's tailor shop	"*I wish in the future Ms. Lan has enough job for us to do, I only wish to have enough job*."
06	Tam (parents)	27	High Mobility disability	No job	Yes Family wanted her to have a job but think she cannot work
07	Lan	37	Mild Mobility disability	Opened her own tailor shop, and hiring other people with disabilities in the commune	"*I only want to have enough jobs for other* people with disabilities"

No	People with disabilities	Age	Disability status	Working status	Do you need a job?
08	Tu (wife)	44	Mild mobility disability	Does not have stable job, works on daily basis mostly casual jobs as helping in construction sites	"*My husband wants to find a job that suitable for him.*"
09	Chi	45	Lost arms	No job	Yes "*I get bored staying at home, children are all grown up. I want to work now at home, some simple jobs that I do not need to go out.*"
10	Long	54	Mild Mobility disability	Working in his own mechanic workshop	"*Work is very important to me. Now I can be proud that I do not need anyone to support me, I can afford to raise my child and I earn my own money*"
11	Ha	54	Mils Mobility disability	Working on a daily basis, not stable. Doing casual job as carpenter and any other casual jobs that he can find	"*I want to get a stable job*"
12	Phuong	87	Mobility disability + visual disability	Too old for vocational training and jobs	No

Source: NVivo analysis from qualitative interview, 2014, 2015.

One of the main reasons people said they wanted to work was to be able to afford to live:

> "*I need a job to earn enough money to raise my family"* (Mr. Long, 54 years old).

For others like Mr. Tu (44 years old) who had two small children, the interview with his wife showed that they needed to earn money to look after the family's living expenses. Neither Mr. Tu nor his wife had stable jobs. Instead, Mr. Tu worked casually on a daily basis and earned low wages. Mr Tu accepted hard work and long hours to keep his family. Mr. Ha (54 years old) shared the same thoughts:

> "*If there is someone to help, then I need a job, a stable job. Even if I need to travel, I can do it, as long as I have some income for my family*" (Mr. Ha 54 years old)

Work is also to "*think positively about myself*" (Mr Long 54 years old). The job made Mr Long proud of himself. This was the same for Mr. Long who said he liked to try his best to learn skills, to work and to provide for his own family. Because he could work and do some things that others cannot do, Mr. Long did not regard himself as disabled:

> "*Now I do not regard myself as disabled. I can work, I can earn money to provide for my own family, many other people cannot do like me"* (Mr. Long, 54 years old).

However, there were another four people who wanted to work but had no job: Bi (14 years old), Ms. Tam (27 years old), Bach (17 years old) and Mrs. Chi (45 years old). The two younger people, Bi and Ms. Tam could not communicate with the researcher so their family members participated in the interview. Both family members indicated that they wanted their child to work. The parents of Ms. Tam emphasised that they wanted her to work because working would help her to participate in social activities so she could feel more confident about herself (Interview with parents of Ms. Tam 27 years old). However, both families of Ms. Tam and Bi felt that they could not work because of their disabilities.

The CBR workers also indicated that they thought employment was important for people with disability. Several emphasized that, after health rehabilitation, a job was the second most important activity (Mr. Cao, member of CBR manager team in

district level, Mr. Tung CBR manager in the commune, Mrs. Uyen, CBR worker). As Mrs. Uyen said:

> "*When they finish health rehabilitation, the most important thing that they need is a job, they need a job even if the income is only thirty to forty thousand* [4] *Viet Nam dong*" (Mrs Uyen, CBR worker).

Other CBR workers also shared that people with disability needed to work to feel good about themselves and that they needed a job to live independently of other people. This indicates supporting the CBR workers' view that people with disabilities having suitable jobs is important.

Barriers to vocational training and employment

Thematic analysis drew on information in 36 interviews, mostly the 12 people with disability (or their families) and 3 CBR workers in the commune, who provided more information on this matter than other interviewees. The thematic analysis was supplemented by the analysis of the results of two questions from the questionnaire for 228 District CBR workers. From these two questions, CBR workers could choose more than one answer:

1. What are the difficulties facing people with disability to have a job?
2. What are the difficulties facing people with disability to do vocational training?

The response options for these two questions were developed from the thematic analysis of the in-depth interviews. Tables 4.4 and 4.5 show the percentage of answers to these two questions in the questionnaire for 228 CBR workers in the District. The same coloured themes indicate similar or related barriers for both employment and vocational training. In each table, the themes were arranged in descending order from the most frequent to the least frequent.

[4] 30,000 VND equals to 2 AUD at the present exchange rate in 2017

Table 4.4: Barriers to work for people with disability – CBR workers in the District

No	Thematic barriers to employment for people with disabilities acquired from in-depth interviews in the commune	Percentage of 228 CBR workers in the district who agree
01	Poor health condition	83%
02	Self-discrimination and other discrimination	75%
03	Difficulty travelling	63%
04	Family do not support people with disabilities to work	21%
05	Social welfare, so do not want to work	9%

Source: Questionnaire for 228 CBR workers in the District, 2016

Table 4.5: Barriers for people with disabilities doing vocational training – CBR workers in the District

No	Thematic barriers to employment for people with disabilities acquired from in-depth interviews in the commune	Percentage of 228 CBR workers in the district agree
01	Health condition	86%
02	Difficulty travelling	56%
03	Self-discrimination and other discrimination	49%
04	Family do not support vocational training	26%
05	Social welfare recipients do not want to learn skills	9%

Source: Questionnaire for 228 CBR workers in the District, 2016

Health as a barrier

For the 12 people with disability, poor health was the most common challenge to participating in vocational training raised and the second most frequent barrier, which prevented people with disability from going to work. As well, of the 228 District CBR workers, 86% agreed that poor health was the main barrier for people with disability participating successfully in vocational training (Table 4.5) and 83% agreed on the same barrier that prevented people with disability from accessing suitable

employment (Table 4.4).

Families who were interviewed and indicated they struggled to get their children to learn skills and to work, felt the child's health condition was the reason they had failed. Ms. Tam, 27 years old, is one example. She was born with mild Osteogenesis Imperfecta, and after a long period of antibiotic treatment the condition got worse. She completed school to Grade 2 and had been able to walk up until her teenage years. Her health condition progressively worsened and at the time of the interview, she stayed in bed all day. Her father quit his job to take care of her, since her mother was unable to carry her alone. Given this state of affairs, her parents believed Ms. Tam was now unable to work.

> "*We tried to bring her to learn tailoring before, but it was not successful. She was weak, not able to sit for a long time, not able to hold anything that is a bit heavy. She tried to hold scissors but her hand is not strong enough for that. So, we had to give up. She could not work.*" (Interview with Ms. Tam's parents).

Another example is Mrs. Chi, a 45 years old woman, who was in an accident some years before. Mrs. Chi started on-the-job tailoring training in Ms. Lan's tailoring shop, but because she had lost one arm, she had to use her feet to manage the sewing tools. This made her feet hurt very badly and, after one month, she decided she needed to leave the job because she could not manage the pain in her feet.

In both these situations, the person's health was the main barrier to accessing both vocational training and employment. However, both Ms. Tam and Mrs. Chi said they still wanted to learn skills and still want to work. Mrs. Chi can work, while Ms. Tam's parents used to hope that she could learn some skills but now they realised that this was not possible.

Difficulty travelling to employment

Nearly 60% of 228 District CBR workers indicated that "difficulty travelling" was a major barrier to accessing and/or continuing vocational training and/or going to work (Table 4.4 and 4.5). Difficulty travelling was also reported as a major barrier to accessing vocational training by people in the in-depth interviews, but was not so often mentioned in relation to getting to work. People said they would prefer their vocational

training to happen in their local community rather than having to travel to the provincial centre. Information suggested that most of the training was available in the province (interview with Mr. Tho, representative of organization for people with disabilities in the province; Mrs. Hoa member of DOLISA Thai Binh), and that the young people with disability in the commune especially could not readily leave their hometown to travel to the provincial centre to learn new skills (the case of Khoi 8 years old and Bi 14 years old). Ideally, there is a need to have vocational training in town, so people with disability can stay close to home and reduce the distances they have to travel.

However, in the interviews, people with disability were not so focused on "difficulty travelling" for work. Rather they mentioned it more as a barrier to accessing suitable schooling opportunities. Of the 12 people interviewed, six people were currently working on either a permanent or casual basis. Except for Mr. Tu (who was out of the commune at the time of the interviews), five were all working close to home which may explain why they did not mention any difficulty travelling to work.

Understandably, the concern about difficulty travelling to work was mentioned by those who had no job, yet were hoping to find one. Thao is an example. She only wanted some simple jobs that she could do from home, like cracking peanuts, or making Joss paper (in Vietnamese: *vàng mã)*.[5] She could not ride a bicycle because she lost her arm so she felt unable to travel for work. Other unemployed people like Bi (14 years old), Bach (17 years old), Ms. Tam (27 years old), who were still at the stage of looking for suitable skills training class had not yet focused on the issue of getting to work. Clearly, for people with disability, having access to vocational training and a job in the community where they live was very important.

The role of families

The role of families was complicated. From the in-depth interviews, both people with disability and CBR workers sometimes reported that the family did not support their disabled family member to do vocational training or look for a job. A few

[5] Joss paper, also known as ghost money, are sheets of paper and/or paper-crafts made into burnt offerings for veneration of the deceased which are common in Vietnamese religious. Making Joss paper is a simple job that any person can do, which only requires time and patience to glue the papers together.

references from interviews with people with disability mentioned that the family could sometimes over-protect their disabled family member. If a mother or father did not support an adult-child or a school-age child to start working or learning vocational skills, this was a big barrier to overcome. From the District CBR Workers' survey, family was also identified as a barrier to employment by 21% of the 228 CBR workers and a barrier to accessing vocational training by 28% of the CBR workers in the district.

One clear example from the in-depth interviews in the commune was Ms. Lan (37 years old), who was Head of the people with disabilities Club in the commune and had a disability affecting her mobility. Her feet were very weak but the school for vocational training was not in her town. If she wanted to access vocational training, she had to travel out of town, which would normally happen via by moto-bicycle. However, she had an accident when travelling on her moto-bicycle and her mother then became very worried about her daughter's safety travelling back and forth from classes. She was also staying away from home which worried her family:

> "*My parents did not want me to do vocational training, because my mother said she wanted me to stay at home, stay at home is safer. They worried that I will get sick or may have accident, and they did not want me to be away from them*" (Ms. Lan, 37 years old).

Parents were not only concerned about the safety of their family member travelling to and from vocational training centres, but also their safety at the training workshop, or at the workplace. Minh 14 years old is an example. His father only felt safe when his son was working for someone that he knew:

> "*If he works in another workshop, I will be very worried because they may not understand about my child's disability, too many dangerous things that could happen like using electricity*" (father of Minh who has an intellectual disability and visual impairment, 14 years old).

Families love their children and did not want their children to experience unnecessary difficulties at work. While this is understandable, when families were over-protective this unintentionally became a barrier for people with disability to get work, and to contribute to society.

Discrimination

As stated in the literature review, Arole distinguished between felt stigma and community stigma: felt stigma being a self-perception of stigma while community stigma comes from others in the person's living environment (Arole et al., 2002). In this study, I describe felt stigma as: "Self-discrimination" while community stigma is called "Discrimination from others".

The data from the survey of the 228 District CBR workers suggest that these CBR workers view self-discrimination and discrimination from others to be major barriers for people with disability in both accessing vocational training (49%) and/or employment (75%).

However, interviews with the 12 people with disability revealed that "Self-discrimination" and "Discrimination from other people" were only raised by people with disability or their family members when they reflected on the past, or by those who were still at home, and did not have skills or jobs. Ms. Lan (37 years old) also reflected that when she was a much younger person, she stayed at home and saw very few people because she felt that she was different from others.

> "*I did have the feeling of discrimination before, I do not want to see anyone except for my mother. That was the time I leave school and not yet start anything else (learning skills or work)*" (Ms. Lan 37 years old).

The same feelings were expressed by Bach (17 years old) and Ms. Tam (27 years old), who had neither skills nor a job when they were young. However, things changed after joining the vocational training class for people with disability. Since Ms. Lan (37 years old) opened her own tailoring shop to create jobs for other people, she has become proud and confident about herself. Another example of this change was Mr. Long (people with disabilities, 54 years old). He also had a feeling of self-discrimination in the past, but since he had his own electrical shop at home, he was very proud of what he has done:

> "*I can say that other normal people maybe cannot do like me. Now I have my own electric shop, I can afford my family, raise my kids*" (Mr. Long, 54 years old).

It was also identified by CBR workers (Mrs. Uyen and Mrs. Tra) and people with disability (Ms. Lan, wife of Mr. Tu, Mr. Ha) from the in-depth interviews in the

commune that local businesses did not choose to hire people with disability. As the owner of a tailoring shop in the commune which was the only family business hiring a small number of people with disability at the time of interview, Ms. Lan explained from a business perspective why businesses did not want to hire many people with disability:

> *"For family businesses of people with disabilities like us, it is not easy signing contracts with big company as most of our staff are people with disabilities. They are weak, they can easily get sick and may stay at home anytime unpredictably. So, I will not be able to finish the contract in time if I do not have other staff to replace. This is the reason I can only hire a few people with disabilities. I am a people with disabilities and my purpose is to open this business to help myself and to help them have a job, but most of my work depends on other staff in the workshop." (Ms Lan, people with disabilities and Head of people with disabilities Club).*

According to Ms Lan, local businesses did not want to hire people with disability because they have poor health which could affect their work. Ms. Lan, also Head of the people with disabilities Club, indicated she employed people with disability in the commune because she is a disabled person herself, and she is committed to providing support for other people with disability. Other companies or local businesses may not have shared the same commitment to supporting people with disability. This suggests a need for advocacy for employment opportunities for people with disability in the future.

Can live on social welfare do not want to work

Some people with disability mentioned that already receiving social welfare payments may be a reason why some people chose not to work or to learn a skill. There was only a small reference to this in the interviews with people with disability but nevertheless social welfare may act as a disincentive for some. Only nine per cent of CBR workers mentioned this suggesting it may be only a minor issue in preventing some people with disability from accessing work and learning new skills.

Social participation

Discrimination

Table 4.6 shows the perceptions about Discrimination amongst interviewees with disability.

Table 4.6: Perceptions about Discrimination Amongst Interviewees with a Disability

	Pseudonym	Age	Disability	Discrimination	Description on perception of discrimination
1	Khoi (mother)	8	Born	Yes	Does not want to go to school because he is shy about being older than the other students in his class (as described by mother)
2	Minh (father)	14	Born	Yes	Cannot ask him to participate in social activities because he feels discrimination (as described by father)
3	Bi (mother)	14	Born	Yes	Does not want to go to school because his friends do not let him play with them (as described by mother)
4	Bach	17	Young at 3 years old	Yes	Feeling shy because everyone looks at him. Other people can run, walk but he can only stay in this wheelchair
5	Bong	27	Young at 3 years old	Yes	*“Sometimes I do think a little bit about my difference but I can quickly manage that feeling*”
6	Tam (parents)	27	Born	Yes	Parents presume that their daughter may have some self-discrimination, because she has to sit in the wheel chair all day and cannot walk as other people (as described by parents)
7	Lan	37	Born	Yes	*“After I left school I stayed at home and did not want to go out, nor want to communicate with other people. If I saw a group of people I did do not want to walk close to them… I was not confident enough about myself ”*
				No	*“Now I talk openly with anyone, I encourage other people with disabilities, meet with businesses to obtain contracts”*

	Pseudonym	Age	Disability	Discrimination	Description on perception of discrimination
8	Tu (wife)	44	Accident at 37	No	She assumes that he does not feel discriminated because he works as normal.
9	Chi	45	Accident 41 years	No	*"I was sad and shocked when I first lost my hand. But then everyone shows their sympathies, encouraging me, so I get used to it"*
10	Long	54	At 3 years old	Yes	Sometimes he felt discrimination when he was young
				No	*"Now I feel that I am as normal as other people, I can work, I do not depend on anyone. I am the same as everyone, except that I have to try more than other normal people. But I can do what others can do".*
11	Ha	54	5 years old	Yes	*"When I go out and see other friends. They are healthy, but I am walking like this" "It is embarrassing when seeing other people"*
9	Phuong	87	Old age 80 years	No	No further information acquired

Sources: In-depth interviews with 12 people with disability in the commune 2014, 2015

According to Table 4.6, amongst the 12 people with disability who were interviewed, nine people expressed the feeling of discrimination themselves or being described as discriminated by the parents. Among these nine people, five people with disability indicated that they themselves had experienced feeling discrimination in their lives. Their perception of discrimination was described as "*shy*", "*not confident enough*", "*think a little bit about my different*" and "*embarrassing*" (words from the interviews with people with disability in the commune). Among these five people, there are two cases experienced the change on the feeling of discrimination: Lan (37 years old) and Long (54 years old) both no longer felt discriminated when they were working and having their own business. This is the clear evidence of the positive affect of working, participating in community (being head of people with disabilities club, Ms. Lan) that contribute to eliminate the perception of discrimination.

The other three cases among these nine people who admit discrimination was described to have discrimination by their parents. Although this shows the relevance of the issue, the researcher has to carefully analyse how the CBR worker or the family members construct their point of view about the feelings of discrimination for people with disability. It may or may not reflect the same feeling that is perceived by the people with disability themselves, as from the social constructionist world view (Paul, 2005).

From the interview with his mother, the researcher learnt that Khoi (8 years old) felt shy at being older than the others in his class. The same with Ms. Tam (27 years old), her parents thought that she felt sad when having to sit in her wheelchair in one place while seeing other people run and walk. Her parents thought she felt sorry for herself when she was unable to do the same simple things as others without a disability.

From the view point of direct service providers, CBR workers understand that people with disability have the feeling of discrimination, but they are unable to explain more about this feeling. They tended to describe the reasons and actions of their clients that means "discrimination" to them:

> "*The important issue is the psychological problems of people with disabilities. For so many years, people with disability only stay in their house, and do not communicate with anyone in society. This is why*

they are very upset when they see us. They are not confident to talk to a new person" (CBR worker group discussion).

The CBR workers understand that people with disability are feeling discriminated, because they are not talking to a new person, they are not going out of their home for a long time. However, they did not give any further insight to that particular feeling.

Social participation among people with disabilities

Social participation can be described as joining in activities with other people in the community, for example, talking to other people, having friends, attending social events, participating in different formal or informal social groups.

Table 4.7: Social Participation in Community Amongst Interviewees with a Disability

		Sex	Age	Disability	Want to participate	Participation
1	Khoi (mother)	Male	8	Born	Yes	No
2	Minh (father)	Male	14	Born	Yes	No
3	Bi (mother)	Male	14	Born	Yes	No
4	Bach	Male	17	3 years old	Yes	No
5	Bong	Female	27	3 years old	Yes	Yes
6	Tam	Female	27	Born	Yes	No
7	Lan	Female	37	Born	Yes	No
						Yes
8	Tu (wife)	Male	44	During labour age 37 years old	Yes	No
9	Chi	Female	45	During labour age 41 years old	Yes	Yes
10	Long	Male	54	3 years old	Yes	Yes
11	Ha	Male	54	5 years old	Yes	Yes
12	Phuong	Female	87	Old 80 years old	Yes	No

Sources: In-depth interview with 12 people with disability in the commune 2014-2015

Table 4.7 illustrates that all the people with disability or their parents/ wife

expressed that people with disability are willing to participate socially: to join community activities, to go out and talk with other people, and to have friends. Not only the young people like Khoi (8 years old), Minh (14 years old), Bi (14 years old), Bach (17 years old), and Ms. Tam (27 years old), but also Mrs. Phuong (87 years old) at very old age, said that they wanted to be and feel a part of the community.

Of the 12 people interviewed, three (Ms. Bong, 27 years old, Mrs. Chi, 45years old, and Ms. Lan, 37 years old) said they had no problem participating in community activities. All lived independently and said they were able to go out without any help from their family. Ms. Bong had been the member of Women's Union, Mrs. Chi participated in other community events, and Ms. Lan, as Head of People with Disability Club, was still very much an active member of the Club community. All were of mature age and confident about participating socially. However, there were others with disability of mature age (Mr. Ha, 54 years old and Mr. Long, 54 years old) who, while independent and wanting to participate in social activities, could not because of working and being responsible for their own families.

Further, there were people with disability who could not go out by themselves and therefore had less chance of joining social activities than others who were more independent in their mobility. Both Ms. Tam (27 years old with Osteogenesis Imperfecta) and Mrs. Phuong (87 years old) had high levels of disability affecting their mobility and were in poor health, so could not go out without the support of others. Other cases with the same problem were: Bi (14 years old) and Bach (17 years old) who could walk, but they had an intellectual disability and their families did not allow them to go out to a community place without their supervision (Interview with the mother of Bi 14 years old; and interview with Bach 17 years old).

However, even when the family could arrange to bring the people with disability expecting that they would be able to participate in some activities, there were still other barriers from the society:

> "*We tried to take her out in any community events, but she can only watch others sing and dance. How can she participate more? What can she do?*" (Parents of Tam 27 years old).

Ms. Tam's father had the time to bring her to the commune, but she could not participate more than to sit and watch. Given social participation is more than just

going out and seeing people, it is also about feeling fully included in community activities such as singing. Indeed, Ms. Tam loves to sing, and she sings very well but needed help from the community to create opportunities for her to join the singing and to explore her strengths.

Club for people with disability

The formal club for people with disability (or people with disabilities Club) in the commune started in 2012 and has become very important group for people with disability in the commune. It is only for people with a disability and Club members meet once every 2 months to share thoughts, difficulties, and update policies from the upper level (Ms. Lan, Head of the people with disabilities Club). Ms. Lan said that the Club encouraged and invited as many people with disability in the commune to attend as it could.

Table 4.8 shows that eight people with disability who do not necessarily participate in informal community activities, are active members of the Club. For example, Khoi (8 years old), Minh (14 years old), Bi (14 years old), Bach (17 years old), and Ms. Tam (27 years old) who do not necessarily participate in informal social community activities have joined the people with disabilities Club. Minh's father described the difference between the Club and other community activities:

> "*We really want him to join activities in the commune like going with other people to visit sick people, social events, but he did not want to go. We have to urge him to go. He only likes to go to the people with disabilities Club meeting. Only at this club, he does not feel scared and he wants to go. I think this is because he meets with other people having the same problem as him so he does not feel discriminated. Except for the people with disabilities club, we cannot ask him to join any other activities in the commune*" (Father of Minh 14 years old).

Father of Minh and other people found that the people with disabilities Club gave people with disability the feeling of sympathy, encouragement, safety and that they could be motivated and supported by others who were in the same situation as them. This was the most important reason people with disability chose to participate in the Club but not in the other commune activities.

Table 4.8: Participation in the Club Amongst Interviewees with a Disability

	Pseudonym	Sex	Age	Disability	Participate in club for people with disabilities
1	Khoi	Male	8	Born, Agent Orange	Yes
2	Minh	Male	14	Born	Yes
3	Bi	Male	14	Born	Yes
4	Bach	Male	17	3 years old	Yes
5	Bong	Female	27	3 years old	Yes
6	Tam	Female	27	Born	Yes
7	Lan	Female	37	Born Agent Orange	Yes
8	Tu	Male	44	37 years old	No
9	Chi	Female	45	41 years old	No
10	Long	Male	54	3 years old	No
11	Ha	Male	54	5 years old	Yes
12	Phuong	Female	87	80 years old	No

Sources: In-depth interview with 12 people with disability in the commune 2014-2015

In contrast, older people with disability such as Mr. Ha (54 years old), Mrs. Chi (45 years old), Mr. Long (54 years old), Mr. Tu (44 years old) Mrs. Phuong (87 years old) who had families and were working or too old, declined to participate in the people with disabilities Club. Although Mrs. Phuong (87 years old) said she would like to go, she declined because of her age, her poor health and that there was no one to take her. Mr. Long (54 years old who owned his own family business) and Mr. Ha (54 years old who was working) did not have time to attend, while Mrs. Chi (45 years old) said she needed her time to take care of her family.

Only one person mentioned "discrimination" as the reason preventing him from joining the Club:

> "*I do participate in social activities of the commune, except for the people with disabilities Club. There I feel discriminated against. You know, they are all people with disabilities in the Club, people with*

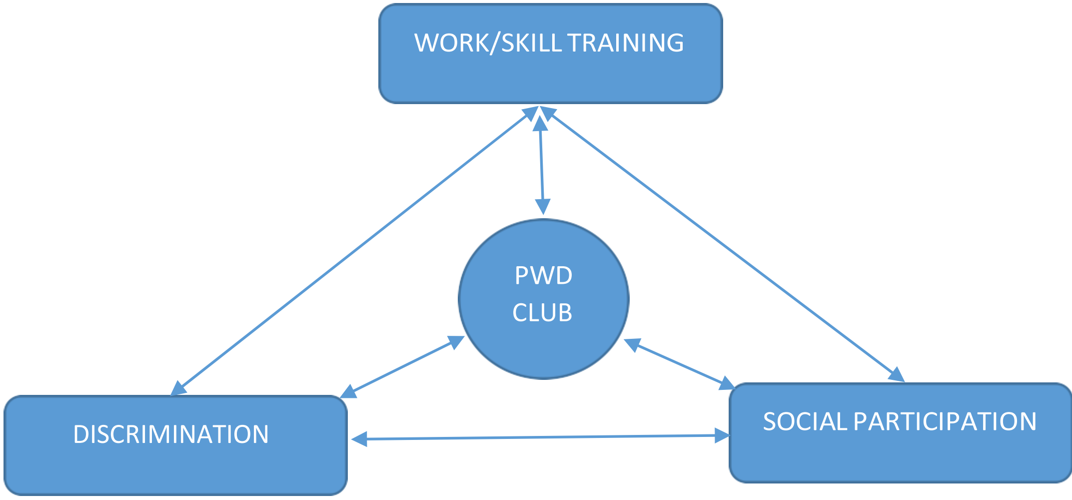
disabilities of their hands, or their feet, so I really feel discriminated to join that group" (Mr. Ha 54 years old).

He explained that he felt discriminated when joining people with disabilities club, because that would mean he would be seen as a disabled person by other people, which is called discrimination from the community. And, at the same time, he would feel himself as being disabled when participating in the group, which is called self-discrimination. Although this was not a popular reason among people with disabilities for not joining the people with disabilities club, it raises the concern about how to make this club a more neutral place for everyone.

Relationships among Social and Economic Activities

The findings suggest there could be a relationship among working, learning skills, discrimination, social participation and joining the people with disabilities Club. This is notionally represented in Figure 4.2 bearing in mind that the nature of this relationship varies from person to person.

Figure 4.3: Relationship between Work, Discrimination, Social Participation and the people with disabilities Club



For many people, having work or having skills training appeared to reduce the feeling of discrimination, and made people more open to participate in other social activities.

Three of the people with disability who were interviewed showed that when they did not work, their feeling of discrimination increased and vice versa. This was the case for Bach (17 years old), Ms. Lan (37 years old) and Mr. Long (54 years old). This relationship is especially clear for Ms. Lan (37 years old) and Mr. Long (54 years old). It was a big change for them before and after doing vocational training and they started to work. The work created an opportunity for them to make contact with the community and feel confident about themselves, therefore it helped to reduce their sense of discrimination. Once they did not have to worry about how they looked to other people, they started to be strong and participated more comfortably with other community activities. Ms. Lan (37 years old) is a good example. She started being more active and thus more confident in the community when she started the people with disabilities Club and connected the people with disabilities in her commune with people with disabilities from other communities and provinces.

However, it is not possible to say which starts first. If a person feels discriminated and shy, they will not seek work or learn new skills. Ms. Lan may not have started learning new skills if the CBR worker did not visit her. Her family also encouraged her. This illustrates the important role of the support worker and their families to encourage people with disability to start learning skills and finding a job.

Although many factors may affect the participation of people with disabilities in community activities, discrimination is an important and often nominated reason. This research shows that for many people, once they felt less discrimination there was the potential to participate more in social activities.

In Figure 4.9, the people with disabilities Club stays in the middle of the triangle, because this could be the facilitator for all the others. Participating in the people with disabilities Club may reduce the feeling of discrimination among people with disabilities. Most of the other people with disabilities felt that they had motivation and encouragement when they became members of this club. At the Club members shared information, difficulties and encouraged each other in their life. Some people started to learn skills and started to work after joining the people with disabilities Club. There was one exception, for a small possibility that people with disabilities may not wish to be identified as a member of this particular group.

Conclusion of social and economic activities

The findings presented in this chapter illustrate that people with disability wanted to go to school, do vocational training, look for a job and participate in social activities and clubs in the commune, but they faced many barriers. Barriers to education, vocational training and work, were identified from the interviews with people with disability and CBR workers. They include not being able to catch up with other students in mainstream class, discrimination, businesses not wanting to hire people with disability, poor health condition, difficulty in travelling, over protection from family, not knowing where to look for job, and cannot find a job after skill trainings.

Comparing and contrasting the points of view of people with disability and CBR workers, illustrated both similarities and differences. Although CBR workers did not perceive the same level of importance for all above factors that prevent people with disability from going to school, learning skills and going to work, they nevertheless understood that these barriers exist. The next chapter will focus on how to make changes and recommendations on those issues.

CHAPTER 5: CBR WORKERS SUPPORT IN SOCIAL AND ECONOMIC ACTIVITIES

Introduction

Continuing from the previous chapter, which described the struggles people with disability had with social and economic activities, this chapter describes how the CBR workers provide support to help the people with disability with these activities. The CBR workers describe the work they do and the challenges they face. People with disability and their families describe the support they receive from CBR workers. Finally, the emerging gaps between what people with disability need in order to participate in social and economic activities and what the CBR workers can become clearer.

The information in this chapter is based on the collection of data from four sources:

1. In-depth interviews with people with disabilities (or caregivers), and CBR workers and other stakeholders.
2. Focus group discussion with people with disabilities and CBR workers from the commune.
3. Document analysis, including both internal document from the community and the published documents of CBR program in the province:
    - Communication speech written by CBR workers to read over the loudspeaker of the commune (Internal document);
    - Monthly, quarterly and annual reports on disability in the community-based rehabilitation program (Internal document),
    - Monthly, quarterly and annual reports on community-based rehabilitation in the commune (Internal document);
    - Monthly reports of individual CBR workers on their supports and difficulties (Internal document);
    - Evaluation Report of community-based rehabilitation program in the

district (published after four years of implementation of the CBR project 2009- 2013);

- The survey completed by 228 District CBR workers.

The supports from CBR workers in socio-economic activities

Overview of the supports from CBR workers

This section presents the type of supports CBR workers provide in social and economic activities. The question: "*Can you please identify the tasks of community nurses in CBR program?*" was included in the questionnaire for 228 CBR workers in the district (See Appendix H). The participants could choose more than one among five options to this question. This question aimed to understand the community nurses' perception of their roles as CBR workers in the comprehensive CBR model. The answers to this question were developed based on the thematic analysis from previous qualitative in-depth interviews with 36 research participants.

Table 5.1: Perceptions of community nurses on their roles in CBR

	Identify the tasks	Percentage
1	Training rehabilitation skills for the family so they can help the people with disabilities	96%
2	Supporting people with disabilities so they can participate in social activities	86%
3	Providing counselling to reduce discrimination for people with disabilities	77%
4	Support on vocational training and employment for people with disabilities	72%
5	Support people with disabilities in education	55%

Source: Questionnaire for 228 CBR workers in the district, 2016.

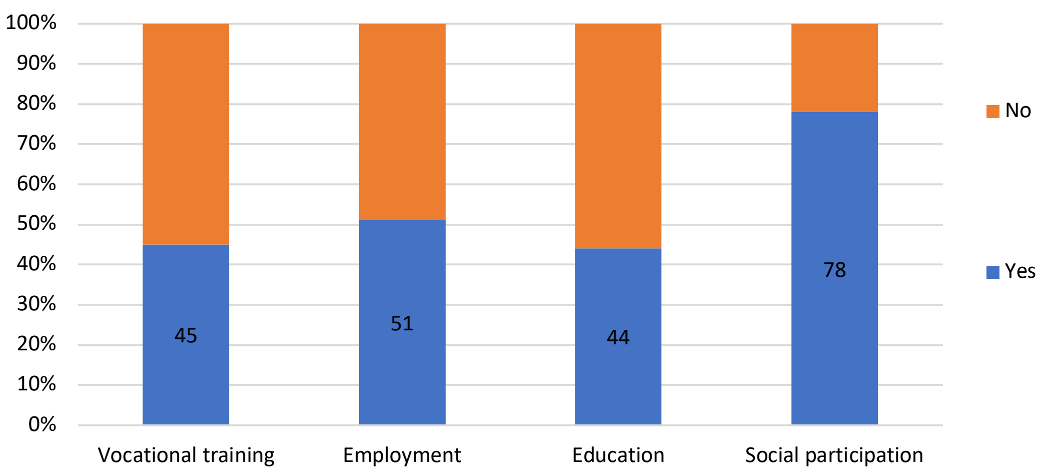
The result presented in Table 5.1 showed that the health rehabilitation role was well recognized among 96% of community nurses in the District who take on the role

as CBR worker. Providing support for other social and economic activities (social participation, discrimination, vocational training, employment an education) were also recognized among the participants but to less extent. A high percentage (86%) of community nurses in the district identified supporting people with disability to participate in social activities as one of their tasks as CBR workers. The two tasks, support to reduce discrimination and support for vocational training and employment, were ranked lower by community nurses (only 77% and 72% of the 228 community nurses /CBR workers in the district). More than that, support for education was ranked the lowest of all these tasks above. Only 55% of the CBR workers in the district thought they needed to provide this type of support to people with disability.

Given the perception, the next questions were about the behavior of CBR workers and whether they were providing actual social and economic support. Since the research focused on how CBR workers provide support for social and economic activities, the questionnaire was not designed to explore health support. Therefore, Figure 5.1 illustrates the results of the questionnaire on the following four questions on social and economic supports from community nurses:

- "Do you provide support on vocational training for people with disabilities?"
- "Do you help people with disabilities to find a suitable job?"
- "Do you provide any education support for people with disabilities (support to go to school, support in the school, help with learning…)?"
- "Social integration includes group entertainment, participation in community activities. Do you support people with disabilities to integrate in social activities?"

Figure 5.1: Percentage of community nurses in the District providing social and economic supports to people with disability



Source: Questionnaire with 228 CBR workers in the district in 2016.

Figure 5.1 shows that the community nurses/CBR workers in the District do provide social and economic support towards the disabled, to some extent. This demonstrates the efforts from the health agency at the grass roots level to expand their support to follow the comprehensive model of CBR.

Results from the survey show that CBR workers provide the most support helping people with disability to participate in community activities; 78% of the 228 CBR workers provided this support. Other support, like education support, employment support and vocational training support were only provided by 45 to 50% of the CBR workers. This result reflects the previous questions on the perceived role of community nurses/CBR workers, where the second highest ranked task was to help people with disability participate in community activities while other activities (employment, vocational training and education support) were ranked lower.

In addition to the survey questionnaire in the District, the CBR program manager provided access to monthly reports prepared by the CBR workers in the commune. Identifying information was deleted, and the researcher examined the CBR workers' reports to understand in greater detail the support they provide every day and week to people with disability in the commune. These support activities were categorized into five types of supports as follows:

1. Health support includes: “Train the family to do rehabilitation”/ “Remind to take medication”/ “Massage”/ “Counselling on using medication”
2. Education support includes: “Teaching at home”/ “Counselling to go to school”
3. Vocational training includes: “Counselling to go for Vocational training”
4. Job placement includes: “Counselling to look for work”
5. Social participation includes: “Encourage to join social groups”/ “Connect with people with disabilities club”. “Visit and talk”/ “Encourage to communicate”

From the CBR Reports, all the CBR workers’ support activities in the commune were counted for one month of February 2012. The month of February 2012 was selected because the reporting for this month was well recorded. These activities were divided into 6 categories, and the frequency of each type of supporting activity was counted, as in Table 5.2.

Table 5.2 shows that CBR workers mostly focused on health (64% of all supporting activities) while they provided much less support on other social activities, in the following order: social participation support (22%), educational support (7%), employment support (4%) and vocational training support (3%).

Table 5.2: Supporting Activities Reported by CBR workers in February, 2012

Category	Supporting activities	Frequency		Percentage
Health support	Train the family to do rehabilitation	205	597	64%
	Remind to take medication	233		
	Massage	86		
	Counselling on using medication	73		
Education support	Teaching at home	23	65	7%
	Counselling to go to school	42		
Vocational support	Counselling to go for vocational training	28	28	3%
Employment support	Counselling to look for work	37	37	4%
Social participation support	Encourage to join social group	43	206	22%
	Connect with club for people with disability	69		
	Visit and talk	33		
	Encourage to communicate	61		
Total		**933**	**933**	**100%**

Source: Report from CBR workers, 2/2012.

As a short conclusion, the same finding was confirmed by the two sources of data (questionnaire for 228 CBR workers in the District and the monthly CBR workers' reports in the commune), health support was most prevalent among CBR workers while the support for social and economic activities existed but were less. Among the social and economic supports, CBR workers tended to help the disabled to participate in social activities while they provided much less support in other areas such as education, employment and vocational training.

Activities of CBR workers in socio-economic support

This part analyses in detail the specific support methods that CBR workers

provided to help the disabled with education, vocational training, employment and social participation. This part pulls together results from four questions in the questionnaire for the CBR workers. For all of these questions, the CBR worker could choose more than one answer (See Appendix H):

1. What are your activities in helping people with disabilities to get a job?
2. What are your activities in helping people with disabilities to do vocational training?
3. Could you list all activities in providing education support to people with disabilities that you have done so far?
4. What are your activities to support people with disabilities to participate in social activities?

Figure 5.2 shows the breakdown of percentage of supporting activities among 228 District CBR workers to people with disability.

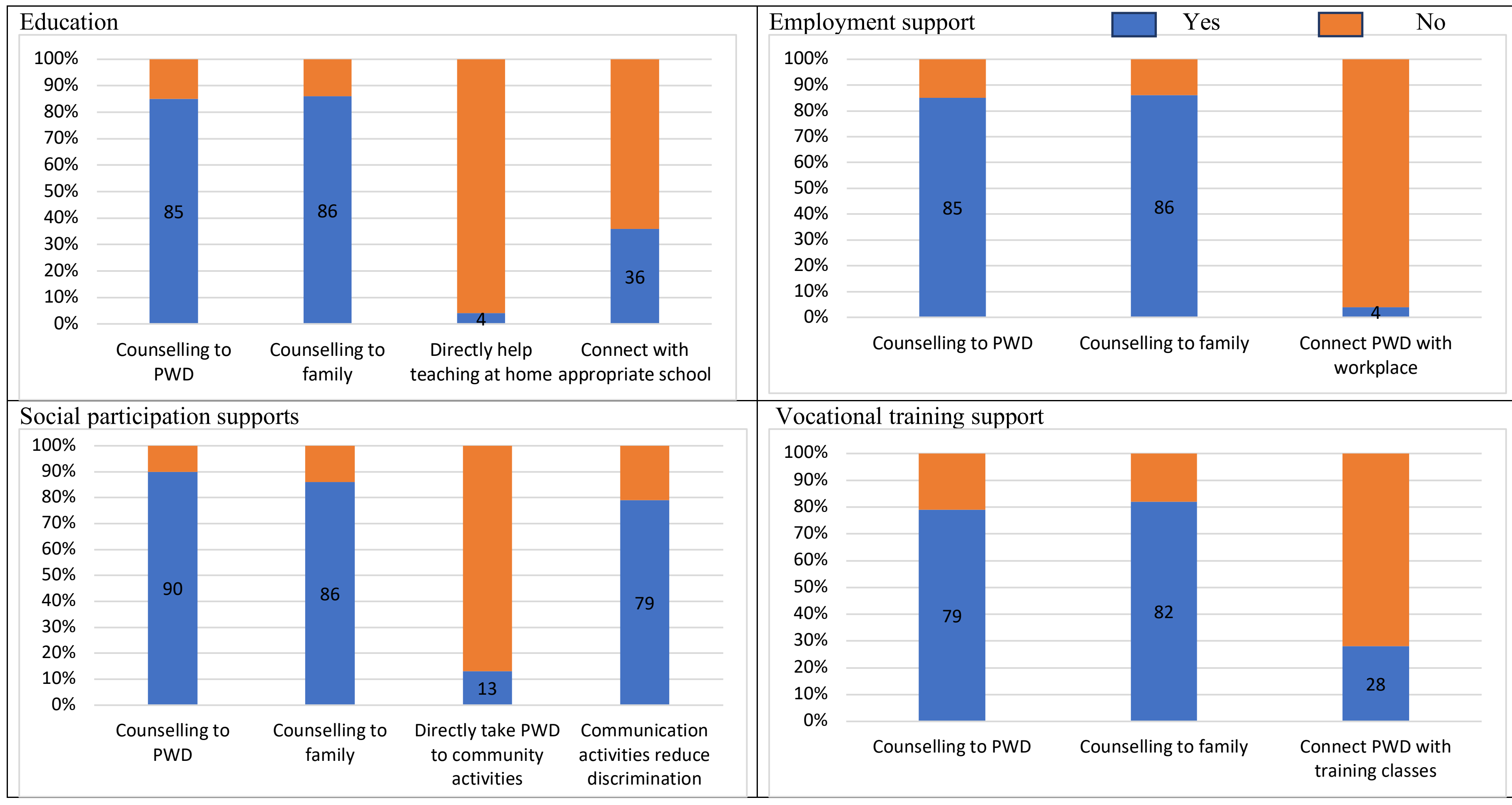
Counselling is the most dominant support

According to Figure 5.2, counselling was the most dominant method of social and economic support provided by the CBR workers. In the questionnaire, most of the District CBR workers (80% to 90%) selected "counselling" to family and to people with disability as the way they provided support on education, vocational training, employment and social participation. "Counselling", as described by CBR workers, is simply like "*a talk*" and "*trying to convince*" the family (interviews with CBR workers in the commune). By comparison, CBR workers provided limited support in connecting the disabled with direct services (school, vocational training) and potential employment.

Connection to school, job placement and vocational training are limited.

Only 4% of the District CBR workers helped people with disability to connect with potential employers. This number was bigger for connecting with schools and vocational training (36% and 28% respectively), however it was still small in comparison to the counselling method.

Figure 5.2: Breakdown of percentage of supports activities among 228 District CBR workers to people with disability



Source: Questionnaire of 228 CBR workers from the district in 2016.

Connecting with school was described by CBR workers as "*asking the teacher to let the child with disability sit in the front row close to the teacher so it is easier for them to listen and see*" (Interview with Mrs. Uyen CBR worker); "*Talk to the school in the commune to ask for admission for the children with disability*" (Interview with Mrs. Tra CBR worker) "*Connecting with the special school in the province capital"* (Interview with Mrs. Linh and CBR worker).

Mrs. Tra, CBR worker, had helped a child with Down syndrome to go to school. The child could not study at mainstream school and the family wanted her to go to special school. She called the school in Vu Thu district (in the province capital) on her hand phone and turned on the loudspeaker so the family and the school could talk together. This example illustrates the CBR worker taking action to help the children with disability go to school.

The connection with vocational training was described by the Labour Affairs worker in the commune, the CBR worker and the CBR manager in the commune as follows: When the Vocational Training Centre in the Provincial Centre recruits people with disability who want to learn the skill they are offering, they inform the Labour Affairs worker in the commune. The Labour Affairs worker then passes the information to the CBR manager in the commune. The CBR workers are informed about the training and they are asked to look for people with disability who want to learn that skill. This mechanism seemed to be very good because CBR worker could reach out to each of the people with disability in the commune. However, Mrs. Uyen, CBR worker, said that they were only informed of a few training opportunities, all of which were provided away from the commune so it was very difficult to make connections, although they had asked people with disability to come. Moreover, when someone with a disability asked them about a specific training class, the CBR workers did not know where to connect them. For example, the CBR workers did not know which skill class would be suitable for Minh, who was 14 years old. He wanted to learn to be a barber but none of the training classes were for this skill. Moreover, Minh could not leave his home town to go to the Provincial capital.

Direct support for education and social participation are limited

Direct support for education and social participation were mentioned by the CBR workers in the in-depth interviews, as: "*Teach the children with disability at home*", and "*Take the people with disability to the community to participate in the social activities*" (in-depth interviews). These nodes were used to develop the questionnaire for 228 CBR workers in the District.

From the results of the questionnaire shown in chart 5.2, it can be seen that only 4% of the CBR workers in the district taught the children with disability in their homes, and only 13% directly helped the people with disability to go out to community activities.

CBR workers in the commune emphasized that they encouraged the family to take their disabled family member to participate in community activities rather than the CBR worker doing it directly. Mrs. Uyen, CBR worker, said that she could only come and take her client out to a community event if she was also taking part in it. Otherwise, she would not have time to do so.

Communication to reduce discrimination by CBR workers in the District

The results of questionnaire show that 79% of the 228 CBR workers in the district agreed that they have activities to help reduce discrimination about disability. This reflects the efforts of the CBR workers in the District in helping to reduce discrimination.

Activities to reduce discrimination were described by CBR workers the in-depth interviews in the commune as: "*Encourage people with disability not to think negatively about themselves*" (Mrs. Tra, CBR worker), and "*When I know of anyone who is teasing people with disability, I will ask them not to do so*" (Mrs. Uyen, CBR worker).

Another support to prevent discrimination, which was found in the document analysis, was that CBR workers communicate with the community by loudspeakers. According to the quarterly report on CBR program in the commune, CBR workers write communication speeches about disability and the CBR program and read these to the community twice every month, as a community broadcast. This activity was

maintained in the commune from 2011 until 2013 when the CBR project still had an allocated budget for it. Since 2013, this activity has not continued because there was no more funding. By analysing the documents of these communication speeches written by the CBR workers, it could be seen that the speeches included mostly a small part about the community attitude towards people with disability.

Difficulties of CBR workers when doing social-economic activities

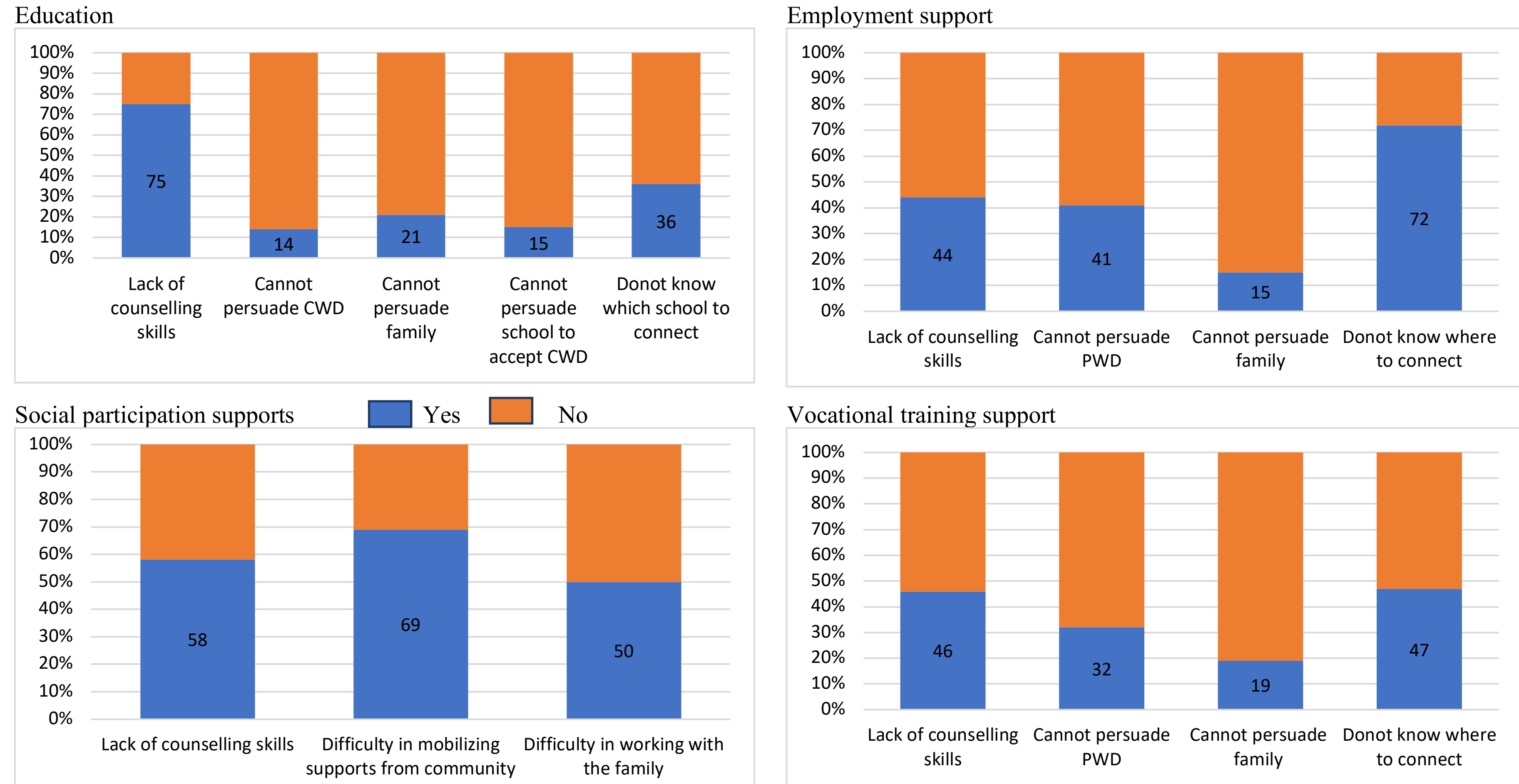
This part presents the analysis on the difficulties faced by the CBR workers who try to provide comprehensive support for people with disability. The analysis draws on data from the questionnaire among 228 CBR workers and the data from the in-depth interviews.

Firstly, results of the four questions from the questionnaire for 228 CBR workers in the commune were pulled together to compare the difficulties in providing different social and economic supports. For these four questions, the CBR workers could choose more than one answer (see Appendix H):

1. What are the difficulties for community nurses in providing education support for people with disabilities?
2. What are the difficulties of community nurses in providing employment support for people with disabilities?
3. What are the difficulties of community nurses in providing vocational training support for people with disabilities?
4. What are the difficulties for community nurses in supporting people with disabilities to participate in social activities?

The researcher developed the response options for each answer based on the thematic analysis of the in-depth interviews in 2014 and 2015. The 228 CBR workers in the district who completed the survey questionnaire identified difficulties they faced in supporting children with disability to go to school. Figure 5.3 presents the nature of the difficulties that 228 District CBR workers reported related to providing each of these social and economic supports.

Figure 5.3: Percentage of difficulties from 228 District CBR workers to provide social economic support to people with disability



Source: Questionnaire of 228 CBR workers from the district in 2016.

Lack of counselling skill

As shown in the Figure 5.3, 45 to 75% of the 228 CBR workers in the district selected "Lack of counselling skills" as a difficulty they have faced when providing support on education, employment, vocational training and social participation for people with disability.

The in-depth interviews with community nurses in the commune also showed their concerns about skills for counselling. The CBR worker explained why the talk with the family and the disabled person mostly did not lead to positive results:

> "*My skills to talk with the family are sometimes limited… maybe because we have not received enough training for this*" (Mrs. Uyen, CBR worker).

For Mrs. Uyen, a CBR worker, she recalled that she had received a one-day training course about how to communicate with people with disability, but she said it was not enough to help her in the actual work with clients. Examination of the document for this one-day training course obtained from the commune, revealed that its content was not specific about employment counselling or school counselling or any other counselling. Talking about this one-day training on communication skills, Mr. Tung, CBR manager in the commune, also emphasised that the training on communication skills for community nurses was not deep enough, it was only "*get to know the skill on the surface*" (Mr. Tung, CBR manager in the commune).

Lack of both communication and counselling skills can be seen in the themes "*Cannot persuade people with disabilities to go to school*" and "*Cannot persuade family*" which were selected in the analysis of the in-depth interviews. As the questionnaire was developed following the analysis of the in-depth interviews, these two themes were used as answer options for the questions on difficulties.

As can be seen in Figure 5.3, a low percentage of CBR workers in the district agreed that they could not persuade the disabled person (child) and the family to go to school, work, or to learn new skills. This ranged from 14 to 41% among the 228 CBR workers in the district.

More explanation about this difficulty was found through the in-depth interviews. CBR worker (Mrs. Uyen) shared from her experiences of counselling, that

the family and the people with disability do not need anyone to tell them they need to bring the child to school because the family knows more than anyone else about the importance of education or work for their child. She explained that the actual barrier lies with other difficulties such as the child cannot follow other students, or the special school is too far away (in the provincial capital). While these difficulties remain, community nurses are not able to "persuade" the family or the disabled to go to school or work or do vocational training.

There is no referral system to connect disabled person with resources

The results from the questionnaire showed, "Do not know where to connect" was the second most difficult task in supporting people with disability in education, vocational training and employment activities (36% to 72% among 228 CBR workers in the district).

Information from the in-depth interviews with CBR workers and people with disability provided more detail about this difficulty, as presented in Table 5.3. It is clear from the in-depth interviews that the CBR workers wanted to help their clients with school and jobs, but they did not know where they could connect. This highlights a need to develop a referral system for school, employment and vocational training, which would involve the CBR workers and other professionals who provide support in this area.

Table 5.3: CBR worker and people with disability in the commune talk about connection

Pseudonym		Connection to resources
Ms. Tra	CBR worker	"*We want to help them to find a job, but how? We do not have anything to help. How can we do that? This is the job of the Labour Affairs worker, not us as community nurses*".
Ms. Uyen	CBR worker	"*I know that I need to help him to find a more appropriate job but I do not know where the job is available for people like him*".
Ms. Linh	CBR worker	"*I do not know which company hires PWD to introduce them. If they (disabled people) ask me about jobs, then I really do not know how to answer*". "*No, we do not. How can we do that job? (Connecting schools for disabled people). Someone in the field of education should do that*".
Mrs. Lan	PWD	"*They (people with disability) need counselling as well. CBR workers do give some counselling, but they only know how to encourage the people to go to work, then they do not know which job to connect for that person*".
Mr. Tu (interview wife)	Wife of PWD	"*Yes, I do, I did ask the community nurse, but she did not know either. I do not know who else I should ask for help to find a job that is more appropriate for my husband's health condition*".

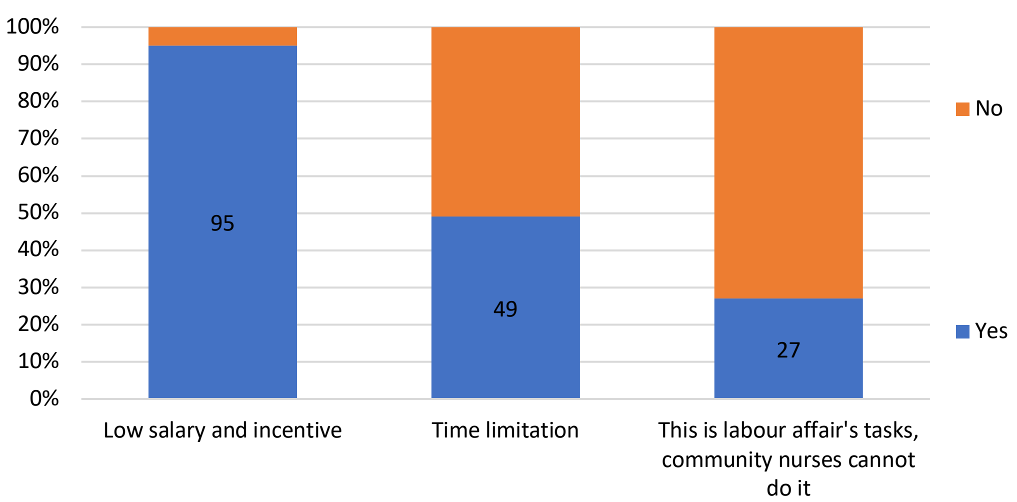
Source: NVivo analysis from in-depth interview with people with disability and CBR worker, 2014,2015.

Other general difficulties mentioned by CBR workers

Thematic analysis of in-depth interviews also revealed other difficulties for the CBR workers, such as: "Low salary and incentive"; "Time limitation"; "This is a Labour Affairs task, community nurses cannot do it". These themes were used to develop options for answering the last question in the questionnaire for 228 CBR workers in the District: "*What difficulties have you met with when providing support in education, vocational training, employment and social integration for people with disabilities?*". The District CBR worker were allowed to select more than one answer:

The results of this question for 228 District CBR worker are presented in the Figure 5.4 as follow:

Figure 5.4: Other difficulties identified by 228 District CBR Workers.



Source: Questionnaire for 228 CBR workers in the District, 2016.

From the Figure 5.4, "Low salary and incentive" received highest agreement (95%) among the 228 CBR workers, that it is a barrier for them to provide more support than health rehabilitation. This is a concern not only for CBR workers but also the CBR managers at different levels. Table 5.4 below presents the most prominent quotations in the node "Low salary and incentive" from the in-depth interview with the CBR team, Labour Affairs worker and the people with disabilities club.

Although some people emphasized, "*We are working because of our heart*" (Mrs. Uyen, CBR worker), salary was the most important motivation because they need to raise their family as well (Mrs. Tra, CBR worker). The small amount of money that the CBR project used to pay the community nurses to cover the role of CBR worker was not enough for them to fill up with petrol (Mrs. Tra, CBR worker), and they needed to have another job to look after their own family. Therefore, "time limitation" is one of the results of low salary among community nurses and all other people contributing to the CBR program.

Table 5.4: The concerns about low salary for CBR workers in the commune

	Pseudonym	Position	Low salary and incentive
1	Mrs. Tra	CBR worker	*"Before 2013 when the CBR project in the province still had a budget for us, we were paid 100.000 VND per month to do this job (CBR comprehensive tasks) in addition to our main task as community nurses. What can we do with 100.000 VND? We have to visit each house, and talk, we had fatigued mouth for that. Now we have to bring them to the social activities? No I cannot do that*". *"Labour Affairs worker, what they are paid to do this job? They are paid nothing, so they do nothing. You see, they only participate when there is training. In training they are paid 50,000 VND. After training I did not see any of their collaboration".*
2	Ms. Em	Labour Affairs worker in the commune	*"I think only the community nurses are most appropriate for this task* (CBR tasks) *because they are paid monthly to support the people. They have a large number of community nurses in each commune. Other organizations are not appropriate for this task because they do not have people at the commune and they do not get paid".*
3	Mrs. Hop	PWD club in province	*"For sure, limited finance for the people working in the commune I believe it cannot create fruitful result"* (The PWD club in the province used to be involved as support volunteers in CBR project in previous time)
4	Mr. Tung	CBR manager in commune	*"They (*community nurses/CBR workers*) work mostly on a voluntary basis, if they count the money, then it is nothing much for them".*
5	Mr. Cach	Member of CBR team at province	*"I worry because the project has ended and we do not have further funding for the CBR worker in the commune any more. How can we maintain this service?"*

Source: In-depth interviews with CBR worker, CBR managers at different levels, Labour Affairs worker and people with disabilities club, 2015.

There was a contradiction in views between the Labour Affairs worker in the commune and the CBR workers about their roles. CBR workers suggested, "This

(social and economic support) is the task of the Labour Affairs worker, community nurses cannot do it", and 27% of the 228 District CBR workers agreed with this conclusion. However, Ms. Em, a Labour Affairs worker in the commune emphasized that community nurses are the best fit to do the tasks because they have people who can go to individual houses, they have a government salary to do this (community nurses receive a small salary for supporting health in the community). The Labour Affairs worker in the commune also claimed that she and other organizations like the Youth Union, Red Cross are not appropriate, because they do not get paid enough.

Results of CBR support in socio-economic activities

Despite the efforts of CBR workers to support people with disability in socio-economic activities, the monthly internal report on CBR in the commune showed only a few cases which were considered to be a success in education, vocational training and job placement. The following Table 5.5 will present this number:

***Table 5.5**:* Number of successful cases from CBR report in 2010-2013

Category of supports	Number of case success in 3 years (2010-2013) - persons
Education	2
Vocational training	3
Job placement	5
Participate in PWD club	24

Source: Monthly CBR report from the commune in May 2013, internal document (see appendix G.III).

From Table 5.5, over the three-year period, only 2, 3 and 5 persons were reported to have been a "success" in education, vocational training and job placement support. The word "success" indicates some achievement or positive change, such as the CBR workers mentioned during the in-depth interviews: "*move from the last sitting row to the front sitting row in class for easier observation*" (Ms. Tra, CBR

worker), or "*continue going to school*" (Ms. Uyen, CBR worker,), or "*start going to training classes for work*" (Mrs. Linh, CBR worker).

There was no report on how many people with disability took part in social activities (like community activities) in the commune. The report instead was about how many people with disability participated in the people with disabilities club with support from the CBR program. 24 people with disability in the commune chose to participate in the people with disabilities club as a result of support from CBR workers. This was the biggest result in comparison to education, vocational training and employment success.

The report number 30/BC-SYT of the District on CBR program in 2012 (Appendix G.III) provided numbers of the people with disability in the whole District who had positive results from each support in the year 2012. These numbers are presented in the following Table 5.6:

Table 5.6: Number of people with disabilities in the District have positive results from CBR supports, 2012

<table>
<tr><th colspan="2" rowspan="2">Category of health and social- economic supports</th><th colspan="2">Number of people with disabilities (person)</th></tr>
<tr><th></th><th>Total</th></tr>
<tr><td colspan="2">Number of total people with disabilities in the District</td><td></td><td>7916</td></tr>
<tr><td colspan="2">Number of people with disabilities make progress through rehabilitation support</td><td></td><td>3378</td></tr>
<tr><td rowspan="3">Number of people with disabilities have positive results in social and economic supports</td><td>Education</td><td>28</td><td rowspan="3">149</td></tr>
<tr><td>Vocational training</td><td>69</td></tr>
<tr><td>Employment</td><td>52</td></tr>
</table>

Source: Report number 30/BC-SYT on the CBR implementation in 2012 in the District (see appendix G.III)

Table 5.6 shows a great difference in the number of people with disability who have positive results achieved from health supports (3378 persons) in comparison to

the number of people having positive who have result achieved from social-economic supports (149 persons). Among 149 persons reported to have successful social and economic achievement, education is the smallest (28 persons), vocational training is the biggest (69 persons) and job placement is in the middle (52 persons). There was no report on social participations results from the District CBR report. These numbers could reflect the concentrate of CBR in the District on health component, while reveal difficulties in providing other social and economic supports.

Although the above analysis showed the efforts of CBR workers in the commune to provide support in education, vocational training, employment and social participation, only a small number of people with disability in the commune were reported to have successfully obtained a job or gone to vocational training. This result was found to be the same at District level. This could reflect gaps between the needs of people with disability, the efforts of the CBR workers, and the result achieved. These gaps will be examined in more detail in the following part.

Identifying the gaps between the socio-economic needs and support from CBR workers

This research has reported on the social and economic needs identified by people with disability and their families, and by CBR workers in the commune and the District. It has described the services provided by CBR workers to support participation in school, vocational training and employment, and the challenges they face, and it has cited the annual reports of successful interventions. This has revealed differences between the needs, the services, and the results. When the result is unsuccessful, despite the efforts of the service provider to meet a need, it is identified as a “gap”.

Gaps to help students back to school

Table 5.7 illustrates the problems reported by children with disability and their families, the support offered by CBR workers and the result for the child with disability. By comparing the problems children in the commune face in going to school and how the CBR workers provide support in this activity, gaps for this support can be identified. Table 5.7 presents this comparison:

Table 5.7: Problem – Support - Result for Education

Problem	Support from CBR workers	Result
Cannot catch up with other students in mainstream class	CBR workers come home to teach	Leave school
Discrimination at school	No action	Leave school
Want to study at special school	Try to connect with special school in province	No result because cannot travel far
Difficulty to travel to school	No action	Stays the same

Source: In-depth interviews 2014, 2015.

From Table 5.7, it can be seen that the CBR workers in the commune tried to provide support to help the children with disability go to school. However, the results do not show positive changes. Children with disability in the commune have left school no matter what support the CBR workers provided.

CBR workers in the commune reported difficulties and the need for support to help children go back to school. A CBR worker wrote in the report that: "[This child] really needs to go back to school, but I need more support from upper level to help him to return to school" (Report from CBR workers in the commune in 2013, Appendix G.III).

In the meantime, the CBR workers showed their willingness to support the children with disability to go back to school. Mrs. Uyen supporting Khoi (8 years old) said that she was thinking most about how to help Khoi to go back to school. Khoi is the only child of school age among her clients. The gap here is that they do not have enough capacity to support him any further.

Gaps in advocacy to reduce discrimination at school and work

Discrimination was raised as an issue among people with disability in the commune. Discrimination was found at school, which was described as a barrier for children with disability to go to mainstream school. Discrimination was also found among employers when few businesses wanted to hire people with disability.

Although reducing discrimination to help people with disability to participate in the community was described as a task of the CBR program (CBR report in 2011, Appendix G.III, document number 43), CBR workers were not trained to help reduce discrimination. This report also said that there was one day training in communication skills for CBR workers. There was no further training on any specific skills to enable CBR workers to reduce discrimination. This was also confirmed by CBR workers:

> "*They give us some training on health rehabilitation, physical exercises for different types of disability. We did not receive any training to work on social issues like reducing discrimination or something similar*" (Mrs. Tra, CBR worker).

Lack of training could be a reason, which would explain why CBR workers in the commune had no professional plan to reduce discrimination. Therefore, although previous analysis on supporting activities among CBR workers showed they made efforts to reduce discrimination toward people with disability in the commune, the result is very small. Discrimination in school and at work does not have any intervention yet. This is the gap that needs support from a profession, which is trained in communication and advocacy skills.

Gaps in connecting people with disabilities with job placement and vocational training classes

People with disability identified a high need for employment and vocational training. There were cases of people with disability who wanted to have a job or to learn a skill but could not find a place. They need additional and different help from outside on this matter.

CBR workers made an effort to help people with disability find a job, or to find another job that was more appropriate to their health condition. CBR workers also tried to encourage the family and the people with disability to start skills training for work.

However, despite the efforts of the CBR workers, they could not help connect people with disability with jobs because they did not know where or how to connect. Mrs. Tra, CBR worker, emphasized that she could only suggest to her clients "*like*

you can do this you can do that", but she could not connect them with any job. She said that she did not have anything to help them connect to a job. This reveals a gap between what the CBR worker can do and the need among people with disability to have support to find a job or to connect to skills training.

Moreover, there is a problem about connecting with vocational training classes and job placement. From the analysis, we can see that these two systems are not working together, which means people with disability were worried that they would have trouble finding a job or making use of the skills training organized by the upper levels (province or district level) This is because decisions about vocational training classes are made from the top level, and the decisions are based on a lack of consultation about the current situation and labour market at the commune level. There is a need for a bottom up mechanism for vocational training, which means a referral system from the commune to request training in skills to match jobs in the local area. This task needs a professional worker who can assess and mobilize the resources, such as vocational training resources from the government, and network among potential employers.

Gaps in doing counselling for family and the people with disability

From the analysis, CBR workers reported they made a huge effort to provide counselling for people with disability on different aspects of social-economic activities. They provided counselling with family and the children with disability to encourage the children to go back to school, they did counselling with family and the people with disability to encourage them to start learning skills for work, and to start looking for a job, or to find another job that is more suitable to their health condition. They also did counselling to encourage people with disability to participate more in social activities.

However, this research has found that CBR workers reported a lack of counselling skills as their greatest challenge. The results of counselling, therefore, were reported to be low despite the huge efforts that were made. The difference between the efforts of the CBR workers and the results of counselling has revealed a gap or an unmet need for professional counselling in the district, and in the commune. There is a need to have a worker who is professionally trained in counselling skills to

provide this service.

Gaps in helping people with disability to participate in the community

Although the result of the CBR program supporting people to participate in the community was described as better than other socio-economic activities in the commune, this all referred to participation in the people with disabilities club, not participation in community activities as a whole. People with disability revealed a strong wish to be a part of community activities, in which they are not yet involved.

CBR workers also showed their efforts by counselling people with disability and their families to encourage them to join in community activities. However, the people with disability need to actually get involved in the activities not just sit on the side watching. This requires support to work with the community to make plans to have people with disability join in the activity. However, none of the CBR workers in the commune have started this action yet. They need a direction to do so.

Conclusion of CBR workers' supports

The chapter pointed out the activities of CBR workers in the commune and also the district in providing support in social and economic activities for people with disability. These activities included talk and encouragement (counselling) as the most popular support, while actual connection to school, jobs, and vocational training was very limited. The CBR program aims to train and encourage family members to be the direct support workers for their own disabled family member, therefore direct supports from the CBR worker are limited. CBR workers provide communication activities to reduce discrimination among people with disability and the commune but to a limited extent.

Barriers to support activities include a lack of training (in communication skills and counselling skills), lack of a referral system to enable the CBR worker to connect the people in need to proper resources, and a lack of power to do advocacy. Other general barriers are described as low pay, time limitation, role controversy between community nurses and Labour Affairs workers. Besides, CBR workers in the district also mentioned the lack of budgets to organize community activities, people with disability and their family refusing support, and no collaboration between the Labour

Affairs agency and the Health agency.

This chapter identified the gaps by comparing the needs of people with disability for social and economic activities described in Chapter 4, with the efforts of support from community nurses/CBR workers. These gaps suggest there is potential for the development of a social worker role or social work training, which could support CBR workers. This will be examined further in the next chapter.

CHAPTER 6: INDIVIDUAL CASE STUDIES: AN ECOLOGIC SYSTEM ANALYSIS

Introduction

An ecological perspective views the individual in relationship with both their social and policy environment, including their connections to family, school, workplace, community, and the relevance of policies, agencies and organisations (Bronfenbrenner, 1977; Germain, 1973). Understanding the impact of social factors on people with disability in the research commune could be the key to adapting the environment and thus improving living conditions for people with disability.

Using an ecological perspective in the analysis of interview data from three individuals with disability in the research commune, this chapter shows what services and resources were available at crucial stages in the lives of these three people, how the availability of services and resources changed over time, and what they said would be helpful to supporting people with disability in the commune. It also takes into account the personal characteristics of the individual and their families in shaping how they live with disability.

The three individuals were selected from the 12 who were interviewed in the research commune using two criteria. The first criterion was having achieved some success in education, or employment and/or social participation to understand the factors that helped them to achieve their goals, and the second was to garner a range of ages (8years of age, 37 years of age, and 54 years of age) so as to understand the changes in services and resources over time. The youngest person reflected contemporary resources and services while the two adults reflected both how resources and services were in the past, and now. By comparing and contrasting the features of these three stories, it is possible to understand both internal and external social factors that may contribute to their life success. This will enable recommendations and contribute to the development of improved and appropriate supporting models.

The selected cases are:

1. Case of Mr. Long, male, 54 years old, physically disabled at three years

of age due to measles, who has his own business, completed skills training in the past, left school at grade 7. No support from outsider agencies.

2. Case of Ms. Lan, female, 37 years old, physically disabled since birth, who was reported to be the "most successful case" of CBR comprehensive support in the commune.
3. Case of Khoi, male, 8 years old, child with Down Syndrome, who was reported by his CBR worker to have difficulty getting back to school.

Case of Mr Long

Social and economic background and personal history

Mr. Long was born in 1963. At this time, Viet Nam was still struggling to recover after the French colonisation of the North and, at the same time, supporting the South against the American Forces. During this time (from 1954 to 1975), the country was divided politically between the North and the South (MOFA, 2017). Viet Nam was very poor, its health care system very limited, and there were no social services.

Like many in the rural area, Long's family lived in a poor household. His parents had to work very hard to feed their six children, Long being one of the middle children. As a member of a poor and large family, in hard economic times, Long received little support from his parents and no support from outside the family. His subsequent disability as a result of measles was likely related to the poor health service in the commune at that time, and his leg became weakened and semi-paralysed by the fever. He recalled his parents carrying him back and forth between home and hospital (30 kilometres in total) every day for 6 years trying to cure his leg, but there was no improvement.

In 1978, he completed Grade seven and left school. He explained that he left because of his health condition not allowing him to continue studying, and also that he experienced discrimination because of his disability. After leaving school, he embarked on skills training in tailoring and then worked for 14 years as a tailor.

However, he explained that his earnings were too small and not stable, so he decided to learn the skills of carpentry. Later, he opened his own carpentry business, although had to eventually close it as a result of the economic crisis in 2007. Finally, he learnt electrical skills and now has a small electrical workshop he operates from his home.

What is prominent in Mr. Long's story is that he was able to create his own "successful life" without much support from his social environment other than accessible vocational training. He represents the generation of the 1960s. At the time, he needed education and skills training, there was no community support program available. Therefore, he has shown it is possible to overcome an absence of supports in his social environment.

Eco-graphs for Mr. Long

The eco-graph of Mr Long was based on the information he provided during his 45- minute in-depth interview. Two eco-graphs are presented to show two very different stages of his life: (1) when he was doing vocational training; and (2) his situation 30 years later at the time of the interview. The two eco-graphs show how resources have changed over three decades, and how Mr Long has or has not connected with resources and services.

To draw the Eco-graph, we use these following lines to express the relationship between the person and the resources in his/her environment:

Close relationship ________	Conflicting/Negative ________
Very close relationship ════════	No relationship ___//___
Loose relationship --------------	

Figure 6.1 shows that at the time he left school and started his first vocational training, there were limited resources and services available in the commune or at district level. Except for his close relationship with his family (his parents), and staff and peers at the vocational training centre, there were few other resources or services available. Mr Long did not have connections with the Labour Affairs worker (since he did not receive social welfare), nor other organizations (like the Red Cross, and the Youth Union), no longer with his mainstream school (he'd left school), nor the

special school in the district (which he chose not to go to).

Figure 6.1: Eco-graph of Mr. Long 1980s - at the time he did vocational training

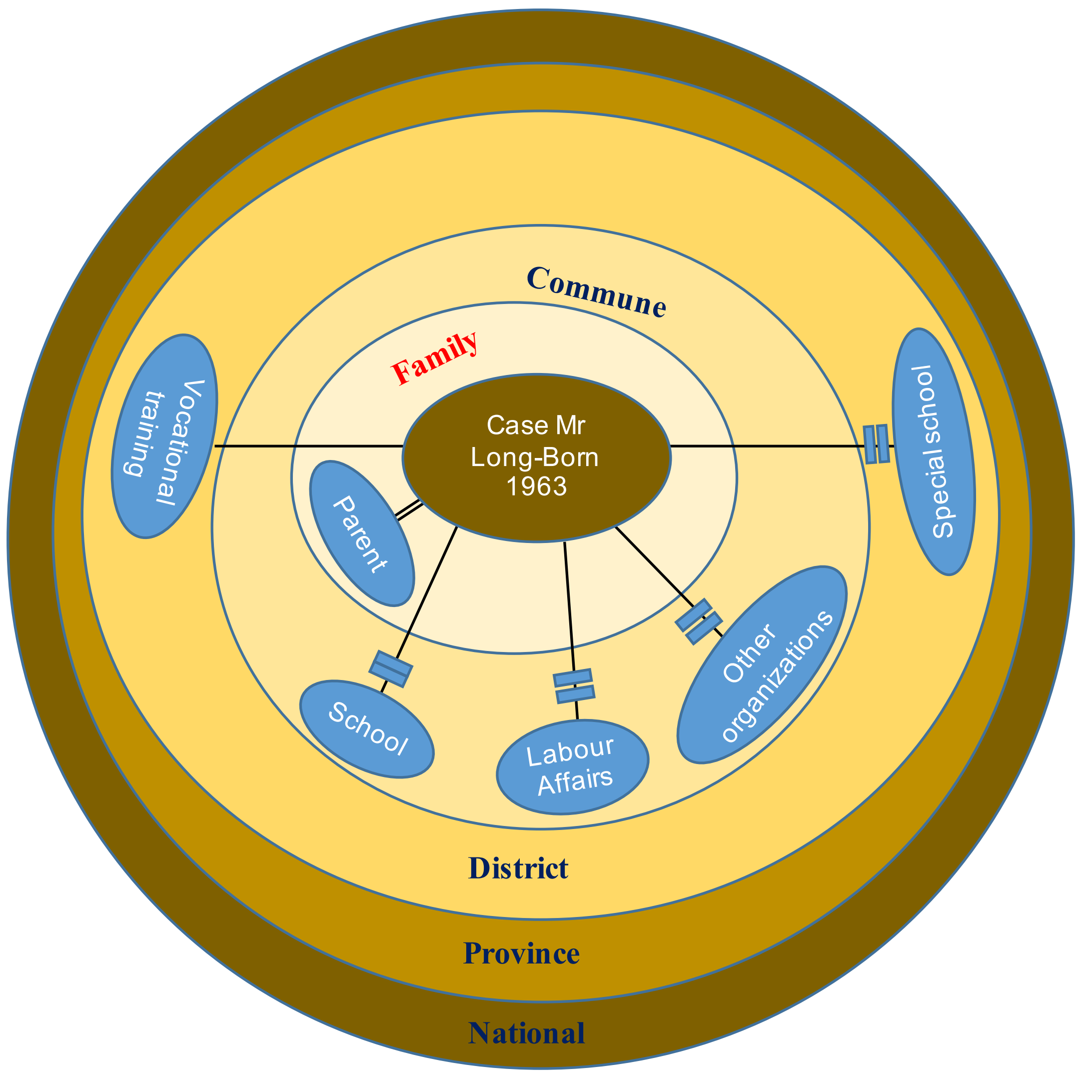


Figure 6.2 shows substantial changes some 30 years on. Now there are increased resources and services. Even though Mr Long has chosen not to connect with them, more available and improved resources and services at the commune, district, province and central levels are an improvement.

At the closest level, Mr Long's family is his most important resource. He has always maintained a close relationship with his large family (parents) and this is still the case today. His parents, although they had to work hard to support their large family, provided him much support in his childhood. At the time, he did his vocational training, they were unable to help him with everyday travelling from home to school

or vocational training class, but they took him to hospital for rehabilitation frequently during his childhood. At the current time, his immediate own family (his wife and children) provide him the strength and motivation to work. He said that he always tries harder and harder to make his sons feel proud of their father.

At the current time, there are many more resources in the commune although Mr Long has very little need for them, and thus limited connections. There is social welfare (as he is now receiving monthly welfare payments for his disability), there are still the vocational training classes that he attended in the past (which helped him to find work) and there is now his own business, supported by his customers in the commune who use his services every day.

At the time when he needed supports, there were few available. Important services and policy for disabled persons are now available, such as, the CBR program and the policy to support disabled persons which came into effect in 2009 (MOFA, 2017; GOV, 2009); the people with disabilities Club in the commune was born in 2012 (interview with Head of people with disabilities Club); and community activities have only become available in recent years (interview with CBR manager in the commune). Mr Ha explained that if these resources and services (seen in Figure 6.2) had been available when he needed support in school, in vocational training, for social participation, and to reduce discrimination at school, it would have changed his life:

> "*If there had been someone to help, it would have been too good for me at that time. If I had had the supports, I might not have to leave school early*" (Mr. Long, 54 years old).

At the time of the interview, he was 54 years of age, with a successful business, good skills, and earning money like anyone else. When the CBR worker a few years ago and offered him support, he refused:

> "*Some years ago someone came and asked me whether I want them to come and help doing exercises for my legs. I said to them that I do not have time for that activity. My son was preparing to have exams to the university, I had to help them and do not have time for any other activities*" (Mr. Long, 54 years old).

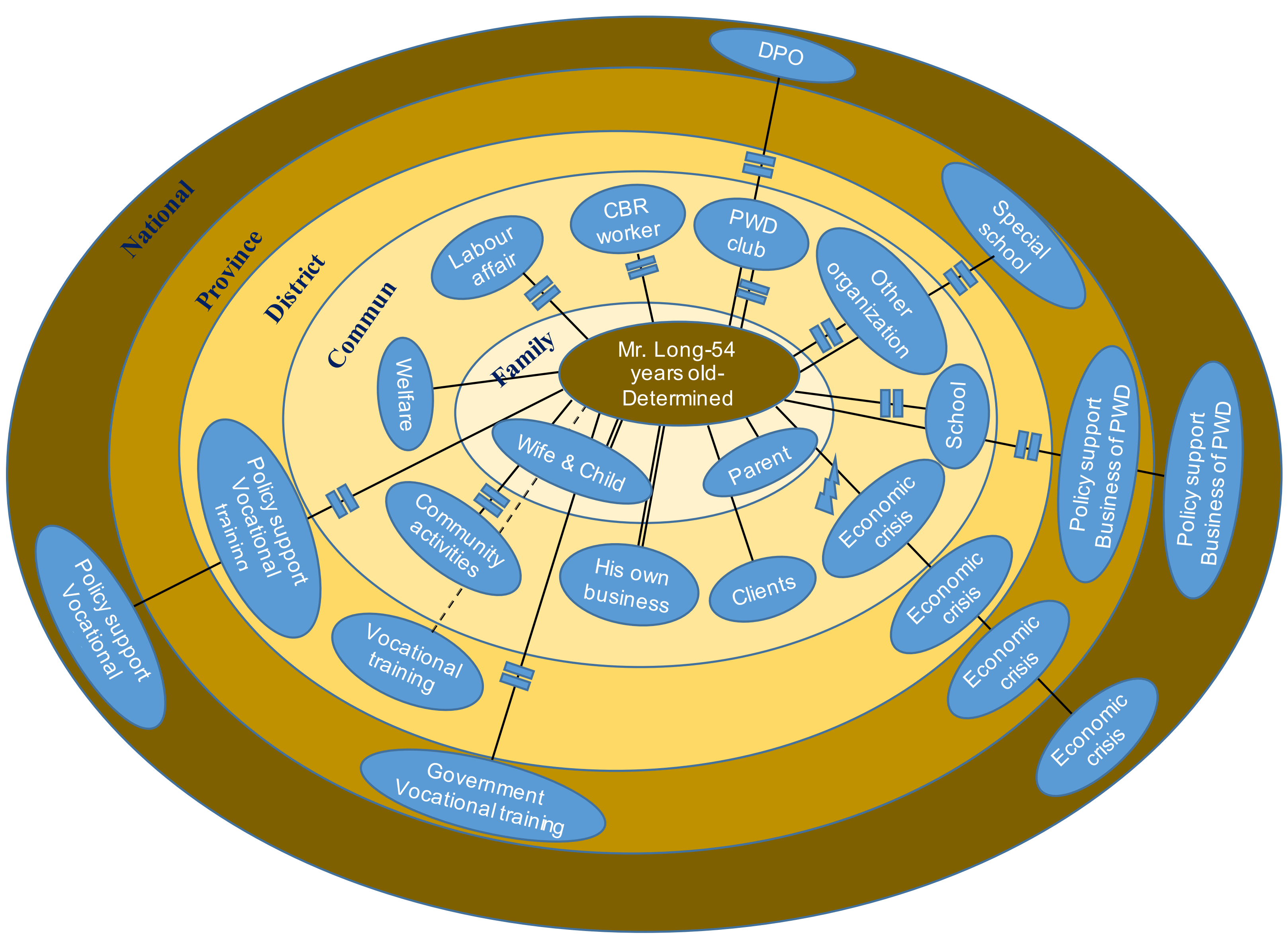
Mr. Long explained that the reason he refused this support was that he did not believe someone in the commune could do anything for his legs. He had visited many

hospitals in the province over the years with no improvement, so he said he had no time.

Having no time was also reason he gave for dropping his connection with the people with disabilities Club. Although he is now the vice-head of the people with disabilities Club in the commune, he had not been participating in activities for a long time. His refusal of support may reflect that he does not need these supports any more. He is focused on his family, and wants to maintain his own small business for his family. His income and life is stable so he has little need for any particular support from the community. Clearly, people are more likely to benefit from a services and resources if they come at the right time.

Another gap which can be seen from his first Eco graph in Figures 6.2 is that Mr Long cannot access services or resources in the outer levels of district, province and centre. Perhaps this is because there is no person tasked with facilitating connections with the different layers with the potential to fund people beyond the commune. Although the vocational training school for people with disability was established in the province in 1979 (H. T. Nguyen, 2015), Mr Long did not access this government school. While he could have had some financial support from the government if he learnt skills at the government vocational training school, instead he found a closer vocational centre in the district (as shown in Figure 6.2). However, he had to pay and did pay for this training. Further, even with the national policy to financially support businesses of people with disability which was introduced in 2012 (GOV, 2012b), there was no one in the commune to help him access the funding from this source.

Figure 6.2: Eco-graph of Mr. Long- 54 years old at the time of interview



Factors contributing to Mr Long's success

The most prominent feature in Mr. Long's story is what contributed to him managing to overcome difficulties to achieve success in learning new skills, then working and running his own business and also being confident about himself. This he was able to do in spite of the shortage of connections with services and resources in his environment.

It was clear form the interview that Mr. Long has been a very persistent and determined person, and continues to be. He never want to be dependent on others and this he said made him try very hard. It was not easy travelling 30 km back and forth from home to the vocational training class organized in the district at that time. Not everyone could do this, even the strongest person without disability, but he did. He explained he has always been a very strong-minded person:

> "*Some normal healthy person had to say that I cannot do like you. When I was still at school, I do exercises like other people. I hang myself onto the parallel bars. Many people was very surprised and said that even themselves cannot do that*" (Mr. Long, 54 years old).

He wanted to be considered "normal" and never wanted other people to look at him as a people with disability. Hence, he focused on doing things like other people, or even doing things better than other people:

> "*I do not think of myself as a disabled person. Why say I am disabled when I still can do everything that other people can? I have my own shop, earn money to provide for my family. You see, many people do not have job, they even earn money less than me.*" (Mr Long, 54 years old).

This statement shows how Mr Long thinks about himself, not as a disabled person but someone who is able to do things that many others cannot. It could be said that he has had to try much harder than people without disability to be successful, even though he did not receive much support from outside his family. However, he has never considered this gap a serious problem with his immediate family (wife and children) being the only close supports to him, giving him all the strength and motivation he needs.

The case of Ms. Lan

Social and economic background and personal history

Ms. Lan was born in 1980 at a time when Viet Nam was reunifying after the war and coming into a stage of recovery. Its national “Renewal Campaign” was launched in the late 1980s, and the success of business and agricultural reforms under “Renewal” was evident after 10 years. More than 30,000 private businesses had been created, the economy was growing at an annual rate of more than 7 percent, and poverty had nearly halved (MOFA, 2017). At the time Ms. Lan started school in 1987, the country has started the “Renewal Campaign” but still remained in deep poverty.

Ms. Lan was the first born of two children in her family. She was born with a disability; a disfigured left foot and right arm, as well as a cleft palate. The parents brought her to many different hospitals for surgery and rehabilitation. As an adult, she can walk, although with some difficulty. Her hand is still weak although she can hold things. Her father had told her, she was the person who would “take all the misery for the family”. Indeed, her younger brother was regarded as strong and healthy and finished studying before taking a skilled job in the city. Therefore, Ms Lan’s parents were able to concentrate all their attention on their daughter.

During the 1990s, Ms. Lan finished Grade seven. She started school later than other children because she had to do rehabilitation during her earlier childhood. At the end of Grade 7, she chose to leave school because she was feeling too different from other students and was thus experiencing feelings of discrimination. She then had a long period staying at home and doing nothing before deciding to learn some new skills so as to find a job. Unfortunately, she had an accident when riding her electric bicycle to the training class and her parents became so worried for her safety that they then kept her at home.

Eight years ago, the CBR worker visited to encourage Ms Lan to learn new skills for employment. He/She also spoke to her parents and encouraged them to support the idea of vocational training for their daughter. They then introduced Ms Lan to a training course in tailoring and she opened her own tailoring business after one year of training. Unfortunately, she started her business towards the end of the economic crisis (2007-2011), and ended up in debt and having to reduce the size of the business. She was in difficulty during this period and decided to study medicine for two years, before opening a small pharmacy shop. Now she continues with both her

tailor workshop in which she hires other people with disability from the commune, as well as her pharmacy shop which serves people in the commune. Ms Lan also commenced the people with disabilities Club to help and support others with disability in the commune, and is now the Head of this Club.

The important feature of Ms Lan's success story is the difference the CBR workers made. As well she has other supportive factors in her environment, such as her family. This could be a good story to share since it reveals how CBR workers can provide support resulting in success.

Eco-graphs for Ms Lan: Dramatic change before and after CBR supports

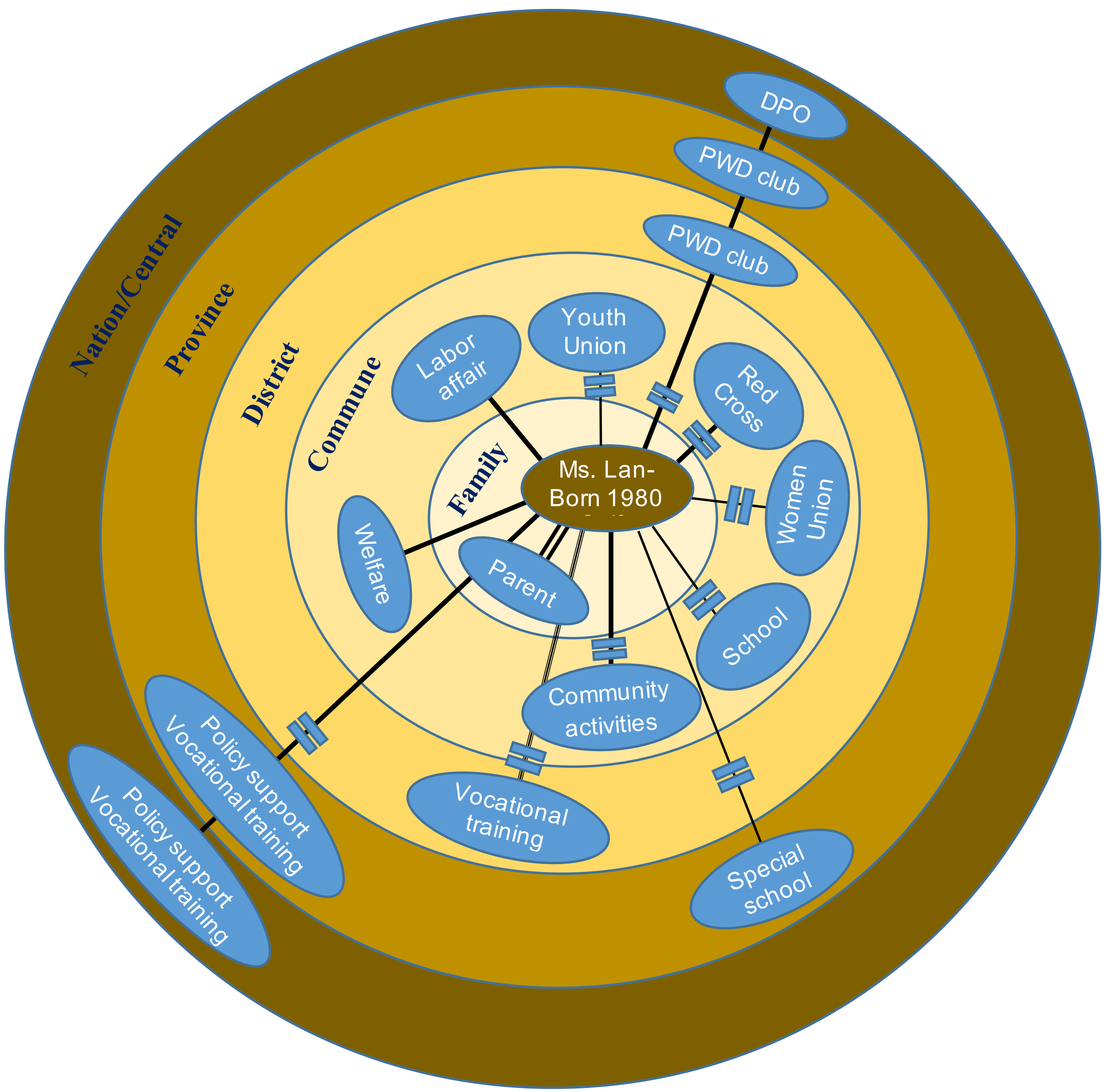
With the written consent of both her family and Ms. Lan herself, the researcher not only interviewed Ms. Lan but also observed some of her business activities and participated in some activities with the people with disabilities Club. The following eco-graphs (Figures 6.3 and 6.4) were developed based on analysis of information from the in-depth interview, observations and participation. They represent two very different snapshots in time for Ms Lan and reflect the absence followed by the emergence of strong support from the CBR workers in the commune.

Before the introduction of the CBR program, Figure 6.3 shows there were a few resources available, but very little connection for Ms. Lan who was isolated at home. Except for her parents (very close relationship), and the Labour Affairs worker (who made her welfare payments), she did not have relationships or connections with outsiders or indeed other services. She was feeling ashamed about being different to other people, and this prevented her from seeing people:

> "*If you saw me some years ago, I might not even have talked with you. That was the time I was always feeling discriminated and was not confident to talk with other people*" (Ms Lan, 37 years old).

Although Ms Lan started some skills training after she left school, an accident riding her motor bicycle had stopped her training. Her family's efforts to protect her from further injury unintentionally created a barrier for her to continue participating in external activities.

Figure 6.3: Case Ms. Lan Eco-graph before CBR pro



In Ms. Lan's generation (during 1990s), schooling (either mainstream or special school) were not easily accessible for people with disability owing to discrimination from self and others. Ideally, would have had support at that time to continue school, but none were available (as seen in Figure 6.3). However, since the establishment of the CBR program and the arrival of the CBR worker in 2009, there have been big changes in Ms Lan's relationship with services and resources in her social environment (as seen in the following Figure 6.4).

The second eco-graph (Figure 6.4) of Ms Lan's current support system now reflects a good model of support given a range of community facilitators appear in her mesosystem (between commune and district levels). Workers in commune support organisations like the CBR program, Labour Affairs, Red Cross, people with disabilities Club, Youth Union, and the Women's Union have connections with Ms Lan. They provide her support like counselling, encouragement, connection to vocational training (CBR workers), calling her when there are support programs and activities for disabled persons (Red Cross, Women's Union, Labour Affairs), making welfare payments (Labour Affairs), helping her organise events for the people with disabilities Club (Youth Union). She also has strong and supportive relationships within her own business, with her employees, with other businesses, and other people with disability in the commune.

Moreover, these activities and relationships within the local community could be considered as social capital for Ms Lan in that they enable her to make bridge to other resources in the larger system. The three main facilitators for helping Ms Lan connect with resources in district, province and at central levels are the people with disabilities Club, CBR workers and other businesses in the commune. Firstly, being the Head of people with disabilities Club, Ms Lan has the chance to work with larger people with disabilities organisations in the province, and to join up and network with other people with disabilities Clubs in different communes. She also has some connection with this DPO at the central level. In fact, as the Head of people with disabilities Club of the commune, she is invited to all relevant meetings or training from the district, province or central levels. Secondly, other businesses in the commune have also facilitated her connection to other larger businesses in the commune and at higher levels within those businesses. When working with the tailoring company in her commune, she got to know of other tailoring businesses in

the district and in the province. She said she has more contracts for her workers when she has more connection with a range of businesses.

Thirdly, the CBR Manager and CBR workers in the commune helped her to connect with vocational training opportunities in the district, and also helped her business to receive one-off financial aid from the government budget. As a CBR Manager in the commune said:

> "*At that time, they (the government) had the program to support businesses that are hiring disabled persons. Only the business of Ms Lan was nearly eligible. She still lacked some criteria but we had to work with the Labour Affairs Department in the district to ask for an exemption*" (Mr. Tung, CBR Manager in the commune).

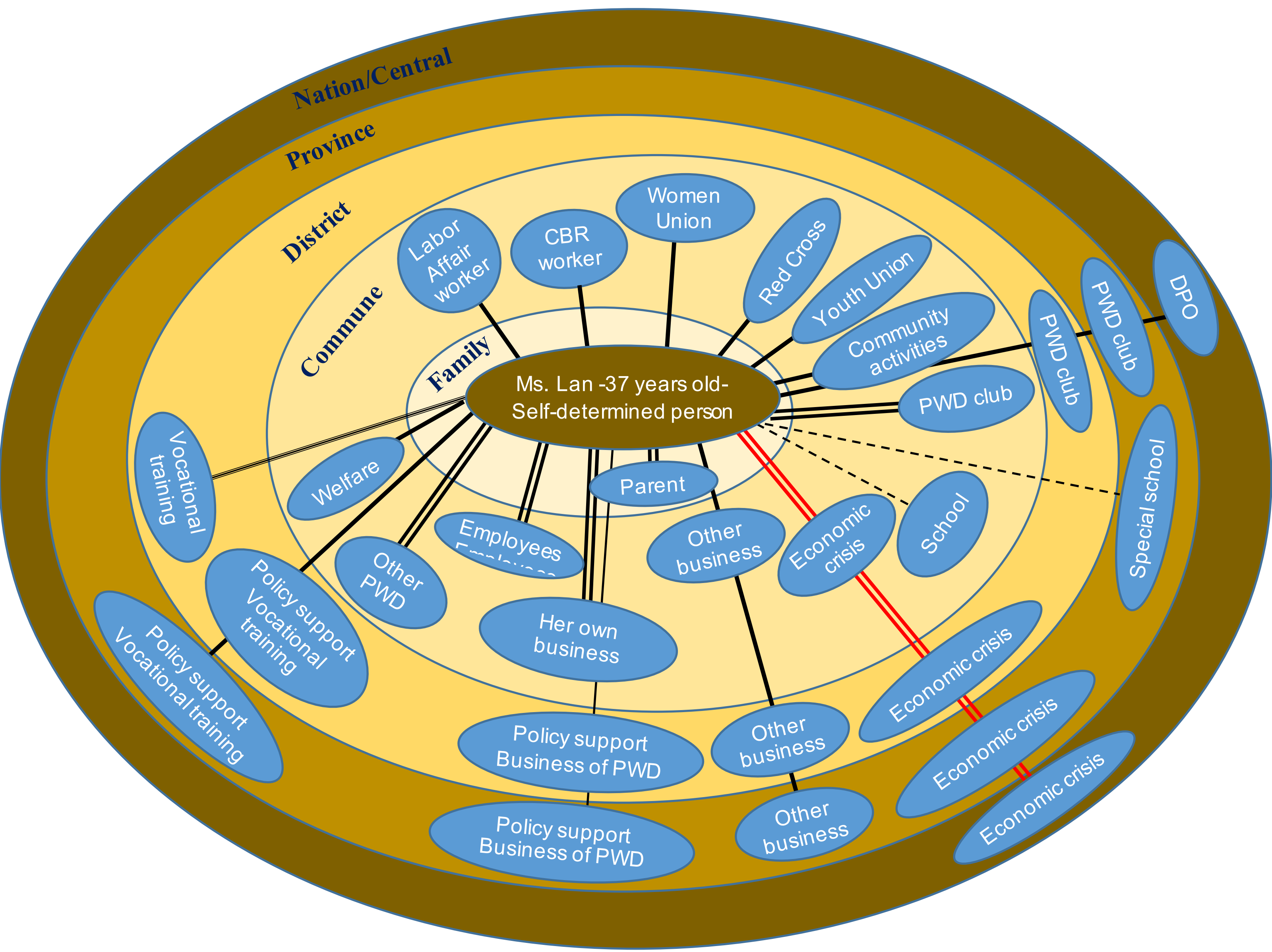
Without the support from the CBR Manager and the CBR worker, her business would not have been able to receive this financial support.

However, there were features in her environment a few years earlier that had a negative impact on Ms Lan. During the economic crisis in 2007, there were far less supports available and she needed to overcome this difficulty alone:

> "*I had lost 5 kg within a month because of stress. Sometimes I thought I would have to close this business. Then I started to learn about medicine to open a small pharmacy shop, only because I had to think of doing something else when my tailoring workshop could not run anymore. But luckily, I was able to maintain my business but I have to shrink down the size*" (Ms Lan, 37 years old).

The economic crisis affected not only the people with big companies but also the people in this small commune with small businesses like Mr. Ha 54 years old and Ms. Lan 37 years old. They needed support from the community to overcome this difficulty, but there were no supports available.

Figure 6.4: Ms Lan's Eco-graph of at the time of interview



Factors contributing to Ms Lan's success: One connection leads to others

Firstly, the relationship established between Ms. Lan and her CBR worker in 2009 was at the root of all other later interactions between her and other services and resources in her environment. Ms. Lan used to be very shy and isolated from others. Her parents had unintentionally contributed to her isolation because they had wanted her to stay at home so as to protect her from injury. Ms. Lan was the first child of two, who suffered more disadvantage than her brother. Because of this, her parents focused most of their attention on her. Her first eco-graph (Figure 6.3) representing earlier in her life shows how she had very few connections with people other than her parents. Once the CBR worker made visit to Ms. Lan and her family, they encouraged her to start learning skills and looking for work:

> "*They (parents) changed their minds because Ms. Thu (CBR worker) came and talked with my parents so many times. Yes, talking made the changes. It actually made the changes*" (Ms. Lan, 37 years old)

The enthusiasm of the CBR workers was a main feature in Ms Lan's success as they were prepared to go back and forth to talk with the parents. However, even after several family visits in other cases, this is not always successful. So, what other factors made the remarkable change for Ms Lan?

Very likely, her personality contributed to the success, together with the encouragement from outsiders like CBR workers. Even though her over-protecting parents did not encourage her going out to participate in economic activities, it was Ms. Lan herself who indicated her interest in work and study. She only lacked confidence. Moreover, Ms. Lan's disability is mild. Although she has difficulty mobilising, she is still able to walk and can ride her electric bicycle for a short distance. While her hand muscles are weak, she still has normal function of her hands. All of these factors may have helped make Ms Lan's decision to participate in work and study.

One change leads to others. Once she started to participate, she became more confident in talking with others. Being the owner of a business, Ms. Lan had to go out and meet with other partners to create more work for her employees. Working with other businesses within the commune and beyond the commune (district, province levels) has empowered her to take even more steps in social activities such as setting

up and becoming the leader of the people with disabilities Club in the commune. The role of people with disabilities Club leader has empowered Ms. Lan to have further connections with other resources and services. Ms. Lan now works with the Youth Union, Women's Union, Red Cross, Labour Affairs worker, and even the schools (both main stream school and special school) and she helps connect other disabled children and their families to services and resources. They invited her to meetings that relate to support for people with disability. They also inform her when they have any projects or plans to support people with disabilities so she will be the facilitator between the disabled persons in the commune and available programs for them.

Case of Khoi, 8 years old

Social and economic background and personal history

Khoi was only 8 years of age at the time his mother was interviewed. At this time, Viet Nam was experiencing 6-7% annual economic growth (MOFA, 2017). The government had started providing support to marginalized groups, including people with disability, and disability itself was beginning to receive expanded attention from government. A new Vietnamese Disability Law was established in 2010 (GOV, 2010b) and was the first legislative step to providing continuing budget allocations for disability in different government plans and programs.

Khoi was living with his single mother. He was born with mild Down's Syndrome in 2009, and was affected by Agent Orange, and this resulted in his father leaving him and his mother. In return, he received much love and care from the mother who took good care of him. She did not want him to go far away from her and always worried whether he would have enough to eat or would not know how to take care of himself if she were not around.

With his intellectual disability, his mother brought Khoi to many hospitals, but his disability remained unchanged. He went to a mainstream school in the commune but stayed in Grade 1 for three years. After this, both the school and his mother agreed to withdraw him from school because he was not able to keep up with other students in class. At the time of the interview, he stayed at home with his mother during the day. Khoi still wants to go to school but he does not want to return to his old school because

he is embarrassed that he is now studying with younger children. The mother would have liked him to go to a special school but she also did not want to send him away to the province on his own (the Special School is located in the province). The CBR worker reported having difficulty helping Khoi back to school.

This case was selected because he was one of the few people with disabilities in the village of school age who revealed the need of support to go to school, and the CBR worker was making a big effort to support Khoi in his and his mother's wish for education. Although there was still no success in helping him back to school, this case reveals the difficulties in getting education for children with intellectual disability. Ideally, special education should be available in the commune.

Eco-graph for Khoi

This eco-graph for Khoi (Figure 6.5) was based on the information obtained from the in-depth interview with his mother, and information from his CBR worker. Like the case of Ms. Lan, Khoi's eco-graph is considered "safe", as there are different resources within the community.

His mother is placed in the family circle, since she is the only family person who has influence and contact with him. Khoi's mother is very protective. She is a single mother and Khoi is her only child; the only love that she has. Her protective support could be a good support on one hand, but on the other hand, this could prevent Khoi from participating in other activities. The mother also worries that Khoi may go away for work at some stage in the future, but that he would not be able to take care of himself on his own so she wants him to stay at home with her.

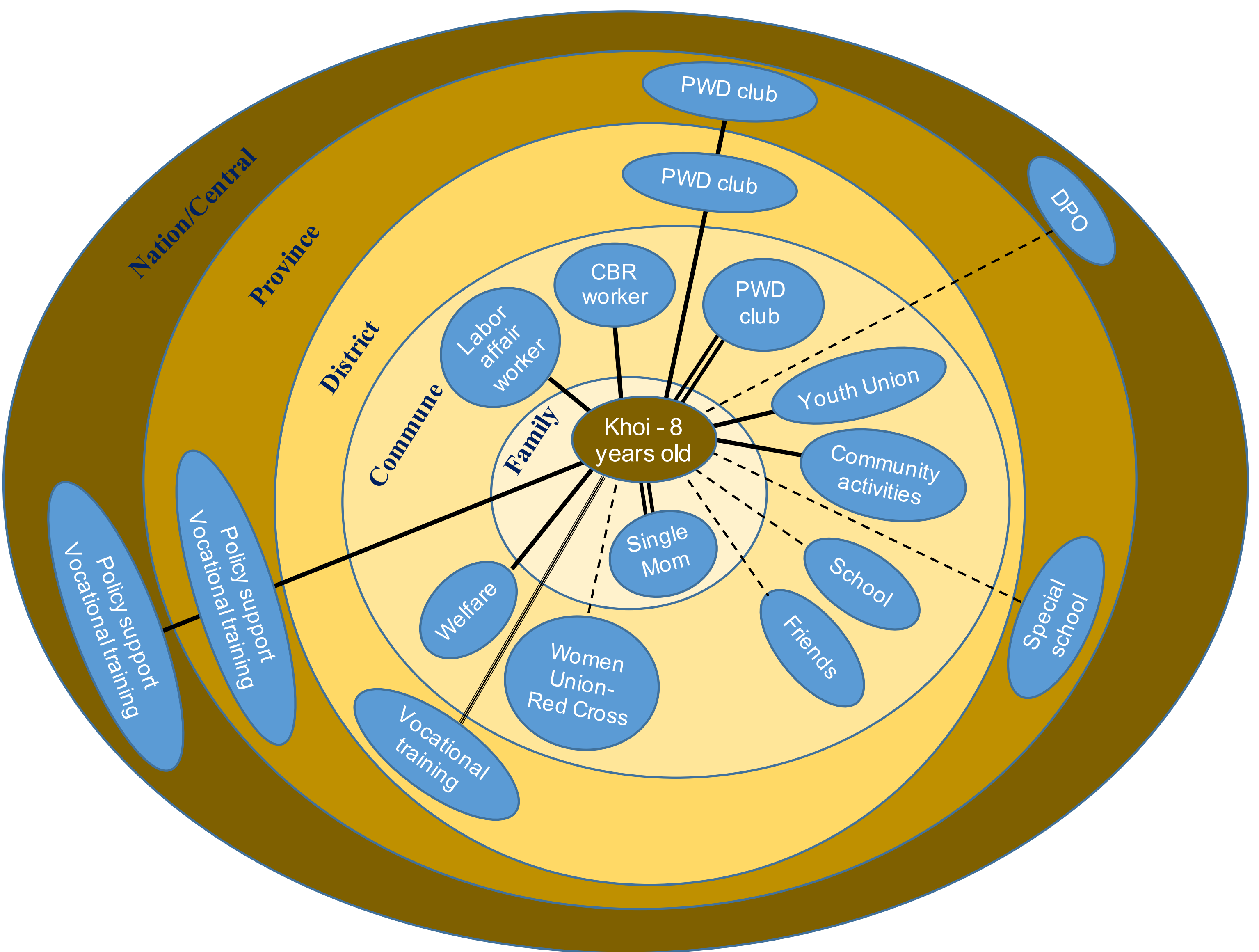
The second circle is full of resources and services, which is a good sign for Khoi because they are close and accessible. The appearance of both the CBR worker and people with disabilities Club at the local level has the potential to work as a bridge between Khoi and other resources and services in the commune. The CBR worker can facilitate the connection between Khoi and the local school by encouraging him to go back to school, and working with him at home to help him catch up with other students in class. The people with disabilities Club is helping Khoi expand his community activities, and he has started to have friends in the neighbourhood.

"*I tried to bring him to the Club meeting because this is chance for him to talk with other people. Before he was very shy. He hardly wanted to play with any other children. But now he is more comfortable to go out with the children around*". (Khoi's mother).

Moreover, the Head of people with disabilities Club visits his home to encourage the mother and Khoi to take part in occasional activities of the village. Being a part of the people with disabilities Club, the child had the opportunity to communicate with other people, which can help him to feel more confident about himself. This is very important to him at this time, because he was still very young. However, he is old enough to be impacted by other people's opinions. If he is not well supported as he ventures into community, he may experience stigma and discrimination which would prevent him from participating in other activities. Looking back to Ms Lan, she too was isolated, and did not talk with other people for a very long time. Once the CBR worker became available and came and encouraged her out of her isolated world, things began to change and connections grew. However, Khoi is different because he has had access to the CBR worker and the people with disabilities Club in the commune all along and at the time he needs the support.

The CBR worker and the people with disabilities support in the local commune can help to open connections between Khoi and the resources and services at the outer levels. He has more than once accompanied the people with disabilities Club to participate in a social event organised by the provincial people with disabilities Clubs in the province. On these occasions, he had the opportunity to meet and get to know other new friends, going out of his own home to see different things happening beyond the commune. He would never have made it without the support of the community people with disabilities Club.

Figure 6.5: Eco-graph of Khoi at the time of interview in 2014



As can be seen from the eco-graph (Figure 6.5), the Social Welfare and Labour Affairs worker also had some connection with Khoi. This is because he is a victim of Agent Orange from the war and he receives a monthly allowance. The Labour Affairs worker is responsible for making his welfare payment to him. This seems to be the only relationship between him and the Labour Affairs worker. However, the Labour Affairs worker cannot provide him with personal and direct support like the CBR worker or the people with disabilities Club. This Labour Affairs worker pays welfare to many different groups of people throughout the commune, according to their entitlements, and people with disability form only one small group.

Education, however, is still a problem For Khoi. Although the public school in the commune accepts disabled children, they do not have any suitable program adapted for disabled children with an intellectual disability. Khoi cannot follow the normal program so has experienced discrimination from other younger and smaller students in class. Hence, he has refused to return to school. This is the biggest concern of his CBR worker, and also for Ms. Lan in the role of Head of the people with disabilities Club. However, their efforts to get him to return to school have not been successful. The CBR worker reported that they do not know what to do:

> "*There is no special school in town while the mother does not want the child to go too far away from her. I really want to help the mother to bring Khoi back to school, but do not know how to do*" (Ms. Uyen, CBR worker).

Changes need to come from not only Khoi himself but also from the educational system. Until the local school really gets involved in properly supporting children with disabilities, they will still be excluded from education.

Special schools may be more suitable for some children with disabilities if they are accessible. In the case of Khoi, his mother wanted him to go to a special school. However, it is only available in the province which is 65km away from the commune and he would have to leave his home to live in the Provincial Centre. But being away from his mother would be hard for an 8-year-old child with an intellectual disability. The mother would not be able accompany him because she cannot quit her job. It seems that there is nothing the CBR worker or the people with disabilities Club can do in this case because they cannot persuade Khoi to live away from his mother.

Things need to change in the educational system in the commune for children like Khoi.

Resources and services across the generations

Reviewing the three selected case studies, it is possible to see how resources and services such as educational opportunities for children with disability, the advent of a comprehensive CBR program in 2010, the development and expansion of DPOs like the people with disabilities Club, access to Labour and Social Affairs welfare payments and access to government-funded vocational training have developed or indeed remained unchanged across the generations. As can be seen from the three case studies, the nature of the resources and services across the generations as well as the consistent effect of discrimination have had different impacts for three people involved. This section explores how each of these contexts was important to meeting the needs of the three individuals with disability across the generations – from the 1970s to now. This analysis will contribute to recommendations for more effective support for people with disability.

Since the 1970s, special schools have remained available only at province and central level as can be seen from both Mr Ha's experience in the 1970s and now Khoi's experience in last four years. Special schools which maybe more suitable for children with more severe disabilities still remain inaccessible to those living in the commune. Public schools in the commune also remain unchanged in terms of inclusion of disabled children. Over the three generations, discrimination has remained one of the key reasons why each of Mr Long, Mrs Lan, and Khoi have left school early. Nothing has changed with this. At present, 8-year-old Khoi's mother also reports him having had too much difficulty following the mainstream education program in his public school. Even now, no attention has been given to developing adaptive programs for students like Khoi in the mainstream public school in the commune. The teachers do not have any training specifically to assist Khoi in class or to adapt their teaching or the school environment to suit him better. No additional support was available for Khoi so it is quite understandable why he left school.

The CBR program moved from the higher central level to the lower commune

level and is now able to reach individuals in the commune. CBR workers, community nurses in the role of CBR workers, have worked in the community since 2010. That was when people with disability started to receive direct support from this important community resource. Moreover, the CBR program also experienced a positive change not only the move closer to the person, but also has developed from a single medical approach to a more comprehensive program. CBR workers now not only assist with providing physical rehabilitation but also support for children to go to school, helping connect people with disability to employment, skills training classes and other forms of social participation.

Vocational training has also moved from central and province levels down to a level which is closer to the people in the commune. However, vocational training classes in the district and commune are still organized occasionally only, so not always available and there are not many choices. If one person wants to learn a specific skill for work, they may need to wait until it becomes available in another commune nearby or in the district, because they cannot go to the province. When Mr. Long was a much younger person, he had had to travel a distance of 30km every day when he was doing skills training. This travel is not possible for every person with a disability, especially those dependent on others and who cannot travel alone. This is in spite of the fact that the central agency (Ministry of Labour and Social Affairs) has substantial funding to develop vocational training for people with disability but cannot find enough people with disability to register for the training courses in the province or central level and thus cannot spend its funds. The need for people with disability to leave their homes in the commune to attend the training in the province or city remains a barrier across the generations.

DPOs have operated at the central level since 1980, but at this time had no connection to the local commune level (see Mr Long's earlier eco-graph – Figure 6.1). In the 1990s, the province started the people with disability Club, as seen in Ms. Lan first eco-graph (Figure 6.3). However, at this time and with no one to facilitate connections for people to the Club at province level, people with disability in the commune were unable to connect. Once CBR workers became available locally, someone like Ms Lan was able to become a facilitator and develop the people with disabilities Club into the commune, connecting local disabled persons with the people with disabilities Clubs in larger areas. At present, it can be seen that Khoi (born 2009)

has benefitted most from this Club as it now has many supporting activities within the commune and he has been connected to these different activities at the higher levels.

The Ministry of Labour and Social Affairs has its own agencies at the three different levels from central to the commune but there are limitations in terms of support on offer to people with disability. The Labour Affairs worker is unable to provide any support to people with disability since they are limited to making welfare payments to a broad range of eligible people, of whom people with disability are just one of many groups.

The government also has a policy to provide support for businesses that provide vocational training for people with disability, but the support remains at the central level and is generally not accessible for small businesses in the commune. This was the case with Ms. Lan's tailoring business. Her eligibility was able to be overcome although the eligible criteria for financial support for a business providing vocational training for people with disability is to have at least 12 learners at the workshop and one registered teacher who holds a certificate in skills training. This regulation generally restricts the funding support to large, registered businesses with significant incomes. Unless the criteria for the funding changes, the small businesses of people with disability, although very practical and providing direct training locally, are unlikely to ever be eligible to receive this funding from the government.

Factors contributing to a good life for people with disability

These three case studies also illustrate how a combination of personal, family and environmental factors can impact the success of an individual's participation in social and economic activities and hence a good life. The way these factors have combined for these three people also highlight how supports in the community could provide even more effective social and economic services and resources in the future for people with disability.

Personal factors

Important factors that contributed to the "success" of the two adults, Mr Long and Ms Lan, were their personal characteristics, in particular, being strong, and

determined. Mr. Long was very determined, and talked about how he always tried his best to do things, even things that seemed too hard for his physical ability. Even though Ms. Lan's parents did not want her to go out to work, she was determined to do so. When a person really wants to do something, they can overcome many difficulties including stigma and discrimination. This dedication to surmounting challenges is a very crucial factor in an individual with a disability being able to succeed.

For 8-year old Khoi, these strong personal characteristics were not so evident. The nature of Khoi's intellectual disability and his young age mean it is difficult at this time to be decisive about his own future plans, and his mother remains unsure about if he can go back to school or ever do any skills training in preparation for work. Comparing Ms. Lan with Khoi, both have very protective parent(s) who want to keep them safe. Admittedly older than Khoi, Ms. Lan was eventually able to show her willingness to work and convince her parents that she could do things that her mother did not think she could. On the other hand, Khoi does not know what to do, nor can make his own decisions at this stage in his young life. Not every child with a disability can perhaps overcome the protective shade of their parents and make their own decisions.

Internal motivation to achieve may also come from family circumstances. The more difficulty Mr Long's family had, the more motivation they seemed to have. Mr Long's parents were in deep poverty and, with six children to take care of, they had limited time to assist him. His parents worked from day to night to afford only a limited lifestyle for the large family. Having grown up with poverty and difficulties, Mr Long pushed himself to try very hard so he would not be dependent on others. Later when he had his own family, he wanted to give them the best education and living conditions, so worked very hard himself.

Ms Lan's motivation was very different. While Mr. Long tried to get out of the poverty by working hard, Ms. Lan did not have the same level of deep poverty. She was the first of two children in the family, and her younger brother was both strong and healthy. He later got a job in the city and Ms Lan's parents only had to take care of Ms Lan and did not need to worry about money very much nor how her brother was getting on. That being the case, Ms Lan could easily have lived on social welfare and relied only on the support of her parents. However, she wanted to help herself and

other people with disability in the community, and by opening her tailoring business, she created more opportunities for herself and other people with disability in the village.

The two cases Mr. Long and Ms. Lan had the same motivation to assert themselves. Mr. Long did not want other people think that he was inferior to them. He said that he could do things that other people could not do like pulling himself up on to parallel bars. He did not allow other people to think of him as someone with a disability, because he can work, he can earn money even better than many other people. Ms. Lan had the same motivation as she always wanted not to become dependent on anyone. She wanted to contribute to society like other people.

We can see that if the motivation to work and be educated is strong, then people with disabilities can be supported to overcome a range of barriers to learning and getting work. Support workers could capitalise on people's motivations when working with people with disability and their families. Only when the support person understands and builds on the motivation of a people with disability to participate, can they help them the most.

Type of disability

The type of disability also impacts how easy or difficult it is for a person is able to take part in studying and working. While people with a disability affecting their mobility can have difficulties in travelling to school and to work, people with intellectual disability may have both travel difficulties as well as requiring the school environment to adapt its education programs to make them more suitable for children with an intellectual disability. Among the three cases in this chapter, Mr. Long and Ms. Lan had disability with their mobility, while Khoi had an intellectual disability. Mr. Ha and Ms. Lan had difficulties in travelling to work, but both were able to overcome this difficulty through their own efforts and with some help from others, for example: they got up early to bike to school (Mr. Long), or parents were able to assist (Ms. Lan).

However, Khoi's disability is more complex. Although both his mother and the CBR worker tried to teach him at home, he was still unable to move beyond Grade 1 after 3 years. Without special support at school for the intellectually disabled children,

it is very difficult for them to continue their education at public school. Schooling for children with intellectual disability requires more planning than for children without a disability or only a moderate to mild disability related to mobility. In Khoi's situation, the teacher said she "gave up" because she did not know how to help him when he could not understand as the other students did.

The family

The family was generally the most intense resource available to each of the three individuals and had a major effect on each of their lives. The family factors were different for the three case studies but nevertheless contributed to the success of their lives. Mr. Long who was born in 1963, had very poor parents who had limited time and resources to take care of him. Even so this limitation created a motivation for him to become independent financially. For Ms Lan and Khoi, their families were very protective. This is good that the child receives care and love from parents. However, over-protection can unintentionally create a barrier that prevents a son or a daughter from taking part in social and economic activities.

Supporting environment including CBR program

The supporting environments for each of the three individuals refer to the external services and resources available to them outside their families. These were represented in their eco-graphs and also showing the coordination of the different resources and services across the three levels – commune to district to province. Indeed, the supporting environments were very different for each of the three case studies reflecting the changes in supporting programs over several decades and across three generations of people.

Mr. Long had very poor supportive connections within his environment. At that time, he needed help going to school or doing work skills training, but he did not have any support from others. The stable life he had achieved at his mature age was the result of his own efforts and determination. Therefore, when the CBR worker came later when he was all settled down, he refused this support.

Ms. Lan (37 years of age) started with a few resources at the local level but no

connections were made because there was no facilitator to help connect her to resources. Once the CBR program eventually came to her, this had a very positive effect on her. By talking with her family and Ms. Lan, the CBR worker changed the family's decision about their daughter going out for learning skills and work. From originally being constrained by family as well as discrimination, Ms. Lan became more confident when she started going out to learn skills and open her own business. Since then, she has been building connections with a range of organizations like the Red Cross, Women's Union, and other businesses within and beyond the commune. These connections have created a very strong supportive environment for Ms Lan thus enabling a good life for her.

Eight-year-old Khoi is different. Even though there are many more resources available to him now, than there would have been decades ago, the CBR worker has still failed to get him back to school and the education system remains unable to cater for his needs. Even so, the CBR worker and the people with disabilities Club came to him at a young age, and this has been beneficial. Both the CBR worker and people with disabilities Club have been excellent starting points for Khoi to connect with different resources in the commune and at other levels. Despite his challenges, there is hope that he will do better in the future.

CHAPTER 7: CURRENT RESOURCES AVAILABLE FOR SOCIAL AND ECONOMIC ACTIVITIES FOR PEOPLE WITH DISABILITY

Introduction

The implementation of comprehensive CBR programs requires the mobilization of a range of resources available through various stakeholders, including key government ministries, formal and informal organizations of people with disability and social political organizations. Given CBR programs need to provide effective social and economic support to people with disabilities (WHO, 2006), it is important to understand not only their current resources for social and economic activities at the study site but also their limitations.

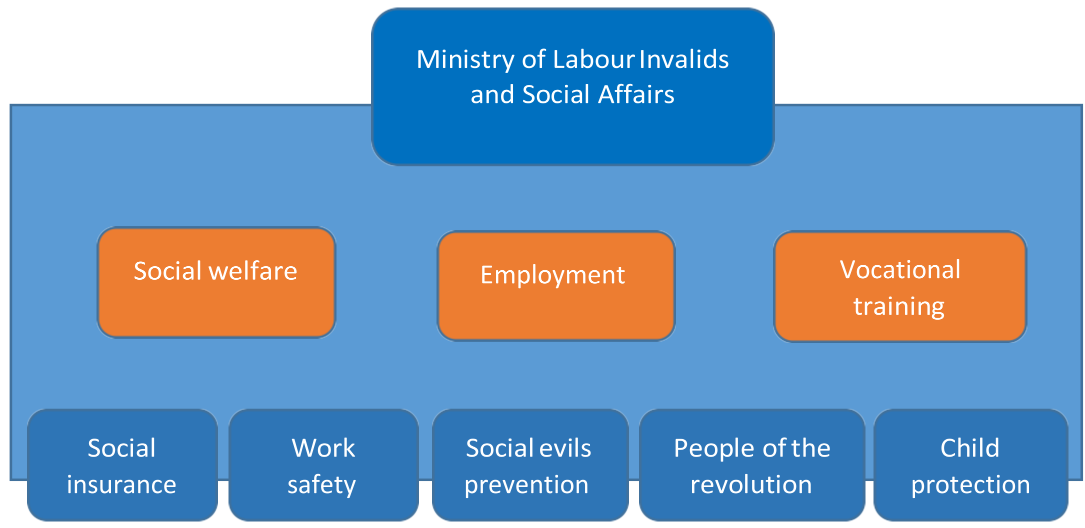
This chapter outlines the current available resources of key stakeholders at the study site, the ways they are structured as well as their limitations. It draws on observations and interviews with people from two government ministries (MOLISA; and MOH), formal and informal organizations of people with disability, social political organizations (the Red Cross, the Women's Union, the Youth Union, Farmer's Union, and the Veteran's Association) as well as secondary data analysis. Recommendations will be made in the Discussion chapter about the future of comprehensive CBR at this site, and about the potential of the newly formalized social work profession to make the most of these current resources while minimizing their existing limitations.

Ministry and Departments of Labour, Invalids and Social Affairs

The Government of Viet Nam has assigned MOLISA to be the chief ministry responsible for the overall management of support services and welfare for disadvantaged groups including people with disability and those affected by war. According to the Decree No. 106/2012/ND-CP of government regulating functions, the duties of the MOLISA relate to social and economic support services such as employment, vocational training, social welfare, social insurance, child protection, work safety, prevention of social evils and the policy for Vietnamese veterans.

Clearly, among these tasks, employment, vocational training and social welfare are directly related to the social and economic needs of people with disability at the national, provincial, district and commune levels (as shown in the diagram below). Figures 7.1 illustrates the functions, duties, and authorities of the MOLISA and Figure 7.2 shows the central and provincial structures of the MOLISA including the departments and centers that have direct relation to people with disabilities related to the study site.

Figure 7.1: The Responsibilities of the Ministry of Labour, Invalids and Social Affairs



Sources: No.106/2012/ND-CP Decree stipulating functions, duties, authorities and organisation structure of the Ministry of Labour, Invalids and Social Affairs and MOLISA (GOV, The Government, 2012c) and website: http://www.molisa.gov.vn/en/Pages/Organizational.aspx.

Resources and Limitations for Employment and Vocational Training

Figure 7.2 shows that the MOLISA's Functional Departments at the Central Level are to assist the Minister in policy making and policy management while the two Departments Employment and of Vocational Training are specifically tasked with overseeing employment and vocational training. These two departments manage the Employment Centres and Vocational Schools for people with disabilities in the provincial capital.

Figure 7.2: The Structure and Levels of Ministry of Labour and Social affairs

Central/National level

Ministry of Labour, Invalids and Social Affairs

Functional departments to assist the Minister in policy making and policy management

Training and research: University of Labour and Social Affairs, Labour and Social Affairs reviews, Labour and Social Affairs newspaper

Department Employment

Department Vocational Training

Provincial level

Labour, Invalids and Social Affairs Committee Department

Employment Centre

Vocational Training School for PWD

Social Work Department

Social Protection Department

Institutional Centres

District level

Labour, Invalids and Social Affairs Committee Division

Management Board: Head and Vice Head of the Division

Commune level

1 Labour Affairs worker in 1 commune

Source: Decision on roles, responsibilities, duties, authorities and organization structure of the Ministry of labour invalids and social affairs (Ministry of labor and social affairs, 2013).

In the study site, the province's Centre for Employment was established in 1992 by the decision 108/QD-UBND with its main function to provide accurate information, counselling, training and employment matching for eligible people

(People Committee of Thai Binh, 1992). The Centre has its own official website which is open to the public and updated daily in respect of available jobs and matching them with people who are looking for jobs. A search on the Centre's website confirmed this. In addition to the website, the Centre organises face-to-face meeting between employers and people looking for work. Statistics available on the official website of the Employment Centre at the study site showed that the Centre had successfully linked 2000 persons in the year 2015 to jobs (Employment centre Thai Binh, http://vlthaibinh.vieclamvietnam.gov.vn/). However, there are no statistics or job advertisements that specifically relate to people with disabilities. Hence, this Centre for Employment may well be an untapped resource for people with disability although this is yet to be investigated.

The employment referral system

The MOLISA does have an employment referral system from the Central to the District level, which can reach to the commune level. However, observation and interview findings suggest people with disabilities are totally excluded from this referral system. The Labour Affairs worker in the study site commune says there is no workable system and all she can do is read the regulations about case management and employment for people with disability to everyone through the community loudspeaker. This is because:

> "*There are no resources to help connect people with disabilities with jobs, or at least provide some clear guidance to do this task. All I received here is the Decision of the Government, but the only thing I can do is to read to the community loudspeakers to make announcement*" (Ms. Em, Labour Affairs worker in the commune).

Vocational Training Supports for people with disabilities

The study site has an official School for Vocational training for people with disabilities located in the centre of the province. The School has been providing education and vocational training for people with disabilities throughout the province since 1979 (H. T. Nguyen, 2015). According to the School Report available on the

official website of Thai Binh news, the school has 800 students as of 2016, with 30% of them people with disability, mostly being second generation war invalids. The school now has 6 job training areas: carpentry, tailoring, mechanical, computing, accounting and electrical (T. H. Nguyen, 2016). Interviews with the staff in the Department of Labour, Invalids and Social Affairs, Thai Binh, MOLISA allocated a significant budget for the Centres or private businesses to provide skills training for people with disabilities (Mrs. Hong, DOLISA). This represents real effort by the Ministry to widen vocational training opportunities for the people with disabilities living in the commune.

Moreover, the Government of Viet Nam not only has responsibility for allocating a budget for the Vocational School for people with disabilities, but also allocating monies for local businesses to provide skills training for people with disabilities. The budget came as a result of Decision number 1956/QD-TTg which regulates the vocational training project for the jobs in rural areas (GOV, 2009). This Decision ensures a proportion of the total budget of 25.980 billion VND actually contributes to vocational training for the people with disabilities between 2009 and 2020. It allows funding of 3 million VND per each person with disabilities for one training course of no longer than 3 months, plus a monthly allowance of 15 thousand VND per person with disabilities per day, and a travel reimbursement of 200 thousand VND per person with disabilities (GOV, The Government, 2009). This is another good resource, which could be utilised to make way for people with disabilities to participate in vocational training and have access to real employment opportunities.

Access to Vocational Training

However, interviews with key persons at different levels revealed problems with the successful allocation of the vocational support budget for people with disabilities. These problems begin with the criteria for eligibility for businesses to receive government funding to providing vocational training. Four conditions must be met. Businesses must be a registered vocational training Centres, have more than 20 people with disabilities per Centre, show working conditions and equipment to be adequate and accessible, and have at least one qualified lecturer at the Centre.

Only large vocational training centres satisfy these conditions while other small,

private businesses, including businesses owned by people with disabilities are likely to be ineligible for funding. DOLISA staff responsible for allocating monies for vocational training supports for people with disabilities indicated that they had difficulty spending the budgeted money.

> "*We want to allocate government funding to the Vocational Centre but the registered Centres cannot recruit enough people with disabilities while the other local business are not eligible to be registered Centres*" (Ms. Hoa, member of DOLISA).

Ms. Hoa explained that although registered Vocational Training Centres at the central level like the Blind Centre or the School of Vocational Training have adequate working conditions and often have qualified teachers, they have difficulties recruiting sufficient numbers of people with disabilities from different communes. The interview with the representative from the Organization for people with disabilities revealed that the organization's Vocational Centre cannot open classes because there are not enough people with disabilities registered. They resorted to paying local community workers to find suitable people with disabilities to register in vocational classes, but even this was unsuccessful. People with disabilities explained that there were two main problems in putting themselves forward to be registered. First, since they wished to remain close to family, it was difficult to leave their home town to go to the city or province for training. Second, the actual training provided from the central level was found mostly to be based on the availability of resources in the bigger towns or cities, and not based on the needs of local businesses. This makes it very difficult to connect to a real job afterwards (focus group interview with people with disabilities in commune).

From a practical point of view, small local businesses present the best way forward for people with disabilities to access vocational training. This is because they are located in close proximity to the commune, and people with disabilities living in the commune do not need to leave their family to travel to the city for training. Moreover, the local businesses in the commune often train people with disabilities based on the work demands of their own business. One interview with the owner of the tailoring shop in the commune, who provides training and jobs for many people with disabilities in the same area, showed that she provides on-the-job training which depends on the demand of the tailoring work contracts that she has. This means people

with disabilities then may have a better chance of acquiring a job after the training.

However, none of the local businesses in the province met the four eligibility criteria for government funding. For example, Ms. Lan's family business had provided on-the-job training for a few people with disabilities. However, the number of people with disabilities her shop could afford to offer vocational training to was lower than the required number of 12 to receive the government funding. Interviews with Ms. Lan and Mr. Long, the two people with disability who owned family businesses indicated that neither of these businesses can afford to hire the necessary qualified lecturers to be eligible for government funding.

Real barriers to people with disability accessing vocational training relate to the distance required to travel from home, the often poor match with local business' needs far away from home, and the challenges for any business to meet the four funding criteria. Even the local businesses which actually provide training and create employment opportunities for people with disabilities are not eligible for any financial support from the government, leaving the DOLISA unable to spend its allocated budget:

> "*We have to spend 20% of the total budget of the Regulation 1956 of MOLISA for vocational training centers providing supports for people with disabilities, but I am afraid I cannot spend that money. I cannot spend that money because none of the businesses are eligible*" (Ms. Hoa, member of DOLISA)

Resources from Social Work Centre in the Province

MOLISA is in the process of developing a formal system for the social work profession at the province level, located in the provincial capital. The first step in 2013 was to change the name "Thai Binh Social Protection Centre" to "Thai Binh Social Work and Social Protection Centre" by the Decision number 1488/QD-UBND (People Committee of Thai Binh, 2013). By officially adding a social work mandate to the Centre, additional social work tasks are written into the Decision 1488: "Provide some Social Work Services with Individual, Family who are Having Difficulties" (People Committee of Thai Binh, 2013). Although the quality of social workers maybe unknown at this stage, this should be regarded as a positive first step in

bringing the social work profession to life in the province.

However, there are challenges. The Social Work Centre in Thai Binh is only a new name given to an old centre in 2013. The Centre still needs time to acquire a qualified social worker to be in a position to provide the necessary community services. Previously, the Centre provided shelter and care to the elderly and also people with severe disability, both of whom were eligible to be admitted to the Social Protection Centre. The staff at the Centre come from several disciplines, such as nursing, physiotherapy, and other caring roles, but there are no social workers at the Centre. Even when the Social Work Centre's name and mandate changed expressing the intention to provide professional social work services, the required human resources did not follow:

> "*There is not anyone with social work training background in the Centre. The name has changed but there are not any qualified social workers. I have to put some staff who used to work at the welfare section to fill in this gap, but you know, they are not social work practitioners*" (Mrs. Hoa, Member of DOLISA).

The Social Protection Centre staff have indicated that the Centre is unable to hire professional social work staff due to a lack of allocated budget. While the Centre has the mandate to provide professional social work activities, there are insufficient internal resources to fill necessary qualified social work positions. To fill the gap, staff from the Centre have been provided short courses in social work skills, but this is an unsatisfactory or temporary solution:

> "*There are some short course trainings for the staff, but we still need to have a qualified social worker in the Centre to be able to set up a professional social work service*" (Mr. Hai Member of Social work centre of the Province).

A representative from the Board of the Centre suggested that it would be easier if the government developed a totally new Social Work Centre, rather than just add to the existing outdated Social Protection Centre system with its focus on institutional care, mostly health rehabilitation. Further, the Board of the Centre admitted there were insufficient staffs to visit each individual with disability in the commune to provide support. She also affirmed that when staff go to the commune to provide

physiotherapy, they have to charge the clients for this treatment given there is no budget allocated for community outreach and support.

In addition, MOLISA does not currently have sufficient human resources at the commune level to provide universal individual support to those who need it and are eligible. There is only one Labour Affairs worker at each commune responsible for implementing welfare policy for all disadvantaged groups. People with disability are but one group of many requiring services. There is no time for family home visits, or to provide individual consultancy or other supports. The community nurses in the commune who work directly with each person with disabilities stated:

> "*They (Labour Affairs workers) do not have enough time and people to do what we are doing now. They cannot go to each individual like us, because they do not have enough people to do so*" (CBR worker group discussion).

The policy makers and policy managers also realize this is a problem of this government agency:

> "*This is the biggest limitation of the system. It is not to have strong human resources at the local level. The system only has one person in one commune who is responsible for all welfare tasks and is not able to reach out to individuals in the commune*" (Mr. Do, member of MOLISA).

The Manager at the District Level confirmed that staff is sometimes overwhelmed with the range of Labour Affairs tasks and responsibilities:

> "*We are short of personnel. Even our current tasks would need more staff to complete [them], let alone doing other things*" (Mr. Loi, Member of DILISA).

He described that there are only two persons responsible for the all Labour Affairs' numerous tasks in the whole district which include: policy management, social welfare, poverty reduction, social evil prevention, gender equality, and child protection. He insisted that even to manage and implement the one task of social welfare provision for the whole district alone requires more than one person. This is to say, that even if there were another directive to support individual person with disabilities in the commune, there are not the human resources to do so.

At the commune level, the problem becomes even worse. Ms. Em, who works at Labour Affairs in the commune, complained that she does not have enough time to complete her current tasks. There are too many jobs for one Labour Affairs worker in the commune. She explained that she is drowning in making welfare payments to the different disadvantaged groups, of which person with disabilities is only one.

> "*The task is too onerous. My main task is to manage the identified groups like victims of Agent Orange, wounded soldiers, the families of people who have died protecting the country, and then I have to be in charge of pensions, other disadvantaged groups like poor households, orphanages, and street children. You see, people with disabilities are only one very small part of my job, I cannot provide support to individuals*" (Ms. Em, Labour Affairs worker in the commune).

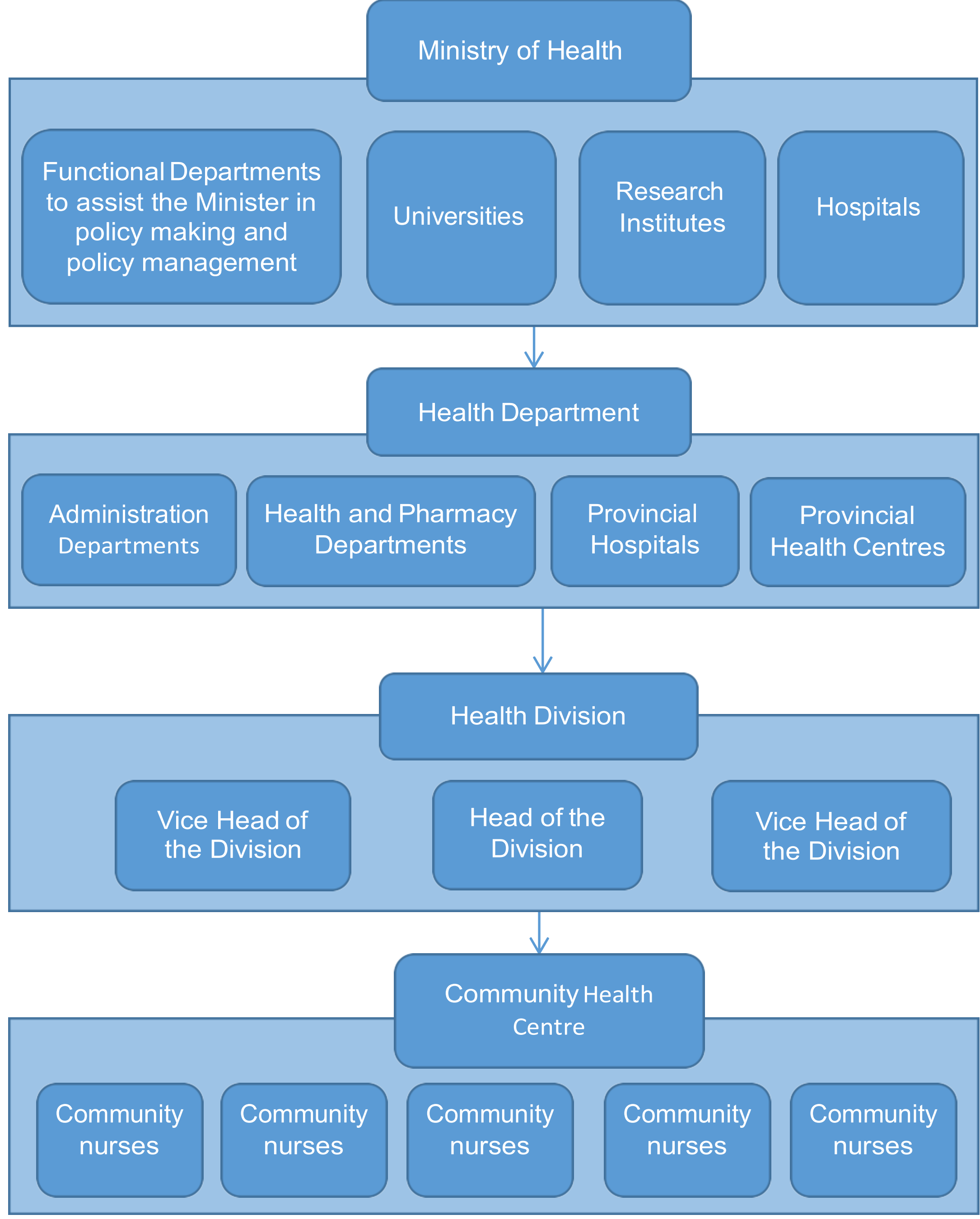
She explained that the best she can do is only provide overall management for the different groups in the whole commune. Occasionally, she can bring some gifts to an individual when he/she is extremely sick, or to a special occasion like International Day of people with disabilities or Lunar New Year Eve. She is in no position to provide any frequently required individual support, or to visit the families of people with disabilities, because she has no time. Mr. Loi, Member of DILISA also confirmed that the local Labour Affairs workers can only pay welfare, while other important areas of work like child protection, social evil prevention are not covered.

Ministry and Departments of Health

As the MOH is responsible for the implementation of the comprehensive CBR for people with disability throughout the country, this too includes the social and economic support components. CBR programs are known to have good community health networks at each commune so CBR staffs are well-placed to readily assist individual and families in need of support for social and economic activities. Indeed, they carry responsibility for this. This section of the chapter focuses on these social and economic aspects and resources and limitations for the Ministry to provide social supports to the community.

The Figure 7.3 presents the administrative structure of MOH:

Figure 7.3: The Structure and Levels of Ministry of Health



Source: http://www.chinhphu.vn/portal/page/portal/English

The CBR program at the study site was initiated in Thai Binh by the CBR project from 2009 to 2013. According to the Head of CBR management in the commune,

there are sufficient community nurses to reach individuals with disability in the commune. Each CBR worker (also known as community nurse) is in charge of one area of residents, which usually includes about 25 people with disabilities. The community nurses are assigned to meet one people with disabilities twice every week to begin with and, once established, this is sometimes reduced to one visit every week. Most CBR workers regard this task as "doable". However, since 2013, when CBR project finished and the CBR program was combined into the National Targeted Program for Health, community nurses were identified to remain in the role of CBR worker, but without any additional financial support.

> "*The upper level supports us mostly by directing, we do not have financial aid for CBR program. After the CBR project started the process, we do not receive any further finance support from the government for this program*" (Mr. Tung, CBR manager in the commune).

Because of village culture, community nurses know and understand each person they provide services to in their area. The community nurses, therefore, know almost all "stories" about each person with disabilities in their areas. They understand the nature of their disabilities, their living conditions, and their needs. Mr. Do explained this is the advantage of the community nurse working as a CBR worker because they are so well-positioned to allocate and connect people with disability in the right way to the available resources.

Moreover, being a part of the community health system at the local commune level, the community nurses retain and manage a register of people with disability. This is a far more comprehensive list than the people with disabilities list kept by the Labour and Social Affairs worker, which only consists of victims of Agent Orange and people with severe disability eligible for social welfare. In CBR areas, the community health system is more complete since it covers all forms and levels of disability.

A love of people and a desire to care appears to be what drives these health care workers to continue helping other people in spite of poor remuneration which is "*even not enough for petrol to run around going to each family*" (Mrs. Uyen, CBR worker).

Limitations in providing CBR support for social and economic activities relate

to skill deficits and poor remuneration for CBR workers. Information from interviews with CBR community nurses indicate they have strong skills in meeting the health and rehabilitation needs of people with disability but are not necessarily strong in providing counselling and linking people to supports for social and economic participation. A number of reasons explain this. First, they are not trained in providing job counselling, nor vocational training and supports which promote social and economic participation. In 2010, when the CBR program first started at the study site, community nurses received an intensive 15-day training course on health rehabilitation for different types of disability, and a one-day short course on communication skills (Group interview with CBR worker). The one-day communication skills training provided a simple guide about how to communicate with people with disabilities (Report on CBR implementation in Appendix G.VII.55). What has resulted is that CBR workers provide individual counselling support based on their own life experience. This is more like a "*talk*", "*encouragement*", or "*suggestions*" (interviews with CBR workers).

Second, community nurses are either not familiar with or are excluded from the referral system for vocational training nor building employment connections. This is in spite of the CBR program being originally designed to include a focus on CBR workers and Labour Affairs workers working as a team together supporting each other and coordinating their various services. However, the integration of this newly-created team never worked for a number of reasons. The Labour Affairs worker was "much too busy" and only participated in a little training at the beginning (CBR worker, group discussion). Therefore, the team never really got off the ground and the community nurse, in the role of CBR worker, was left uncertain about the role of connecting people with disabilities to vocational training and employment. They also claimed that they did not have the authority to contact local businesses directly:

> "*They (the local business who may offer a job for people with disabilities) do not know who we are, what we are doing, so we cannot contact them directly to ask about jobs for people with disabilities*" (Mrs. Tra, CBR worker).

While community nurses are enthusiastic about helping people, their monthly allowance is very small; only 350,000VND (equal to 20 AUD) with the monthly top up from CBR project from 2009 to 2013 100.000VND (equal to 8 AUD). By

comparison, they could earn three times more, about 50.000VND (equal to 3 AUD) per day doing farm work (Mrs. Tra, CBR worker). However, many choose to do this poorer paid work and devote their time to caring and assisting people with disability regardless of the low pay:

> "*I do not think about money when helping others*" (Mrs. Linh, CBR worker).

And:

> "*I am still doing this job because I choose it to be my career, and I love to help other people*" (Mrs. Tra, CBR worker).

Although most CBR workers are very kind and enthusiastic people, they still need to earn money for themselves and their own families. They are not in a position to volunteer a lot of their time since they have to work at other jobs to pay for their own living expenses. This poor level of remuneration very likely impacts the CBR program, and the outcomes for people with disability.

Organization for People with Disability

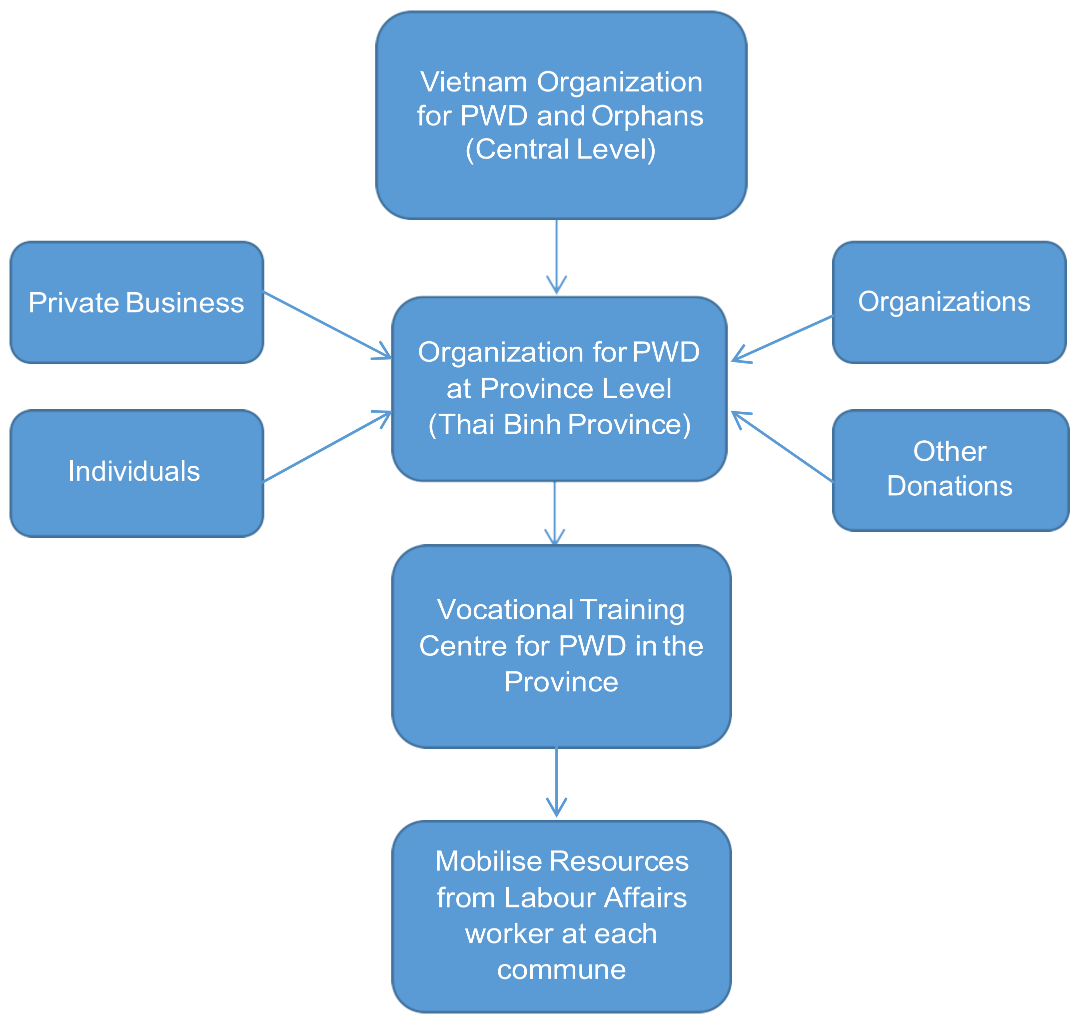
The Viet Nam Organization for People with Disability and Orphans is a national social organization established in 1992 in Decision 136-CT by the Prime Minister (GOV, 1992). The mission of this organisation is to protect the rights and benefits of people living with disability throughout Viet Nam. According to Decision 136-CT, the organisation does not receive any financial support or budget from the government. Therefore, it has to mobilise its own resources. Figure 7.4 present the structure reflecting resources of the Organization for people with disability.

At Province Level and at the study site, the provincial Organization for people with disability and orphans has been established. Clearly, this organisation targets people with disabilities living in the community as does the CBR program, and this shared focus is an important driver for strong cooperation and coordination between the two groups. With different approaches to the support provided, coordination between the Viet Nam Organization for people with disabilities and CBR is useful. The Organization aims to mobilize a range of resources from within society and

allocate appropriately to the right person. These resources come from individuals, businesses, and other organisations who want to donate to help people with disabilities (See Figure 7.4). This is different to the CBR program which is of course funded by government to provide support to persons to help them access health services, education, employment, vocational training and social participation.

Figure 7.4: Viet Nam Organization for People with Disability and Orphans

people with disabilities



Sources: Decision 136-CT by the Prime Minister (GOV, 1992).

Moreover, the study site's Organization for People with Disability has, since 2009, successfully developed the Vocational Training Centre for people with disabilities at the province level. This Centre receives funding from two different sources: National central-level funding for employment from the Organization for

people with disabilities, and funding from the local People's Provincial Committee. The Vocational Training Centre is well-equipped with training classes and residential accommodation for students at the school, and is a good resource.

Limitations do exist. First the Viet Nam Organization does not have its own human resources at commune level. The organization has to mobilize the resources from the Labour Affairs' Worker in each commune. According to the Head of Thai Binh organization for people with disabilities, when the organizations need to look for a specific number of people with disabilities to receive gifts, wheelchair, or other presents from the donors, they ask for the list of the most appropriate people with disabilities from labour affairs workers. However, Labour Affairs worker in the communes is overwhelmed with many tasks. The Labour Affairs worker in the study site commune indicated that she was unable to work with each individual person with disabilities in the commune, since she does not have the complete list of people with disabilities in the commune, and does not necessarily understand the specific needs of each person with disabilities. She is only able to make welfare payments to a small number of eligible people who are victims of Agent Orange or who have severe disabilities. Therefore, it is hard for them to identify and recommend the most appropriate people for support. She also emphasized that, when she is informed about a support program from Thai Binh Organization for people with disabilities, she usually passes the information to the head of CBR program in the commune, or to the head of people with disabilities club in the commune. According to the Labour Affairs worker in this commune, CBR workers and the people with disabilities clubs are the persons best-placed to know and understand the specific needs of each individual living with disability.

Second, the Vocational Training Centre of the Organization for people with disabilities has difficulty recruiting learners from local areas and has to pay 100,000 VND (equal to 8 AUD) to the local people when they successfully recruit one person with disabilities to agree to join the training class.

> "*We have to pay the people in the commune to find people with disabilities learners for us but they cannot find anyone who wants to learn a working skill*" (Mr. Tho, Organization for People with Disabilities in the Province).

But even with this kind of recruitment encouragement, some classes have had to be cancelled because there are insufficient students. Ms. Truong explained that this is because the schools are located in the province and, as previously said, potential students with disabilities from different communes, do not necessarily want to leave their home or family for training. Moreover, the school can only provide specific vocational training courses related to electrical, tailoring and computing, and often cannot connect people with disabilities to a job placement after training.

Clubs for People with disability

Figure 7.5 present the structure of the Club for People with disability.

Figure 7.5: Viet Nam Youth Federation and PWD Clubs

Since the people with disabilities club is not a formal organization, its structure is not published in any Government website or legal document. From the interview with Mrs. Hop, people with disabilities club at Province level and Ms. Anh, people with disabilities club at District level, it is understood that Thai Binh people with disabilities club and its lower structure are under the Viet Nam Youth Federation. Being a member of the Youth Federation, the clubs are able to take advantages of the bridging social capital (Putnam, 2000) to connect the people with disability from the grass root level to more resources from the government at the upper level. This was demonstrated by the inclusion of Khoi, a person with disabilities 8 years old when he was able to join some events in the District, as a member of the people with disabilities club in the commune. Not only the case of Khoi, but also other members of people with disabilities club of the commune would have more chance to be connected to more resources from the government. Moreover, the head and others are invited to attend meetings to advocate for themselves. The Head of the people with disabilities Club of the province and commune level always attend meetings, and training to receive updated information from other organizations. Then they share any new information with members in the regular meetings, and there is a good Club communication system from the province to communes. On the other hand, the people with disabilities clubs support themselves and are a positive resource. Leaders of People with Disability Clubs live with a disability as well so understand and can easily approach their members. From an outsider's perspective, it is easier and better practice to implement the programs for people with disabilities if people with disabilities themselves actively participate. "*Nothing is better than working for themselves*" (Ms. Hoa, member of DOLISA). This was also the view of insiders such as Mrs. Hop, head of people with disabilities club Thai Binh province. This was also observed from Ms. Lan's experience as in the role of head of people with disabilities club in the research commune. She has a disability and opened her own business locally which then created jobs for other people with disabilities in the commune. This gave other people with disabilities the chance to learn skills and to earn their own income. The Head of people with disabilities Club is usually a person with disability themselves. In Thai Binh, the Heads of people with disabilities Clubs at the levels of province, district and commune are also people with disabilities. This is an advantage in that barriers to

accessing training and work are recognized and minimized.

Moreover, the people with disabilities Clubs have their own system of connection from the top to grass-root levels, that is, from the province to each commune. Currently, there are 18 people with disabilities Clubs in the whole District. Given the clubs meet regularly, there are very good communication channels. The people with disabilities club of this Province "meets together every 3 months" (Mrs. Hop, Club for people with disabilities in the Province). According to Mrs. Hop, almost all people with disabilities members attend these regular meetings. The people with disabilities clubs at the research commune also have regular meetings every two months.

In spite of all their strengths, people with disabilities Clubs do have a major limitation in that they are not registered as official organisations. This means it is not possible for government agencies like the DOLISA Thai Binh to directly collaborate with people with disabilities Clubs. As a government agency, if DOLISA wants to assign work elsewhere to another organisation, it has to be with an officially registered organization.

> "*I really want to collaborate with the people with disabilities Club but they have to be an official organization to work directly with the government agency, this is the regulation*" (Mrs. Hoa, member of DOLISA Thai Binh).

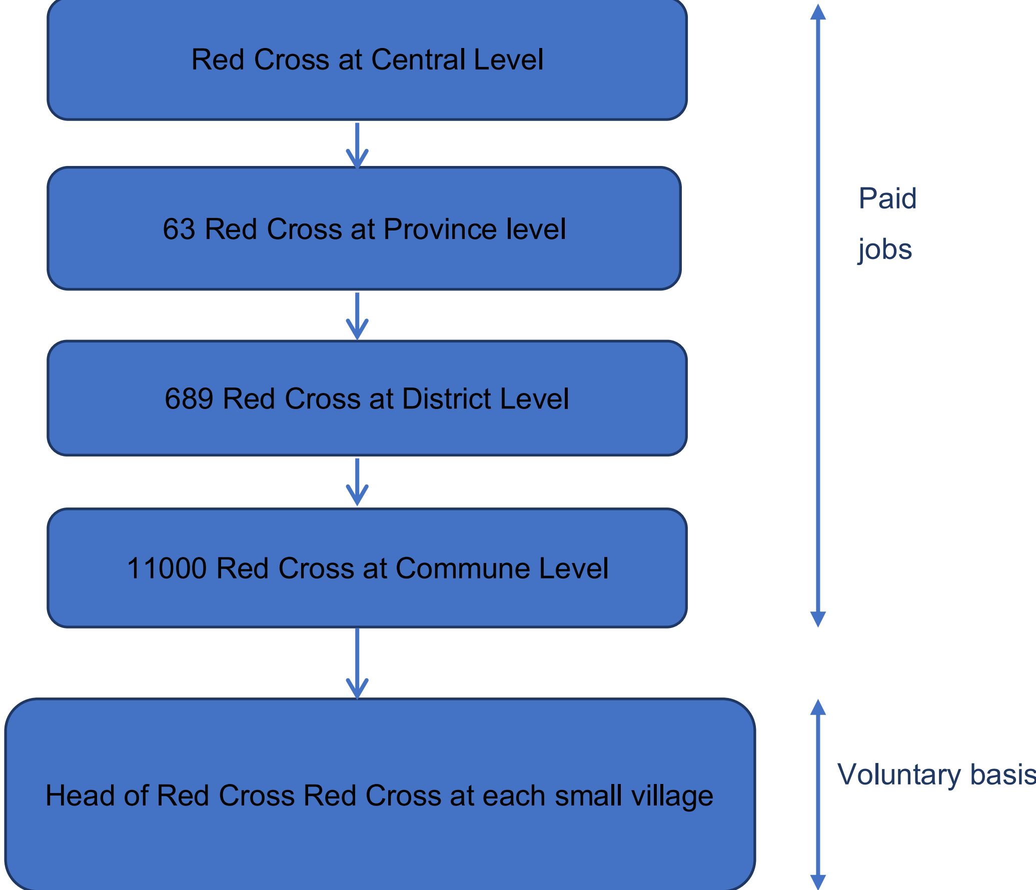
Not being able to work direct with any government agencies may hinder the Clubs from being able to access to linking social capital (Putnam, 2000) to serve their own members.

International Non-Government Organisation: The Red Cross

The Red Cross Viet Nam is one of the Vietnamese social political organizations. It was first founded in both the North and the South of Viet Nam during the war, to be in charge of charity activities of the Nations (Viet Nam Red Cross, **www.redcross.org.vn**). The Red Cross is the member of the International Committee of Red Cross (ICRC) (International Committee of Red Cross, **www.icrc.org**), which was founded during the World War I and II to help the wounded soldiers. It has a complete system from the central to local levels and is spread throughout the whole

country. Its structure is shown in Figure 7.6.

Figure 7.6: The Red Cross Viet Nam



The strength of the Red Cross is that the organisation includes key people at the commune level. The Chairman and Vice Chairman of the organisation at commune level hold key positions: Head of Community Health Centre, Head of Department in the commune, and Chancellor of the Primary School and the High School. Another supporting member in each commune is the Head of Local Government. These roles are important bridges when implementing activities, as these key people hold positions of influence in the community. For example, when the Red Cross wants to develop a charity fund, the Head of Local Government will be in charge of the activity and will organise a meeting among different agencies in the commune to discuss and contribute to this plan.

Red Cross has also developed a good, well-integrated support system which takes the organization deep into each village within the commune. Villages in the rural

areas are physical places, similar to suburbs in the city. The Secretary of the Communist Party of each small village is also Head of Red Cross of that village. Below small village structures are hamlets. One or two volunteers who live in hamlets connect Red Cross with the people in need in the area. For example, if one hamlet has about 30 houses, there will be one volunteer responsible for that hamlet. But if there are 60 houses and above in that hamlet, they will divide into two groups, with one volunteer for each to connect with Red Cross. On average, one volunteer, who is called Head of the supporting hamlet, will be in charge of about 30 houses in his or her area. There is a major advantage of dividing into hamlets, since the people in charge of each small living area will be very close to every single individual in that specific area.

> "*They can understand other people very well, it is easy for them to update information because they live close to each other. In general, every person in one small village knows each other, any information can spread out very quickly. You know, this is the rural culture*" (Mr. Tuan, Head Red Cross in the commune).

Another advantage of the Red Cross Organization is that people who volunteer at commune level are very willing to contribute. People working for the Red Cross at District level and above receive a monthly allowance while people working at lower levels work on a voluntary basis:

> "*I am the Secretary of the Communist Party in the small alley. I volunteer for Red Cross not because of any responsibility, but because this activity is related to my work so I do not hesitate to be a volunteer of Red Cross*" (Mr. Tuan, Head Red Cross in the commune).

Mr. Tuan, Head of Red Cross in the study site's commune shared that from his experience, people who had agreed to be part of Red Cross are people who are willing to help others, and do not think about money when doing this work for the organization: "*they work with all their heart*".

Moreover, readily available volunteers are one asset of the Red Cross. Below the small alley, the volunteers of each unit and sub unit are often elderly people, who are retired and have more free time to do this important work. They are enthusiastic to make a contribution to their communities by supporting people in this way.

"*Most of people volunteer in each small alley, units and sub units are willing to contribute, they do not hesitate to participate in any activity because they have much free time*" (Mr. Tuan, Head of Red Cross in the commune).

There are of course some limitations. One is to do with some staff turnover at the local level of The Red Cross. This is because the position of Secretary of Communist Party at the local level is usually for a two-year-term. Hence, every two years, a new person is assigned to this position to take over the role of managing Red Cross activities locally. This turn over can be a disadvantage because it usually takes time for the new people to learn its system (Tran, 2013).

Another disadvantage of the Red Cross is that the organisation is a non-government organization, and the government agencies like MOLISA, MOH have difficulty working with the Red Cross.

The third disadvantage is the voluntary basis of the organization. Only Head of Red Cross from the District to the Central receive some monthly allowance. Head of Red Cross from the commune, village and hamlets are all working voluntarily. Although they said that they did not care about paying, but only wanted to help other people in their neighbourhood, as from previous analysis as strength, working without pay may affect their commitment to more or less extent.

Other Social Political Organizations

So far, mass organisations such as the Women's Union, the Youth Union, Farmer's Union, and the Former Military Union have shown they have few resources to either contribute to supporting the social and economic activities of people with disability or make a contribution to advancing the CBR program.

Women's Union

The Viet Nam Women's Union is a social political organisation, which represents and advocates for the rights and benefits of women, families and children. As such, it is potentially in a strong position to support women with disability.

> "*We support all women with different difficulties, including women with disability. This is our mission, we do not separate this from our work*" (Mrs. My, member of Women's Union Quynh Phu District).

However, the support tends to be for women in general and not specifically for women living with disability or other disadvantaged women. Women help other women to learn new skills, to look for jobs, to share work and exchange labour (one helps the other on harvest day and then the other, returns the favour).

Even though the Women's Union groups in Thai Binh Province and in Quynh Phu district have their names in the CBR program, they do not provide any known specific support for women with disability and have not participated in training for years:

> "*Training, they do participate in the training, but in general we do not see any other participation from them*" (Mrs. Uyen, CBR worker).

Women's Union officials are not paid. Unlike community nurses in the commune who are paid a little, the Women's Union at commune level do not have any monthly allowance. The Government budgeted the finance support for the Women's Union team with 20,000 VND per month per person (equal to 1.50 AUD). Hence, a lack of remuneration is one of the main reasons the Union cannot contribute to programs like CBR. They only have enough resources to concentrate on their many main tasks.

Further, CBR workers do not have any real or active connections with the Women's Union. In one CBR worker's view, the Women's Union does not participate in CBR work or training because supporting women with disability is not a priority amongst many tasks. Therefore, collaboration between CBR and the Women's Union fails:

> "*They do not help us in anything. They do not have contact with us… What are they getting paid? Since they do not receive any payment so why they have to do?*" (Mrs. Tra, CBR worker).

The leader of the Women's Union confirmed this point:

> "*The Women's Union is not enthusiastic enough to do such work. We are burdened with many tasks and cannot take up volunteer for any*

other ones" (Mrs. My, member of Women's Union in the District).

Youth Union

The Youth Union is a social political organisation, under the Youth Federation. Its mandate is to organise activities for young people. Although the Youth Union does not actively exclude young people with disability, they tend not to be involved in this organisation.

> "*The people with disabilities do not go to school so they cannot join the Youth Union. Normally, we join the Youth Union in schools and they are managed by schools. Very few young people do not go to school, and we do not get to include those who don't. Therefore, there is still not any person with disabilities in the Youth Union*" (Mr. Dang, head of Youth Union in the commune).

Further, the Youth Union indicated that it has not participated in the CBR program because it has not been invited to:

> "*I know about CBR program because some years ago. I know some people from the city, they come here to do training. I was not invited in this training, I only know that they have this training before. Now I do not know how they implement it*" (Mr. Dang, Head of Youth Union in the commune).

When asked if the Youth Union could contribute to supporting a network or young people with disability, Mr. Dang emphasised that there are not enough people to do this. Most young people are working in the province or in the city, or going to school so they cannot help much. They can only participate occasionally. For example, the Youth Union organises some events like the mid-autumn festival for children. Other than that, they cannot contribute regularly.

Farmers' Union

The Farmers' Union is a social political organisation operating in every commune to support individuals and families in agricultural and cultivation techniques. It focuses on exchanging farming techniques, sharing experience and

updating information about cultivation. Farming activities are very popular in rural areas and nearly all families in the study site commune have one or two or more people doing farm work. Therefore, the Farmers' Union reaches nearly all households in the commune, and thus creates a strong network within the community.

> "*In fact, our group is to organise the meeting among members to share experiences in animal production, and learning each other's agriculture models. Besides, we also make home visits when one member is sick or has to go to the hospital*" (Mr. Hay, Chairman of the Farmers' Union in the Commune).

Although its mission is not specific to helping vulnerable groups including people with disabilities, the Farmers' Union is a strong group and represents a promising future resource to support people with disabilities. While it does not have a mandate to support members with a disability, the Chair said they have resources available to be mobilised:

> "*There are 5000 people in the whole commune, and 1425 people are members of the Farmers' Union*" (Mr. Hay, Chairman of the Farmers' Union in the Commune).

However, to use these resources, the Farmer's Union would need a clear mechanism to collaborate with the main agency who would facilitate the whole CBR program.

Veteran's Association

The Veteran's Association is a social political group of older people who served in the wars. Given their age, members of this group are less likely than members of the other mass organisation groups to be able to provide support to people with disability or to the CBR program. They provide support for each other but are not in a position to provide support to people beyond their group.

> "*Now we are all at the age of 90, some are 96, some are even more. People who served in the French War are now about 90 years old, we have about 500 of them. And the others are above 80 years old*" (Mr. Dac, member of Veteran's Association in the District).

According to Mr. Dac, member of Veteran's Association in the District, the group's members often have poor health and their contributions to the community can only be minimal.

> "*We can only go to some meetings among ourselves, or visit each other, but we cannot go to help other people with disabilities in the community as you know, many of us cannot even walk by ourselves. We are too old for the community activities*" (Mr. Dac, Veteran's Association in the District).

Eco graph of the resources

As one of the basic principles of the ecological perspective, we analyse the resources using a holistic point of view. According to Ife (2002, p.32), "*everything must ideally be understood in terms of its relationships and interaction with everything else*". Therefore, it is necessary to discuss how these resources connect to the person and how each resource connects to the others. The failure of these connections, if any, could reveal a potential role for social work.

The two ecological graphs (Figure 7.7 and Figure 7.8) were drawn based on the analysis in previous chapter:

1. Availability of resources and connection with the disabled persons; and
2. The relationship among resources within commune level

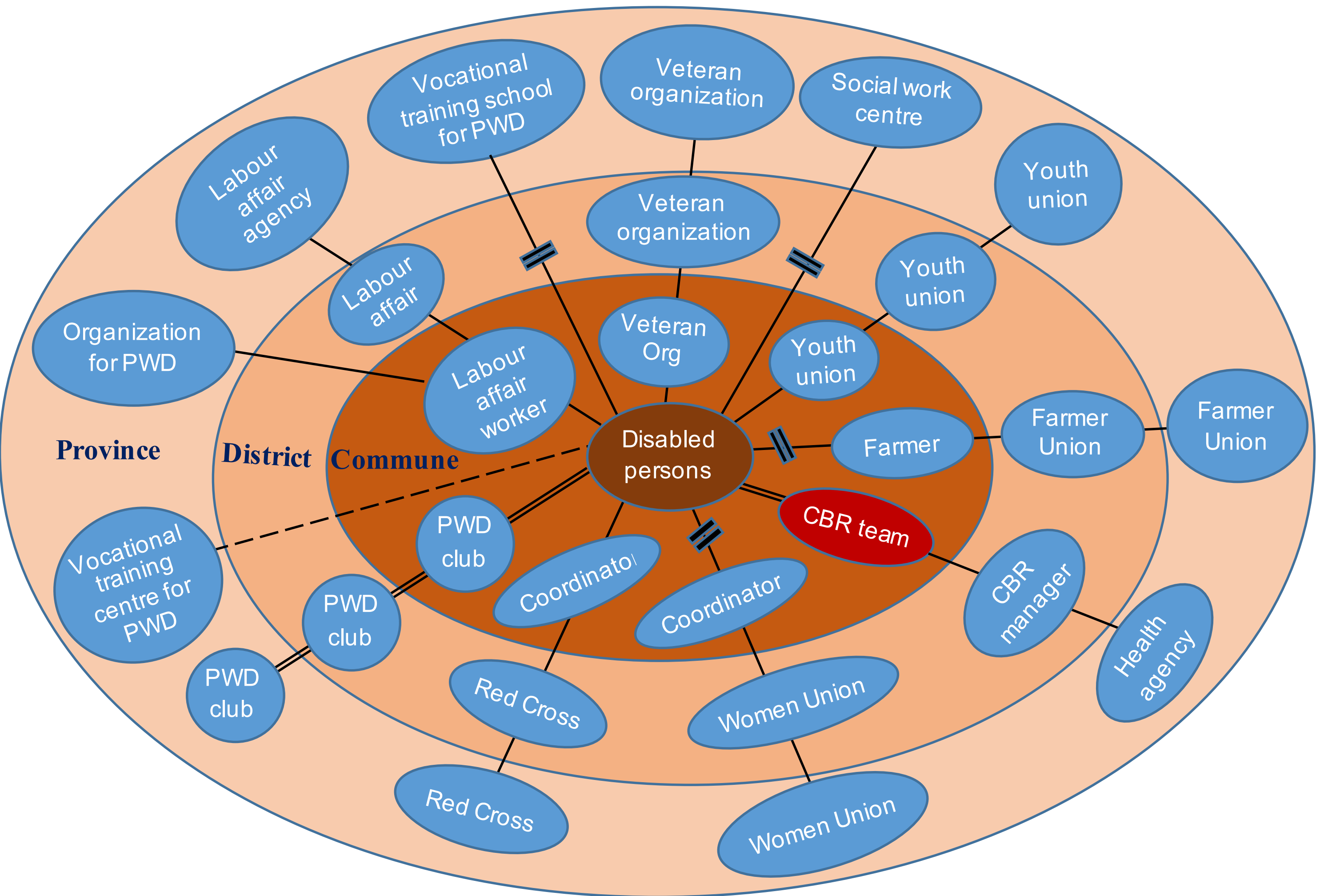
In these eco-graphs, I do not include the central level because I want to focus on the connection at lower level where the disabled persons can reach. Focus is more given to the commune level because connections within this level will decide whether the person will receive supports or not.

As from Figure 7.7, at commune level, there are only two resources that have a strong connection with the people with disability in the commune, they are the CBR team (including CBR manager and CBR workers) and the people with disabilities club. Another organization that has a connection with people with disability is the Red Cross coordinator at commune level, but to a less extent. Besides, both the Labour Affairs agency and the Organization for people with disabilities use the

Labour Affairs worker as their facilitator in the commune level. However, the connection between the Labour Affairs worker and people with disabilities in the commune is loose.

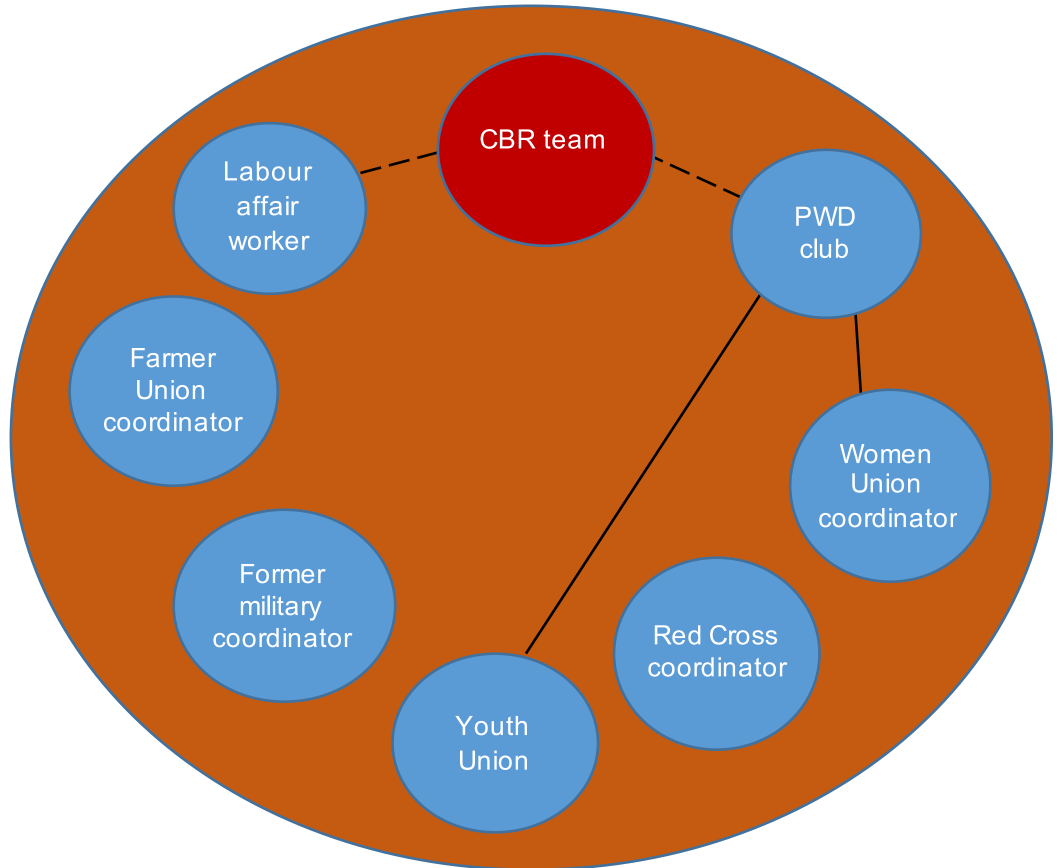
Other organizations in the commune like the Youth Union, Farmers' Union, Women's' Union, and Former Military Union have their coordinators at the commune level but they have not had connection with the disabled persons yet. From previous analysis, except for the Former Military Union who had no resources at all to contribute into CBR program, all other organizations have their own resources that are unconnected to the disabled group yet.

Figure 7.7: Availability of resources and connection with the disabled person



More importantly, some organizations do not even have any coordinator in the commune, e.g. Government's Vocational Training School for people with disabilities (only available at province level) and Social Work Centre (only available at province level). These two organizations are very important resources to disabled persons but they are only available in the province, and need to develop linking social capital (Woolcock, 2001) to connect with people with disability in the commune. The connection at commune level or bonding social capital (Putnam, 2000) is the most important to the person because it is the place where they can actually reach the resources. Resources at district and province level are important in terms of availability, but they will not be able to support the person if there is no linking social capital (Woolcock, 2001). Figure 7.8 draws the relationship between resources and CBR team in the commune for the purpose of serving the group of people with disability.

Figure 7.8: The relationships among resources in the commune to support people with disability through CBR program



As from Figure 7.8, the CBR team in the commune did not have a close relationship with any other organizations in the commune to serve the targeted group. This raised the concern about "*How can there be community-based services if there is no community in which to base them*?" (Ife, 2002, p.34). The primary assumption of community-based services must surely be that there are community structures and process that can take over all or some of the responsibility for the provision of human services.

The loose networking of the CBR workers includes the people with disabilities club and the Labour Affairs worker. Although the Labour Affairs agency was included in the comprehensive CBR model that is being implemented in the commune at the time of the research, the Labour Affairs worker was overwhelmed with other tasks while people with disability represented only one small target group. In the meantime, the people with disabilities club is very active to serve their own members, but was not an official group (the club instead of organization), and was not officially included in the CBR program in the research commune. In fact, the people with disabilities club seem to have the strongest connection in the commune to serve the people with disabilities group. It has connection with the CBR team, Red Cross and the Youth Union. These are the core resources that should be mobilized to support a comprehensive CBR model.

Other organizations also have good connections with people with disabilities but are still not working with the CBR program yet, i.e. the coordinators of Red Cross in the commune. This is a potential resource that is willing, has resources in the commune, and also shares the same target group. The problem now is only to work out the mechanism on how to collaborate with the CBR program.

The Women's Union coordinator, former military coordinator and youth coordinator in the commune still do not have any support for people with disability. Except for the former military coordinator who said they do not have any resources to contribute to supporting a program for disabled persons, other organizations like the Women's Union and Former Military Union do have some resources at different levels that may contribute to the CBR model. The problem here is also how to work out a mechanism among these resources.

Conclusion of Resources

This chapter has described the resources and limitations of the MOLISA and MOH, the two government agencies most relevant to social and economic activities for people with disability and to the CBR program. Currently, the MOH is the main government body to facilitate all CBR activities, yet its resources for providing social and economic supports around employment, vocational training and social participation are limited. Although social work holds much potential to play a key role and has been developed by MOLISA, its professional contribution to CBR has been minimal to date. However, social work has enormous potential to be a strong resource to use in CBR.

This chapter has built a comprehensive picture as to how a range of organizations; government, non-government, formal and informal as well as the national mass organisations in the community make variable and diverse contributions (some major and others less so) to supporting the social and economic activities of people with disability and their engagement with the CBR. Their strengths and weaknesses around mobilising and sharing their resources with people with disability and the CBR program are outlined. The mass organisations such as the Women's Union, the Youth Union, the Farmer's Union and the Former Military Union have the least resources of all to contribute to CBR while other groups like organisations for people with disabilities, people with disabilities Club and the Red Cross have access to resources and show promise for collaborating more strongly with the CBR program. Given the embeddedness of mass organisations in local communities and were they granted more resources, they would be well-placed to make some contribution.

CHAPTER 8: DISCUSSION ON SOCIAL WORK CONTRIBUTION TO CBR PROGRAM

Introduction

The greatest difficulty for CBR is that the program is trying to provide comprehensive supports while the core team of CBR workers are all from a health discipline. The comprehensive supports include helping people with disabilities to go to school, learning skills for work, looking for a job and participating in social activities. However, community nurses/CBR workers are trained in doing health rehabilitation but lack skills to provide these social and economic activities. This has created gaps between the social and economic needs of people with disability and the ability of the CBR worker to meet these needs, which were presented in previous chapters.

In the meantime, social work in Vietnam has been promoted to become a profession to provide support for disadvantaged groups (GOV, 2010a). The nature of social work is to provide support to help marginalized people overcome their difficulties and gain equal opportunities with other people in the community (Bui et al., 2010; K. Healy, 2005; Ife, 2002; T. T. L. Nguyen & Bui, 2011; Payne, 2006). There could be a good fit, since the needs of each person are complex across different aspects and stages of life, and the training and roles of social workers are also comprehensive. Although social workers are not expert in all different disciplines and they cannot help the clients in all aspects of life, they are trained to understand the client's needs, support them directly and to connect them with appropriate resources.

This chapter, therefore examines the gaps in services identified in previous chapters from the perspective of social work. In particular, the chapter explores the roles social work could do in order to fill in the gaps. The chapter concludes with an analysis of how social work services could be provided in CBR in the context of the current situation of Vietnam and the research commune, in particular.

Roles for social work in working with individual

Social workers are trained to support individuals to utilize his/her own skills and resources (Ife, 2002; Payne, 2006), to provide counselling (Bui et al., 2010; T. T. L. Nguyen & Bui, 2011), to raise consciousness and lead to change in behavior (Ife, 2002). These skills are important to fill in the gaps of current supports.

Utilizing the skills and resources of people with disability

A social worker's role is to identify and utilize the skills and resources that exist within a person and his/her environment (Ife, 2002; Payne, 2006). As society has become more formalized, there has been a tendency to think that unless someone's skills and status are recognized through some sort of formal accreditation, they tend to be marginalized or ignored (Tonnies, 1963)

People with disabilities need help to find their strength and utilize their resources so they can contribute to society. The CBR worker and the family may not be able to find out what to do to help the person with disability to become involved in some social and economic activities when he/she is in very poor health condition. This was the case for Ms. Tam, female 27 years old, with high needs physical disability condition. Tam reported that she could not work or learn any skills. She only stayed at home doing nothing after her parents had tried to send her to skills training but with no success. The CBR worker could not help her in social and economic activities. However, Ms. Tam had not been received any professional support to assess her skills, interests, and strengths. In fact, she was very good at singing, she loved to sing, which was seen from the interview with her father. Using a strengths-based approach (McCashen, 2005), a social worker could contribute to support the disabled person because they are trained to look for an individual's strengths. A love for singing could be considered a resource that may contribute to her social life, increase her sense of self-worth and allow her to contribute to society.

Counselling can help provide more effective support

Counselling is one supporting role that social workers are professionally trained

to do. Counselling is not simply normal talking between people, counselling uses sophisticated communication skills to understand the client's story, giving them the feeling of being able to share their problem, and helping them to find their own solution.

CBR workers reported that when they helped people with disability, most of their job involved "encouraging" and "talking" with the family to start the process of looking for skills training, or job placement, or to continue school. The "talk" was described by CBR workers as doing "counselling", but using their own experience, and they did not refer to any training or skills in this area. In fact, they reported very little successful "counselling" while the number who reported "cannot counsel" was large, as was presented in chapter 5.

In the meantime, counselling skills are one of the core skills of social workers in the Viet Nam context, while working with individuals is considered an important service (Bui et al., 2010; T. T. L. Nguyen & Bui, 2011). Social workers, if they were to participate in the CBR program as support workers, could contribute to the provision of a professional counselling service to disabled persons.

Consciousness raising can lead to change

Consciousness raising is a task many social workers do when working directly with his/her client. Described by Ife (2002), it involves helping people to realize ways in which they can change their own lives so that they do not contribute to and reinforce oppressive structures. It always involves helping people to move beyond a state of passive acceptance to one of activism. Not only in raising consciousness, social workers are also trained to help the client work through the process of change (Rollnick, Mason, & Butler, 1999). The practitioners working through the stages of change require a deep understanding and combination of both psychological theories in changing behaviors and sociological theories in changing barriers from the environment (Prochaska, Di Clemente, & Norcross, 1997; Rollnick et al., 1999).

This research has shown that raising consciousness and encouraging people through the process of change are crucially important in helping people with disability to achieve a better life. The CBR workers reported that they made a huge effort to encourage people with disability to make a change in their life: they encouraged

children to go back to school (Khoi 8 years old and Bi 14 years old), they encouraged them to start learning skills for work (Ms. Lan 37 years old, Minh 14 years old, Tam 27 years old), and to start looking for a job (Ms. Lan 37 years old, Mrs. Chi 45 years old), or to find another job that was more suitable to their health condition (Mr. Tu 44 years old through the interview with his wife), or to participate more in social activities (Ms. Tam 27 years old).

However, the results were very limited. Except for Ms. Lan, 37 years old, who was reported as the most successful case of the CBR program, the situation remained unchanged for all the others no matter how much the CBR worker tried to talk. They need support from another professional like a social worker, who is trained to do this task.

Roles of social work in working across agencies and organizations in the commune

Collaboration among resources need to be strengthened

This research has shown that establishing networks was a weakness of the current CBR program in the commune. In Chapter 7, the lack of collaboration among agencies and organizations in the commune was illustrated. Without proper collaboration, a "community-based program" will not become a community program, because it cannot mobilize the resources in the commune.

Social work can connect resources professionally

While a social worker cannot be expected to provide everything her/himself, it is reasonable to expect that a social worker would know what is likely to be available from different sources and how to help the community to obtain what it needs. Their task is to make connections and networks among available resources to support the targeted clients (Bui et al., 2010; Ife, 2002).

This type of support was shown to be crucially important in the CBR program, as CBR workers are asked to connect people with disability with appropriate training and job placement, but they have not been able to do so. As shown in Chapter 5, the community nurses in the role of CBR workers did not know where to connect for jobs

and vocational training. They did not know which jobs and skills were more appropriate for each type and level of disability.

The participation of a trained social worker, who can provide connections to appropriate training, therefore, could be very important to implement the component of vocational training in the CBR program in the commune.

Advocacy on discrimination and policy change

Social workers speak on behalf of vulnerable groups or persons to ask for changes in attitude or policy or any other changes that benefit the lives of their clients. This is called an advocacy role.

The people with disability in the commune expressed a need to change the attitude of the people in the commune and friends at school toward themselves. Although the CBR worker tried to do some community education like writing speeches about reducing discrimination, and reading them in the morning announcements to the commune twice every month, it was reported that they have done this without any careful training. This activity does not appear to have had any impact, as children with disability in the commune were still leaving school because of discrimination at the time of the research (Khoi 8 years old), and there were also some reports of discrimination experience (Mr. Long 54 years old and Mr. Ha 54 years old). A trained social worker, would have more sophisticated advocacy skills to do this task.

Advocacy to change the ideology of national supporting programs towards disabled persons in the commune was also raised as an important issue. In fact, the research found that much of the training funding from the top could not be allocated towards the people in the commune because of the eligibility criteria, while people with disability in the commune were struggling to find appropriate skills training. Moreover, the job skills training provided from the top was not appropriate to the types of jobs available in the commune, which resulted in people with disability worrying that even if they attended the training, they would not able to get a job. Besides, the rules associated with the budget from the top to support businesses providing training and jobs for people with disability could not be allocated, while the actual businesses of Mrs. Lan, 37 years old, and Mr. Long, 54 years old, did not

receive any funding to continue supporting other people with disability to learn skills or to secure a job. In other words, there was a mismatch between funding rules and the needs in the commune. This information about all these unmet policy objectives and the unmet needs of the people with disability in the commune needs to be drawn together skilfully and conveyed to policy makers. Social workers are trained to do this task.

Horizontal integration: Social work in the community

Social work in the community could contribute to expand the breadth of the relationships among government agencies and other social organizations in the commune. This would increase the bridging social capital (Putnam, 2000) in the commune.

The ideal CBR model at commune level: multidisciplinary team

Ideally, the research suggests that the CBR program now needs to be defined as a multidisciplinary team, called the CBR team, rather than a single community nurse. The multi-disciplinary team could provide comprehensive supports for the people with disability in the commune. This is because a multidisciplinary team has expertise in different aspects: health, education, social supports (connecting to employment, empowerment, connecting to social activities, advocacy).

The multidisciplinary team could include:

1. A community nurse to be in charge of health support; and
2. A social worker to be in charge of support for social and economic activities.

Social work is the most appropriate profession to be involved in a comprehensive CBR program that emphasises support on social and economic activities rather than only a medical focus. By standing beside CBR workers, the roles would not overlap. Instead, the social worker could support this program by providing the missing direct support for people with disability and the family.

Figure 8.1 presents the recommended model of CBR program that include social worker as a team member.

Figure 8.1: The recommended ideal model of supports at the community level

Social workers could be the focal point of the community-based support model. This is because one of the main tasks of social workers is to mobilize resources from other agencies and organizations to support the targeted group. The social worker would mobilize resources in the commune to contribute to supporting people with disability. These resources include the Labour Affairs worker, people with disabilities club, Youth Union, Women's Union, and Farmers' Union. The most important idea of a community-based program is to mobilize the resources in the commune to help the person.

Moreover, social workers are also professionally trained to provide direct support to people with disability. The direct support that they can provide includes, but is not limited to: counselling for people with disability and the family, finding the

skills and resources within each individual, raising consciousness to encourage change within a person and his/her family, and advocacy to overcome discrimination and influencing policy. These types of support are not the strengths of community nurses, who are not trained to do so. In this model, the social worker could be responsible for "case management" in the commune, which is to manage overall needs assessment, planning and connecting resources and supporting them to meet these needs. This would make the social worker the focal point of the new CBR team.

It could be recommended to have other disciplines in the core team, for example: educator, doctor, and psychologist. However, within the limited resources in the current context of the commune in particular, it is not practical to have these disciplines in the team. Having a social worker in the team could be more effective and practical as the social worker could connect people with disability to available services like educator, doctor, psychologist when needed.

The larger circle would include all other resources that are currently available in the commune to contribute to the support. The resources in the commune which would be appropriate for the community-based program are: community nurses who are now also CBR workers, people with disabilities club coordinator in the commune, Youth Union, Women's Union, Red Cross, Farmers' Union. The research found that the military union in the commune was not able to participate in such community support programs like CBR.

How to establish social work roles in the commune

In reality, it is not possible to have a social worker at the commune level, at least at the current time, regarding the current circumstance of Vietnam and Thai Binh province. Firstly, the social work resources are not ready to provide professional services at commune levels. In fact, the Social Work Centre was only recently established at the Province level, by renewing the Social Protection Centre in the Province in 2013 (People Committee of Thai Binh, 2013). However, this research found that the Social Work Centre in the Province has not been able to cover professional social work services at the community level yet. Secondly, the human resources at the community level is deficient. The Labour Affairs agency is the main government body responsible for developing social work services. However, there is

only one Labour Affairs worker in each commune. The Labour Affairs worker was not able to take on any further tasks because she was overwhelmed with her current workload. The Labour Affairs agency, therefore, would need to allocate another person at each commune to take on the tasks of a social worker. However, this mission is not always simple and practical in the near future because of finances and human resources plans.

In this circumstance, it would be more realistic to train social work skills to other community health workers. At this point in time, MOLISA has funding, the CBR program needs some input that social work can help with. Although the chance of SW on the ground is not an option now, social work educators could provide training in skills which can be implemented by a range of health and human service providers, e.g. basic counselling, advocacy, case management. This could be done within a values framework which is shared by this range of service providers - basic human dignity and human rights.

Identify resources in the commune to have social work training

Once social work is divided into specific tasks, a decision needs to be made as to whom would be the appropriate person to take on the training.

Firstly, the Labour Affairs worker needs to be at the centre of the service. Given the fact that the Labour Affairs worker in the commune is not able to provide individual support because of time limitation, he/she would take on a role to facilitate the collaboration among other agencies and organizations. This is because the Ministry of Labour and Social Affairs is the main body to regulate all resources for social supports (vocational training, employment, other social and economic activities that were mentioned in this study due to time limitation). The Labour Affairs worker is the only person who receives the information on these resources vertically from the upper level. Therefore, because they have full information on social support, Labour Affairs workers could play a facilitating role by sharing this information with other agencies and organizations to help them bring these resources to the right person. Training would need to be provided to the Labour Affairs worker to make sure they have the skills to facilitate this information sharing with the CBR core team effectively.

Secondly, the community nurse would remain in their main role to provide health supports. But they would be the person to work with individual people with disability to identify their needs and to connect each individual with the right resources from the Labour and Social Affairs Ministry. Social work training would need to be provided to this group of community nurses.

Thirdly, the Head of the people with disabilities Club in the commune would be appropriate to take on some social work roles in supporting people with disability. Firstly, the Club was established for people with disabilities to support themselves. As was seen from the Head of the people with disabilities club in the commune, she was very determined and always tried to support other members. In order to support this self-determination, the Head of the people with disabilities Club could be the appropriate person to take on some of the social work roles. Secondly, the Head of the Club in the commune is also a person with disability. People with disability may feel more comfortable if someone in the same situation approaches them. Therefore, the Head of the people with disabilities Club could approach other people with disabilities in his/her area.

However, people with disabilities Clubs in the province and the commune are still not able to work directly with other government agencies yet. This is because they are not registered organizations. Therefore, they should be promoted to become organizations for people with disabilities from the province to the commune level. Once the people with disabilities organizations are established throughout the province, this organization would be most appropriate to take on leadership roles for people with disability, and some social work advocacy skills and social work values would help them to do that.

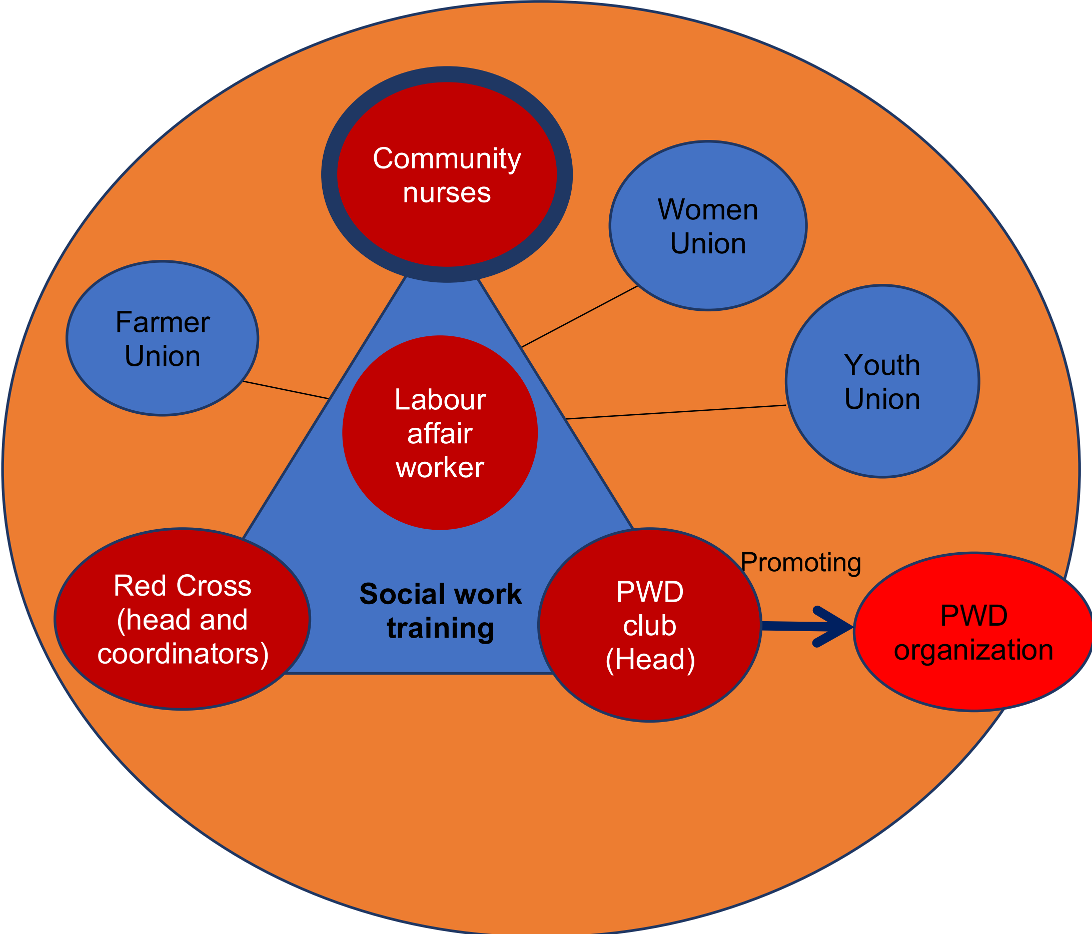
Fourthly, Red Cross is the third resource in the commune which could take on some of the social work roles. The Heads of the Red Cross organizations in each commune had all previously worked as Head of the Commune, so they are well respected. They are all retired people who have much time. Moreover, Red Cross has large and wide coverage, with coordinators in each of the small hamlets.[6] They have a very good and complete system from top to the grass roots. The Head of Red Cross in each commune and all the Red Cross coordinators in each alley could be trained to

[6] Hamlet is small unit under rural village (See introduction Chapter).

take on some social work roles to help people with disability in their own areas.

This leads to the following model of a core CBR team and social work training for the core team, as shown in Figure 8.2.

Figure 8.2: Proposed CBR model with social work training



The CBR core team in the commune would include a Labour Affairs worker, Community nurse, Red Cross (head and community coordinators) and the Head of the people with disabilities Club. Of these, the Labour Affair worker would be the person to take over the main roles in facilitating the collaboration among other resources in the commune. Labour affair workers need to receive some specific training to support them in their new roles.

Vertical integration: Empower the CBR core team in the commune

Formalize the roles and relationships among agencies and organizations

Since the social work profession has not been well established at the commune level in Viet Nam (H. T. T. Nguyen & Nguyen, 2015; L. T. T. Nguyen, 2015), the roles of social work have not been recognized among agencies, social organizations and other business sectors. Even if good training is provided in social work knowledge, values and skills, the CBR core team will still not be able to work effectively within the system if their roles are not recognized by other agencies at different levels. On the other hand, as seen from the analysis in Chapter 4, people with disability need to get access to resources at higher levels, not only within their community. From the case analyses in Chapter 6, it can be seen that to make resources available at the commune levels requires linking social capital (Woolcook, 2001) to connect the people to the resources at higher levels (districts, province and central levels). It is important that people with disability can get access to the resources in the district, province and central level because some facilities are not available in the commune but only in the district, province or central levels.

Therefore, it is necessary to establish and formalise a clear collaboration mechanism among agencies from the central to the grass root levels, which clearly define the roles and tasks of each agency or organization. This clear working mechanism will empower the CBR core team because they will have formal roles recognized by all related agencies, organizations and the commune. They will be able to advocate, connect people with disability with resources within and outside the commune.

Expanding the depth and breadth of the relationships among agencies

Developing an idea from Peck, concerns about how "*deep*" and how "*broad*" partnerships among different agencies were was discussed by (Glasby, 2005, p. 27), thinking about whether or not we should "*focus on deep relationships between a small number of partners, or on broader relationships between a wider range of stakeholders*" (p. 28) . To discuss this concern, the "depth and breadth" questions of his work have been adapted to the context of this study as in Figure 8.3 follows:

Figure 8.3: Depth and breadth relationship among agencies

Depth of relationship

Formal merger

Partnership

Joint management

Co-ordinating

Consulting

Sharing information

Ideal CBR-C

Policy advocacy

Planned CBR-A

social work skills and knowledge

Current CBR-B

Breadth of relationship

Health and Labour Affairs

Health- Labour Affairs- Other Organizations

Health-Labour Affairs- Local authority- Organizations-wider community

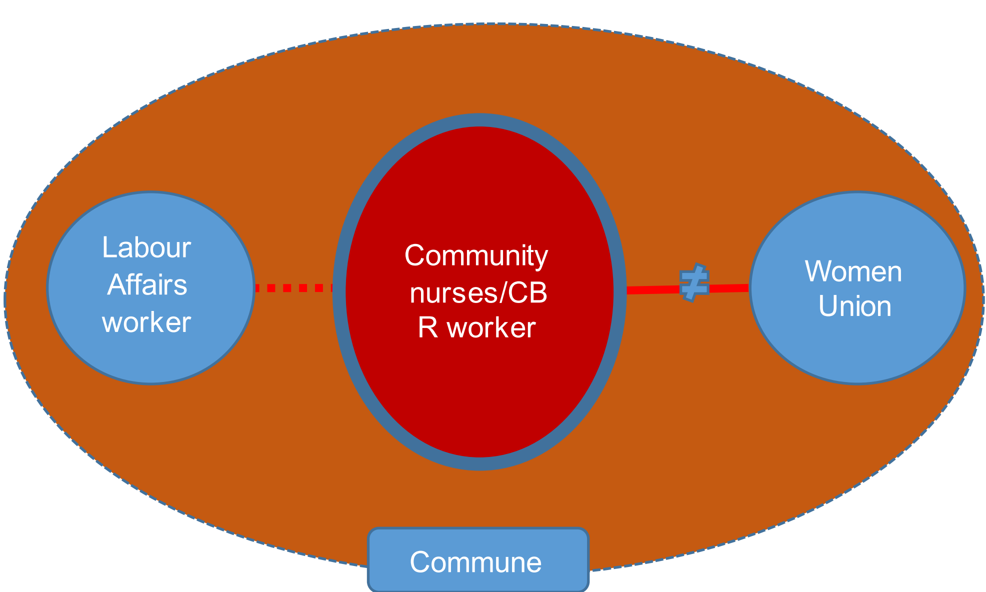
Source: Adapted from Peck, as cited in Glasby (2005, p. 29)

Figure 8.3 shows the differences between the ideal CBR arrangements (CBR-C), the planned coordination model, and the current way CBR works (CBR-B). The research shows the relationships among agencies in the current CBR program are not strong. In this chapter, a plan was suggested to have co-ordination at least among the Health agency, Labour Affairs agency and Women's Union, which is shown as CBR-A in the Figure 8.3.

However, the research shows little interaction between agencies were found at the commune level. The Labour Affairs Agency connects with community nurse/

CBR worker by sharing information while the Women's Union has no contribution other than having taken part in the training some years ago. These relationships are presented in Figure 8.4 as follows:

Figure 8.4: The current Co-ordination in CBR at commune level



From Figure 8.4, at commune level, CBR workers who are community nurses are the main resources to implement CBR program. They have some connection with the Labour Affairs worker but this is a loose connection. The original plans included the Women's Union as an important contributor, but in fact, the Women's Union did not participate in any supporting activities in the commune. There was only a little unofficial contribution from the Club for people with disability like sharing information at the Club meetings. The analysis in Chapters 4 and 5 showed that current relationships among agencies or organizations is not sufficient for a comprehensive CBR model, which goes beyond the capacity of community nurses. There is a need to expand the depth and breadth of the relationships among agencies and organizations.

Propose the roles and relationships among agencies and organizations

From the discussion above, a clear co-operation mechanism is needed among

all agencies and organizations, together with specific roles for these stakeholders. It is a big task, and this thesis will only propose the roles and relationships based on availability of information on resources in the research commune, as presented in Figure 8.5.

The CBR tasks could be integrated into the four Ministries and Organizations from the Central to grass roots levels: Ministry of Labour and Social Affairs; Ministry of Health; Disabled Persons' Organizations and Women's Union.

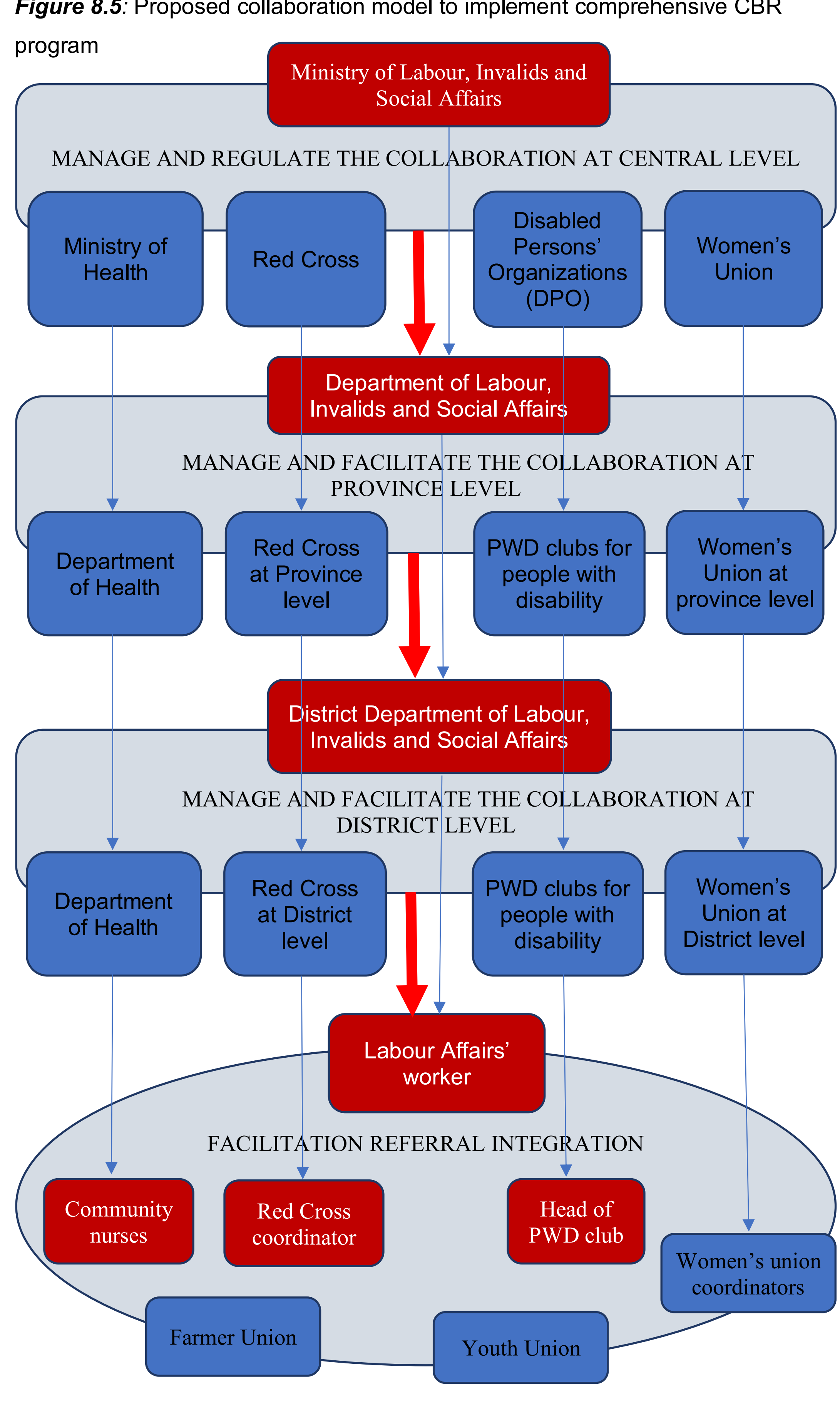
Among these four, Ministry of Labour and Social Affairs could take the leading role instead of the Ministry of Health. The first reason is the mandate of Ministry of Labour and Social Affairs to provide wider social supports for vulnerable groups, including people with disability. The social supports that they provide include: vocational training, employment, poverty reduction and other economic activities, and others, more than those mentioned in this research. The second reason is the social work profession is located in the Ministry of Labour and Social Affairs. Although social worker positions have not been established at the commune level yet, they may be developed in the future when resources become available. In the meantime, if social work skills and knowledge were taught to the core CBR team, the Ministry of Labour and Social Affairs could still play the main role to facilitate the comprehensive supports towards people with disability in the commune.

The Health agency should retain their roles to provide all supports related to health. However, the Health Ministry would no longer take the lead roles because their mandate is to focus on health and rehabilitation matters.

The Women's Union was originally included as the core team member of CBR program; however, the collaboration at grass root level has not proven to be effective yet, as outlined in Chapter 7. Therefore, attention would need to be paid to strengthen the roles of the Women's Union in supporting people with disability by creating clear mechanisms from top to grass roots levels.

Although the Club for people with disability of Thai Binh province has not been promoted to become a Disabled Peoples' Organization yet, the Club in the commune was found to be active and supportive to help the CBR program in facilitating the social participation among people with disability.

Figure 8.5: Proposed collaboration model to implement comprehensive CBR program



The four proposed main agencies would need to collaborate closely together vertically and horizontally to formalize the roles of the CBR core team. This would empower the team to work across agencies in the commune and to connect with resources in the district, province and central levels when needed.

At the commune level, the CBR core team would remain the Labour Affairs worker, Community Nurse, Head of the people with disabilities Club and the Red Cross coordinators. All other organizations would need to get involved in the CBR program as supporting systems (Women's Union, Youth Union, Farmers' Union). However, to help the CBR core team work effectively, formalized roles of each of these supporting systems in the commune would need to be defined.

Conclusion

The social work profession could fill the gaps in the comprehensive CBR program by providing support on social and economic activities. Social work can provide professional counselling, utilizing resources and strengths of the disabled person, raising consciousness to make changes in the client and their environment, networking, mobilizing resources, and advocacy for policy change and discrimination reduction. It is proposed that these professional supports will help close the gaps between the needs of people with disability in social and economic activities and the current supports of community nurse/CBR worker.

It may be more appropriate at this stage to integrate a social work perspective rather than to locate a social worker in the commune. This is because there are not enough resources to allocate a social worker at commune level in the current context. The core team who are responsible for CBR supports could be provided with training in social work skills, values and perspectives. The CBR core team could include: the Labour Affairs worker, Community Nurse, Red Cross, and people with disabilities club. These are the four resources that could contribute the most to the current CBR program, while trying to network all other resources in the commune. To enable the core team to work effectively in the commune, both vertical integration and horizontal collaboration among agencies and organizations are also necessary, together with clearly defined roles and mechanism to collaborate. This leads to the final chapter, the conclusion of the thesis.

CHAPTER 9. IMPLICATIONS AND RECOMMENDATIONS

Introduction

In order to draw this thesis to a conclusion, this chapter aims to address two final matters (1) the overall results of this research; and (2) the implications of the research findings for policy and social work development in Viet Nam. The chapter presents the implications based on the analysis in the previous chapters, together with the chapter on the potential roles for social work.

The results of the research

The research has addressed the four research objectives to (i) Describe the social and economic activities of people with disabilities living in the commune; (ii) Identify the barriers and supports towards social and economic activities; (iii) Analyse the gaps between the barriers and available supports from CBR program; and (iv) Develop policy and practical recommendations on potential social work roles to close these gaps.

The research focused on one commune in Thai Binh Province. It was recommended because it had been part of a successful Province-wide CBR pilot project in 2009-2013. The research used mixed methods. It was largely a qualitative design supplemented with a quantitative survey of all the District CBR workers, in order to add to the trustworthiness of the data. In-depth interviews were conducted with people with disability and their families, CBR workers in the commune, government officials in the Ministries of Labour, Invalids and Social Welfare and Health at commune, District and central levels. The information was cross-checked at several levels throughout the project. Information was collected in Vietnamese language, translated, checked with a Vietnamese researcher, and then analysed and checked again with Australian supervisors.

In depth interviews with people with disability in the commune reported that they wanted to go to school, do vocational training, look for a job and participate in

social activities and clubs in the commune, but their participation was low due to many barriers. These included not being able to keep up with other students in mainstream class, discrimination, businesses not wanting to hire people with disability, poor health condition, difficulty in travelling, over protection by their family, not knowing where to look for job, and being unable to find a job after skills training.

In depth interviews with the CBR worker in the commune and a questionnaire among 228 CBR workers in the District showed the community nurses' efforts in supporting social and economic activities but many limitations were found. Community nurses provided "talk" and "encouragement", which they named "counselling" as the most popular support, while actual connection to school, jobs, and vocational training was very limited. Support to participate in the community was found mostly by connecting the people with disability with the Club for people with disability, which was found to be the most common connection made of all the social and economic supports.

Barriers to support activities included a lack of training, lack of a referral system to enable the CBR worker to connect the people in need to proper resources, and a lack of knowledge and skills to do advocacy. Other general barriers were described as low pay, time limitation, role controversy between community nurses and Labour Affairs workers. Besides, in the survey, CBR workers in the district also mentioned the lack of budgets to organize community activities, people with disability and their family do not want to have any supports from them, and no collaboration between the Labour Affairs agency and the Health agency.

The research identified the gaps by comparing the expressed needs of people with disability for social and economic activities described in Chapter 4, with the efforts of support from community nurses/CBR workers, described in Chapter 5. These gaps were found in the areas of helping children back to school, advocacy to reduce discrimination, connecting people with disability with job placement and vocational training classes. Although people with disability showed they needed to have supports, and the CBR workers showed their attempts to help, the results in these areas remain unchanged.

The research also analysed three particular cases to represent the experiences of three generations of people with disability in the commune, using the view of

ecological system theory to explore factors that people thought of as successes and failures. The first factor was to have a personal characteristic of determination. If the person him/herself is not determined on what they do, it is hard to have success. The second factor was the type of disability. People with mild mobility disability tended to remain in school longer, found it easier to do vocational training and to participate in economic activities, while people with high mobility disability and intellectual disability had less opportunity to achieve success. The third factor was the family. Families who tend to over protect their children with disability may affect their achievement in life. The last factor found was the nature of support in the environment, including the CBR program. All supporting resources could be very effective to help people with disability if they came at the right time when the person needed them, otherwise they tended to be a waste of time. However, the supporting factors from the environment were not enough to lead the person to change. Support from outsiders was effective when combined with a determined personality and family factors, and could lead the person to some achievements in their life. It is important to understand these factors in order to direct the supporting activities of CBR workers.

Considering all these barriers, gaps and factors for success and failure, the social work profession was considered as a means to fill in the gaps. Social workers have skills in working with individuals and working across agencies, which could play an important role to enhance the social and economic supports among people with disability. However, after analysing the availability of resources and the socio-economic context of Viet Nam, it would appear to be more practical to provide some specific skills training to the core CBR team instead of allocating a social worker to each commune. The research findings suggest that a CBR core team could be formed, consisting of the Labour Affairs worker as the team facilitator, community nurses, Head of the Club for people with disability and the Red Cross coordinators in the commune. To empower the CBR core team to provide effective support, both vertical and horizontal integration are important, and so collaboration across agencies would need to be formalised, paying attention to both the depth and breadth of the relationships.

Recommendation on social work training

As shown in Chapter 8, the core CBR team in the commune could be trained in some specific skills and a social work perspective as a temporary measure. Decision 32 of the Government towards all helping professions in the communities (GOV, 2010a) has made a very large budget available for a national social work training program. This recommendation, therefore, could contribute to developing practical skills training for all helping professions in the communes, in preparation for the plan by the Government from Decision 32. Table 9.1, which outlines a proposal for possible social work training, which in the future may be provided to support the CBR core team and other community workers.

Based on the research findings of the strengths and weaknesses of each agency in the core team, the following training content of social work knowledge, skills and values is recommended as the first stage. The overall basic social work knowledge and values would underpin the skill training for a range of health and human service providers including CBR workers if the training is provided by social work educators. This could be done within a values framework which is shared by this range of service providers - basic human dignity and human rights.

The Labour Affairs worker's main responsibility would be to facilitate the collaboration among the CBR core team. This would require their roles to be formalised, and careful training in facilitation skills.

It is recommended that the community nurses' main responsibility continue to be to provide health services, as they are trained to do. The second responsibility would be case management, which includes managing each case from needs assessment, making plans and connecting resources and supports to implement the plan. They would also be mainly responsible for counselling and home visits because that is what they are doing now. Therefore, the recommendation on their training will be: case management, counselling and networking skills. Except for the basic understanding about counselling, the counselling training should focus on motivation for change because CBR worker reported to have hard time "persuading" the family and the people with disability for change.

Table 9.1: Proposing skills training for the CBR core team in the commune

	Strength	Weakness	Proposed roles	Skills training needed
Basic training of knowledge and understanding on social work should be provided to all CBR core team				
Labour Affairs worker	As part of Ministry of Labour, Invalids and Social Affairs, the main body to be responsible for social economic supports for people with disability, main body of social work profession.	Only one Labour Affairs worker in one commune, already overwhelmed with other tasks	Facilitate the collaboration among the CBR core team; The connecting point to resources from Labour Affairs agencies	Facilitating skills
Community nurse	Well trained in health Complete system from province to the commune		Continue health support	
			Case management	Case management skills
			Main person to do home visit, counselling; utilizing skills and resources of the disabled people; conscious raising to make change.	Counselling Networking skills

<table>
<tr><th></th><th colspan="2">Strength</th><th>Weakness</th><th>Proposed roles</th><th>Skills training needed</th></tr>
<tr><td rowspan="2">Red Cross</td><td rowspan="4">Share the same mission to support the disabled people in the commune</td><td rowspan="2">Connecting donations to disabled people.
Prestige among the community.
Complete systems from the province to the small alleys.
Receiving donations to disabled people.
Retired so have much time</td><td rowspan="4">Do not have professional training in social support skills</td><td>Main person to connect resources from other agencies to support disabled people</td><td>Networking skills</td></tr>
<tr><td>Main person to advocate for the change in policy and to reduce discrimination</td><td>Advocacy skills
Communication skills</td></tr>
<tr><td rowspan="2">PWD club</td><td rowspan="2">Working for their own benefit</td><td>Support Red Cross to advocacy to reduce discrimination and policy change</td><td>Advocacy skills
Communication skills</td></tr>
<tr><td>Support community nurses to do home visit, counselling; utilizing skills and resources of the disabled people; conscious raising to make change.</td><td>Counselling skills
Communication skills</td></tr>
</table>

Red Cross's main responsibility in this new model would be to create networks of resources and to provide advocacy, as they are good at networking and they have prestige in the commune. Red Cross is also official organization, which would be an advantage for them to do policy advocacy. The Red Cross coordinators would need training on networking, advocacy and communication skills.

The people with disabilities club (Head and some active members) would support Red Cross in advocacy and support the community nurses in counselling and home visits. This is because they are not yet an official organization so they cannot take on the main responsibility. The training they would need includes advocacy, communication, and counselling skills.

However, in the future, when resources become more available, it would be necessary to provide training in relevant skills to all other resources that are currently in the commune, not limit this training to the CBR core team. Some of these people who have done the training may also choose to pursue formal social work qualifications.

Recommendation to promote people with disabilities club to a registered Organization

The Club for people with disability is not a formal organization, which limits its ability to work formally with Government Agencies. Therefore, it is highly recommended to promote this Club to become a formal Organization, under the People with disability's Organization at the Central level. This promotion would enable the members of the DPO in the commune to gain access to more resources, which are available at different levels. It would enhance vertical integration within the people with disabilities Club organisational structure and also provide linking social capital for the people in the commune, so that people with disability would be able to work as partners of Government Agencies.

Developing a referral tool for employment and vocational training

A referral system in employment and vocational training was shown to be

crucially important to the task of CBR core team. Community nurses/CBR workers in the research reported that they had huge difficulty in connecting people with disability with vocational training and employment. With the newly recommended CBR core team, this would still remain a problem if the referral systems were not created. Although the Labour Affairs worker would be in charge of supporting employment, they would not have enough information on the available jobs for people with disability, both from formal and informal sectors.

They need a referral channel to connect people with disability with appropriate work and skills training, available within the commune or out of the commune. The employment referral system from MOLISA should be made accessible to all people with disabilities from the commune to the district level. Supporting people with disabilities to find appropriate jobs should have been included as a task of this referral system.

The people with disability have said they have difficulty travelling out of town to work, therefore jobs and skills training for and by family businesses within the commune are very important. The employment referral system of MOLISA at grassroots level should work closely with CBR workers to create more chance for people with disabilities to be involved in the employment market.

It is, therefore, important to emphasise the advocacy role to raise awareness of local businesses, agencies in creating equal employment opportunities for people with disability. According to this, an employment referral network needs to be developed, including all these businesses/ agencies and their offers of jobs for all. The selection from both sides (businesses/ agencies and people with disability) will then be supported by CBR workers or social workers.

Policy advocacy for government budget on vocational training

In the meantime, the government has a budget to support people with disability to do vocational training. However, the research found that the funding could not be allocated because only very few businesses met the eligibility requirements. According to the law, to be eligible for the funding, the business has to be officially registered, provide vocational training for at least 12 people with disability at the same

time; and have a qualified teacher at the business to teach people with disability on skills for work (GOV, 2012b). However, this research has shown that it is not practical with the small-size businesses in the community. Businesses in the commune, including businesses of people with disability were found to be of small size, not registered, unable to afford to employ 12 people with disability at a time, and without a qualified teacher because of financial limitations. Therefore, they were not eligible for government funding to establish vocational training for people with disability in the commune level.

At the same time, the research found that people with disability did not want to travel out to the province for work. People with disability were worried about getting a job after they finished vocational training in the Province school, which concentrated on computers and other skills, because these skills were not practical in the commune. Therefore, people with disability preferred doing vocational training in the commune, where they could find a job in the same place or within the commune afterwards.

This paradox between the funding allocation of the government and the accessibility to the funding at commune level needs to be considered. There is a need for further research on this matter to develop strong policy advocacy for vocational training for people with disability. Within this research, it is suggested to adjust the government policy on how to allocate the budget for businesses to provide vocational training for people with disability. In particular, it is recommended that the policy should cover both the formal and informal business sectors, while lowering the eligibility criteria for the funds so that it can reach small size family businesses located in the commune.

Creating a supporting channel in education in mainstream school

The research found that children with disability wanted to go to school, however, they were not able to do so because of barriers in the schooling program, barriers due to discrimination. People with disability said that they wanted to go to special school because they expected they would have more suitable program for them, and they would not experience discrimination from other people. However, this plan could never become true because of the distance. While special schools were

only available in the province, the family did not want their child to go away from them for study, and they also could not accompany the child to the province because they still needed to work. In this case, the best choice is to keep the child at the mainstream school, and to adapt the school program together with a supporting person at school. Although it is a time-consuming process to advocate for these additional services at school, it is worth it to change. This would be the only practical way to keep the children with disability in school, and allow them to extend their education, as seen from this study of the commune.

Limitations of the research

The research had the ambition to include all types of disability in the CBR model, which has limited specific analysis of supports for each type of disability.

The research was carried out some years after completion of the CBR pilot project in the district and the commune (2009 to 2013), therefore, some report documents from the project were lost. This may have caused difficulty for the document analysis. Although the CBR program was then included in the National targeted program after the course of the project, there have been limitations to analysing the barriers and supports of CBR towards people with disability since the starting point in 2009.

The research participants included people with disability who had limited communication ability, or could not communicate with the researcher because of other reasons (shyness, going out of town). Therefore some were unable to provide adequate information for the interview. Further information was then acquired from direct carers who were mothers, fathers or wives of the people with disability.

Indication for further research

The research indicates further studies should take place in the field of social work with specific types of disabilities in supporting the community-based rehabilitation model.

Conclusion of the thesis

This research examined in-depth how CBR was being delivered in one commune, in a Province, which had been identified as a good example of a comprehensive CBR program. People with disability, their families, CBR workers in the commune, the District, Province and at Central level all participated in the research. Information was also collected from other key stakeholders and documentation from the pilot CBR project and government sources. The information was reviewed at each stage of the research process, and cross-checked between sources. As gaps were identified, the potential for social work services was explored. Several possibilities were considered based on the findings and discussion throughout the thesis, and finally, the thesis has made a set of recommendations to include social work in the comprehensive model, and until that is possible, to provide specific training by social workers for the helping professions in the commune in order to achieve a more comprehensive program of support for people with disability; to reconsider the allocation of the government budget for vocational training; to create referral points for employment and vocational training; and to create employment supports at mainstream schools for people with disability. All these recommendations are presented, together with the discussion on the roles of social work and, as an interim measure, how training by social workers could help to enhance all the supports in social and economic activities. These could work as advocacy tools for the social work profession and provide the social and economic components of a comprehensive supporting model based in the community for people with disability.

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Every reasonable effort has been made to acknowledge the owners of copyright material. I would be pleased to hear from any copyright owner who has been omitted or incorrectly acknowledged.

APPENDIX

Appendix A: Ethic approval for the first fieldtrip

Memorandum

To	Dr Angela Fielding, Occupational Therapy
From	Professor Peter O'Leary, Chair Human Research Ethics Committee
Subject	Protocol Approval **HR 105/2014**
Date	5 June 2014
Copy	Mrs Trang Le Nguyen Occupational Therapy

Office of Research and Development
Human Research Ethics Committee

TELEPHONE 9266 2784
FACSIMILE 9266 3793
EMAIL hrec@curtin.edu.au

Thank you for providing the additional information for the project titled "*Social work in the institutional and community care systems for children with disability in Vietnam*". The information you have provided has satisfactorily addressed the queries raised by the Committee. Your application is now **approved**.

- You have ethics clearance to undertake the research as stated in your proposal.
- The approval number for your project is **HR 105/2014.** *Please quote this number in any future correspondence.*
- Approval of this project is for a period of four years **05-06-2014** to **05-06-2018**.
- Your approval has the following conditions:
  i) Annual progress reports on the project must be submitted to the Ethics Office.
  ii) Please note, ethics approval is only for Stage 1 of the project. An ethics application for Stage 2 must be submitted to the HREC.
- **It is your responsibility, as the researcher, to meet the conditions outlined above and to retain the necessary records demonstrating that these have been completed.**

Applicants should note the following:

It is the policy of the HREC to conduct random audits on a percentage of approved projects. These audits may be conducted at any time after the project starts. In cases where the HREC considers that there may be a risk of adverse events, or where participants may be especially vulnerable, the HREC may request the chief investigator to provide an outcomes report, including information on follow-up of participants.

The attached **Progress Report** should be completed and returned to the Secretary, HREC, C/- Office of Research & Development annually.

Our website https://research.curtin.edu.au/guides/ethics/non_low_risk_hrec_forms.cfm contains all other relevant forms including:

- Completion Report (to be completed when a project has ceased)
- Amendment Request (to be completed at any time changes/amendments occur)
- Adverse Event Notification Form (If a serious or unexpected adverse event occurs)

Yours sincerely

Professor Peter O'Leary
Chair Human Research Ethics Committee

***Appendix B**: Ethical approval for the second fieldtrip*

MEMORANDUM

To:	Dr Angela Fielding
	Occupational Therapy
CC:	
From	Prof Peter O'Leary, Chair HREC
Subject	Amendment approval Approval number: HR105/2014
Date	01-Feb-16

Office of Research and Development
Human Research Ethics Office

TELEPHONE 9266 2784
FACSIMILE 9266 3793
EMAIL hrec@curtin.edu.au

Thank you for submitting an amendment to the Human Research Ethics Office for the project:

HR105/2014 Social work and community-based rehabilitation program for people with disability in Quynh Phu district

The Human Research Ethics Office approves the amendment to the project.

Amendment number: HR105/2014/AR2

Approval date: 02-Feb-16

The following amendments were approved:

Adding focus group discussions into the 2nd field trip.

Please ensure that all data are stored in accordance with WAUSDA and Curtin University Policy.

Yours sincerely,

Professor Peter O'Leary
Chair, Human Research Ethics Committee

Appendix C: Information sheets and consent forms

Information Sheet People with Disability, Family and Carers

Social work in community-based rehabilitation program for people with disability in Vietnam

Purpose

My name is Mrs Le Trang Nguyen. I am a PhD student at the School of Occupational Therapy and Social Work, Curtin University and the purpose of my research is to build a Community-based Rehabilitation (CBR) model, which includes both medical and social support for people with disability (PWD). The study will ask you about your needs and about the current social service provision, and then develop recommendations on how social work can help CBR programs to close these gaps. .

Study Procedures

If you agree to take part in this research study, you will be asked to: Take part in a group discussion. The group discussion will take about one hour. The discussion will be about the needs of PWD from your own point of view, Community-based- rehabilitation program (CBR), and changes which could provide better support. Your interview will be recorded. Please tell the interviewer if you do not want your conversation to be recorded.

Benefits

The study will explore how social work could help extend the CBR model for PWD. Social work can provide support in education, vocational training, and family and community life for PWD, and provide support for families and carers. The current CBR model mostly focuses on medical support, while the needs of PWDs are more comprehensive.
As a participant in this research study, you will become an advocate for changes in the CBR model to meet both medical and social needs of PWD.

Risks

PWD and family member: By taking part in this study, you may feel sadness or distress during or after the interview. However, the research has developed a protocol to support you in case of distress.

Compensation

You will not be paid for taking part in this study.

Confidentiality

All information collected about you during the course of this study will be kept confidential. You will be identified in the research records by a code name or number. Information that identifies you personally will not be released without your written permission.

When the results of this research are published or discussed at conferences, no information will be included that would reveal your identity

Voluntary Participation/Withdrawal

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you decide to take part in the study you can later change your mind and withdraw from the study. You are free to only answer questions that you want to answer. You are free

to withdraw from this study at any time.

Questions

If you have any questions about this study now or in the future, you may contact the research team member (Ms. Trang) at the following phone number…..
This study has been approved by the Curtin University Human Research Ethics Committee (Approved number….). The committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth 6845 or by telephoning 92669223 or by emailing hrec@curtin.edu.au

Consent Form
People with Disability, Family and Carers
Social work in community-based rehabilitation program for people with disability in Vietnam

Consent Form

If you agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read, or had read to you, the information sheet, and have had all of your questions answered. You will be given a copy of this consent form. You may withdraw from the study at any time.

______________________ ______________
Signature of participant Date

____
Printed name of participant

____________________ ___________
Signature of person obtaining consent Date

____
Printed name of person obtaining consent

Information Sheet
Service Providers and Managers
Social work in community-based rehabilitation program for people with disability in Vietnam

Introduction

I am a PhD student at the School of Occupational Therapy and Social Work, Curtin University and the purpose of my research is to build a more comprehensive Community-based Rehabilitation (CBR) model, which focuses on both medical and social support to people with disability (PWD). The study will examine the gaps between the needs of PWD in the community and the current social service provision, and develop recommendations on how social work as a profession can help to close these gaps. This study will contribute to the development of social work practice in relation to CBR programs.

Study Procedures

If you agree to take part in this research study, you will be asked to: Take part in a group discussion among CBR workers and labour affairs workers in the commune. The discussion will take about one hour. The interview will be about the services that you have provided to PWD in the commune, Community-based rehabilitation program (CBR), and collaborations between CBR workers (community nurses) and labour affairs workers. For research purposes, your interview will be recorded. Please tell the interviewer if you do not want your conversation to be recorded.

Benefits

The study will provide evidence to advocate for the role of social work in the CBR model for PWD. Social work can provide support for social components of the program, which include education, vocational training, and social integration. The current CBR model mostly focuses on medical support, while the needs of PWDs are more comprehensive. The research results will be disseminated by different means of communication: published papers, conference presentations. Furthermore, as policy makers at different levels will be a part of this research, they will also be informed of the research results. As a participant in this research study, you will become an advocate for changes in the CBR model to meet both medical and social needs of PWD.

Risks

There are no known risks at this time to participation in this study.

Compensation

You will not be paid for taking part in this study.

Confidentiality

All information collected about you during the course of this study will be kept confidential. You will be identified in the research records by a code name or number. Information that identifies you personally will not be released without your written permission.

When the results of this research are published or discussed at conferences, no information will be included that would reveal your identity

Voluntary Participation/Withdrawal

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you decide to take part in the study you can later change your mind and withdraw from the study. You are free to only answer questions that you want to answer. You are free to withdraw from this study at any time.

Questions
If you have any questions about this study now or in the future, you may contact the research team member (Ms. Trang) at the following phone number…..

This study has been approved by the Curtin University Human Research Ethics Committee (Approval number….). The committee is comprised of members of the public, academics, lawyers, doctors and pastoral carers. If needed, verification of approval can be obtained either by writing to the Curtin University Human Research Ethics Committee, c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth 6845 or by telephoning 92669223 or by emailing hrec@curtin.edu.au

Consent Form
Service Providers and Managers
Social work in community-based rehabilitation program for people with disability in Vietnam

Consent Form

If you agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read, or had read to you, the information sheet, and have had all of your questions answered. You will be given a copy of this consent form. You may withdraw from the study at any time.

______________________ ______________

Signature of participant Date

____

Printed name of participant

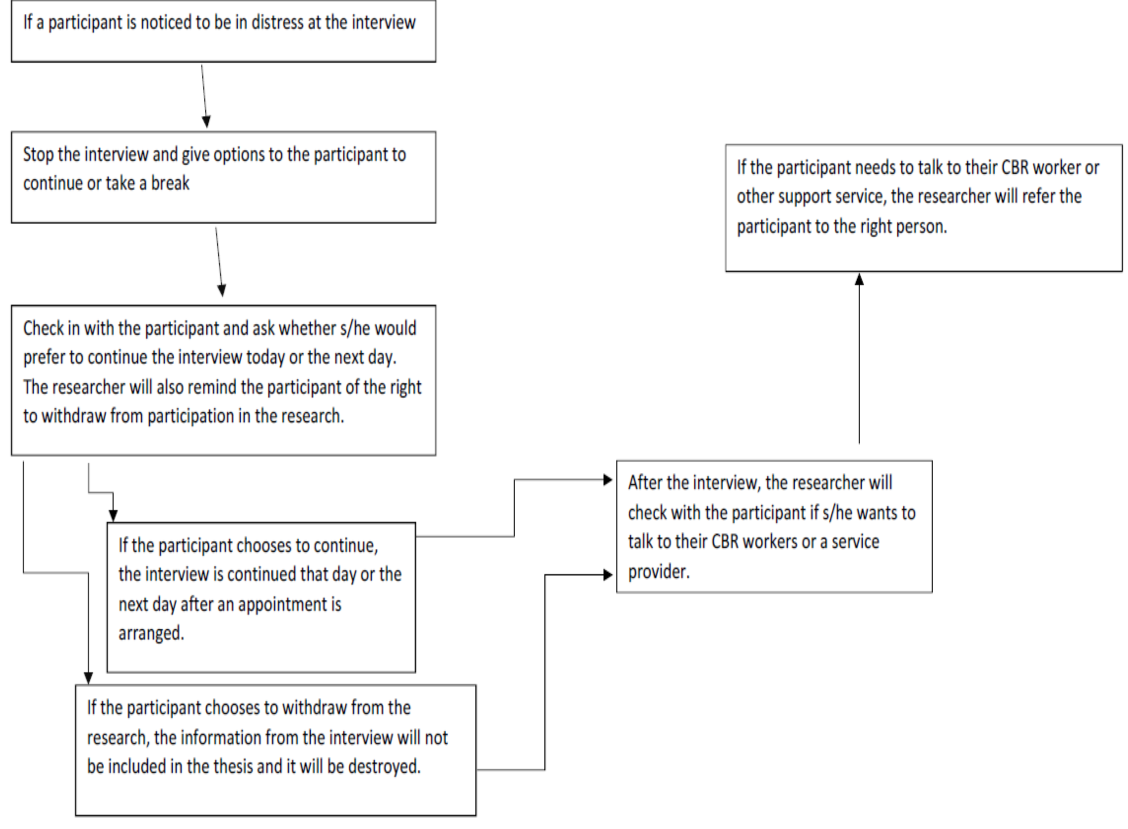
____________________ ____________

Signature of person obtaining consent Date

____

Printed name of person obtaining consent

Appendix D: *Adverse reaction procedure*



***Appendix E**: Semi-structured Interview Guides*

I. Semi-structured Interview Guides for people with disability (or family member in case PWD cannot communicate)

1. Information about disability, health and family
   - Can you tell me the story of your family?
   - Can you tell me the story of your disability?

2. Education
   - Have you ever gone to school before?
   - Can you tell me more about your story of going to school? What are the difficulties you met with when going to school? What need to be done to help you overcome these difficulties?
   - Have you received any supports from outsiders to help continuing school? If yes. Can you tell me more about that support? If no, what support do you need to help you continue school?
   - In case went to school but left: Can you tell me more about reasons for leaving school? How do you think about leaving school? What need to be done for you to continue school in the past?
   - If not going to school at all, what are the reasons for not going to school?
   - Have you ever wish to go to school?

3. Vocational training
   - Have you ever taken part in any vocational training classes before?
   - Can you tell me more about your story of doing vocational training?
   - What are the difficulties you met with when doing vocational training? How vocational training help you in looking for jobs?

4. Employment
   - Have you ever worked before?
   - Can you tell me more about your story of working? What are the difficulties you met when working? What need to be done to help you overcome these difficulties? Did you have any connection between vocational training you

had before (if any) with the jobs that you are working? How is vocational training important for you to work?

- Have you received any supports from outsiders to help in job placement? If yes. Can you tell me more about that support? If no, do you need help to find a job?

5. Social participation

- Have you been participating in any social activities before (like community events, weddings, community meetings, or being a part of any social groups)? Please tell me more about each participation? Do you have difficulties participating each of these activities that you have listed?
- In case not participate: What are the difficulties that make you not participating? What need to be done to help you participating?

II. Semi-structured Interview Guides for service providers and social organizations

A. Working and experience:

1. Contribution in CBR program:

- How long have you participated in CBR? Can you tell me about your position in CBR program? What are your responsibilities in CBR?

2. Trainings and qualifications:

- Can you tell me about the trainings you had related to CBR program?
- How can the training support you in CBR work? What other training you need to provide better service?

3. What are your working experiences? How do these experiences contribute to CBR?

4. Can you tell me one or two stories about difficulties you have experienced in implementing CBR?

5. What is the most important reason for you to participate in CBR (motivation)?

6. Salary and benefit for your contribution in CBR? How do you think about the salary/benefit comparing to your contribution to the program? How does

that affect your contribution?

B. Questions on CBR:

1. What do you understand about CBR?
2. Can you tell me about the current activities of CBR in the village? What are the focus activities?

About the component that is not implemented: Do you know of any plan to implement other supports? Why it has not been implemented? What is the barrier? (Finance, personnel…).

- Health: What are the supports on education? What are the difficulties in providing support on education? Can you share one story on health support that you are most impressed?

Prompt: Rehabilitation/ Assistive device/ Access to health service/ early identification/ Prevention/ Promotion

- Education: What are the supports on education? What are the difficulties in providing support on education? Can you share one story on education support that you are most impressed?

- Livelihood: What are the supports on livelihood? What are the difficulties in providing support on livelihood? Can you share one story on livelihood support that you are most impressed?

Prompt:

+ Skill development e.g. core life skills, vocational skills, business skills
+ Support on employment: Self-employment/ Wage employment
+ Financial service (e.g.: assistance to start your own business or for the living)
+ Social protection (e.g.: support to receive social welfare)

-Social: What are the supports on social? What are the difficulties in providing support on social? Can you share one story on social support that you are most impressed?

Prompt:

+ Relationship marriage and family (including family violent)
+ Personal assistance (e.g.: support on daily activities)
+ Family or community culture and art (e.g.:
+ Recreation, leisure and sport

- Empowerment: What are the supports on empowerment? What are the difficulties in providing support on empowerment? Can you share one story on empowerment support that you are most impressed?

Prompt:

+ Communication (e.g.: meeting with other people, share thinking, talking)
+ Political participation (e.g.: voting)
+ Support to participate in Self-help group and DPO organization

3. Personnel for CBR:

- Can you describe the personnel system of CBR as you aware of?
- What skills do CBR workers lack of? How is that skills important to the work?
- What are the most difficulties of CBR personnel? (Time, salary, motivation….). How we can address these difficulties?

C. Questions on PWD, family and community

1. Beneficiaries in CBR:

- Can you tell me how CBR can address the needs of PWD in the village?
- Can you tell me one or two stories about the changes (successful case) of PWD and their family after the support of CBR?
- Can you tell me one or two stories considered not successful in CBR that you most impressed?

2. Participation of family in CBR:

- How do family provide support to CBR? What activities? How to continue?
- What are the difficulties to get them involved?

3. Participation of community in CBR:

- How do community provide support to CBR? What activities? How often?
- What are the difficulties to get them involved?

III. Semi-structured Interview Guides for policy makers

D. CBR budget and funding

1. Can you tell me about the government budget for CBR? How much per year?
2. Are there any other sources for CBR expect for the government budget? What are they?
3. How are these sources allocated?

E. CBR personnel

4. Can you describe the personnel of CBR?

- Suggestions: Personnel in the three level of CBR personnel: Community level, intermediate level and national level.
- What are their disciplines? What are the qualifications?
- What are their contributions? How are the salaries/benefits for their contributions?
- Supervision of higher level CBR worker to the community level CBR worker?

What should be different to provide better service?

5. Volunteers: What are the volunteer contributions to CBR? Who are the volunteers? Do they get paid or any benefit for their contribution? What are the difficulties?
6. Social workers: Is there any social workers working in the village/district? Do they have any contributions to CBR? If yes: What are their contributions? How is that important to the program? If no: Why they do not participate in CBR?
7. Skills:
    - What skills do CBR workers lack of? How is that skills important to the work?
    - How do you think about developing multi- skills workers or multi-disciplinary CBR team workers? How is that important to the service?
8. What are the most difficulties of CBR personnel? (Time, salary, motivation….). How we can address these difficulties?

F. Cooperation among Ministries

1. Which Ministry is playing the main roles in CBR? What is the contribution?

2. How are the contributions of other Ministries? (Ministries of Health, Ministries of Labour and social affairs, Ministries of Education and Training).

3. Can you tell me about the development of joint circular about social work and CBR among the three Ministries?

***Appendix F**: Semi-structured Focus Group Discussion Guides*

I. Focus group discussion with PWD

1. Could you talk about any supports you are receiving in the past and at the moment?

+ How are these supports important to you?

+ If you could change, what do you wish to change about these supports?

2. Can you talk about any difficulties that are most prominent to you?

+ What are the most prominent difficulties that you need supports to overcome? School age: Can you talk about difficulties going to school? Labour age: Can you talk about difficulties in employment?

3. Can you talk about your expectation of services in the community?

+ What are the services that are more important to you?

+ Why it is more important to you?

+ Can you describe the service that you expect the most from?

II. Focus group discussion with CBR workers in the commune

1. Could you talk about the supports you are providing PWD in the community?

+ What support are you providing PWD under CBR program?

+ How do you think about your supports to PWD?

2. Can you talk about any difficulties you have met in providing supports for PWD in the community under CBR program?

+ What are the most prominent difficulties that you have experienced?

+ What should be done to overcome these difficulties?

3. Can you talk about the collaboration between community nurses and labour affairs workers in providing supports to CBR workers?

+ Can you describe the collaborations?

+ How have the collaborations affected the support to PWD?

+ What can be done to make it better?

__Appendix G__: List of documents for analysis from the research sites

I. Monthly, quarterly and annually reports on disability in community- based rehabilitation program

(Internal document)

In short: Disability reports in the commune

1. Report on disability in the commune term 1, 2011, The health centre in the commune.
2. Report on disability in the commune term 3, 2011, The health centre in the commune.
3. Report on disability in the commune 11, 2010, The health centre in the commune.
4. Report on disability in the commune 12/ 2012, The health centre in the commune.
5. Report on disability in the commune 11/ 2012, The health centre in the commune.
6. Report on disability in the commune term 3, 2012, The health centre in the commune.
7. Report on disability in the commune term 2, 2012, The health centre in the commune.
8. Report on disability in the commune 5/ 2012, The health centre in the commune.
9. Report on disability in the commune 4/ 2012, The health centre in the commune.
10. Report on disability in the commune 3/ 2012, The health centre in the commune.
11. Report on disability in the commune 2/ 2012, The health centre in the commune.
12. Report on disability in the commune 1/ 2012, The health centre in the commune.
13. Report on disability in the commune term 8/ 2012, The health centre in the commune.
14. Report number 23/BC-PYT on “The facts and the needs of rehabilitation

among victims of Agent Orange Quynh Phu district 2010”, Department of health in Quynh Phu district.

II. Report of individual CBR workers on their supports and difficulties (Internal document reported monthly and quarterly)
In short: CBR worker individual reports in the commune
15.
16. Report on activities of community-based rehabilitation in the commune term 1, 2011, The health centre in the commune.
17. Report on activities of community-based rehabilitation in the commune term 3, 2011, The health centre in the commune.
18. Report on activities of community-based rehabilitation in the commune 12/ 2012, The health centre in the commune.
19. Report on activities of community-based rehabilitation in the commune 6/ 2013, The health centre in the commune.
20. Report on activities of community-based rehabilitation in the commune 5/ 2013, The health centre in the commune.
21. Report on activities of community-based rehabilitation in the commune 4/ 2013, The health centre in the commune.
22. Report on activities of community-based rehabilitation in the Term 1, 2013, The health centre in the commune.
23. Report on activities of community-based rehabilitation in the commune 3/ 2013, The health centre in the commune.
24. Accumulated statistical report of activities of community-based rehabilitation in the commune from 9/2010 to 4 /2013, The health centre in the commune.
25. Report on activities of community-based rehabilitation in the commune 2/ 2013, The health centre in the commune.
26. Report on activities of community-based rehabilitation in the commune 1/ 2013, The health centre in the commune.
27. Report on activities of community-based rehabilitation in the commune 1/ 2012, The health centre in the commune.
28. Report on activities of community-based rehabilitation in the commune 2/ 2012, The health centre in the commune.

29. Report on activities of community-based rehabilitation in the commune 3/ 2012, The health centre in the commune.

30. Report on activities of community-based rehabilitation in the commune 4/ 2012, The health centre in the commune.

31. Report on activities of community-based rehabilitation in the term 1, 2012, The health centre in the commune.

32. Report on activities of community-based rehabilitation in the commune 5/ 2012, The health centre in the commune.

33. Report on activities of community-based rehabilitation in the term 3, 2012, The health centre in the commune.

34. Report on activities of community-based rehabilitation in the term 4, 2012, The health centre in the commune.

35. Report on activities of community-based rehabilitation in 6/ 2012, The health centre in the commune.

36. Report on activities of community-based rehabilitation in 7/ 2012, The health centre in the commune.

37. Report on activities of community-based rehabilitation in 9/ 2012, The health centre in the commune.

38. Report on activities of community-based rehabilitation in 10/ 2012, The health centre in the commune.

39. Report on activities of community-based rehabilitation in 12/ 2012, The health centre in the commune.

III. Monthly, quarterly and annually reports on community-based rehabilitation in the commune

(Internal document);

In short: CBR report in the commune

40. Report on community-based rehabilitation program in 11/2010, The Health centre in the commune

41. Report on the community-based rehabilitation in the commune from 9/2010 until 10/2013, The health centre in the commune.

42. Report on community-based rehabilitation program in 2010, The Health centre in the commune

43. Report on community-based rehabilitation program in 2011, The Health

centre in the commune
44. Report on community-based rehabilitation program in 2012, The Health centre in the commune
45. Report on community-based rehabilitation program in 2013, The Health centre in the commune

IV. Annual report on CBR program in the district (Internal document)
In short: CBR reports in the District
46. Report number 01/BC-BQL on the CBR project activities in Quynh Phu district in 2010, the project management team, 2011.

V. Report on social work centre in the province (Internal document)
47. Report on the activities of social work centre from 2013 to 2014, and plan for year 2014-2015, Social Work and Social Protection Centre Thai Binh province.
48. The reports on activities of community worker in implementing rehabilitation for people with disability in 2012, reported to the CBR manager in the commune, 2012.
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55. Report number 459/BC-SKHCN on the implementation of the decision number 2912/QD-UBND approving the Plan to support people with disability in Thai Binh province 2013-2020, department of science and technology, 2014.

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58. Report on the 4 years implementation of the project "Community-based rehabilitation for the Agent Orange used my American army during the war in Vietnam" implemented in Thai Binh province in 2009-2013, the project management team 2013.

59. Report number 01 BC/DA on the result of the project activities in 2009 and planning for 2010, "Community-based rehabilitation for the Agent Orange used my American army during the war in Vietnam" implemented in Thai Binh province in 2009-2013, the project management team 2010.

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work and social protection centre, Thai Binh province.
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Appendix H: Questionnaire for 228 community nurses cum CBR workers in the District

QUESTIONNAIRE
COMMUNITYNURSES WORKING FOR CBR PROGRAM

A. INFORMATION ABOUT COMMUNITY NURSES

1. Name: ….. ………………………………..………………………….
2. Age: ……………………………………………………………………….
3. Commune: ………………………………………………………………….
4. How many years you have worked as community nurse? ……….. year
5. How many years you have worked for CBR program? ………. year
6. At the moment, how many PWD are you providing support? ……. person
7. Please select the training that you have attended? (*circle the number*)

1 = Not received any training at all
2 = Health, medication and rehabilitation
3 = Psychological counselling
4 = Vocational counselling
5 = Social integration counselling
6 = Employment counselling (except for the training by PHAD)
7 = Other (please specify) …

B. SOCIAL SUPPORT FROM COMMUNITY NURSES

I. The needs of people with disability (PWD)

8. Please put in order the following needs of PWD (1 is the LOWEST and 5 is the HIGHEST)

The need	Order				
	1	2	3	4	5
e need for health care and rehabilitation					
e need for employment					
e need for vocational training					
e need for loan					
e need for counselling to reduce discrimination					
e need to participate in social activities (social groups, entertainment and other community					

activities)					

9. Can you please specify any other needs of PWD other than the ones already mentioned in Q8:

   ……….……………………………………………………………………….

   ……………………………………………………………………………………

10. Can you please identify the tasks of community nurses in CBR program? (You can select more than 1 answer)

    1 = Training rehabilitation skills for the family so they can help the PWD

    2 = Support on vocational training and employment for PWD

    3 = Providing counselling to reduce discrimination for PWD

    4 = Support PWD in education

    5 = Support PWD so they can participate in social activities

II. SUPPORT ON VOCATIONAL TRAINING

11. Do you provide support on vocational training for PWD?

    1 = No→ Go to part III 2 = Yes→ Continue with Q12

12. You have provided vocational training support for how many PWD? ….. person
13. Among these PWD who received your support how many people received vocational training? ……. person
14. What are your activities in helping PWD to do vocational training?(you can select more than one answer)

    1 = Counselling to encourage PWD to do vocational training

    2 = Counselling to encourage the family allow PWD to do vocational training

    3= Connect PWD with training classes

    4 = Other (Please specify): ………………………………………………….

15. What are the difficulties facing people with disability to do vocational training? (can select more than one answer)

    1 = Poor health condition does not allow PWD to have vocational training

    2 = Self-discrimination and discrimination from other people

    3= Family does not support PWD having vocational training

    4 = PWD have the social welfare, so they do not make effort for vocational training

5 = Do not have vehicle or have no one to help with transportation

6 = Other reasons (please specify):………………………………………..

16. What are the difficulties of community nurses in providing vocational training support for PWD?

1 = Lack of vocational counselling skills

2 = Do not know which place providing vocational training for PWD to connect

3 = Cannot persuade PWD to have vocational training

4 = Cannot persuade PWD's family to allow PWD to obtain vocational training

5 = Other difficulties (please specify): ………………………………………

III. SUPPORT ON EMPLOYMENT

17. Do you help PWD to find a suitable job?

1 = No→ Go to part IV 2 = Yes→ Continue Q17

18. At the moment how many PWD have you helped to find a job? ………. person

19. Among these people, how many people have a job after your support? … person

20. What are your activities in helping PWD to get a job?(you can select more than one answer)

1 = Counselling to encourage PWD to apply for a job and go to work

2 = Counselling to encourage the family allow PWD to apply for a job and to work

3= Connect PWD with an appropriate workplace

4 = Other (Please specify): …………………………………………………

21. What are the difficulties facing PWD to have a job? (you can select more than one answer)

1 = Poor health condition, so cannot go to work

2 = Self discrimination, and discrimination from others so choose not to work

3= Family does not support PWD to work

4 = PWD has social welfare so does not have motivation to work

5 = No means of transportation (vehicle, no one help in transportation)

6 = Other reasons (please specify): …………………………………

22. What are the difficulties of community nurses in providing employment support for PWD? (you can select more than one answer)

1 = Lack of counselling skill

2 = Do not know which place provides job for PWD, so cannot connect

3 = Cannot persuade PWD to go to work

4 = Cannot persuade PWD's family to allow PWD to go to work

5 = Other difficulties (please specify): ………………………………

23. How do you connect with Labour and Social Affairs agency when providing vocational and employment support for PWD?

1 = Report to the Head of community health centre of the commune so he can connect with Labour and Social Affairs agency

2 = Do not know how to connect with Labour and Social Affairs agency

3 = Do not know that community nurse can connect with Labour and Social Affairs

4 = Do not need to connect with Labour and Social Affairs agency

5 = Other (please specify): …………………………………..

IV. SUPPORT ON EDUCATION

24. Do you provide any education support for PWD (support to go to school, support in the school, help with learning…)?

1 = No→ Go to section V 2 = Yes→ Continue Q24

25. At the moment how many PWDs have received education support from you?

…. person

26. Among these people, how many people go to school, or have positive changes at school after your support?

…. person

27. Could you list all activities in providing education support to PWD that you have done so far?(you can select more than one answer)

1 = Counselling to encourage PWD to go to school

2 = Counselling to encourage the family to allow PWD go to school

3 = Community nurse come to help PWD in doing homework or learning

4= Connect PWD with an appropriate vocational training place

5 = Other (Please specify): ………………………………………….

28. What are the reasons PWD not go to school? (you can select more than one answer)

1 = PWD cannot study

2 = Travel difficulty to school

3= Self-discrimination and being discriminated by the community

4 = The family refuse the support offered by CBR workers

5 = The school programs do not fit with the PWD

6 = The school refuses to take the child with disability

7 = Other reasons (please specify): ……………………………………

29. What are the difficulties for community nurses in providing education counselling for PWD? (you can select more than one answer)

1 = Lack of counselling skill

2 = Cannot persuade the school to accept the PWD

3 = Cannot persuade PWD to go to school

4 = Cannot persuade PWD's family to allow PWD to go to school

5 = Do not know which schools are appropriate for PWD to connect to

6 = Other difficulties (please specify): ………………………………………

30. How do you connect with education agency when providing education support for PWD?

1 = Report to the Head of community health centre of the commune so s/he can connect with education agency

2 = Do not know what to do to connect with education agency

3 = Do not know that community nurse can connect with education agency

4 = Do not need to connect with education agency

5 = Other (please specify): ………………………………………………..

31. When providing vocational training, employment and education support to PWD, what would you do if you find the work is difficult?

= Leave the case unattended

= Collaborate with Labour and Social Affairs worker or schools

= Do not know what to do

= Report to the head of community health centre

= Other (please specified)…………..
……………………………….. ……….

V. SOCIAL INTEGRATION SUPPORT

32. Social integration includes group entertainment, participation in community activities. Do you support PWD to integrate in social activities?

   1 = No→ Go to section VI 2 = Yes→ Continue Q 32

33. At the moment how many PWD have you provided social integration support? ….. person

34. Among these people, how many people participate in social activities after your support? …. person

35. What are your activities to support PWD to participate in social activities? (you can select more than one answer)

   1 = Counselling to encourage PWD to participate in social activities

   2 = Counselling to encourage the family to support PWD to participate in social activities

   3 = Advocacy to reduce discrimination from the commune

   4 = Direct take PWD to the commune activities

   5 = Other (please specified): ………………………………………..

36. What are the difficulties for PWD who want to participate in social activities?

   1 = Poor health condition

   2 = Self-discrimination and discrimination from the community

   3 = Difficulty in transportation (no vehicle, no one to help with transportation)

   4 = Other reasons (please specify): ………………………………

37. What are the difficulties for community nurses in supporting PWD to participate in social activities? (you can select more than one answer)

   1 = Lack of counselling skills

   2 = Difficulty to mobile supports from the commune

   3 = Difficulty in working with the family

   4 = Other reasons (please specify): ……………………………………

When providing vocational training, employment and education support to PWD, what will you do if you find the work is difficult?

1 = Leave the case unattended 4 = Collaborate with other community

2 = Do not know what to do organizations

3 = Report to the head of community 3 = Other (please specify)…

VI. DIFFICULTIES

38. What difficulties have you met with when providing support in education, employment and social integration for PWD?

    1 = No salary for the job or salary is too low

    2 = Not enough time for these support activities

    3 = These are the tasks for Labour and Social Affairs officers, not community nurses

    4 = Other difficulties (please specify): ……………………………….