

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

(PARTIAL AGREEMENT IN THE SOCIAL AND PUBLIC HEALTH FIELD)

RESOLUTION AP (95) 3

ON A CHARTER ON THE VOCATIONAL ASSESSMENT OF PEOPLE WITH DISABILITIES¹

*(Adopted by the Committee of Ministers on 12 October 1995
at the 545th meeting of the Ministers' Deputies)*

The Representatives on the Committee of Ministers of Belgium, France, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom of Great Britain and Northern Ireland, these States being Parties to the Partial Agreement in the social and public health field, and the Representatives of Austria, Finland, Norway, Portugal, Spain, Sweden and Switzerland, States which have participated in the activities in the field of rehabilitation and integration of people with disabilities carried out within the above-mentioned Partial Agreement since 11 September 1962, 4 September 1990, 6 June 1974, 2 October 1981, 15 May 1979, 8 September 1986, and 1 January 1975 respectively,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members and that this aim may be pursued by common action in the social and public health field;

Having regard to the provisions of the Brussels Treaty, signed on 17 March 1948, by virtue of which Belgium, France, Luxembourg, the Netherlands and the United Kingdom of Great Britain and Northern Ireland declared themselves resolved to strengthen the social ties by which they were already united;

Having regard to the protocol modifying and completing the Brussels Treaty, signed on 23 October 1954 by the signatory states of the Brussels Treaty, on the one hand, and the Federal Republic of Germany and Italy, on the other hand;

Observing that the seven States Parties to the Partial Agreement which have continued within the Council of Europe the social work hitherto undertaken by the Brussels Treaty Organisation and then by Western European Union, which derived from the Brussels Treaty as modified by the protocol mentioned in the fourth paragraph above, as well as Austria, Finland, Norway, Portugal, Spain, Sweden and Switzerland, which participate in Partial Agreement activities in the field of rehabilitation and integration of people with disabilities, have always endeavoured to be in the forefront of progress in social matters and also in the associated field of rehabilitation and integration of people with disabilities, and have for many years undertaken action towards harmonisation of their legislation;

Considering that there are in the world more than 500 million people with disabilities as a consequence of physical, mental or sensory impairments;

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1. When this resolution was adopted and in application of Article 10.2.c of the Rules of Procedure for the meetings of the Ministers' Deputies,
- the Representative of the United Kingdom reserved the right of his government to comply or not with the resolution;
 - the Representative of France reserved the right of his government to comply or not with paragraphs 2.2.9 and 3 of the resolution.

Recognising that the vocational rehabilitation of people with disabilities, by virtue of the economic and social integration it achieves, is a duty of the community;

Bearing in mind the principles embodied in Article 15 of the European Social Charter, namely the right of people with physical or mental disabilities to vocational training, rehabilitation and social resettlement;

Bearing in mind Convention 159 and Recommendation 168 of the International Labour Organisation on vocational rehabilitation and employment of people with disabilities;

Having regard to the International Classification of Impairments Disabilities' and Handicaps of the World Health Organization published in accordance with resolution WHA29.35 of the twenty-ninth World Health Assembly;

Having regard to Recommendation No. R (92) 6 on a coherent policy for people with disabilities and, in particular, the following principles enshrined therein:

- the goals of rehabilitation are to give people with disabilities, whatever the nature and origin of their disability, the greatest possible measure of social and economic participation as well as independence;
- in order to be as independent as possible and no longer play a secondary role in society, people with disabilities should take an active part in their own rehabilitation;
- people with disabilities should be enabled to have as much economic independence as possible, particularly by exercising as highly qualified an occupation as possible and deriving a commensurate personal income therefrom;
- to permit the fullest possible vocational integration of people with disabilities and thereby also promote their social integration and personal fulfilment, all individual and collective measures should be taken to enable them to carry out their professional activities, whenever possible, in an ordinary working environment, either as salaried employees or self-employed persons;
- to obtain the best possible rehabilitation programme as well as a prognosis for educational, vocational and social integration of people with disabilities, a regular assessment of abilities should be performed; likewise, people with disabilities and their families should be enabled to explore and assess their abilities;
- persons with disabilities should have access to the assessment of their vocational aptitudes;

Recognising that the vocational assessment of people with disabilities provides a crucial basis for the process of their vocational integration and so contributes to enabling people with disabilities to lead an independent life and be fully integrated into society;

Taking the view that States Parties to the Partial Agreement and other states participating in the activities of the Partial Agreement will find it beneficial to harmonise principles pertaining to vocational assessment of people with disabilities,

Recommend that the governments of the States Parties to the Partial Agreement as well as the governments of Austria, Finland, Norway, Portugal, Spain, Sweden and Switzerland take into account the principles set out in the appendix to this resolution when drawing up their programmes for vocational rehabilitation and vocational assessment of people with disabilities.

Appendix to Resolution AP (95) 3
*Charter on the Vocational Assessment
of People with Disabilities*

1. Aims and scope

1.1. For the purposes of this charter, vocational assessment of people with disabilities means the process of assessing the vocational capacities of persons together with job requirements and the comparison and matching of these assessments with a view to vocational integration or reintegration.

1.2. Vocational assessment is an integral part of vocational rehabilitation and integration providing a basis for vocational guidance and training, and assistance and follow-up at work. Linking vocational capacities and requirements in rehabilitation schemes at the earliest possible stage makes it possible to bring medical, therapeutic, educational and vocational measures into line with the ultimate goal of social and vocational integration.

2. Principles

2.1. Ethical principles

2.1.1. All people with disabilities in need of vocational integration or reintegration, irrespective of their age and sex, should have access to vocational assessment.

2.1.2. The persons assessed should have the right to take an active part in the process of vocational assessment and in the choice of occupation that suits their aptitudes and aspirations.

2.1.3. The aims of vocational assessment, the tools chosen for assessment procedures, as well as their use and the results obtained therefrom – including their implications for further vocational integration measures – should be clearly explained to all concerned and, in particular, to the persons assessed themselves.

2.1.4. All personal data and information gathered in the process of vocational assessment should be subject to national regulations in force on data protection and on medical and professional confidentiality. They may subsequently be used only in the interests and with the agreement of the persons assessed for the purposes of vocational rehabilitation.

2.2. Assessment procedures and the rationale for their use

2.2.1. The vocational assessment of people with disabilities should make use of such appropriate assessment procedures as are widely used in natural and social sciences. They serve as a basis for formulating questions for the purpose of comparison and guarantee that comparison is made between features of a similar nature. All assessment procedures should be effective, reliable and valid.

2.2.2. Assessment procedures and their repeated use are a precondition for monitoring the progress and success of vocational integration.

2.2.3. Some classifications in medicine and other scientific fields focus on deviation from norms and on deficiencies. Such classifications do not appear to do justice to the abilities of people with disabilities. In only focusing on their weak points, they can hinder their social integration, put them at a disadvantage and lead to their exclusion.

2.2.4. The vocational assessment of people with disabilities should focus the attention of all concerned on abilities which can be used for vocational training and rehabilitation. This corrects widely held beliefs about people with disabilities by looking at the person assessed as a whole in terms of both ability and disability.

2.2.5. The vocational assessment of people with disabilities should be directed towards examining the biological, psychological and social characteristics of each individual as well as their interaction with job requirements. When a vocational assessment is made, those abilities which are relevant for practising a particular job should be compared with the requirements of that job.

2.2.6. Performing the tasks of a particular job requires only a limited number of human abilities. If an employee's abilities correspond to the requirements of a given job, then the person in question can be profitably employed. There should be no justification for putting at a professional disadvantage people whose disabilities would have no effect on their performance of the duties involved in the job.

2.2.7. Furthermore, vocational assessment should provide a basis for determining whether an employee's capacities may be enhanced by vocational training or compensated by technical or organisational adaptations of the workplace and the job. In this way vocational assessment becomes a valuable working aid for firms which employ, or would like

to employ, people with disabilities or with restricted abilities leading also to the necessary measures in the field of health and safety at work.

2.2.8. It is not possible to ascertain precise job requirements on the basis of generic descriptions of different occupations. In each occupation there are jobs involving a wide variety of duties. A description of requirements should be based on an examination of the requirements of a specific job.

2.2.9. Assessment procedures in general use complete indexes of standardised and well-defined characteristics and factors relevant to each specific field. The characteristics and factors of the index used in vocational assessment should describe, on the one hand, all work-related human abilities and on the other the overall job requirements. The ability and requirement characteristics should be defined in line with each other in such a way that each characteristic can be applied to the description of both ability and requirement. This makes possible a direct comparison between abilities and requirements and facilitates quantitative conclusions. The index should cover all human abilities needed for describing the requirements of all occupations and jobs in industry, trade, the government, and service sectors.

2.2.10. The complete indexes of standardised and well-defined characteristics and factors should be regarded as tools which will contribute to the success of the assessment procedures referred to in paragraph 2.2.9 above. These procedures must not, on any account, be limited to a systematic and purely mechanical use of the indexes and they should incorporate, in their analysis of the situation, all the human, psychological, social and environmental factors which constitute the personality and identity of the person whose vocational aptitudes are being assessed.

2.3. *Multidisciplinary nature of vocational assessment*

2.3.1. Vocational assessment and integration of people with disabilities should be carried out by multidisciplinary teams including specialists from a wide variety of fields such as rehabilitation medicine, ergonomics, psychology, vocational guidance, education, social sciences, occupational medicine, occupational health and safety and the technical field, as well as expertise on different occupations. The company where vocational integration is to take place should also be able to participate in the process of vocational assessment.

2.3.2. Specialists in a multidisciplinary vocational assessment team apply their own working methods in their field of specialisation. In order to overcome communication and information obstacles posed by terminological differences, an assessment team should use information systems to compare the descriptions of abilities and requirements. Information systems should be developed on the basis of a complete index of vocational characteristics, which is able to describe in terms of both quality and quantity all the abilities needed to describe job requirements. The findings of a vocational assessment should be incorporated into the information system in accordance with the definitions of the index of characteristics. Complete descriptions of abilities and requirements, which are comprehensible to all concerned, take shape in this way.

2.4. *Links with the WHO International Classification of Impairments, Disabilities and Handicaps*

2.4.1. In order to further facilitate interdisciplinary communication, the index of vocational characteristics used in the assessment of people with disabilities could be based on the conceptual framework of the WHO International Classification of Impairments, Disabilities and Handicaps (ICIDH). The ICIDH classifies the consequences of disease or accidents in terms of three categories: impairments (of organs, including mental functioning), disabilities (at the level of the individual, restriction of abilities), and handicaps (social disadvantages, integration difficulties).

2.4.2. The vocational assessment of people with disabilities is concerned with the correlation between the abilities of those assessed and the job requirements. To this end, the level of abilities (restricted abilities, disabilities) should serve as the basis for presentation and discussion when the description of abilities is compared with the description of requirements. The level of social integration (handicap) can serve as the basis for further vocational integration measures. The level of organs (impairments) should be included in the analysis of factors which lead to difficulties of ability. At this level it is possible to prescribe medical, therapeutic, preventive and technical measures for each individual.

3. Table of major categories of vocational characteristics and factors with reference to the ICIDH

3.1. The following table lists, at two levels in the first two columns, the major categories of vocational characteristics and factors that should be taken into account in the vocational assessment of persons and jobs. All categories can be expressed in terms of both ability and requirement. Although the table cannot, as such, be used for practical vocational assessment, it can be used as a framework for developing a complete index of vocational characteristics by adding further levels of sub-items to the second-level categories of characteristics. Detailed assessment procedures, tools and information systems can then be constructed on the basis of the complete index of vocational characteristics

and according to specific needs. The table should be considered in conjunction with the principles, and above all the ethical principles, enumerated above.

3.2. In order to facilitate interdisciplinary communication, the categories of vocational characteristics are linked, in the two last columns of the table, to the corresponding impairments and disabilities of the ICIDH expressed in numerical codes of the ICIDH.¹ While this link is mainly achieved through the disability classification of the ICIDH, certain vocational characteristics can only be connected with the classification of impairments. The ICIDH categories chosen correspond, as closely as possible, to the content of the categories of vocational characteristics included, although complete correspondence cannot always be achieved.

Categories of abilities/requirements 1st level	Categories of abilities/requirements 2nd level	ICIDH disability codes	ICIDH impairment codes
Posture	Sitting Standing Kneeling Squatting Stooping Lying Changes in posture	58, 71 58, 71 55 56 56 59 46; 58	
Locomotion	Walking/ascending Ascending/climbing Creeping/sliding	40, 41 42, 43 45	
Movement of extremities	Movement of upper limbs Handling loads Manual dexterity Foot control	52-54 48 60-66 67	
Skeletal functions	Mechanical and motor functions of limbs Functions of head and trunk regions		71-74 70
Communication	Reception of information Emission of information	20, 23, 25, 26, 27 21, 22, 28, 29	69
Complex physical items	Physical strength and endurance Balance	71 58	
Environmental factors	Climate Sound/noise Vibration Light/lighting Humidity/dirt Atmospheric pressure Radiation Gas/dust/smoke and other dangerous substances	72, 73 74 77,8 75 73,1 73,2 77,4 77	
Safety at work	Risk of accidents Occupational protective equipment	13, 18,6 70	
Organisation of work	Working hours and shift work Work tempo Journey to work and accessibility at work place	18,2 76 47, 49	
Mental items	Cognition Personality and manner of working Work stress	10-12, 14-16 76	

1. The numerical codes referred to in the table and their corresponding impairment and disability categories can be found in the *International Classification of Impairments, Disabilities, and Handicaps* (Geneva: World Health Organization, 1980).