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**PROMOTING A PERSON-CENTRED
APPROACH TO VOCATIONAL
SERVICES FOR ADULTS WITH
DISABILITIES IN SINGAPORE**

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Promoting a Person-Centred Approach to Vocational Services for Adults with Disabilities in Singapore

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ABSTRACT

Person-centred approaches reflect a relatively new paradigm in the field of disability that endeavours to support people with disabilities to achieve quality lifestyles and desirable futures. These approaches offer a contrast and alternative to traditional and more system-centred vocational services that often limit the support and honouring of individual aspirations, strengths and preferences. Evidence in the international literature has documented the successful use of person-centred approaches for achieving desirable work experiences for people with disabilities in vocational activities as well as other types of services. This paper describes the process and outcomes of using a person-centred framework to restructure a vocational service in Singapore to emphasise greater autonomy and choice in work opportunities and experiences for individuals with intellectual and/or physical disabilities. Suggestions and recommendations are provided to guide future efforts to convert vocational services through a person-centred approach.

Promoting a Person-Centred Approach to Vocational Services for Adults with Disabilities in Singapore

The first research symposium on long term disabilities held in Singapore was organised by the National Council of Social Service in March 1998. This inaugural event strongly upheld the value of a community-based approach to rehabilitation efforts for people with disabilities in Singapore. The community-based approach essentially aims at including people with disabilities within community

life through providing opportunities and supports for community presence and participation. A goal of the community-based rehabilitation approach is to foster the inclusion of persons with disabilities within regular communities where they are accepted and experience a sense of belonging.

The strong sentiments and favourable response of the research symposium's speakers and participants to the importance of embracing a community-based approach to disability services echo prevalent changes in attitudes and trends in the field of disability worldwide. What is increasingly clear in the field is the value proclamation and commitment to working towards the vision of inclusive communities for people with disabilities. The movement towards inclusion has been significantly influenced by the belief that being included within school, work and community environments is a major indicator of quality education, rehabilitation and care for people with disabilities. Many countries around the world have embraced inclusion as an international educational agenda. For example, in 1994, representatives of 92 governments and 25 international organisations agreed upon a statement (the UNESCO Salamanca Statement) calling for inclusion to be the norm for the education of all children with disabilities (Unesco, 1994).

At the core of inclusion is a paradigm shift [a paradigm, as defined by Kuhn (1962), represents an implicit or explicit view of reality] in how disability is conceptualized and how services are to be provided. To illustrate, the American Association on Mental Retardation (AAMR) revised its definition on mental retardation (known as intellectual disability in some parts of the world, like in Singapore) as a description of an individual's adaptive functioning within the context of community environmental supports (Luckasson et al., 1992). The emphasis on contextualizing disability differs from its former definition which alluded to mental retardation as an isolated diagnosis of a medical or psychological disorder to be treated in segregated environments.

The basic thrust of this paradigm shift promotes thinking about disability in ecological terms; that is, the nature of interactions and relationships between persons with disabilities and their communities determines individuals' quality of life and their functioning in society more than their inherent disabilities. The fundamental components of this new way of thinking emphasise human relationships, person-centred and family-centred approaches, community-based experiences, and a commitment to recognise choice and quality of life issues for people with disabilities.

The paradigm shift in constructing new frames for interpreting disability provides a challenge to how we can rethink and restructure disability services in Singapore in order to build a more inclusive society for people with disabilities. The vision of Singapore 21 provides a timely impetus for taking up the challenge of considering, articulating and creating pathways towards a society that is more inclusive of all, including those with disabilities. Singapore 21 is a social agenda that is inclusive of all Singaporeans - "Every Singaporean matters" (Government of Singapore, 1999). Similar to inclusion, Singapore 21 is a "one size fits all" social agenda that must be consciously customised for and by each citizen. The vision of Singapore 21, calling for unity through diversity, and together making a difference, is an acknowledgement and celebration of each Singaporean's uniqueness and abilities as well as an invitation to create an inclusive society. The challenge to achieving Singapore 21 for people with disabilities lies in recognising and supporting their abilities, unique gifts and diverse contributions. The values and principles of the person-centred approach are congruent with the social agenda of Singapore 21 to achieving the vision of a society that is inclusive of all and yet responsive to individual needs.

This paper describes how the person-centred approach was successfully promoted and used within a vocational service for adults with disabilities in Singapore to achieve greater quality of life, choice and community inclusion. We first describe traditional vocational services, followed by a review of person-centred approaches. Background information on the agency involved as well as key events and steps that led to the promotion and use of the person-centred approach are next discussed. Then we describe details pertinent to staff training, implementation, adapting the person-centred approach and outcomes achieved. In our discussion, we reflect on factors that appear to have supported the successful conversion from a system-centred to a more person-centred model of service delivery as

well as challenges encountered, and conclude with guidelines for practice.

Traditional Services

The traditional approach in vocational services for adults with disabilities, which is predominantly the situation in Singapore, is to provide centre-based programs where routine assembly-type tasks are performed en masse by workers. The planning process of this approach is standardised in terms of a basic blueprint paradigm in which a system of services with a limited number of usually segregated program options, frequently based on the stereotypes of persons with disabilities, is created (Mount, 1987). This system and its blueprint plan for persons with disabilities reinforce the view that their vocational and employment needs are best taken care of within a service system instead of in local communities. Professionals are the key decision makers in this system. In this traditional approach, there is little room for listening to individual dreams, aspirations and voices to find new possibilities for each person, design preferred work opportunities and experiences, and craft desirable lifestyles that offers a better quality of life. What has been increasingly recognised is that traditional human service paradigms have not successfully promoted the inclusion and social membership of individuals with disabilities within their communities. Traditional services have been found to be ineffective in working towards the goal of including people with disabilities in communities because of a heavy reliance on segregated facilities and formal professional supports.

One of the purposes of traditional center-based programs in Singapore is to prepare adults with disabilities to move through the continuum of services from segregated sheltered workshops to open, competitive employment in integrated, community-based environments. Research, however, has shown that people do not generally move from center-based programs into community life. Bellamy, Rhodes, Bourbeau, and Mark (1982) examined the outcomes of programs in along a continuum of services (a day activity center, a work activity center, a sheltered workshop, and community-based competitive employment) and found that adults with intellectual disabilities would actually require an average of between 47 to 56 years to move through the continuum into community-based employment, at the current rate of progress. These authors noted that the longer adults stayed in the segregated programs, the fewer their chances were of obtaining a job in open employment.

The Person-Centred Approach

An innovative approach to planning and designing quality life experiences and futures for persons with disabilities is the person-centred approach to lifestyle planning. This approach essentially asks: "How can we identify constructive actions that will improve the quality of life experiences for a particular individual?" (O'Brien, 1987, p. 178). The person-centred approach is relatively new and is in contrast to more traditional and more system-centred models of planning. Discontent with traditional models that did little to increase the social membership of people with disabilities within community environments but instead segregated them further within service systems, fueled the support for planning models that emphasize a person-centred and community-based approach to service development. Table 1 contrasts a person-centered versus a traditional system-centred approach in conceptualizing services for people with disabilities.

Table 1. Characteristics of a System-Centered and a Person-Centered Approach

System-Centered Approach	Person-Centered Approach
Plan a lifetime of programs	Craft a desirable lifestyle
Offer a limited number of program options	Design desirable experiences
Base options on stereotypes of people with disabilities	Find new possibilities for each person
Focus on filling placements	Focus on quality of life
Overemphasise technologies and clinical strategies	Emphasise dreams, desires, and meaningful experiences
Organised to please funders, regulators, policies and rules	Organised to respond to people
Adapted from Mount (1992)	

Person-centred planning models that have been used in facilitating quality lifestyles and desirable futures for persons with disabilities include Lifestyle Planning (O'Brien & Lyle, 1987), Personal Futures Planning (Mount, 1987), McGill Action Planning System (Vandercook, York & Forest, 1989), Lifestyle Development Process (Malette, Mirenda, Jones, Bunz & Rogow, 1992), Whole Life Planning (Butterworth et al., 1993), and Planning Alternative Tomorrows with Hope (Pearpoint, O'Brien, Kamp & Forest, 1993). These models basically emphasize the importance of five areas that are indices of life quality: community presence, choice, competence, respect and community participation. Community presence is the extent persons with disabilities are physically present in the community and frequent everyday places and activities that make up community life. Choice is the extent to which opportunities for choice-making are present in the person's daily life. Competence is the set of skills and abilities that individuals have in participating in community activities. Respect refers to a valued role or place in the community and increases when persons with disabilities perform the same activities that are usually performed in the community by people without disabilities. Community participation addresses the importance of family, friends, professionals and community members supporting the involvement of persons with disabilities within the community.

The application and effectiveness of person-centred planning models have been documented in the international literature. A number of relevant studies are reviewed in the following. Mount (1987) compared the outcomes achieved for six individuals with disabilities, transitioning from high school to adult life through the Personal Futures Planning Model with those achieved for control individuals through a traditional planning process. These planning processes were compared using the following: independent ratings of the format and content of documents used, the way people and problems were described, changes that occurred since the planning events and interviews with participants. The results showed that there were clear differences in the content of the two types of plans. The results also showed that the one-year follow-up surveys revealed that the individuals' lives did not change as a result of the traditional planning process while the Personal Futures Planning process produced many positive changes for both the individuals concerned and the staff

involved. These changes included obtaining more desirable job placements in the community and receiving more support to do preferred activities. Personal Futures Planning facilitated rich visions for the staff as opposed to the traditional model. Another study by Malara (1994) also evaluated the impact of the Personal Futures Planning Model. Community access, opportunities to participate in preferred activities and perceived quality of life were compared before and after this model was used to plan the lifestyles of three adults with developmental disabilities. The results showed improvements in these lifestyle aspects after personal futures planning.

Malette et al. (1992) examined the efficacy of the Lifestyle Development Process for adults with disabilities. Empirically validated instruments were used to evaluate lifestyle changes. One instrument was designed to measure the quantity of leisure and personal management activities performed monthly, e.g., the number of times the individuals went out to do "fun" activities such as bowling, swimming and shopping. Another instrument collected information about the persons who are socially important in the life of the focal person and the types and frequencies of activities in which persons in the social network typically engaged with the individual. The results showed that all the individuals were found to engage in a greater number of preferred, integrated activities during the mid- and posttests than at baseline. Miner and Bates (1997) evaluated the impact of person centred planning activities on special education students and their families during Individualised Education Program (IEP) and transition meetings. These activities had a significant effect on parent participation in meeting with service providers. In addition, families who experienced the lifestyle planning reported high levels of satisfaction with the process. For example, one parent commented that the person-centred planning experience helped her realise just how important it was to plan long range goals. Another study by Childre (1998) also investigated the use of a person centred approach within the context of IEP meetings. Six sets of parents were interviewed before and after the approach was used. Results showed a higher level of collaborative planning and a shift a focus toward planning for the future. The parents also indicated they preferred the new approach over typical planning. Lastly, a study by Hagner, Helm and Butterworth (1996) sought to determine the processes involved in person-centred planning for the transition from school to adult life of 6 students with disabilities. The participants found this planning process to be valuable and themselves energised by an increased sense of community, shared responsibility and a clearer focus for the future.

Agency Background

The Society for the Physically Disabled (SPD) was the agency involved in rethinking and restructuring or converting the vocational services offered by its work activity centre. This agency was registered as a voluntary welfare organisation in September 1964 and as a charitable body under the Charities Act of 1982. SPD operates the first purpose-built facility in Singapore designed to meet the rehabilitative needs of persons with physical and/or intellectual disabilities. Before the restructuring process, the clientele at the work activity centre performed mainly repetitive assembly-type work activities that are similar to the type of activities offered by many sheltered workshops in Singapore. Many of the clientele had been at the work activity centre from between ten to twenty years without the opportunity to exit from the site because there was little or no effort to place and support any of the clients in community-based vocational employment. There had been no supported employment component within the work activity centre for encouraging clients to attempt and realise work opportunities outside the centre. Clients only left the work centre when medical or family issues arose that warranted the client to leave. With no avenue to exiting the work centre, the numbers of clients attending the centre as well as the number waiting to enter kept on increasing over the years. The low exit rate of clients leaving the centre meant that those on the waiting list could not receive vocational services as quickly as they would like to. As a result of this situation, there arose a need within SPD to reconsider and restructure the direction and operations of the work activity centre.

Key Events and Steps before Restructuring

SPD established a new committee in September 1998 to investigate how the work centre could be restructured. The first author was invited to join this committee as a volunteer chairperson and consultant. After this committee was established, a study was conducted to appraise the training programs and other forms of activities of the workshop. The study revealed the following findings. First, there were a hundred clients who belonged to the work centre. They were individuals with different levels and types of intellectual and/or physical disabilities. Two production supervisors and an assistant manager were in charge of these clients. The clients worked daily on assembly tasks that involved simple and repetitive movements (e.g., folding and inserting magazines into envelopes, pasting stickers on milk bottles). The supervisors set production targets that the workers were expected to meet. On days when there was no work available, clients were expected to stay at the work site. Few, if any, recreational activities were organised for the clients unless sponsored by external organisations such as community centres and private businesses. The types of activities would normally be decided by the sponsoring organisations (e.g., zoo trips). Minimum levels of communication existed between the supervisors and the clients' families except in cases when significant behaviour problems arose which required supervisors to contact family members. No clients had been placed in open, community-based employment for the past couple of years.

These findings from the study were disseminated to the new committee, and it was clear that SPD needed to take a long term perspective and solution to addressing the work activity centre's operations. The first step towards changing the work centre's operations was for the agency to educate itself on relevant issues and to establish an appropriate framework upon which to build, implement and evaluate new plans and actions. A strategic direction planning exercise, organised by the board of directors of SPD, was held in October 1998 to facilitate a concerted effort on the part of SPD's staff, management personnel, members and volunteers to clarify their collective vision. A mission statement was formalised and a plan and strategy formulated to achieve the agency's vision of providing a better quality of work life for its clientele. During the strategic planning exercise, the volunteer chairperson of the work activity centre provided philosophical frameworks related to the nature of service provision for people with disabilities, followed by a rationale for a person-centred approach to service development in Singapore. A framework for translating this approach into practice was also introduced.

It is important to consider why a person-centred approach, as opposed to a system-centred approach, is relevant in Singapore. Person-centred practices can be used to capitalise upon the informal networks and supports that have traditionally been the local practice in caring for people with disabilities. Special education services in Singapore have not arrived to the point that people with disabilities are mainly seen in the context of human service systems and the majority of families still look after their member with a disability within their local communities. Therefore, services for people with disabilities need to form a partnership with families so that desirable and personalised lifestyles can be achieved within local communities with the collective support of individuals who know them best - their families, friends, professionals and community members.

Staff Training

The training of staff began after the board of directors of SPD approved the proposal to use the person-centred approach to redesign and restructure the work centre's services in December 1998. The chairman worked primarily with the assistant manager of the work centre during the start of the training process. What was foremost then was empowering and equipping the assistant manager with the ownership of the philosophy and fundamental tenets of the person-centred approach since this person was key to influencing all relevant staff members in the change process. Reading materials were provided to the manager and much discussion followed to clarify questions and uncertainties about the person-centred approach and its application to converting the work centre's program. Upon the recommendation of the chairman, SPD supported the manager to attend a conference in December 1998 (The Association for Severe Handicaps - TASH) in Seattle, United States, to learn about person-centred approaches. The manager found attending the conference to be extremely beneficial in learning about the person-centred approach.

In January 1999, the manager began training the two supervisors on person-centred planning. A concern raised during this period of training was the lack of manpower to conduct quality person-centred planning with all the clients in the work centre. A proposal was then developed to justify the hiring of more supervisors to the board of directors. In February 1999, the board of directors formally approved the funding for more supervisors. Five more supervisors were hired (from two to seven). The manager introduced and trained the new supervisors in the person-centred approach. It is important to note, from the manager's perspective, that the introduction of the new supervisors to the person-centred approach at the beginning of their employment was probably a beneficial step in securing the cooperation and commitment of staff to implementing the restructured program.

Implementation

The manager used O'Brien and Lyle's Lifestyle Planning model to guide the supervisors during training and implementation. This model emphasizes quality of life in terms of five domains or areas: community presence, choice, competence, community participation and respect. Supervisors were taught the philosophy and assumptions of the person-centered approach and how to translate the approach into practical steps for implementation. Three major steps were emphasized: 1) discovering the person with a disability; 2) getting to know the supports this person has at home, work, and in the community; and 3) formulating action plans to achieve desirable goals and plans. In the first step, supervisors held informal chat sessions with clients to get to know them better. Questions posed by the supervisors to clients included what their likes and dislikes were, what they were good at, what they wanted to do in their lives, and their dreams. The format of these informal chat sessions comprised of each supervisor speaking with a group of four clients for about an hour. The second step consisted of home visits to meet the clients' families in order to develop an idea of how supportive families were of clients' goals and dreams. The third step focused on how to go about achieving each client's goals, dreams, and desirable lifestyle. In this third step, family and community involvement can be enlisted to support clients' goals (e.g., a parent could set the alarm clock for the person to get up in the morning in order to be on time for a work placement opportunity). In these three steps, each supervisor used the Lifestyle Planning principles to guide their interviews. For example, by asking each client to express their desired goals and abilities, they were listening to and showing respect for the client. By letting clients determine and choose their preferred vocations, choice was honored.

At this point, the manager and chairman had to make a decision about how to allocate staff resources to doing the person-centered approach for every client. Person-centered planning is quite an intensive and time-consuming process, and we were concerned that in implementing the process one client at a time, there might be a considerable time lag before the others could be served. In light of the fact that there were a hundred clients in the work centre, this planning process had to be adapted. We applied the five principles of the Lifestyle Planning model to guide us in our decision making. We wanted to respect our clients' abilities and preferences, provide them choices in what they wanted to learn, improve their competence in a variety of skills so that they can have a better chance of getting a job in the open employment market, and increase their community presence and participation in society by getting them real jobs in the community or experiences that approximate such jobs.

Adapting the Person-Centered Approach

In the first week of March 1999, we began to adapt the person-centered approach by forming two main groups. Clients could choose to be in either groups. One group catered to clients who wanted a person-centered program where he or she received much intensive support (one to one support) in preparation for a job in the community or something which he or she desired to do, for example, furthering one's education in a technical institute (equivalent of a community college). Five individuals chose to be in this group. We noticed that these five persons shared similar characteristics. They possessed higher intellectual capacities, were determined to procure a job out in

open employment, were more verbal and expressive, and were certain of the types of jobs they wanted. One supervisor was placed in charge of the person-centered program.

The rest of the work centre clients selected the other group that consisted of clusters of interest subgroups managed by the other six supervisors. Based on the interviews with the clients, six interest subgroups were formed to cover the broad expanse of interests expressed by the clients. A supervisor manned each subgroup. These six interest subgroups were created in such a way that they afforded opportunities for the clients to learn new and diverse skills. These interest areas were: 1) production work (i.e., working on routine work activities such as assembling folders); 2) cleaning and housekeeping (e.g., janitorial duties); 3) office skills (e.g., telemarketing and data entry); 4) recreational and public awareness activities in community sites (e.g., participating in the dragon boat festival; representing the agency's booth at exhibitions and fairs); 5) continuing education for those clients who would like to obtain their basic school certificates; and 6) independent living skills to improve clients' functioning and social interaction in the community. The clients who opted not to enter the person-centered program chose to join one or more of the interest subgroups. In a few of the interest subgroups, as in the person-centered program, attachments for further skill development were provided for clients to learn new skills in community jobs. About 30 clients could not make up their minds and chose to do what they were previously doing before, that is, production work. A follow-up interview, conducted a month later, revealed that the majority of the clients chose the interest subgroups as opposed to the person-centered program because these clients wanted to be within the agency's facility and with their friends. If the clients did not like their selected subgroup, they could transfer to another subgroup or the person-centered program at any time (and vice-versa). Until then, one client did request a transfer to the person-centered program from the interest subgroups. When interviewed, this client stated that he wanted a more intensive action plan for him to work and study at the same time. Clients from any of the two main groups also had the opportunity to enter the open employment market. The features of the person-centered program and the interest subgroups program are described in Table 2.

Table 2. Features of the Person-Centered and Interest Subgroups Programs

Person-Centered Program	Interest Subgroups Program
Ratio of staff to clients: 1 supervisor to 5 clients	Ratio of staff to clients: 1 supervisor to 12-15 clients
Method of instruction: 1 to 1 coaching	Method of instruction: Group format
Clients have individual goals	Clients have similar goals as with other clients in same subgroup
Training sessions are specifically designed for individual goals	Different types of training available for clients to select
Focuses on self-improvement	Focus on self-improvement

Outcomes

Over the course of seven months, from the start of the restructuring/conversion process in January 1999, a total of seven clients were placed in open employment. All seven clients were in one or more of the interest subgroups for a period of about three months before they succeeded in obtaining preferred jobs in the community (e.g., sorting of recycling items, carpentry and housekeeping). Two other clients in the person-centred program who were already within the production subgroup (both of whom expressed that they have found their ideal job in bookbinding) achieved their personal goals of promotion within the agency through doubling their productivity rate. The manager reported that due to greater communication with and attention from staff brought about by the person-centred process, the clients became more focused on their tasks. These two clients also increased their earnings by 25% compared with their pre-restructuring earnings and coupled with promotions based on demonstrated higher productivity, became eligible for medical benefits.

Clients were provided opportunities to sample a variety of jobs through attachment experiences held within the interest subgroups or the person-centred program. For example, a particular client sampled the work experience of serving food at a hawker stall and found that he did not quite like the experience because he was not allowed to socialize. He then requested another job that was more suitable to his interest in sorting items. One of the supervisors found him a job attachment sorting recycled items, which he enjoyed. As a result of providing opportunities and supports for job sampling since the restructuring process, clients' work behaviour and attitude have reportedly been quite positive. Prior to the restructuring of the work activity centre, clients' daily work schedules consisted of routine and monotonous work that was, at times, reason enough to cause boredom, lack of work satisfaction and motivation, and behaviour problems. After the restructuring, staff reports indicate that clients are more satisfied with their work and do not display behaviour problems as much in the past. Staff's feedback on clients' general improvement in skills has also been positive. Through their interest subgroups learning experiences, clients acquired greater competence in a variety of skills that afforded them more opportunities and possibilities to work and function more successfully in the community.

Forming closer partnerships with the families of the clients brought several benefits. The home visits by staff members increased parents' awareness of what their children actually do at SPD. Families were accorded greater decision making powers with respect to the agency needing to seek their permission and input if there were to be any changes in the services provided to their children. This increased collaboration with families contrasts greatly with past practices when families were usually contacted whenever there were significant behaviour problems or emergencies concerning their children. Staff became more acquainted with family needs and circumstances than in the past. Hence, the stance of the agency changed from a reactive to a proactive and enabling position towards family involvement.

Finally, another significant outcome that emerged from the transformation of the work centre services was the drastic reshaping of the meaning of vocational rehabilitation as perceived by the agency's staff and management. Before the restructuring process, vocational rehabilitation meant providing limited types of assembly line tasks which were performed routinely by the clients. The emphasis at work was at mastering and becoming proficient in limited task-specific skills. Although community integration was espoused as a goal of the work centre, the operations of the work centre did not reflect nor support any direction towards such a goal. The constraints of performing a narrow range of task-specific skills consequently limited the clients' repertoire of skills to the very tasks they performed daily in a segregated site, thus restricting their chances for learning alternative skills that would enable them to be more employable for a greater variety of jobs in the community.

The restructuring process introduced to all involved other meanings of what vocational rehabilitation can be. By listening to clients' abilities and preferences about what they wanted to learn and do, and responding through rethinking and restructuring services that are more consumer-driven and person-

centred, the work centre was transformed into a training centre where clients could choose to learn skills specific to tasks that were relevant to preferred occupations. As a result of honouring choice and respecting abilities, clients were able to access work experiences that afforded a better quality of life. Table 3 highlights the vocational services of the work centre before and after the restructuring process.

Table 3. Features of the Agency's Programs Before and After Conversion

Before Conversion	After Conversion
Clients placed in programs developed by professionals. Programs developed without consultation with clients and their families.	Professionals develop programs that cater to clients' goals. Clients decide which programs to enroll in.
Programs designed to ensure that all clients perform the same activities	Availability of a variety of programs for clients to choose based on different training needs
Productivity is the highest priority	Quality of work experience is the highest priority
Clients may be placed in jobs not by choice but by opportunity	Clients are placed in jobs by choice and interests coupled with opportunity
A blueprint outcome for all – all outcomes are the same for all clients	All outcomes may be different depending on individual goals
Little or no family input or participation	Family input and participation – an integral part of supporting individual goals

Discussion

The work centre restructuring described represents the first known conversion of a vocational service using a person-centred model in Singapore. The principles of choice, respect, competence, community presence, and community participation form the core values in the person-centred approach that were used to guide the conversion process. The work centre was transformed from an environment where clients complied with performing tasks of a limited scope to one where they could choose and learn new skills in preparing and accessing preferred employment opportunities in the community. In hindsight, several factors appear to have supported the successful conversion from a system-centred to a more person-centred model of service delivery.

First, the upper management staff of SPD provided the financial backing and formal approval to proceed with the restructuring of the work centre. The fact that the volunteer chairperson of the work centre was also the consultant who introduced the person-centred approach to the agency and was in the management committee established to improve the workshop, strongly facilitated the conversion process. The chairperson worked extensively with the manager of the work centre, and both of them espoused and promoted an egalitarian, open and flexible style of communication and interaction with and between staff involved. We also found that collaboration and communication between upper and lower management staff was extremely beneficial to the success of the conversion process. The fact

that a person from upper management was also the overseer of the change process from the bottom-up was very beneficial to ensuring that cooperation was derived from all levels of staff involved.

We learnt that an interactive, flexible and collaborative team of staff members who can maintain open channels for constructive sessions of creative problem-solving and dialogue aided in addressing emerging issues associated with change. Debriefing sessions during which the manager worked with staff to address concerns and problems-solve were held at least three times a week when the restructuring began. As staff became more grounded in the philosophy and practice of the person-centred approach, the frequency of meetings was reduced gradually to two, then once a week. The person-centred approach is facilitated by an interactive and flexible mode of planning and implementing services where people discover their common experience and share struggles by working together to create new possibilities for persons with disabilities (Mount, 1987).

Second, the manager of the workshop was relatively new to the field of disability, having joined SPD in December 1997). Her managerial position at SPD was her first job in the field, and in hindsight, could have been an advantage as she did not bring entrenched traditional ideas and beliefs about vocational services for adults with disabilities. She demonstrated a willingness to learn new ideas and practices. She reported, and from the demonstration of her training and implementation of the new approach, that her learning about person-centred approaches at the TASH conference was extremely beneficial to empowering her with the philosophy and practice of person-centred approaches. She came back to the agency owning the ideas and beliefs that the chairperson had previously shared with her. Third, the supervisors were adequately trained on the philosophy and skills required to implement the person-centred approach. The five new supervisors were introduced to the person-centred approach from the start of their employment at the work centre. Their attitude, as well as that of the other two staff members, to the new approach, was reported as positive and supportive by the manager.

A few challenges were encountered during the restructuring process. The first refers to staff retraining. A number of the staff worked in adult services before they were introduced to the person-centred approach and were used to the traditional practice of providing adults with disabilities standardized work activities without consideration of their preferences, abilities and aspirations. What was repeated emphasized during the training and implementation phase was the fundamental stance of relating to people with disabilities - with respect and support rather than control or compliance.

The second challenge we encountered was family resistance. Although there were families who fully supported the person-centred approach to planning services, there were a number of families who were accustomed to their adult children going to a safe and segregated placement. When clients belonging to these families wanted more community-based integrated work experiences outside the centre, there was some resistance on the part of a few parents to the idea of their children leaving the agency to venture into society. Another challenge concerned clients leaving the centre for community-based employment. A number of clients had been with the centre for over five to twenty years, and resisted the idea of leaving the centre. Their choice to remain within the centre was respected. It is important to think about community-based vocational rehabilitation as not just moving people into more integrated environments but also respecting individuals' self-determination of where and what they wanted during the restructuring process. The pace of transition to a community-based employment experience needs to be cognizant and respectful of the client's own pace of coping with changes.

The last challenge faced during the conversion process was adapting the person-centred approach to restructuring the work centre's program. What appeared as a potential barrier to practicing a person-centred approach was the scenario of staff feeling overwhelmed by the lack of resources to support all the clients to achieve the mission of the person-centred approach. We had to adapt the person-centred approach to the reality of the work centre by focusing on a smaller group of individuals for individualized person-centred planning while working to change the program for the rest of the

clientele. We were able to arrive at such an adaptation through constructive problem-solving and dialogue among the team involved.

Conclusion

We conclude our paper by offering a number of guidelines we have learnt from our experience in converting the nature of vocational services to be more person-centred.

1. Re-examine and Clarify Service Assumptions and Outcomes

Revisit mission statements to highlight current goals and purposes. Reevaluate the modus operandi of existing services and their underlying assumptions regarding people with disabilities, service provision, plans and strategies.

2. Educate and Train Relevant Staff in the Person-Centred Approach

It is imperative that staff members responsible for implementing the person-centred approach be intimately familiar with basic assumptions and strategies that are aligned with the core values of the approach. Support key staff members to learn about the person-centred approach (e.g., conference participation).

3. Get to Know Individuals and Their Preferences and Strengths

Ask individuals about what they would prefer and choose to do in vocational activities and where they would like to perform these activities. Can also ask about what they would prefer and choose not to do. Get to know individuals' strengths and abilities as well as their dislikes.

4. Get to Know Individuals' Supports at Home, Work and Community

Having an idea of available supports and resources at home, work and community for individuals can provide a better idea of how feasible and successful desired work opportunities and experiences can be. Families can play an important part to support individuals to achieve their goals and dreams.

5. Develop Action Plans for Desired Work Opportunities and Experiences

Work in a team of professional and informal supports (e.g., family members) to develop action plans around identified priority goals. Time and manpower must be allocated to act on these plans (e.g., sourcing the community for desired work opportunities)

6. Adapt the Person-Centred Approach to Existing Circumstances

As shown in this paper, the approach can be adapted across vocational services to different degrees. Work as a team to create options that honour person-centred principles in light of service constraints.

7. Offer Opportunities to Learn and Practice Skills Found in Community Environments

In creating options and opportunities for adults, offer instruction for skills that are immediately transferable from centre to community settings or can be learnt in real community environments utilising the natural supports found in these environments.

8. Offer Opportunities for Sampling Work Skills

Many people with disabilities, because of a lack of work experience, may not be certain of their abilities and preferences. Work or job sampling can afford experiential-based learning and assessment to make better informed decisions. Approach community-based businesses to offer work

sampling opportunities and/or liaise with supported employment agencies (e.g, Bizlink) for learning opportunities.

9. Remain Faithful to Honouring and Respecting Individual Choices

It is important to constantly monitor and evaluate professionals decisions and actions by referring to the core values and beliefs of the person-centred approach in order to honour and respect individual choice.

10. Build and Maintain an Interactive Dialogue Among Staff

Use participatory action learning where people learn together as a community and collective force for planning, acting and reflecting on the conversion process. A collaborative team of staff members that interacts to problem-solve and come up with novel ideas and solutions to address ever emerging issues is key to person-centred vocational services.

11. Engage Top-Down as Well as Bottom-up Support of Relevant Personnel

Enlist the support of relevant organisational members from upper, middle as well as lower managements who are indirectly as well as directly involved in the conversion process. A key person who is able to negotiate and communicate with different levels of management and direct support and oversees the conversion of services is important.

In summary, because work is such an important part of adult life, the enhancement of work experiences plays a significant role in contributing to one's quality of life. There remains many opportunities in Singapore to translate the values and goals of the person-centred approach through restructuring vocational services to promote choice, quality of life and community inclusion for persons with disabilities. Through such efforts, the process and reality of attaining the vision of Singapore 21 for individual Singaporeans with disabilities can gradually be customised and realised.

References

- Bellamy, T., Rhodes, L., Bourbeau, P., & Mank, D. (1982). *Mental retardation services in sheltered workshops and day activity programs: Consumer outcomes and policy alternatives*. Paper presented at the National Working Conference on Vocational Services and Employment Opportunities.
- Butterworth, J., Hagner, D., Heikkinen, B., Faris, S., DeMello, S., & McDonough, K. (1993). *Whole Life Planning: A guide for organizers and facilitators*. Boston: Institute for Community Inclusion, Children's Hospital.
- Childre, A. L. (1998). *Student centered planning and IEP meetings: Parent perceptions before and after implementation (parent involvement)*. Unpublished doctoral dissertation, Vanderbilt University.
- Government of Singapore (1999). *Singapore 21: Together we make the difference*. Singapore 21 Committee c/o Prime Minister's Office (Public Service Division).
- Hagner, D., Helm, D. T., & Butterworth, J. (1996). "This is your meeting": A qualitative study of person-centered planning. *Mental Retardation*, 34, 159-171.
- Kuhn, T. (1962). *The structure of scientific revolutions*. Chicago: The University of Chicago Press.
- Luckasson, R., Coulter, D. L., Polloway, E. A., Reiss, S., Schalock, R. L., Snell, M., Spitalnik, D., & Stark, J. A. (1992). *Mental retardation: Definition, classification, and systems of supports*. Washington, DC: American Association on Mental Retardation.
- Malara, K. (1994). *Evaluating quality services for people with disabilities*. Unpublished doctoral dissertation, New York Medical College.
- Malette, P., Mirenda, P., Kandborg, T., Jones, P., Bunz, T., & Rogow, S. (1992) Application of a lifestyle development process for persons with severe intellectual disabilities: A case report. *Journal of the Association for Persons with Severe Handicaps*, 17, 179-191.
- Miner, C. A., & Bates, P. E. (1997). The effect of person-centered planning activities on the IEP/Transition planning process. *Education and Training in Mental Retardation and Developmental Disabilities*, 32 (2), 105-112.
- Mount, B. (1987). *Personal futures planning: Finding directions for change*. Unpublished doctoral dissertation, University of Georgia, Georgia, USA.
- Mount, B. (1992). *Person-centered planning: Finding directions for change using personal futures planning*. New York City, NY: Graphic Futures, Inc.
- O'Brien, J. (1987). A guide to lifestyle planning. In T. Bellamy & B. Wilcox (Eds.), *The activities catalog: A community programming guide for youth and adults with severe disabilities* (pp. 75-189). Baltimore: Paul H. Brookes.
- O'Brien, J., & Lyle, C. (1987). *Framework for accomplishment*. Decatur, GA: Responsive Systems Associates.
- Pearpoint, J., O'Brien, J., & Forest, M. (1993). *PATH: A workbook for planning positive possible futures and planning alternative tomorrows with hope for schools, organizations, businesses, and families (2nd ed.)*. Toronto: Inclusion Press.

The Salamanca Statement and Framework for Action on Special Needs Education. World Conference on Special Needs Education: Access and Equality. (1994) (New York: UNESCO).

Vandercook, T., York, J., & Forest, M. (1989). The McGill Action Planning System (MAPS): A strategy for building the vision. The Journal of the Association for Persons with Severe Handicaps, 14, 205-215.