Disability and Employment:
What The Research Tells Us

NDA 4th Annual Disability Research Conference
11 October 2005

Conference Proceedings

Acknowledgements

The National Disability Authority (NDA) would like to sincerely thank the people who presented research findings at this year's conference.

The NDA would also like to acknowledge the contribution of all those who worked behind the scenes to make the conference such a success.

Finally, the NDA would like to thank the 200 delegates who attended our 4th annual Disability Research Conference. We look forward to seeing you all at next year's event.

Disclaimer

This publication is a collection of the papers presented at the 4th annual NDA disability research conference. The papers remain the intellectual property of the presenters and authors. Permission to print or disseminate all or part of such papers is granted provided that copies are not made or distributed for commercial advantage and that the title and author(s) are acknowledged. To disseminate otherwise, or reproduce in any form, requires written permission from the authors. The views and opinions expressed in this publication remain those of the authors and do not represent the views or opinions of the National Disability Authority (NDA).

About the National Disability Authority

The National Disability Authority (NDA) works on behalf of the State, to promote and help to secure the rights of people with disabilities in Ireland. The NDA's responsibilities include policy development, research and advice on standards. This mission is underpinned by the strategic aims and objectives outlined in the NDA's current strategic plan.

National Disability Authority
25 Clyde Road
Ballsbridge
Dublin 4
Telephone: 00353 1608 0400
Minicom: 00353 1608 0400
Facsimile: 00353 1 6609935
Email: nda@nda.ie
URL: www.nda.ie

Foreword

In the short period of time since the inaugural National Disability Authority Annual Disability Research Conference in 2002, this event has become an important and established event for many people involved in disability and disability research in Ireland. It is the only annual national event of its kind devoted to disability research and, befitting of its growing status, has also begun to attract speakers and attendees from several different countries worldwide.

A strong research remit is central to the NDA's operation and strategic outlook, and within this the annual research conference has become central to the NDA's position as a leader in disability research in Ireland. The conference provides an opportunity for us not only to disseminate and showcase our own research, but to provide the medium through which other researchers and activists can bring their work to the sector and a wider international audience.

The NDA is proud to host an annual gathering of researchers, academics and activists to explore, discuss and debate critical issues emerging through disability research each year. In 2005 we focused on the research findings in the area of employment of people with disabilities, aware that employment is a key indicator of social inclusion and in particular that people with disabilities remain largely outside the employment net.

Previous conferences have focused on building capacity of disability research in Ireland through focus on research methodologies, principles and dissemination techniques. This year's proceedings are a vibrant collection of excellent papers and presentations and I would like to thank each of those who presented at the conference and all those who attended, for contributing to such a stimulating and productive day.

In particular I would like to thank our key plenary speakers of the day, including John Martin (OECD), Brenda Gannon (ESRI), Donal McAnaney (Rehab), Richard Wynne (Work Research Centre), Tom Ronayne and Tony Tyrrell (Work Research Co-operative), Ilene Zeitzer (Disability Policy Solutions) and Leo Sheedy (Department of Enterprise, Trade and Employment). I am confident that these proceedings reflect the broad range of engaging and challenging presentations and perspectives that each of the speakers brought to the day.

Angela Kerins
Chairperson, National Disability Authority

Table of Contents

Welcome Address: Mary Van Lieshout, Head Research and Standards Development NDA 6

Employment and disability- what the facts and figures show 7

From Disability To Ability: Policy challenges and trends in Organisation of Economic Co-operation and Development (OECD) countries 25

Disability and Labour Market Outcomes in Ireland 35

Employment Retention, Early Intervention, Social Inclusion and Emerging Disabilities 43

Motive, Means and Opportunity: An Argument for Changed Policy and Practice in Relation to the Employment of People with Disabilities 69

What Works in Employment Policies for People with Disabilities: Some Lessons from around the World 87

Vocational Rehabilitation for people with psychosis 95

Employers' Views on Disability Policy and the Employment of People with Mental Health Problems – A Report on a Round Table Discussion 105

Job Development in Supported Employment: A Study of Dublin Supermarkets 113

Person Centred Plans and Personal Outcomes within Quality Development Services 119

Provision of workplace-based personal assistants for people with physical disabilities 127

Emerging Trends in Disability Discrimination Cases Investigated Under the Employment Equality Acts, 1998-2004 137

A Social Model of Disability and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment 153

Message from the Office of the Minister for Labour Affairs 167

Closing Address: Angela Kerins, Chairperson, NDA 171

Appendix A: Conference Programme 174

Welcome Address

Mary Van Lieshout,

Head Research and Standards Development, NDA

Friends, welcome and thank you for joining us at the NDA fourth annual Disability Research Conference. This annual conference has become a key date in the diary of researchers, activists and policy makers who are seeking to make a difference in the lives of people with disabilities. For those of you with us for the first time, you should know that the NDA was established in 2000 with a statutory remit to advise the Minister for Justice, Equality and Law Reform on matters of disability policy, and with a specific remit to undertake, commission or collaborate in research to assist in the planning of services and development of policy. It is a core objective in modernising our public service to make better use of evidence-based policy-making. This clear commitment has been spelled out in such documents as Sustaining Progress, and the White Paper on Regulatory Reform. Evidence-based policy means making better use of research and analysis in both policy-making and policy implementation.

There is a certain frustration that creeps in when discussing disability and employment – a frustration borne of familiarity, perhaps a creeping tiredness with the seeming insolvability of the challenge. I have detected that frustration when people say in exasperation “No more research, we want action”. But as we learned at last year’s research conference, the very real administrative, practical and sometimes political challenges encountered in translating research into policy should not confuse us as to the value of high quality, ethical research. There will always be a need for such, to help us document the successfulness or otherwise of policy, to help us illuminate the lived experience of those we purport to make policy for, to help us learn from the successes and failures of others and of course to help us innovate.

But having heard the frustration, today we want to take the debate that big step further –NDA is proud to provoke the kind of thoughtful consideration and deliberation that we have seen at previous conferences and this year is no different. From the OECD, to the United States and including some of Ireland’s most respected researchers, we have a vibrant challenging programme for you.

I am very proud to welcome Eithne Fitzgerald, Senior Research Officer with the NDA to begin the proceedings by providing us with a background presentation setting out the current situation of people with disabilities and employment in Ireland.

Employment and disability- what the facts and figures show

Eithne Fitzgerald, NDA

Introduction

Work is a central part of most adult lives. People with disabilities are far less likely to have a job than other people of working age. The participation gap is largest for people whose disability is most restrictive.

Large gap in employment rates

Whatever way disability is measured, the proportion of people with a disability who are in work is much lower than for the rest of the community (see Table1). The Census figures show people with disabilities are two and a half times less likely to have a job.

Table 1 Work participation rates of people with disabilities[1]

Age group	**Census 2002**	**LIS 2000**	**QNHS 2002**	**QNHS 2004**
	Disabled	Long-term ill or disabled		
	%	%	%	%
15-24	23.2	n.a.	36.3	39.8
25-34	36.6	n.a.	55.6	49.3
35-44	31.3	n.a.	50.2	49.3
45-54	25.4	n.a.	41.7	38.3
55-64	15.5	n.a.	27.0	24.5
15-64	23.2	44.3	40.1	37.1
No disability, 15-64	63.3	71.7	65.1	69.5
Gap	40.1	27.4	25.0	32.4

Note: These figures from the Census and Living in Ireland Survey use Principal Economic Status and those from the QNHS use the ILO definition of employment

The differences in employment rates between these different sets of figures partly reflects differences in who is being measured - the Quarterly National Household Survey (QNHS) and the Living in Ireland Survey (LIS) included people who were long-term ill as well as those with disabilities.

---

[1] The Census data refers to people with a disability; the Quarterly National Household Survey to people with a long-term illness or disability; the Living in Ireland Survey to people with a chronic illness or condition.

Table 2 shows the percentage gap in employment rates in each age group between people with disabilities and the rest of the population, using the Census figures. Apart from teenagers, most of whom are still in school rather than at work, there is a large jobs gap in each age group and for both men and women.

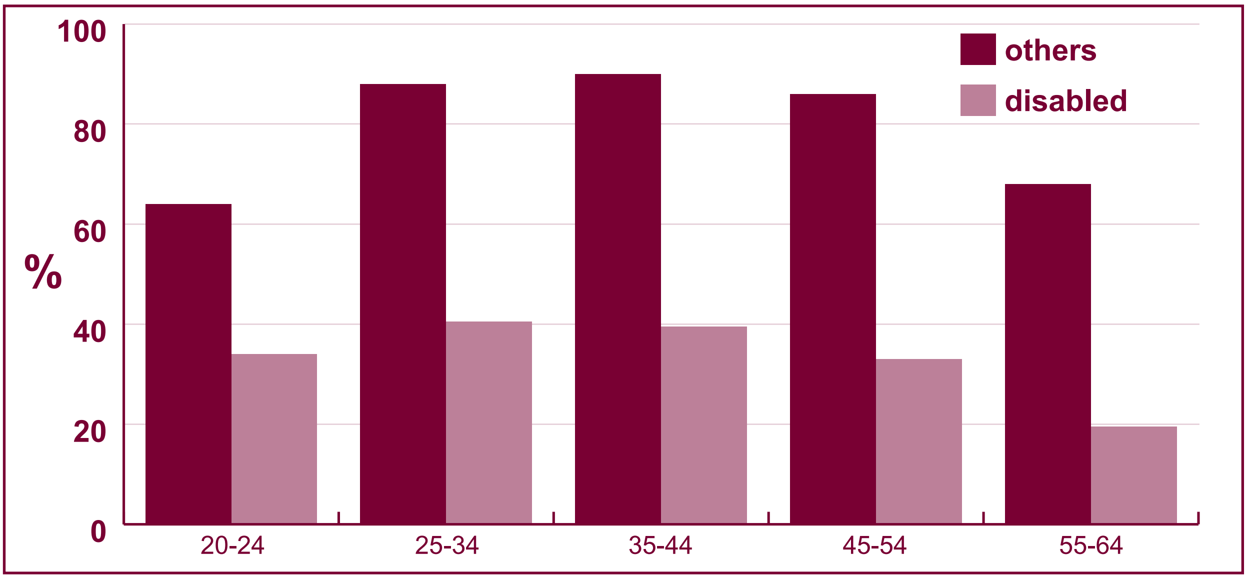
Table 2 Percentage gap in employment rates of people with disabilities

Age	Men	Women
15-19	7.0	2.1
20-24	31.1	25.8
25-34	45.7	40.8
35-44	49.1	37.7
45-54	53.9	35.9
55-64	49.2	22.2

Source: Census 2002
Principal Economic Status “at work”

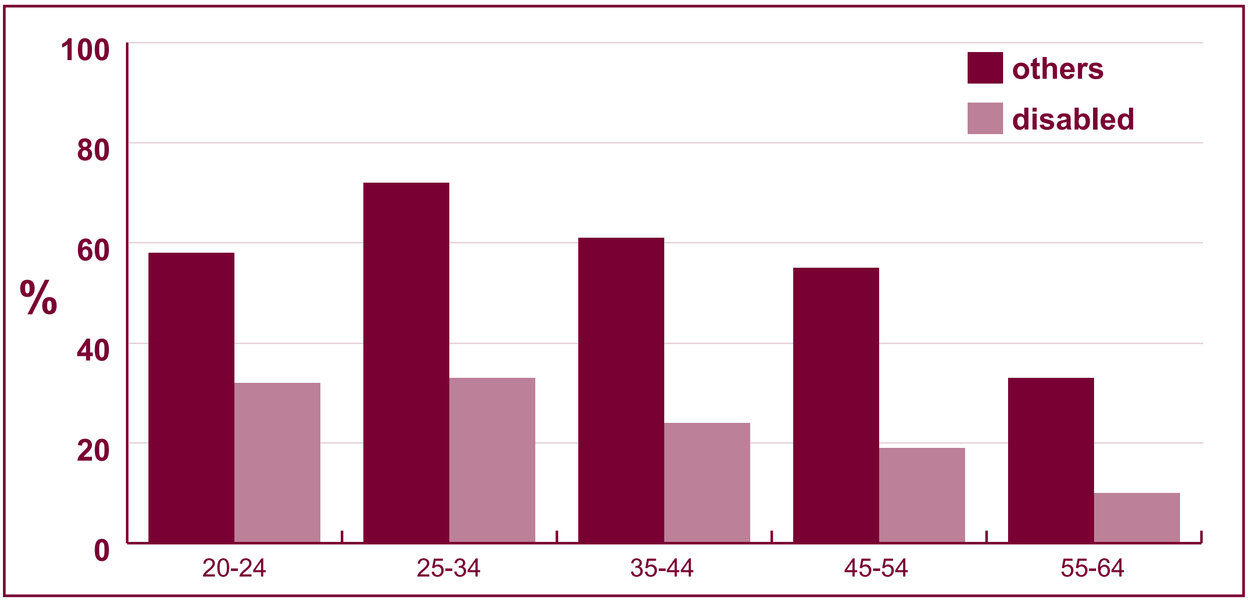
Chart 1 illustrates these differences between the employment rates of men with disabilities and other men; Chart 2 does the same for women. As the charts show, the employment rate of people with disabilities in each age group is roughly half that of non-disabled people, and falls to about a third in the fifty-plus age group.

Chart 1 Comparative proportions of disabled and non-disabled men in work



Census 2002

Chart 2 Comparative proportions of disabled and non-disabled women in work



Census 2002

A majority are economically inactive

The great majority of people with disabilities who are not at work describe themselves as economically inactive rather than as looking for work. The largest single group are those saying they are “unable to work due to sickness or disability”. Only 13% of disabled men and 6% of disabled women who are not working describe themselves as unemployed.

Table 3 How disabled people not in work describe their status (age group 20-64)

	Men	Women
	%	%
Unable to work due to sickness or disability	69	54
Retired	9	5
Home duties	2	29
Student	3	3
Unemployed or looking for first job	13	6
All non-employed	100	100

Source: Census 2002

Principal Economic Status “at work”

Men are more likely than women to be receiving long-term social welfare payments in connection with their disability.

Employment rate and severity of disability

When the influence of factors such as age, education, family status and region are stripped out, research shows that employment rates are strongly linked to how restrictive the disability is (Gannon and Nolan, 2004). Table 4 shows there is clearly a strong link between how severely restrictive the disability or chronic illness is, and the rate of employment.

Table 4 Percentage reduction in labour force participation rate of people with disabilities, by extent of restriction/hampering
(correcting for age, education, family status, region)

	Men		**Women**	
Degree of restriction/hampering	QNHS	LIS	QNHS	LIS
	%	%	%	%
Considerable/Severe	66	61	42	52
Some	12	29	14	22
None	1	1	3	7

Source: Gannon and Nolan, tables 6.1, 6.2, 6.3, 6.4
Quarterly National Household Survey and Living in Ireland Survey

Participation in work and difficulty in working

The Census of 2002 asked people with disabilities if they had difficulties in working at a job or business. Not surprisingly, a high proportion (almost 87%) of those who said they had a problem in relation to work did not have a job, although a small minority were in work. However, what is interesting to note is that people with a disability who did not put themselves in the “difficulty in working” category nevertheless had a significantly lower employment rate than their non-disabled peers.

Comparing these two groups over the age range from 20 to 64, the employment rates are 45% and 70% - a difference of 25 percentage points. As Table 5 shows, there is a consistent gap for both men and women, and in each age subcategory apart from the under 20s (most of whom are still in education).

Table 5 Gap between the employment rates of disabled people who do not report a work difficulty, and non-disabled people

	Percentage point gap	
Age	Men	Women
15-19	5.4	1.3
20-24	17.5	14.7
25-34	25.3	21.5
35-44	23.4	17.3
45-54	26.5	18.5
55-64	28.4	13.9
15-64	22.7	19.1

Source: Census 2002
Principal Economic Status “at work”

People disabled for longer are less likely to hold a job

Among those of working age with a disability or longstanding illness, 15% have had the condition from birth and for the rest disability has been acquired, according to QNHS figures. The length of time since the onset of the illness or disability affects employment rates, with higher employment rates the more recent the onset, and the longer a disability has lasted, the lower the level of employment. There is a sustained drop-off in employment after a year has elapsed since the onset of a disability (Table 6).

Table 6 Employment rate of people with disabilities (aged 15-64) by duration of disability

	%
0-6 months	57.0
6-12 months	55.1
1-2 years	43.5
2-3 years	45.1
3-5 years	40.6
5-10 years	37.1
10+ years	37.4
since birth	39.0
Total	40.1

Source: QNHS 2002

Because a high proportion of disability is acquired in later life, it is important to have strategies that can keep people in work after the onset of a disability if we want to raise the employment rates of disabled people. It is much harder for people who lose their job after the onset of a disability to re-enter employment, than it is to return to work in a previous job.

Occupations

There are no major differences between disabled people who have a job and other workers in the kinds of jobs they do (Table 7). This may reflect the fact that many people acquire a disability after they have settled into a career.

Table 7 Occupation and disability

	Disabled	**Non-disabled**
	%	**%**
Managers and Administrators	18.3	17.0
Professional	8.3	11.0
Associate Professional and Technical	8.6	9.0
Clerical and Secretarial	11.6	13.0
Craft and Related	11.4	13.1
Personal and Protective Service	11.1	9.5
Sales	7.3	8.3
Plant and Machine Operatives	10.9	10.6
Other	12.6	8.6
Total	100.0	100.0

Source: QNHS 2002

Working hours

However, people with disabilities are more likely to work part-time than their non-disabled counterparts. About two thirds of people of disabilities of working age report restrictions on the amount of work they can do (QNHS). Some of this translates into remaining out of the workforce, some into reduced working hours (Table 8).

Table 8 Part–time work and disability

	Disabled	Non-disabled
	%	%
Working full-time	75.3	84.2
Working part-time	24.7	15.8
Total at work	100.0	100.0

Source: QNHS 2002

In fact only a quarter of disabled workers work part-time whereas 40% of disabled workers report there are restrictions on the amount of work they can do (QNHS).

Work participation and type of disability

Both the Census and QNHS show that the kind of disability affects the employment rate. Each of these sources classified disability differently. Where it is possible to compare them, the two sources broadly agree on rates of work participation by disability (Table 9).

Table 9 Employment rates by disability: Census and QNHS compared

	Census %	QNHS %
Blindness, deafness, or a severe vision or hearing impairment	45.0	
- Hearing impairment		46.4
- Vision impairment		38.3
- Speech impairment		38.5
Difficulty learning, remembering, concentrating	25.5	
Mental, nervous, emotional difficulty		22.0

Source: Census 2002, QNHS 2002

Table 10 drawing on Census data shows the impact of different functional difficulties on employment rates. People with sensory disabilities have the highest employment rate, while those who have difficulty with tasks such as dressing themselves have a very low employment rate. Someone experiencing difficulty with basic living tasks would be unlikely to be able to take up a job unless he or she had the support of a personal assistant.

Table 10 Work participation rates (age 15-64) of people with disabilities by type of disability (Census 2002)

	%
Blindness, deafness, or a severe vision or hearing impairment	45.0
A condition that substantially limits one or more basic physical activities	23.8
Difficulty in learning, remembering or concentrating	25.5
Difficulty in dressing, bathing or getting around inside the home	16.1
Difficulty in going outside the home alone	17.5
Difficulty in working at a job or business	17.3
Total persons with a disability	29.3
Total non-disabled persons	63.3

Source: Census 2002

Work participation by medical condition

Table 11 sets out the figures from the QNHS on employment rates by type of disabling condition, and ranks them from the lowest to the highest rates of work participation. People with mental or emotional disabilities (the definition used in the QNHS did not distinguish between intellectual disability and mental illness) have the lowest rate of work participation while skin conditions and diabetes have the lowest negative impact on employment.

Some of the conditions listed are associated with poor health, so high levels of absence from work might be expected. In other cases, the physical or medical condition need not be an intrinsic barrier to employment, but nevertheless very low work participation is recorded. We can get some idea of the overlap between disabling conditions and poor health from the Living in Ireland Survey. There, 44% of people with a long-term illness or disability described their health as good or very good, 46% as fair, and 11% as bad or very bad.[2]

---

[2] Calculated from Gannon and Nolan, tables 4.14 and 4.15

Table 11 Work participation rates by type of disability

	% at work	% point gap v. non-disabled
Mental, nervous, emotional	22.0	-46.5
Other progressive illness	28.4	-40.1
Arms or hands	34.7	-33.8
Legs or feet	35.4	-33.1
Other longstanding problem(s)	36.2	-32.3
Seeing difficulty	38.3	-30.2
Speech impediment	38.5	-30.0
Heart, blood pressure, circulation	40.4	-28.1
Back or neck	42.7	-25.8
Epilepsy	44.1	-24.4
Hearing difficulty	46.4	-22.1
Stomach, liver, kidney, digestive	48.3	-20.2
Chest or breathing	50.5	-18.0
Skin conditions	58.7	-9.8
Diabetes	58.9	-9.6

Source: QNHS 2002

Mobility difficulties reduce employment

People whose disability involves their legs or feet, in other words it affects the ability to walk, have a low rate of employment. There are very many occupations today where ability to walk is not an intrinsic requirement, and which someone in a wheelchair could do perfectly well. Most office jobs are in this category. Yet as Table 11 above shows, the employment rate of this group is 33 percentage points lower than the non-disabled population. This large gap may reflect barriers other than the ability to perform a job.

People who have difficulty in walking need accessible workplaces and suitable accessible transport. There are also financial obstacles to employment. People who are out of work can get a Mobility Allowance but there is more limited assistance with transport costs for those at work. The gap in employment rates may largely be due to these barriers to employment.

Education and employment

Education is a key influence on life chances – on job prospects, on earnings and on the risk of poverty. People with disabilities have fewer education qualifications than non-disabled people in their age group. This leads to a double disadvantage, where economic prospects are reduced both by disability status and by lower levels of education.

There is a consistent pattern of lower levels of education achieved by people with disabilities compared to others of their generation. This gap is larger for younger generations. A fifth of people aged 25-34 with a disability did not reach a Junior Certificate, compared to 4% of non-disabled peers.

Chronic illness or childhood disabilities can treble the risk of leaving school with no qualifications, i.e. without having attained at least a Junior Certificate or equivalent. When the impacts of age, gender and region on education are separated out, non-disabled people had a 20% chance of leaving school with no qualification, but the figure was 60% for those who were severely hampered by illness or disability (Gannon and Nolan 2005, table 3.7). There is widespread early school-leaving among today's young people with a disability.

Teenagers with a disability are more likely to have left school than their peers. In the 2002 Census, 27% of young people aged 15-19 with a disability had already finished their education, compared to 19% of non-disabled people.

Another way to calculate early school leaving is to see whether young people's principal economic status (PES) was recorded in the Census as “in education”. On this measure it is possible to track year by year participation in education from age 15. These figures show consistently lower education participation by young people with a disability, and reveal a hierarchy in participation by type of disability. Those with sight or hearing disabilities have highest participation in education, followed by those with learning disabilities, and the lowest participation rate of all is by students with physical disabilities.

Indeed, at age 15, which is below the official school-leaving age of 16, over 20% of young people with physical disabilities were no longer in education, compared to 6% of those without a disability. At age 15, 13% of students with vision or hearing disabilities had left education, and 16% of students with learning or intellectual disabilities.
It is also striking that participation in education is lower for students with physical disabilities, where the capacity to learn is not in principle impaired than it is for students with learning or intellectual disabilities. Young people with intellectual disabilities who are in special schools would generally remain in those schools up to age 18.

Table 12: Participation in education by age and disability type

Principal Economic Status – "in education"

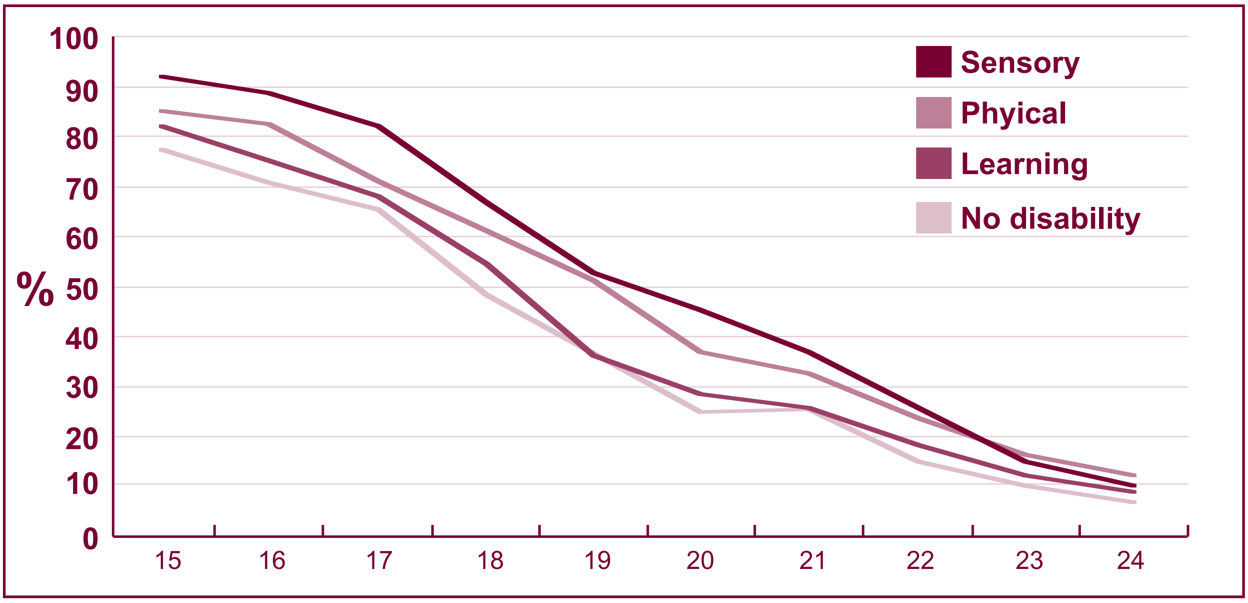
Age	15	16	17	18	19	20	21	22	23	24
	%	%	%	%	%	%	%	%	%	%
No disability	93.7	90.5	83.4	67.8	53.2	45.3	36.6	25.3	14.1	8.9
Sensory	86.6	83.8	71.9	61.8	51.7	36.8	32.3	22.9	15.4	11.3
Learning	83.5	76.5	68.8	55.1	35.9	27.8	25.2	17.3	11.1	7.7
Physical	78.6	71.7	66.0	48.6	36.2	24.3	24.9	14.1	8.9	5.6

Source: Census 2002, special tabulation

Chart 3 displays this table graphically

Chart 3 Education and type of disability

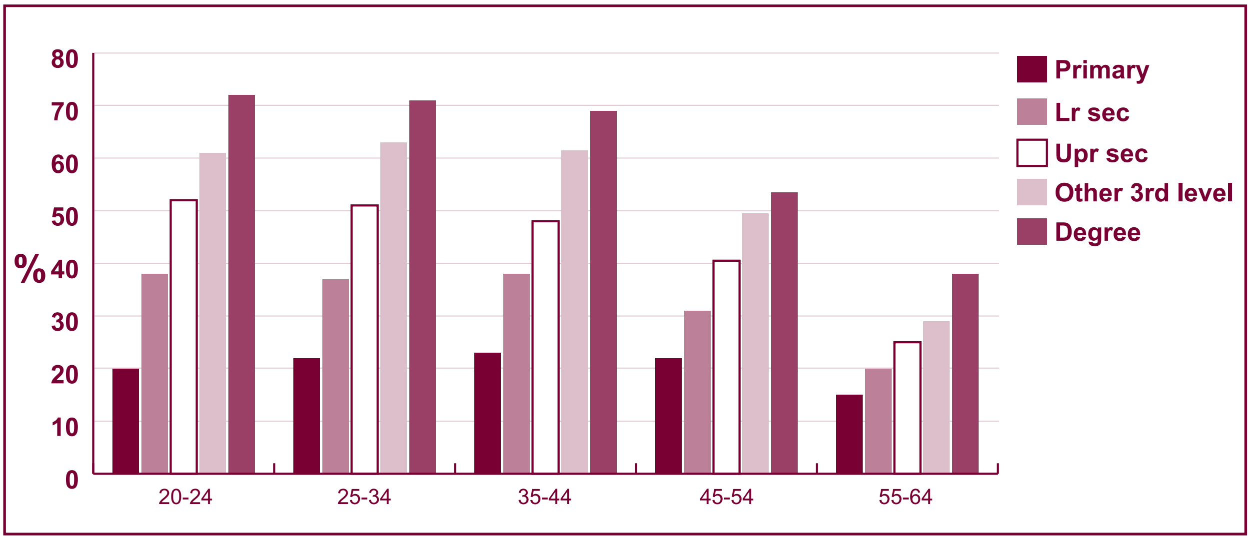
Principal Economic Status "in education"



Qualifications and employment

For people with disabilities as with others, the chances of being in employment rise the higher the level of qualifications attained. Chart 4 shows this link between education level and employment rate holds true for disabled men across all the age groups from 20 to 64.

Chart 4 Employment rates reflect education level
% of males with a disability in work (Census 2002)



For example in the age group 25-34, only 22% of disabled men with no qualifications have a job compared to 71% of those with a degree. So if the proportion of young people with disabilities acquiring higher qualifications were to rise, the overall employment rate of people with disabilities would be expected to rise also.

Charts 5 and 6 show the employment rates relative to their peers of men and of women with disabilities who are aged between 25 and 34, a group who would have completed their education. It is estimated that about two thirds of these would have experienced their disability during the education period. [3]

---

[3] The incidence of disability at 15-19 is 2.8% and at 25-34 is 4.1%. If age-specific disability rates are fairly constant over time, that would suggest that about two thirds of people in the age range 25-34 with disabilities had those disabilities before age 20.

Chart 5 Employment rates, disabled and other men by education level (age 25-34; Census 2002)

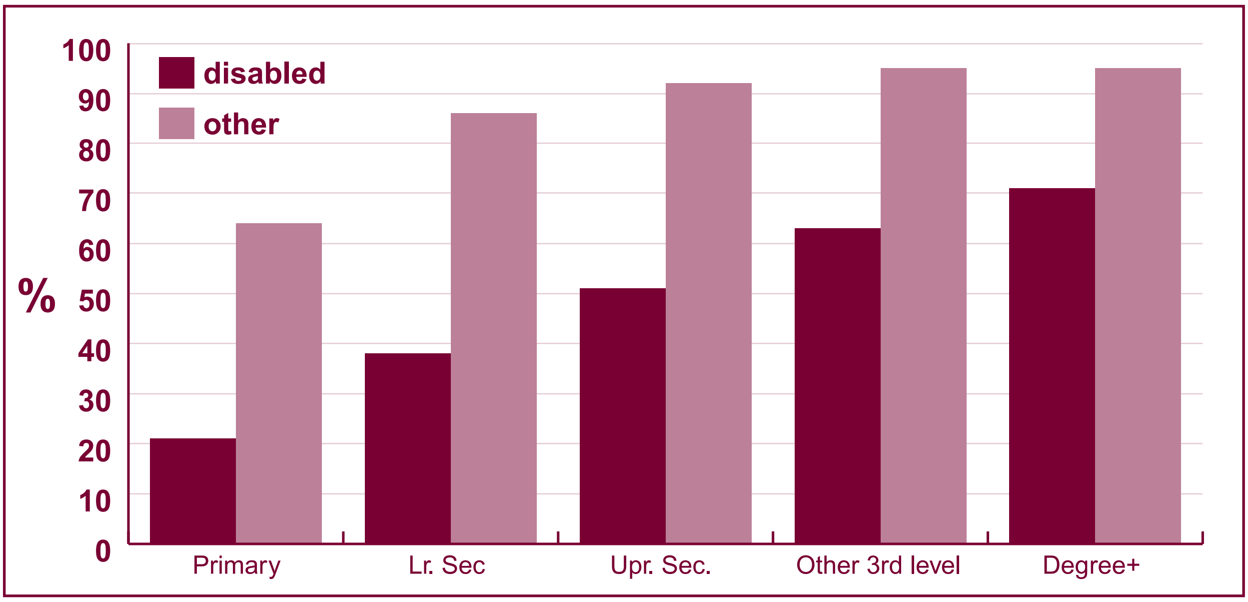
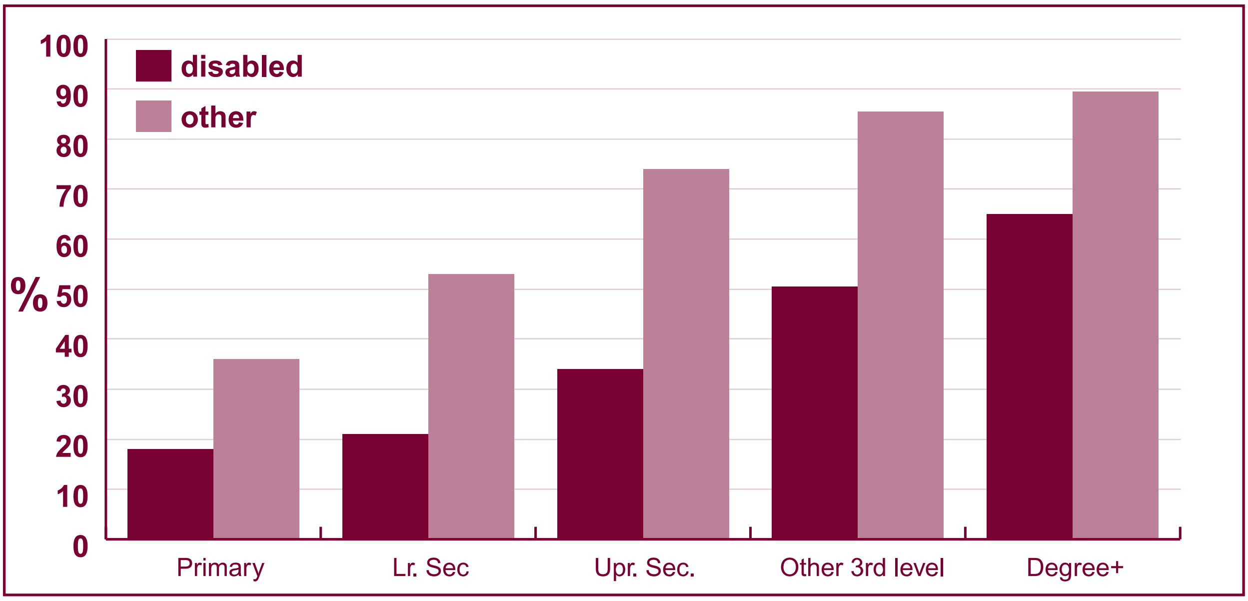


Chart 6 Employment rates, disabled and other women by education level (age 25-34; Census 2002)



The figures illustrate that while employment rates rise with education, there remains a disability penalty – the employment rates of both men and women with disabilities remain below those of others with similar qualifications in their peer age group. For example, the employment rate of graduates aged 25-34 is 24 percentage points lower than that of non-disabled graduates of the same age. So although graduates with disabilities have the highest employment rates of all disabled people, these rates are still significantly lower than their non-disabled counterparts.

The absence of a job is one of the key predictors of whether someone with a disability will be at risk of poverty. 83% of people with disabilities at risk of poverty are living in households where nobody has a job (Gannon and Nolan, 2005).[4]

Training

In spite of the transfer of responsibility for training of people with disabilities to FÁS on the dissolution of the National Rehabilitation Board, the training of people with disabilities remains overwhelmingly segregated

There are three main training streams

- Rehabilitation training funded by the Department of Health and Children
- FÁS training contracted to specialist providers of training for people with disabilities
- FÁS mainstream training

Most training funnelled via the Department of Health and Children, which is labelled as rehabilitation training, is for people with an intellectual disability. Funding is for a fixed number of rehabilitation places. A majority of these trainees transfer into linked sheltered occupational services on completion of training. As many disability service providers offer a spectrum of employment-related services, there is considerable overlap between the organisations providing rehabilitation training, and those providing FÁS-funded specialist training.

Table 13 Training of people with disabilities, 2003

	Nos.	%
Health-funded training	2,557	49.8
FÁS-funded specialist training	2,112	41.1
Mainstream FÁS training (2002)	466	9.1
Total	5,135	100.0

Source: Towards Best Practice in Employment, Education and Training Services for People with Disabilities in Ireland

Pending the implementation of a common way of measuring disability at different points as people move through the FÁS system, it is not possible at present to accurately compare how well disabled trainees do in mainstream training or whether they fare as well as non-disabled trainees.

---

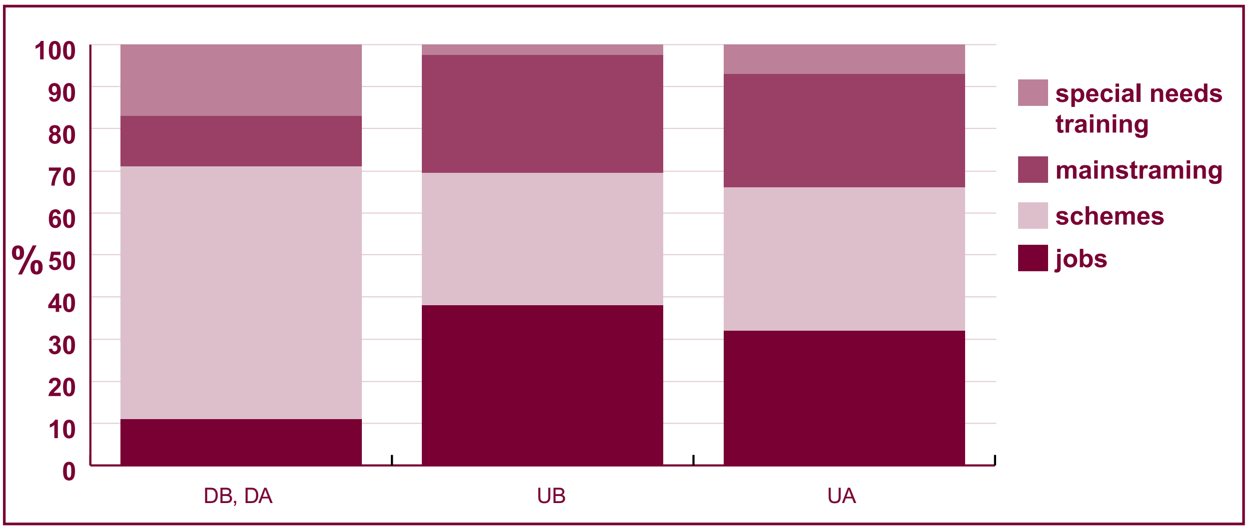
[4] Op cit, table 5.5. The EU terms those whose incomes fall below 60% of median income as "At risk of poverty".

Job placement services

Arising from the recommendation from the Commission on the Status of People with Disabilities that mainstream services should include disabled people in their ambit, the FÁS job placement service covers disabled people as part of its overall placement role.[5] FÁS figures for the first six months of 2004, which are illustrated in Chart 7, suggest that placement outcomes are somewhat different for disabled clients.

A slightly higher proportion of people from an unemployment background were placed in a training environment, than those who had been on sickness or disability payments. As trainees, the disability payments group were more likely to be placed in a specialised training centre, either special needs training or a community training workshop, rather than in mainstream training compared to those who had previously been on unemployment payments. The disability payments group were also more likely compared to unemployed FÁS clients to go on to a job scheme than into mainstream work. So overall, people coming from disability payments were more likely to be placed in a semi-sheltered environment rather than in open employment or training, compared with their counterparts from the unemployment register.

Chart 7 FÁS placement outcomes
People on disability payments v. unemployed



---

[5] People can register that they have a disability, but after that the FÁS tracking system only records whether people had been getting a social welfare sickness or disability payment. The numbers registered as disabled with FÁS were 2,400 in 2002, 2,600 in 2003, and 2,200 for the first six months of 2004. Tracking people by social welfare status recorded about twice as many “disabled” people in the FÁS system in 2002 and 2003 as those who self registered.

Employers and disability

A Manpower survey in 2003 showed that 88% of employers said they had no workers with disabilities. It is likely that some workers with disabilities, particularly hidden disabilities, were not so recorded. In research on the public service jobs quota, (Murphy et al., 2002) two and a half times as many workers identified themselves as having a disability as were officially recorded as such.

Under the Employment Equality Act, it is illegal to discriminate in employment, for example in hiring, training or promotion, because of a disability. Employers also have a duty to make reasonable accommodation for people with disabilities, provided this does not constitute a disproportionate burden.

There is no requirement on private sector employers to employ a minimum quota of people with a disability. However there has been an informal 3% quota in the public service since 1977. The Disability Act 2005 gives statutory effect to a public sector quota (which may vary up or down from the 3% in individual agencies), with the National Disability Authority assigned a role in overseeing this quota provision.

Conclusion

Work is a central part of most adult lives. Paid employment provides people with an income, with financial independence, with the opportunity to meet and socialise with colleagues and participate in the wider society, and the chance to make a worthwhile contribution.

People with disabilities are significantly less likely to participate in the world of paid work. Few of those who are not working describe themselves as looking for work, they are more likely to have opted out of the workforce altogether. Lower employment rates are associated with more severe restrictions on activity; and with particular types of impairments. In particular, people with intellectual disabilities predominantly work in sheltered settings.

The evidence presented in this paper suggests a number of key areas which could be targeted in order to raise the employment rate of people with disabilities

- Reduce the drop-out from education of young people with disabilities, and raise their participation levels to those of their non-disabled peers;
- Increase recruitment of people with disabilities in the public and private sectors;
- Inform employers about grants and supports for workers with a disability;
- Increase job retention rates after onset of a disability;
- Make contact through the benefit system to offer vocational guidance;

- Tackle benefit traps and make work pay;
- Address access and transport issues.

These are not an exhaustive list of effective measures to raise the employment rate but they are areas where intervention seems strongly supported by the evidence.

References

Burkhauser, R and Daley, MC (1996), “Employment and economic well-being following the onset of a disability: the role for public policy”, in **Disability, Work and Cash Benefits** eds, Mashaw, J and Reno V (W.E. John Institute for Employment Research).

Central Statistics Office: **Census 2002,** Cork: CSO.

Central Statistics Office, **Quarterly National Household Survey, special modules on disability, Q2 2002 and Q1 2004,** Cork: CSO.

ESRI, **Living in Ireland Survey (1994-2001),** Dublin: ESRI.

ESRI (2003), **Mid-term evaluation of the National Development Plan 2000-2006,** Dublin: ESRI.

Galizzi, M and Boden, L (2003), “The return to work of injured workers: evidence from matched unemployment insurance and workers’ compensation data,” in **Labour Economics,** 10, pp. 311-337.

Gannon and Nolan (2004), **Disability and the Labour Force,** Dublin: Equality Authority.

Health Research Board (annual since 1996), **Annual Report of the National Intellectual Disability Database Committee,** Dublin; HRB.

International Social Security Association (2001), **Report on Work Integration Project.**

KPMG (2003), **Review of sheltered employment services funded by the Department of Health and Children,** Department of Health and Children (unpublished).

Manpower Skillsgroup (2003), **Working with disabilities – employer survey.**

Martin, Tom and Associates (2003), **Evaluation of the National Pilot for the Supported Employment Programme** (FÁS).

Murphy, Candy et al. (2002), **Employment and Career Progression of people with a disability in the Irish Civil Service,** Dublin: Department of Finance.

Murphy, Mary (2003), **A Woman’s Model for Social Welfare Reform,** Dublin: National Women’s Council (www.nwci.ie).

National Disability Authority (2004), **Towards Best Practice in the Provision of Employment, Education and Training services for people with disabilities in Ireland,** Dublin: NDA.

OECD (2003), **Transforming Disability into Ability,** Paris: OECD.

RETURN project (2001), **Between Work and Welfare – improving return to work strategies for long-absent employees,** Brussels: EU.

Whelan C. et al. (2003), **Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey,** Dublin: ESRI.

From Disability to Ability:

Policy challenges and trends in Organisation of Economic Co-operation and Development (OECD) countries

John P. Martin and Christopher Prinz, OECD

Conference Presentation

Outline of the presentation

(a) The economic significance of disability policy and disability benefits;

(b) Empirical evidence on disability policy outcomes across the OECD;

(c) What OECD countries are doing on disability benefits, with a focus on labour market reintegration; and

(d) The OECD’s on-going work on disability policy issues.

1. The economic significance of disability benefits

- High public spending on disability benefits (the OECD average was 2¼ % of GDP in 2001), but only limited and unsuccessful attempts to control this spending;
- Disability benefits are increasingly becoming the “benefit of last resort” in many OECD countries;
- Disability benefits are also serving as a pathway to early retirement for many older workers;
- Disability benefits can also involve a major waste of human resources – many people with disabilities want to work and could work with better support.

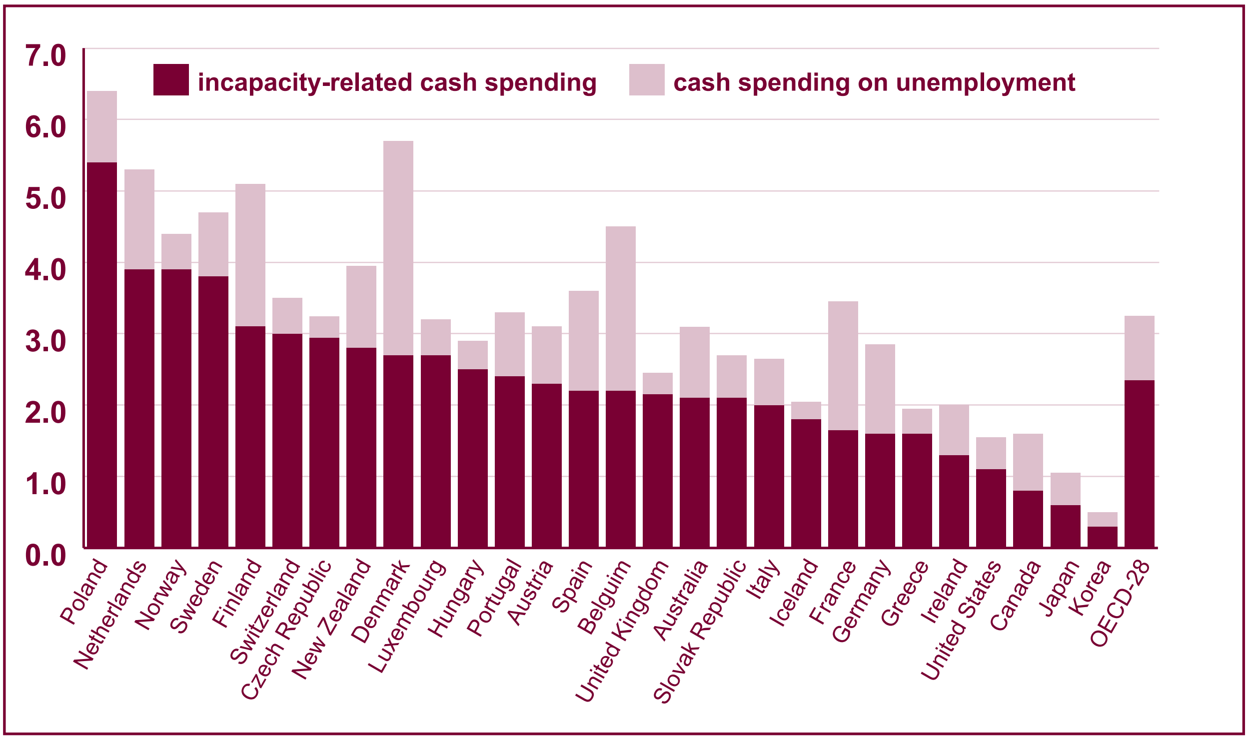
High public cash spending

In 2001, the last year for which OECD has reliable comparable data, incapacity-related public cash spending was, on average, 2.6 times higher than unemployment-related spending. But this ranged up to 6-12 times higher in countries like Poland, Czech Republic, Hungary, Iceland, Norway, Switzerland and the United Kingdom. Denmark, Belgium, France and Canada are exceptions, with roughly equal spending levels on both public programmes.

The bottom line: from a public spending viewpoint, many countries have a strong interest in combating incapacity as well as unemployment.

Note that currently there are about 37 million unemployed in the OECD area, compared with an estimated 42 million on incapacity and long-term sickness benefits.

Figure 1 Public incapacity- and unemployment-related spending, 2001
% of GDP

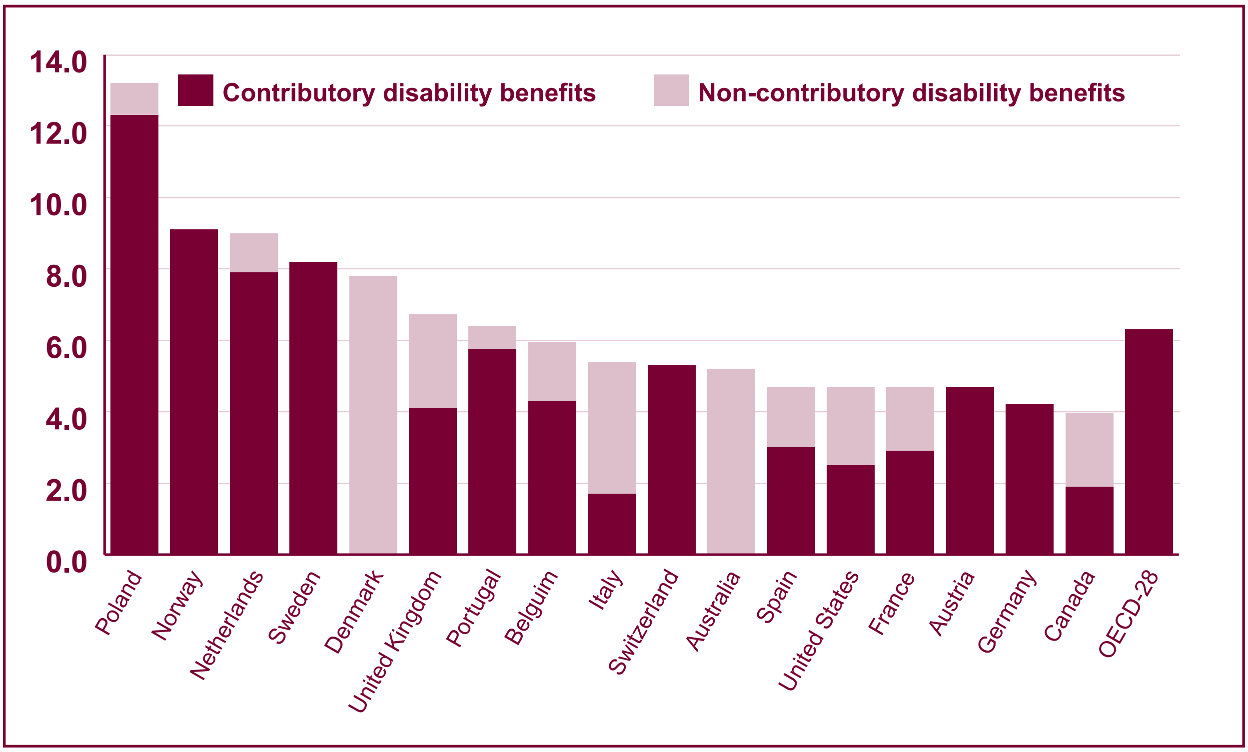


Source: OECD (2004), Social Expenditure Database, Paris.

High disability benefit recipiency

High incapacity-related spending is reflected in high disability benefit recipiency rates; these rates exceed current unemployment rates in several OECD countries. Moreover, incapacity benefits are typically permanent, i.e. paid during the full year whereas unemployment benefits are often short-term, even though long-term unemployment is high in some countries.

Figure 2 Disability benefit recipients per 1000 of the working-age population, 1999



Source: OECD (2003), Transforming Disability into Ability, Paris.

Cross-country variation in benefit recipiency is explained by:

(a) Differences in the share of the population with a disability or with reduced work capacity (which, for instance, is higher in the Nordic countries than in Southern Europe);

(b) Differences in the design of the disability benefit scheme (see below);

(c) Differences in the role of disability benefits vis-à-vis other income support programmes; and

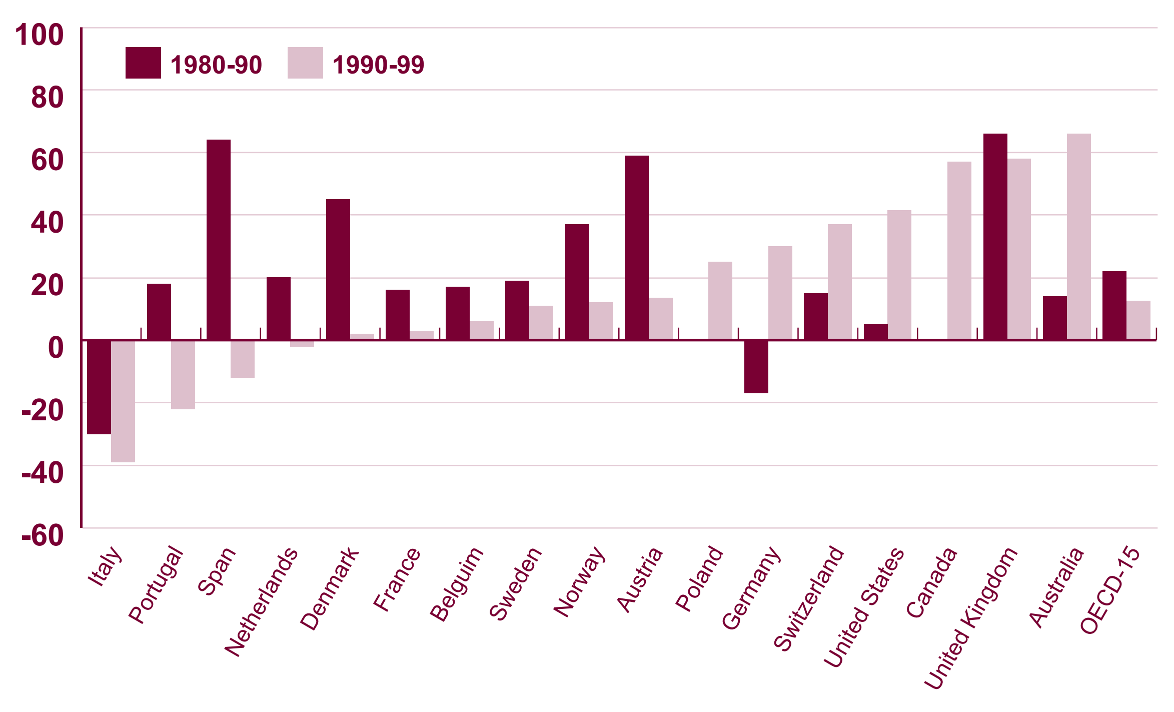
(d) Differences in the statutory retirement age (e.g. compare France, with age 60, and Norway, with age 67).

Rapid but declining recipiency growth

Disability benefit recipiency is still growing in most OECD countries, although at a lower pace in the 1990s when compared to the 1980s. Since 1999, it has continued to grow in a majority of countries, whereas rates of unemployment fell in most OECD countries.

Figure 3 Growth in the number of benefit recipients, 1980-90 and 1990-99 (percentages)

Source: OECD (2003), Transforming Disability into Ability, Paris.

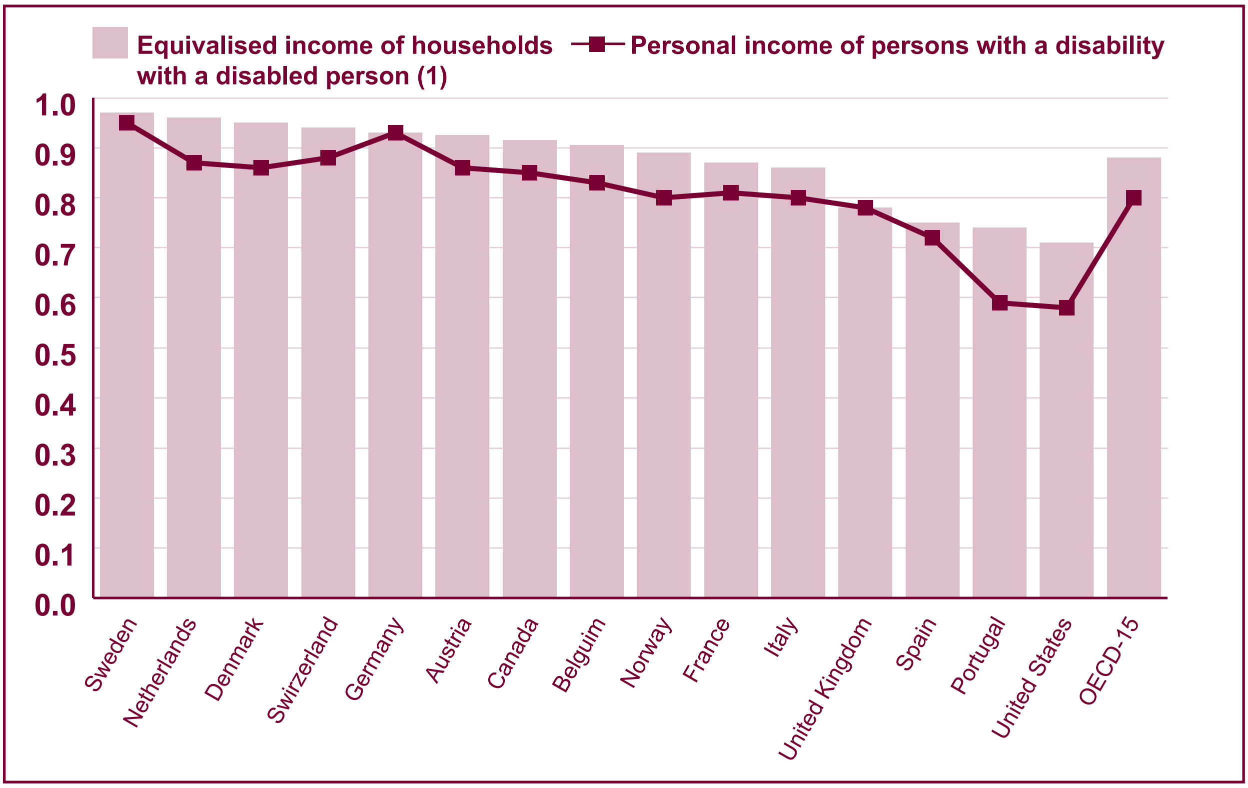


Recent changes in the **stock** of disability benefit recipients are predominantly a result of a reduced **inflow** onto **benefit**, while the outflow off benefit remains very close to zero. This holds irrespective of the policy approach, such as voluntary versus mandatory vocational rehabilitation and training, the availability of partial disability benefits, or the degree of use of temporary entitlements.

2. Relatively good income outcomes

Turning to one key outcome against which disability policy ought to be assessed, the degree to which it provides income adequacy, despite considerable data problems one can safely conclude that the income of people with disabilities is little different from that of the population as a whole.

Figure 4 Average income of people with disabilities relative to the rest of the population, late 1990s



1. Equivalence scale: 1.0 for the first adult in the household, 0.5 for all other adults, 0.3 for children below the age of 16.

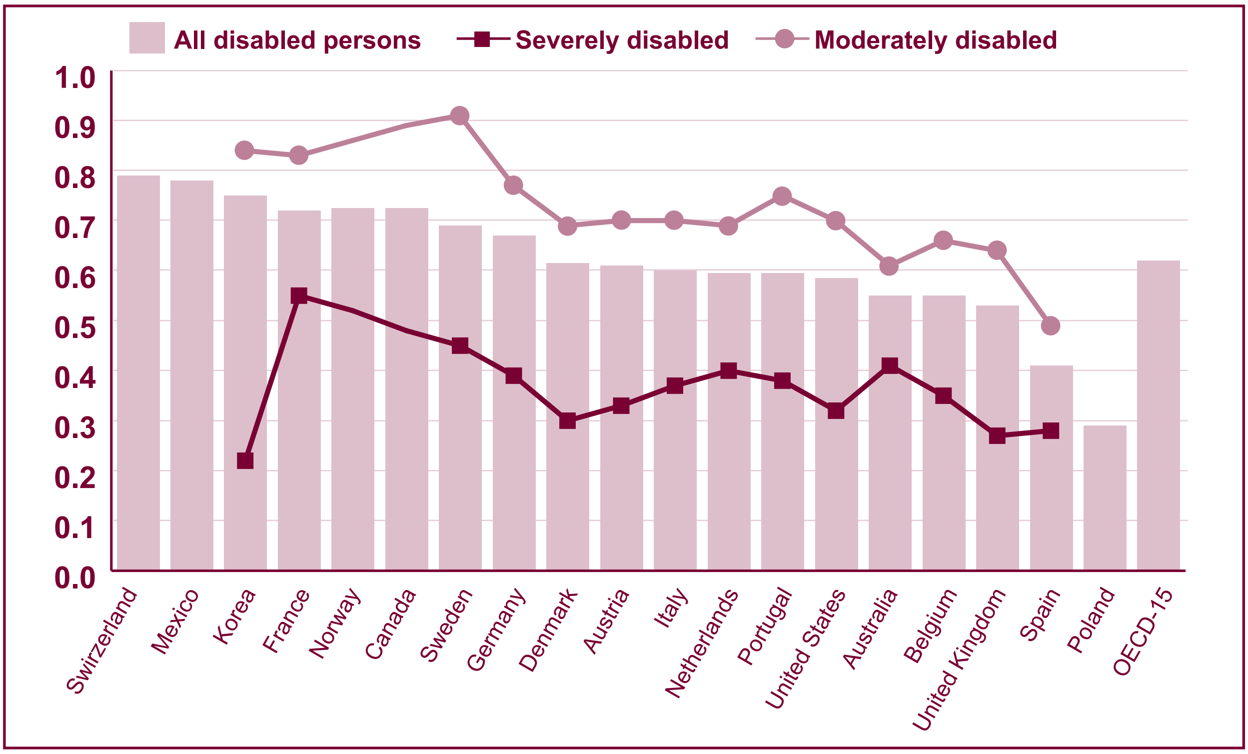
Source: OECD (2003), Transforming Disability into Ability, Paris.

However, there are a few exceptions – the UK, the US, Portugal and Spain (and probably also Ireland, Australia, New Zealand) – all countries where, due to the lower benefit level, economic integration of people with disabilities is significantly lower.

But low employment rates

Employment rates of people with disabilities, used as a proxy for their economic and social integration, on the other hand, are very low in all OECD countries.

Figure 5 Employment rates of people with disabilities relative to the non-disabled, late 1990s



Source: OECD (2003), Transforming Disability into Ability, Paris.

This, in turn, implies that the relatively good income position of the disabled population in many OECD countries is to a large extent achieved through high benefit dependence. This is a costly strategy, not reflecting the wish of most people with disabilities to be integrated into the labour market.

3. Understanding the problem and what OECD countries are doing about it

Different countries seem to have different problems. Essentially, one can distinguish three groups of countries, based on the nature of their problems with disability benefits:

(a) Countries with disability benefit as the benefit of last resort (e.g. UK, US, Switzerland)

(b) Countries with disability benefit as an early retirement pathway (e.g. Austria, Germany, Portugal); and

(c) Countries with disability benefit as the benefit of last resort and as an early retirement pathway (e.g. Netherlands, Norway, Poland).

Puzzling age variance across OECD countries

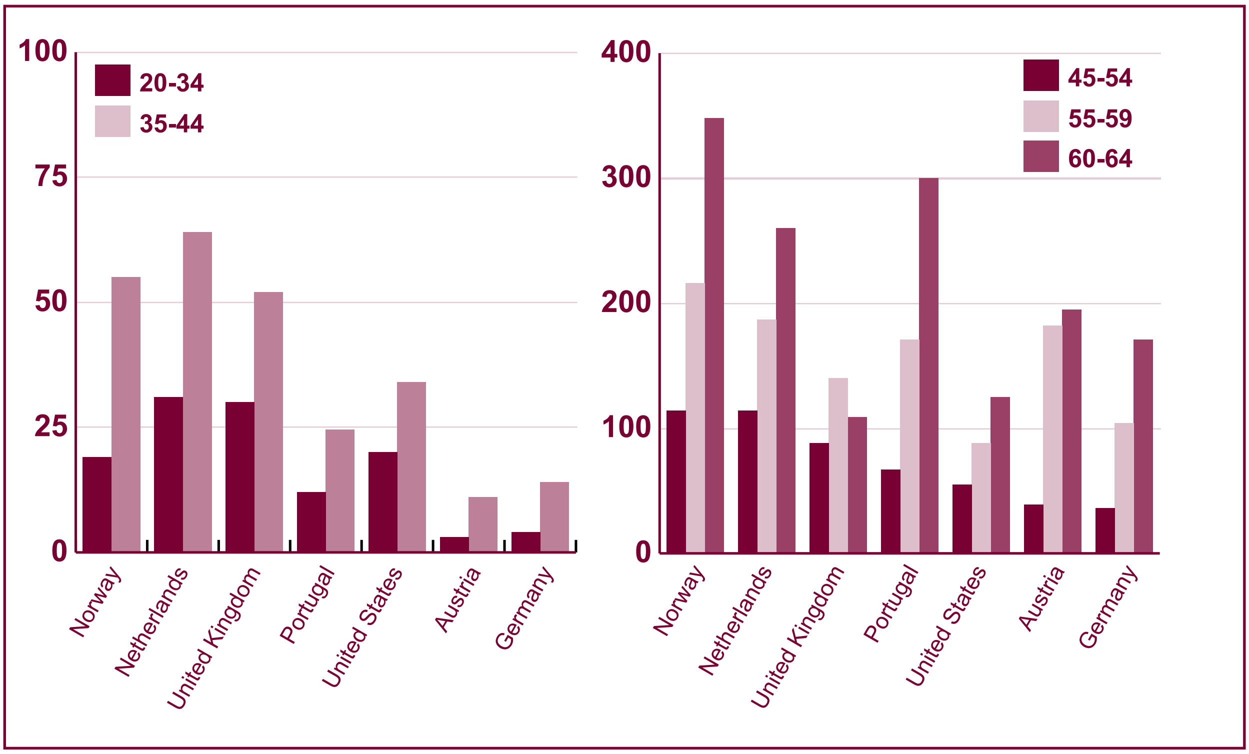
The age structure of the beneficiary population is a good proxy for the classification of countries into these three groups. This is best explained through three examples:

- Austria: age-specific recipiency rates are very low under age 45, compared to other OECD countries, but as high as in the "top" countries at age 55-59. This is explained by extremely high inflows above the age of 50, i.e. disability benefits are being used as yet another early retirement programme.

- United Kingdom: here the situation is exactly the opposite, with recipiency rates being especially high in the 20-34 age group but lower than elsewhere above age 55. This is explained by relatively high inflows especially at younger age, i.e. a sign of disability benefits functioning as a benefit of last resort at all ages.

- Netherlands: this is a country with both problems, reflected in relatively high recipiency rates at all ages (noting, however, that in this country the situation has improved significantly since 1999).

Figure 6 Age-specific disability benefit recipiency rates (per 1000 of population), 1999



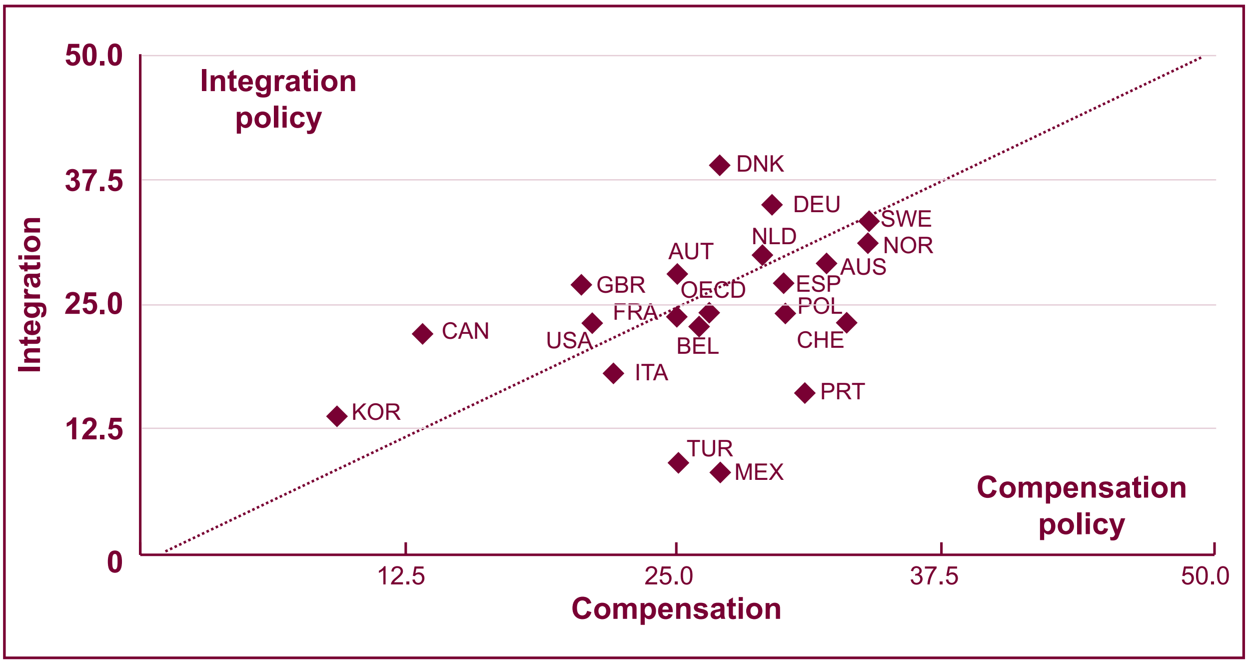
Source: OECD (2003), Transforming Disability into Ability, Paris.

A disability policy typology

Many different dimensions of disability policy matter when assessing the overall stance of a system. Summary indices of the various policy parameters can be useful for giving a reasonable overview on where a country stands. In the context of a recent OECD project, we have developed indices in two dimensions: compensation and integration (in both cases measured through ten different policy indicators with equal weights assigned to each indicator in computing the summary measures); a high score in the compensation dimension is indicative of a policy that is “generous” in supporting people with disabilities who are not working; and a high score in the integration dimension of a more active, labour-market oriented policy.

The chart below shows the position of 20 OECD countries in the year 2000 on those two disability policy dimensions. Most countries still lie to the right of the diagonal, suggesting greater success in the compensation dimension than on the labour market integration objective (As Ireland has not participated in this project, it is not possible for us to plot it on this chart.).

Figure 7 Integration and compensation policy outcomes around 2000



Source: OECD (2003), Transforming Disability into Ability, Paris, Chapter 6 and Annex 2.

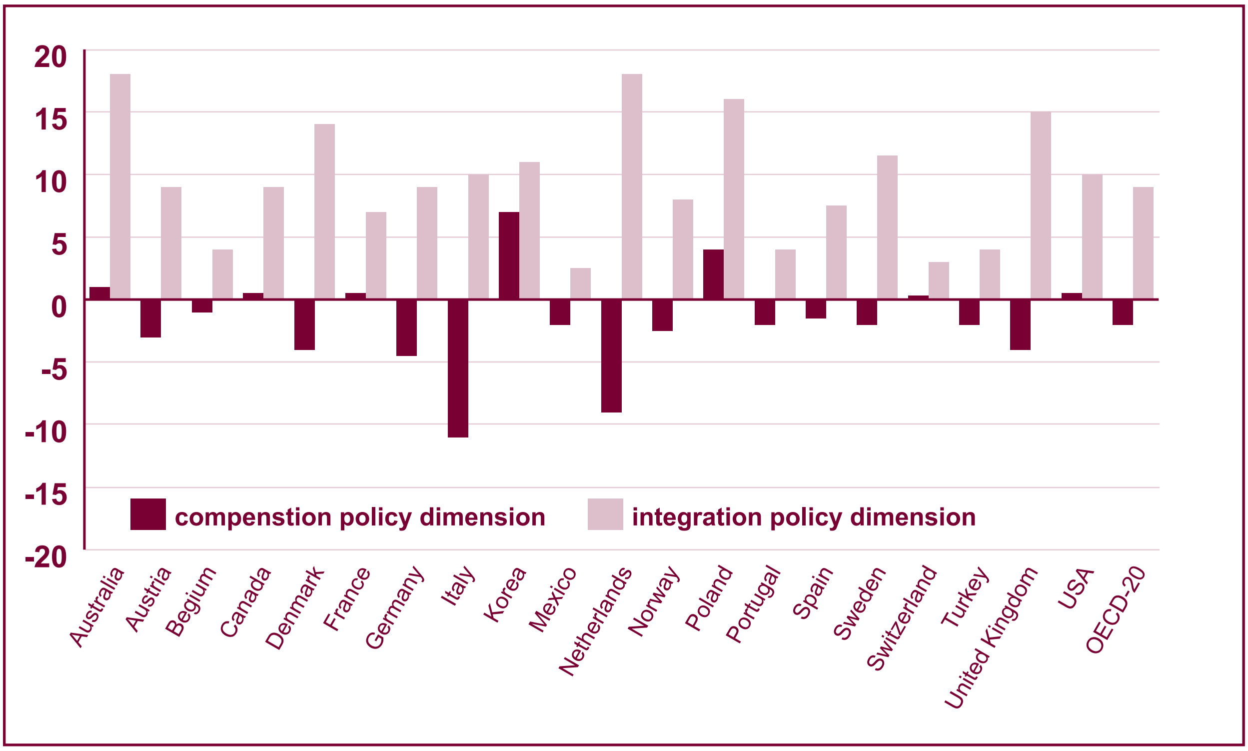
The Netherlands and Italy: Moving in the right direction

The period 1985-2000 saw a significant policy shift in the same direction across the OECD countries: integration policy elements have been strengthened – be it that countries introduced hitherto unknown programmes or expanded existing ones, with little change on the compensation policy dimension (which is in contrast to often comprehensive reform of many other benefit schemes).

Looking at policy shifts in individual countries gives the same picture: there was a significant expansion of active policy in 15 out of 20 countries, together with minor cut-backs of passive policy in most cases.

More significant changes of the benefit programme have only occurred in Italy in the mid-1980s and in the Netherlands in the mid-1990s – in both cases responding to an extraordinarily high benefit recipiency level. Reform in these two cases was characterised by a combination of a shift from permanent to temporary benefits; an abolition of own-occupation assessment; comprehensive restructuring of the system; and some reduction in benefit levels.

Figure 8 Policy shifts along two policy dimensions: 1985-2000



Source: OECD (2003), Transforming Disability into Ability, Paris.

Why further disability policy reform is needed in OECD countries

- Employment rates are low, and often declining;
- (Reforms to) other social protection systems are gradually maturing;
- Demands at work, especially psychological demands, continue to increase;
- Continued ageing of the working-age population;
- Too little focus on avoiding inflow into health- and disability-related benefits;
- Large age-bias in vocational rehabilitation;
- Increasing benefit rejection in many countries.

What kind of reform is needed?

Transform the disability benefit scheme into a flexible labour market programme

The key elements in this are:

- Assess needs and, if necessary, intervene earlier. Avoid disability benefit inflow through job search, training, rehabilitation and prevention;
- Disentangle eligibility for support from work ability and work status: Make cash benefits a flexible (in-work) tool that covers extra costs and the labour market disadvantage;
- Break the link from temporary sickness to permanent disability;
- Implement a mutual obligations approach;
- Provide individualised, tailor-made pre- and post-placement support, thereby emphasising abilities and opportunities;
- Integrate employers into the process, and design proper financial incentives for them;
- Monitor outcomes carefully.

4. OECD’s on-going work on sickness and disability policy

- Publication of Transforming Disability into Ability in 2003 (covering 20 countries)
- Start of country reviews of sickness and disability policy in summer 2005
- First round: Norway, Poland, Switzerland
- Second round: Australia, Luxembourg, Spain and the UK
- Third round: Denmark, Finland, Ireland and the Netherlands

Disability and Labour Market Outcomes in Ireland

Brenda Gannon and Professor Brian Nolan, ESRI

Conference Presentation

Outline of the presentation

This presentation will examine three different aspects of the relationship between disability and **labour market outcomes** in Ireland.

- Relationship between disability and labour force participation (employed, unemployed, inactive)
- Relationship between disability and earnings
- Relationship between disability, source of income and poverty

Firstly, we examine data from the Quarterly National Household Survey (QNHS) 2002 and the Living in Ireland Survey (LIS) 2001 to profile people with disabilities in Ireland.

Table 1 People reporting disabilities by age, gender and reported restriction in work

Reporting Disability	%
All adults	11
Of whom	Male 52 Female 48
Age 25-34	13
Age 55-64	32
Of whom restricted in work	Severe 43 Some 22

Source: QNHS 2002

"Do you have any longstanding illness or disability?"

Table 2 People reporting disabilities by age, gender and reported restriction in work

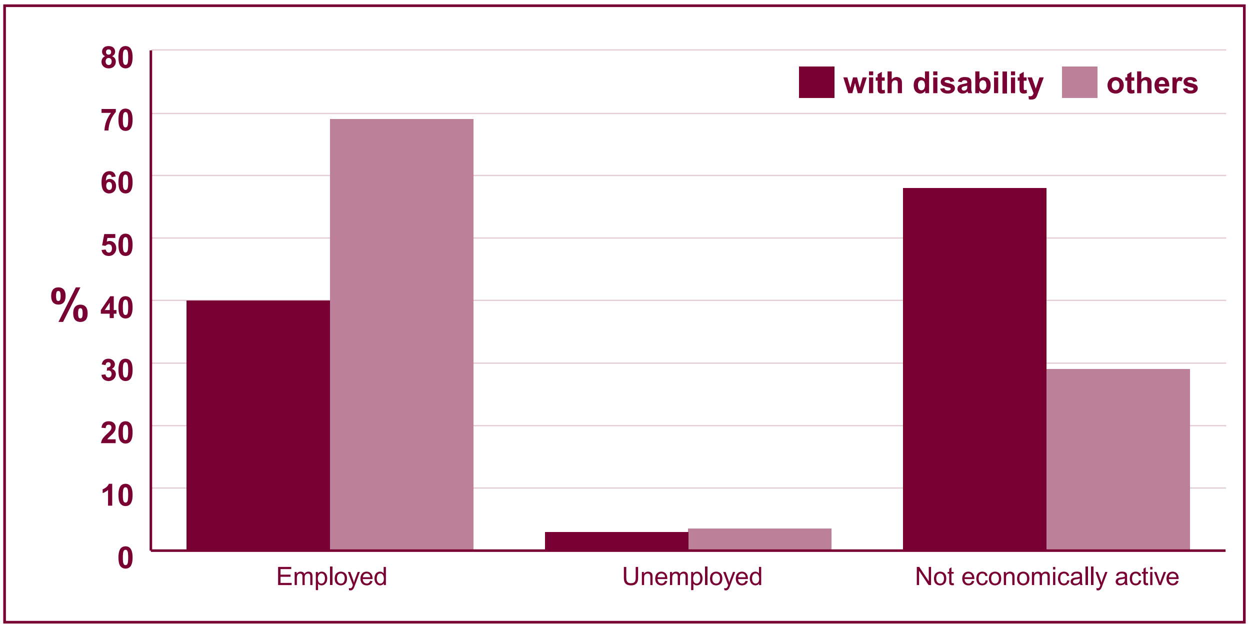
Reporting Disability	**%**
All adults	22
Of whom	**Male** 47
	Female 53
Age 25-34	13
Age 55-64	47
Of whom restricted in work	Severe 21
	Some 54

Source: LIS 2001

“Do you have any chronic physical or mental health problem, illness or disability?”

Relationship between disability and labour force participation

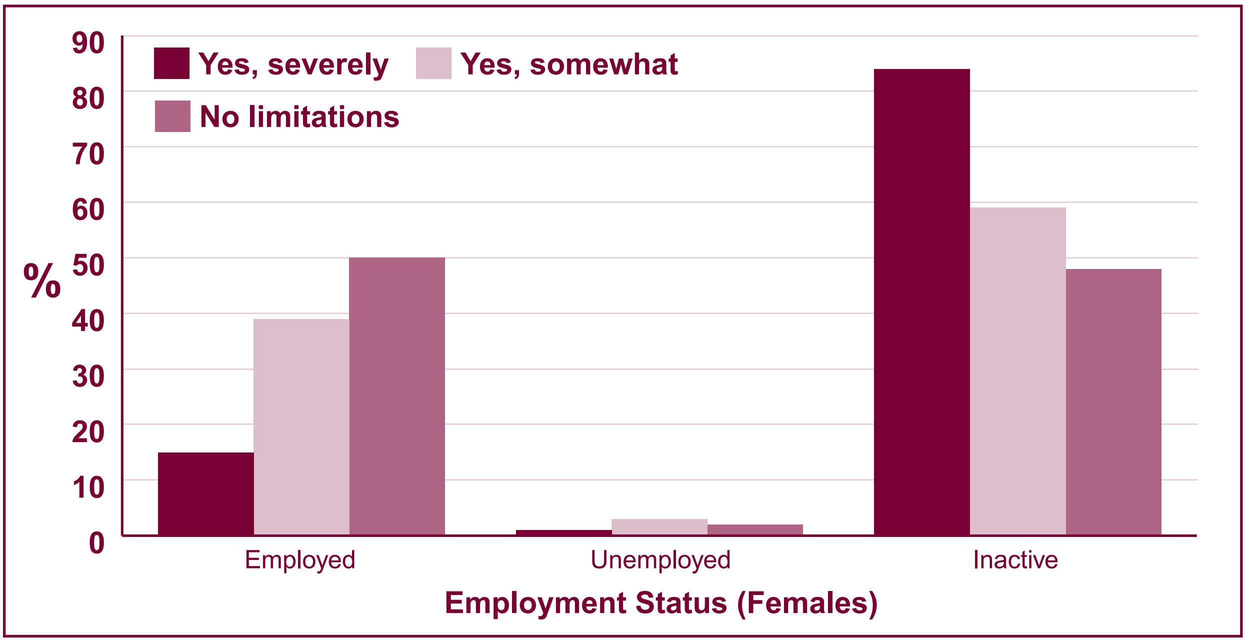
Figure 1: Labour Force Status for Those With and Without a Longstanding Illness or Disability, Persons 15-64



Source: QNHS 2002

Figure 2: Labour Force Status by Extent of Restriction in Kind of Work, Males 15-64 Reporting a Longstanding Health Problem or Disability, QNHS 2002

Figure 3: Labour Force Status by Extent of Restriction in Kind of Work, Females 15-64 Reporting a Longstanding Health Problem or Disability, QNHS 2002



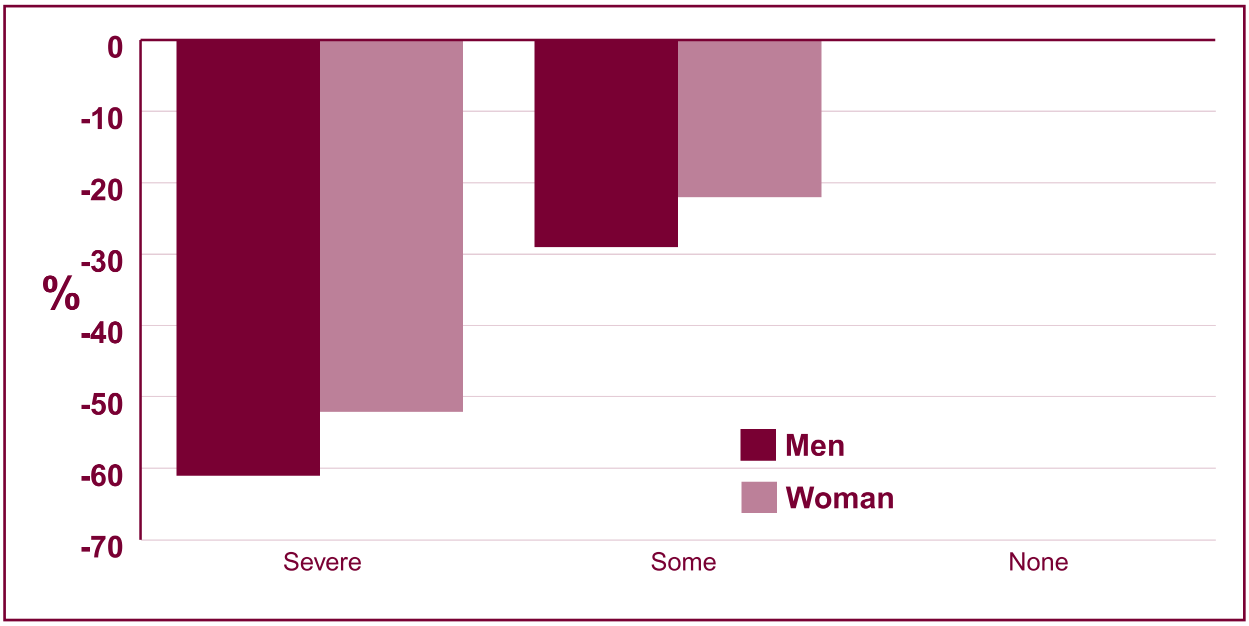
Source: QNHS 2002

Comparing individuals with and without disabilities

- So far have shown average differences between people with and without disabilities
- But are some of these people different to the rest of the population?
- For example, older or with less education?
- We know that there are more elderly people with disabilities and that there are more people with disabilities with a lower probability of higher education than others
- Therefore, we use statistical models to control for these differences so that we can examine the separate impact of disability on labour market participation

Figure 4: Probability of Labour Force Participation for Males and Females by Extent of Restriction in Kind of Work (Controlling for Age, Education, Family Status, Region)

Reporting a Longstanding Health Problem or Disability, QNHS 2002



Source: LIS 2001

Comparison group=no disability (70% in work)

Duration of Disability?

- So far, we have compared people with and without disabilities regardless of duration of disability
- But QNHS shows 27% born with disability, 18% acquired disability at work and the remainder is non-work related
- So what happens to labour force participation after onset for those who have a disability for a longer duration?
- It is possible to follow people over time using Living in Ireland data

Figure 5: Labour Force Status by Onset of Disability
Source: LIS

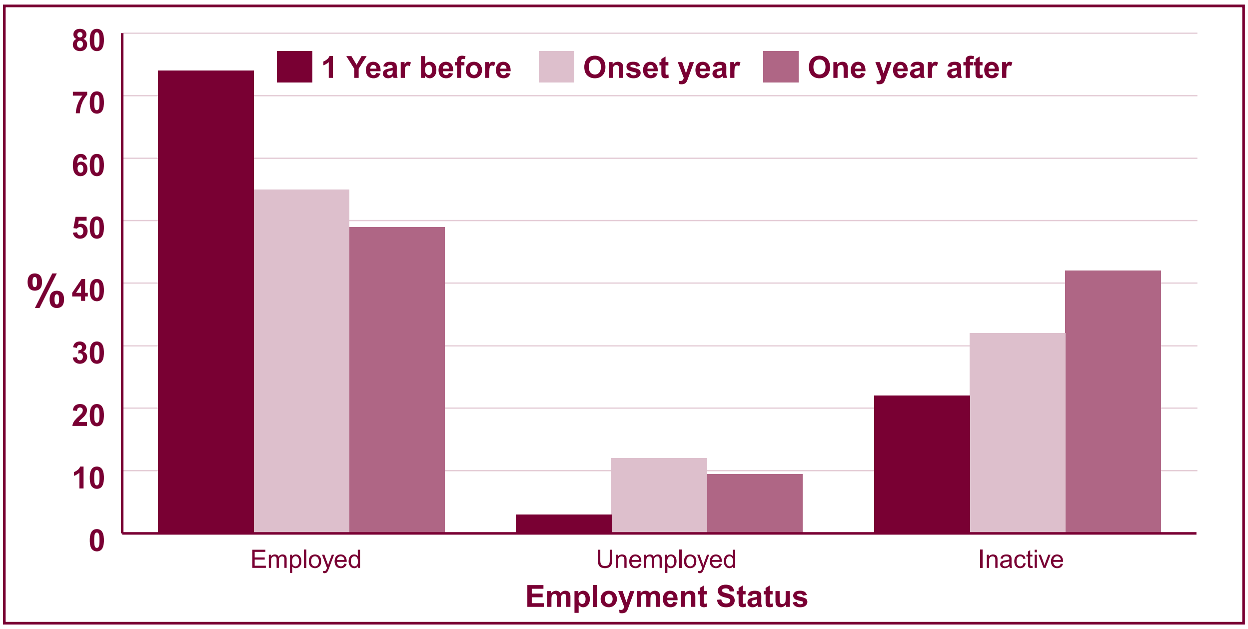
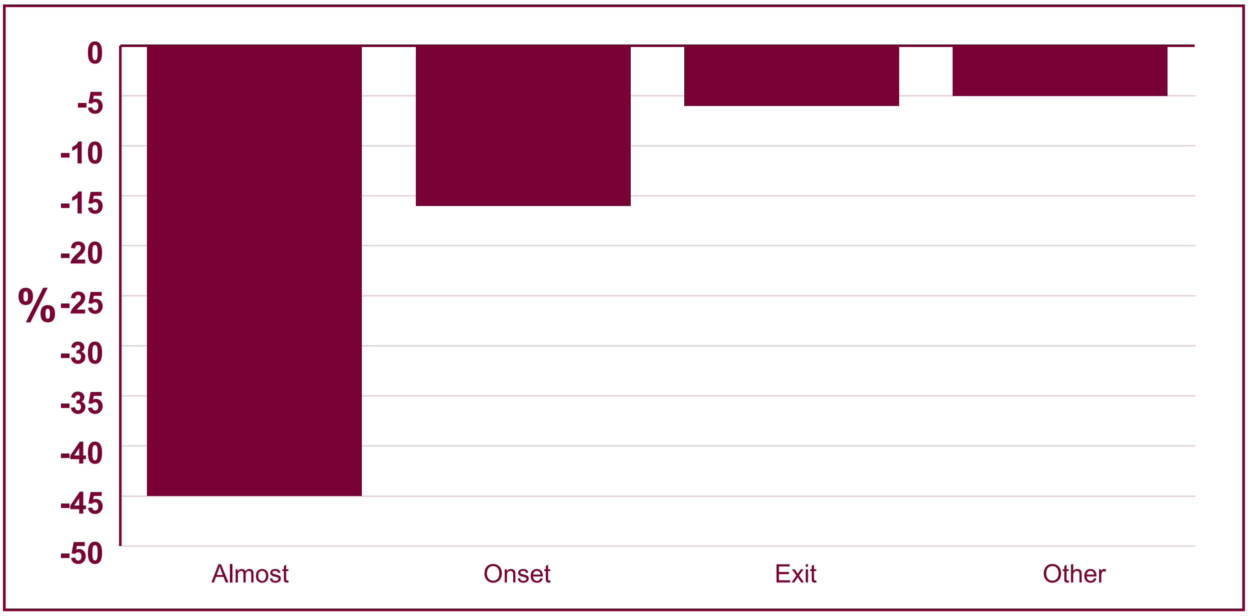


Figure 6: Labour Force Participation and Duration of Disability
Source: LIS



Effect of Previous Disability

- Even after exit from disability, there are negative effects on labour force participation
- Perhaps because previous disability influenced previous participation – leading to current non-participation
- Or there could be another explanation?

Disability and Earnings

Figure 7: Average Weekly Earnings for those With and Without a Disability

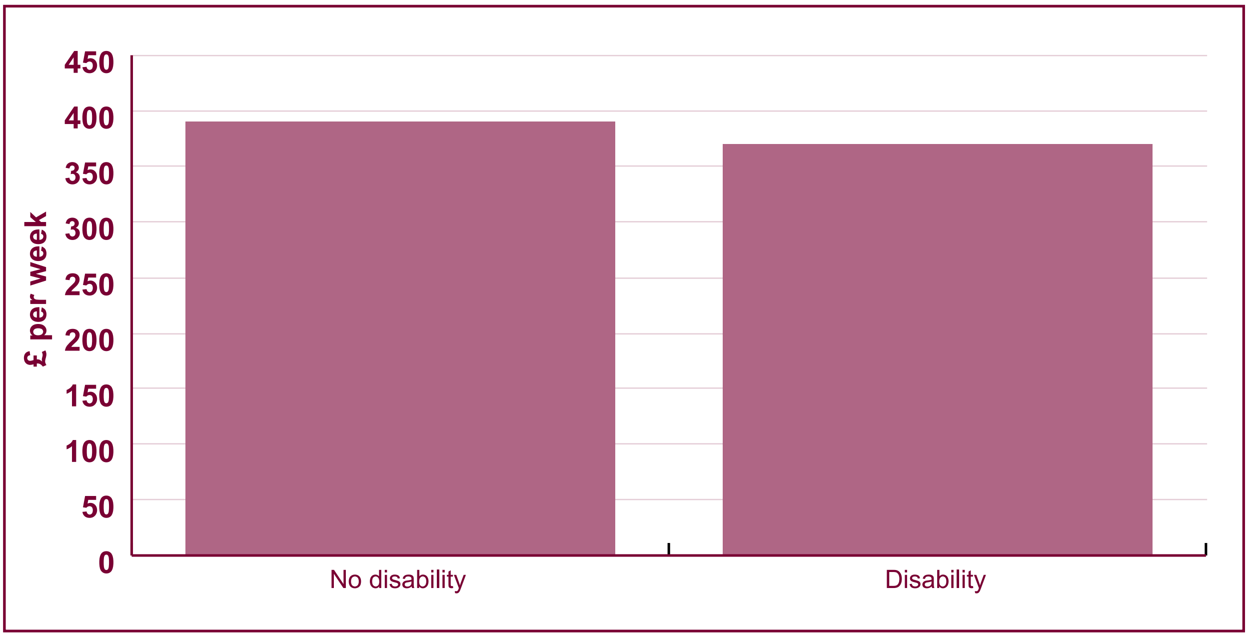
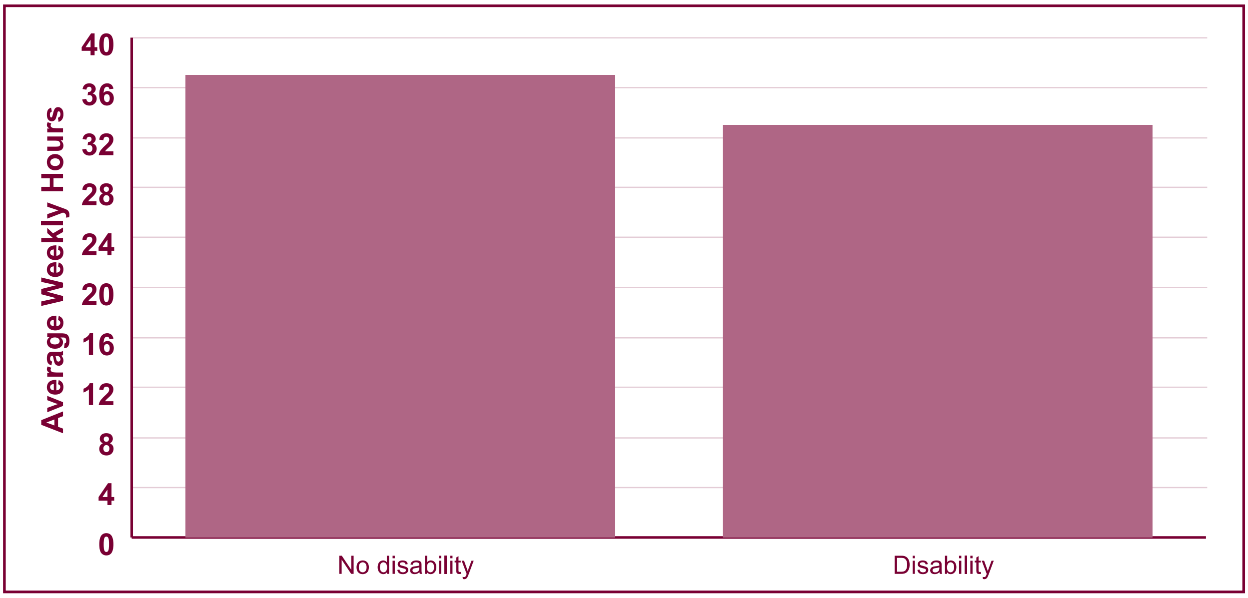


Figure 8: Average Weekly Hours for those With and Without a Disability



Source: LIS 2001

Table 3 Mean Weekly Earnings, Persons With Disability Onset

	Year Before Onset	**Year Of Onset**	**Year After Onset**
All with onset			
Mean Weekly Earnings	£86	£53	£82
Number of cases	166		
Those with onset and in employment throughout only			
Mean Weekly Earnings	£115	£85	£90
Number of cases	80		

Source: LIS

Disability Onset and Household Income Sources

Figure 9: Disability Onset and Household Income Sources

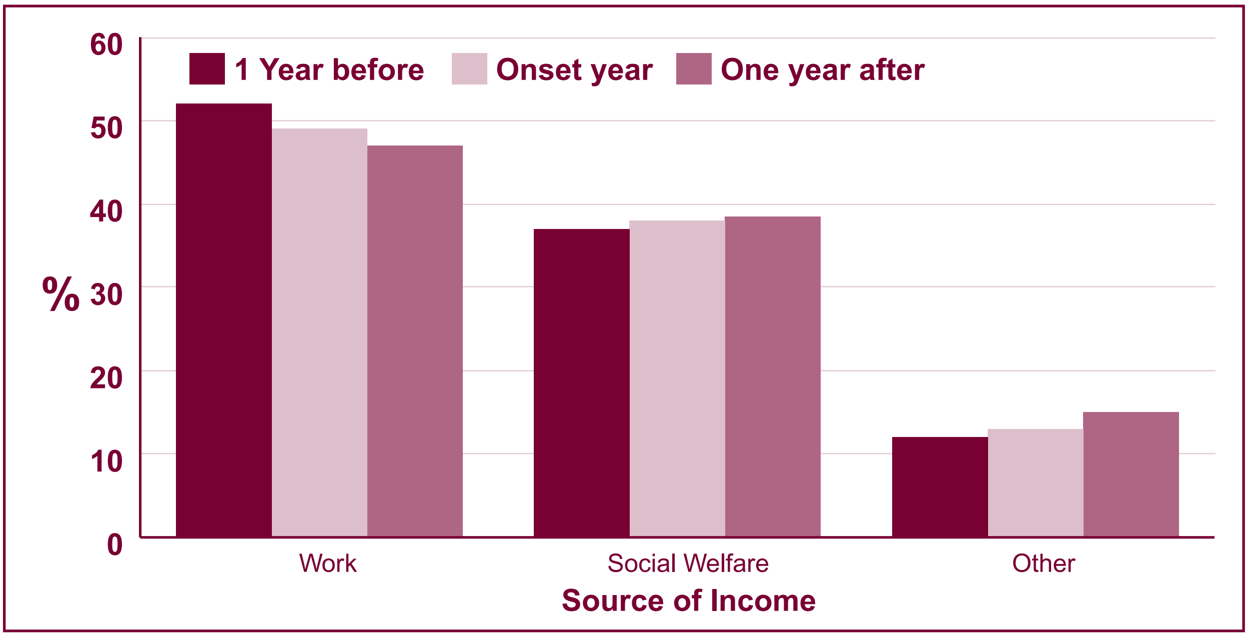
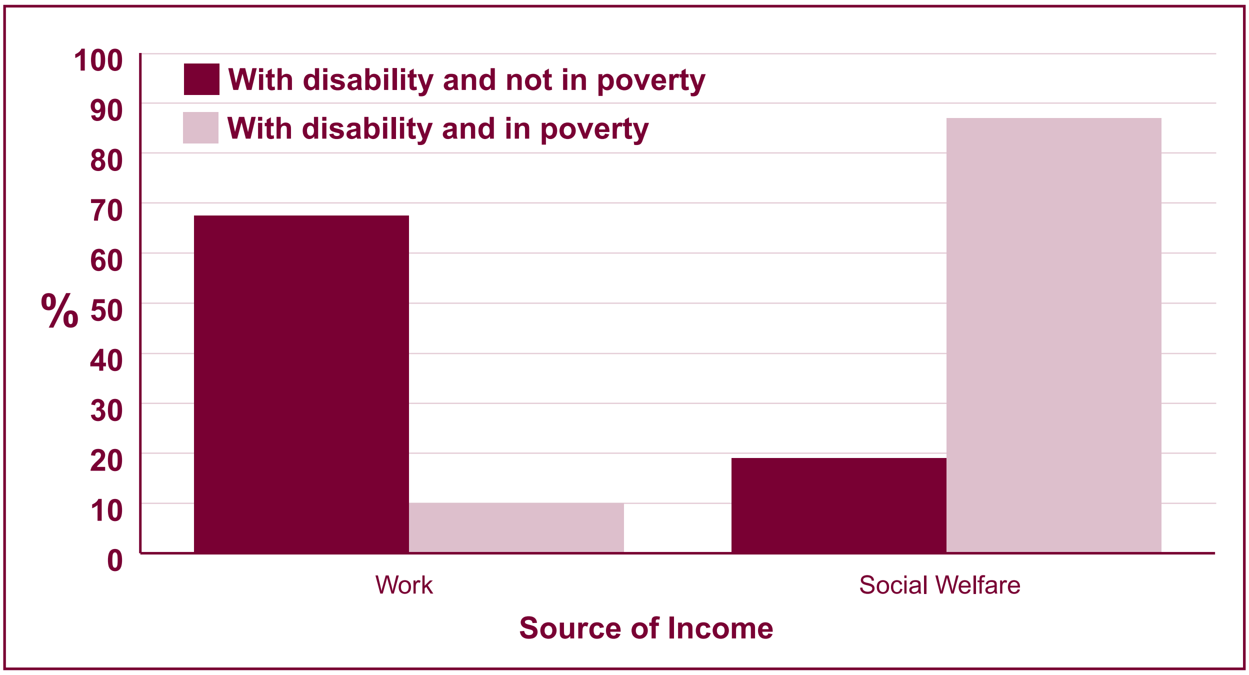


Figure 10: Main Source of Income and Poverty



Conclusions

- Having a disability decreases the probability of working
- Being out of work is associated with a higher poverty risk
- Importance of early intervention after onset of disability
- Results highlight need for strategy to increase employment level for people with disabilities
- Need for large scale survey on disability to include information on labour market outcomes

Employment Retention, Early Intervention, Social Inclusion and Emerging Disabilities

Dr. Donal McAnaney, Rehab Group
Dr. Richard Wynne, Work Research Centre

Introduction

The people upon whom this paper focuses are, in the main, not considered to be disabled from the perspective of statutory authorities and providing agencies in Ireland. Thus they do not always fall within the scope of current equality and non-discrimination measures, social inclusion measures or vocational training. They are also a group of people who are invisible in official statistics, not only in Ireland, but also across Europe. While they are acknowledged within a number of EU policy documents, their needs are not addressed by any current EU policy initiative in a substantive way. They are people who are long-term absent from work but who are still employed. They are long-term absent (LTA) employees who have not returned to work after 6 weeks and who are at significant risk of exiting the labour market into long-term economic inactivity, early retirement or disability pension.

Over the past 10 years, a number of international studies have begun to draw attention to the lack of relevance of systems, strategies and approaches to these people, both at Member State level and within employing organisations (Thornton and Lunt, 1997; Gladnet/ILO 1998; Bloch and Prins, 2001; RETURN, 2002; Wynne and McAnaney, 2004). A more recent study has set out to document the characteristics and lived experience of these people and to describe current medical, allied health and occupational responses to their needs (Stress Impact 2003-2005). This paper attempts to bring together initial results from a national dataset recently collected in co-operation with the Department of Social and Family Affairs as part of the Stress Impact study with the findings of previous studies into systems and strategies to respond to the needs of LTA employees. It also proposes a theoretical framework within which the evolving problem can be described and addressed.

Long-term absence and disability

There is a general consensus that LTA is a gateway to disability. A group of experts and professionals brought together by the RETURN team to consider the issue reached a consensus decision that the term should be applied to any worker for whom the duration of absence was over 6 weeks. A compelling argument in favour of drawing the line at this point is that prior to 6 weeks, over 80% of people will return to work without assistance. Post the 6-week watershed, there is a strong negative linear correlation

between return to work and time out of work. By 6 months, the probability that an employee will return to work has reduced to about 50% (RETURN, 2001).
Most people commence their period of absence on some element of statutory sick pay and end up either back at work (with the same employer or another employer) or remain out of work until they exit the sick pay system into unemployment or economic inactivity e.g. early retirement or disability pension. Despite the lack of recognition of the needs of these employees within the current legal, regulatory, policy, administrative, service provision and monitoring systems, they are part of an emerging crisis in social exclusion, disability and social protection systems. Exit from the labour force has been described as a transition from active to inactive life (Employment in Europe 2003). It is more likely to occur for an employee of any age who develops a health condition, which impacts on their work capacity. Nevertheless, age is significantly associated with chronic illness, disability and economic inactivity and the EU population is ageing (Disability and Social Participation in Europe 2001; Social Situation in the European Union 2003). About 24% of the working population are older workers and this is likely to grow to 27% by 2010. Currently only 38.6% of the EU population between 55 and 64 are in employment. This compares to an employment rate for the EU as a whole at 64% and 73% for 46-55 year olds (percentages refer to 2001).

The relationship between age, disability and economic inactivity is well demonstrated. Less than 7% of people in the 16-24 age range reported a long-standing health problem or disability (EU 25). The corresponding figure for 55-64 year olds was close to 30% (Dupré and Karjalainen, 2003). In addition, people reporting a moderate to severe longstanding health problem or disability also reported labour market participation rates of between 20 and 46% compared to 68% for those without a condition.

These high rates of work disability pose problems for social insurance and employment systems in terms of the costs of funding disability and early retirement pensions and also in the provision of services to maintain employees with disabilities in work or to facilitate their return to work. In addition, the human and financial costs of work-related disability to the individual worker can be very high including loss of self-esteem and self-advocacy, a loss of work related skills, a range of psychological difficulties and disruption to relationships within the family and social networks.

An analysis of national and EU policy documents and statistics (Wynne and McAnaney 2004) identified no explicit references to LTA employees. They are at the intersection of social inclusion, employment, health, disability, active ageing and social protection policies but are not adequately covered by any one strand. From a statistical perspective they are classified as disabled, early retired, unemployed or long-term absent from work but all were previously in active employment and, with appropriate assistance, many have the capacity to return to work. A more active approach to LTA employees can significantly contribute to the targets set at the Lisbon and Stockholm summits in relation to full employment and labour market participation for people with disabilities and older workers (European Commission, 2001; Joint Report on Labour Force Participation and Active Ageing; Presidency Conclusions, 2002). It is clear that a more focused policy approach is required if the Lisbon, Stockholm and Barcelona targets are to be achieved by 2010. In fact, in order to achieve these targets the number of people aged between 55 and 64 who are in employment need to increase by almost 1 million a year. In order for this to occur, about two thirds of those in the 46-55 year age group must remain in employment until 2010. It is widely acknowledged that work related health problems, musculoskeletal conditions and stress are major factors in labour market withdrawal. However, the recommendations currently being proposed focus on eliminating incentives for early exit and early retirement and the improvement of workplace conditions, early intervention and reintegration services are not considered (European Expert Group on the Employment Situation of People with Disabilities, 2001).

The conclusions reached in the European Foundation report highlighted the lack of focus on chronic illness and unemployment in major EU policy areas, the lack of EU competence in most policy areas relevant to long-term absence, the lack of joined up approaches between relevant policy areas such as employment, health, social security and equality and major gaps in some prominent policy areas including active ageing and public health.

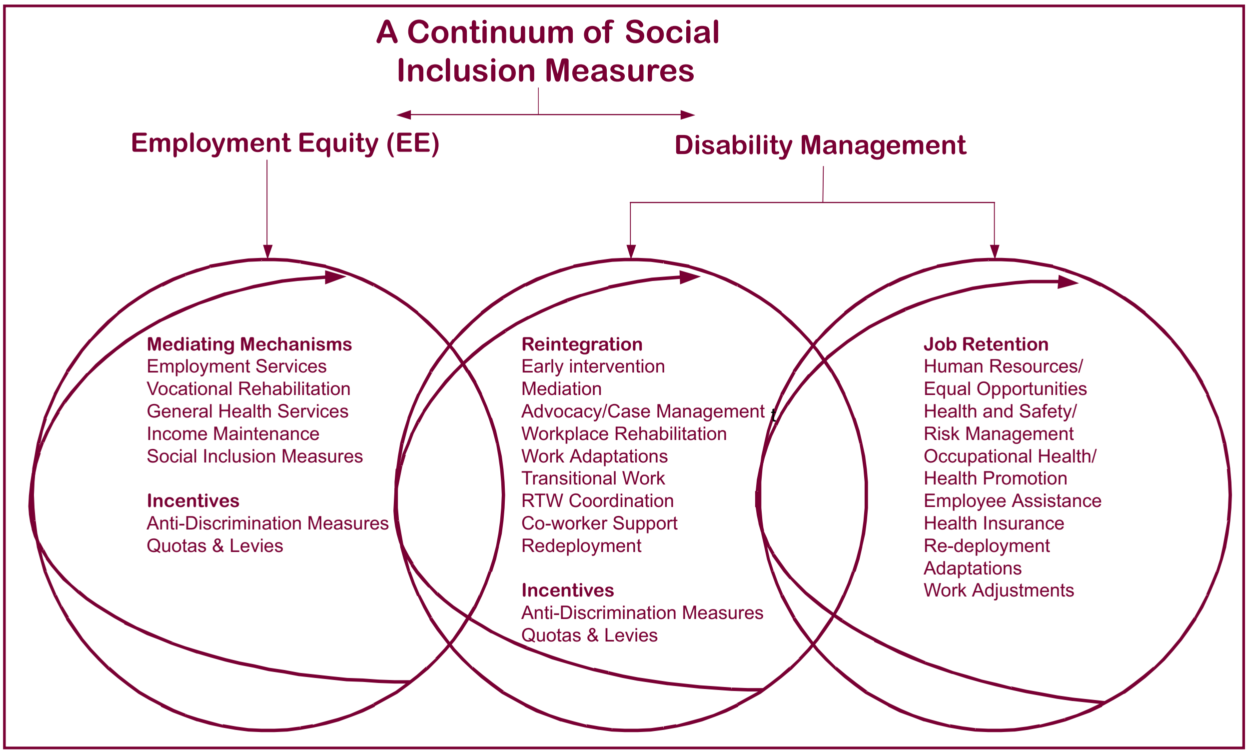
Assessing systems of response to long-term absence

The factors that contribute to long-term absence from work manifest themselves initially within the workplace. Prevention, risk management, health promotion and job retention strategies implemented while the employee is still at work have an important role to play in reducing absence rates and in maintaining the workability of employees. Thus, employer responses to emerging conditions and acquired injuries are an important element of an effective strategy to maintain people at work. Further, appropriate and timely interventions by employers to assist their employees who are long-term absent can reduce the amount of time employees remain out of work. An equally important system of response is that comprised of national measures and mechanisms to respond to the needs of LTA employees. The RETURN project (2002) and the European Foundation report (2004) propose analytical tools for assessing both workplace practice and national systems in terms of their relevance to LTA employees.

Assessing employer systems of response

A substantial body of research and practice has developed within the workers' compensation insurance systems of North America, Australia and New Zealand. Generally referred to as Disability Management (DM), the system involves a step continuum of interventions that companies and employers can take to reduce the risk and impact of potentially disabling workplace factors on employees' workability and productivity. Overall DM represents a coherent approach to job retention and reintegration albeit only for employees with occupational injuries or illnesses (Bruyere & Shrey, 1991; Akabas, Gates & Galvin, 1992; Shrey & Lacerte, 1995; NIDMAR 2000;2001). DM can be distinguished from measures aimed at unemployed and economically inactive people with disabilities, which are often termed as Employment Equity Measures (see Figure 1). DM practice can be divided into two pillars of action, one of which, job retention, is focused on employees who are currently at work and which aims to enhance the probability that they will stay in work, and one of which is targeted towards reintegrating absent workers into the job in a safe and timely manner. Some key elements of the Job Retention pillar include Workplace Health Promotion, Health and Safety Practice and Targeted Risk Management. These can also be termed primary and secondary prevention measures. Key elements of the Reintegration pillar include Early Intervention, Case Management and Return to Work Co-ordinator, often referred to as tertiary prevention.

Figure 1 Stemming the Outflow from work as a result of illness, injury or impairment



Given that DM has evolved within a system that is fundamentally grounded in occupational illness and injury, people with emerging or chronic health conditions or those who have acquired a non-work injury e.g. through a road traffic or domestic accident are generally not eligible for services provided by DM providers or funded by insurance carriers. This distinction in service provision is evident in all jurisdictions that operate no fault workers' compensation insurance measures including Austria and Germany, America and Canada, Australia and New Zealand. Nevertheless, the DM approach has relevance to all workers who are at risk of losing their jobs as a result of reduced work capacity arising from illness and injury regardless of the cause. This was the position taken by the RETURN project (2000-2002).

Part funded under the EU Fifth Framework for Research and Technological Development, Improving Human Potential Programme, RETURN was concerned with how employers 'handle' employees who become ill or injured and especially those who slip into long-term absence. The project also documented systems within which employers operated in Ireland, Austria, Finland, Germany, Italy and the Netherlands. A key deliverable of the RETURN project was the RETURN protocol. This was a worksite audit tool adapted from a number of resources including the National Institute of Disability Management and Research (NIDMAR) audit tool from Canada and the Australian Capital Territory Government Tool (1997). The protocol is designed to assess workplace policies and procedures for responding to all employees at risk of losing their jobs as a result of illness and injury.

The dimensions of the company assessment tool from the RETURN project (RETURN, 2002b) are outlined below. These may be used as criteria against which the company-level initiatives can be assessed.

- Joint labour–management support and company culture – levels of support for the goals of job retention and reintegration by both management and trade unions;
- Responsibility and accountability – clear lines in terms of management and implementation;
- Internal and external communications – active communications management is necessary between the company and outside agencies; and also between the relevant departments;
- Benefits – types and nature of incentives (deliberate and unwitting) which a company may operate in relation to health-related absenteeism;
- Knowledge and skills in the workplace – staff with appropriate training and experience in managing and implementing retention and reintegration policies;
- Accident prevention and safety programmes – the presence and quality of appropriate measures to prevent disability or injury occurring;

- Occupational health programme – the quality of the programme and its capacity to prevent disability or injury;
- Workplace health promotion – the quality of the programme, i.e. interventions that improve the general, rather than the occupational, health of the workforce. Such programmes can help prevent disability or injury;
- Occupational ergonomics – both as a preventive intervention and to alter the work environment for ill or disabled employees;
- Management information systems of injury, illness and lost time patterns – the quality of such systems, and using the information to plan and implement appropriate disability management practices;
- Early intervention and case management – making early interventions when a worker is absent due to illness or injury. Proactive case management involves assigning the ill or injured worker to an individual to ensure reintegration occurs in an efficient, safe manner;
- Transitional work programme and retraining – the opportunities for a gradual return to work and the possibilities for training and retraining where the worker has a different job;
- Vocational rehabilitation and redeployment – the opportunities for being rehabilitated into the workplace and for being repositioned to another job within the company if needed.

Assessing national systems of response

While the primary focus of the RETURN project was upon employer policy and practice, the study also documented the systems within which these companies operated. The approach taken was systematic but primarily descriptive. One conclusion reached was that a Systems Analysis Tool was also required, analogous to the RETURN protocol, capable of systematically specifying inhibitors and enhancers at the system level in a way that could allow direct comparisons of different jurisdictions and potentially to evaluate the relevance of system design to LTA employees. The components of the national level analysis framework are presented in Table 1.

The framework is designed to be applied across all sectors with potential impact upon the return to work threshold. Thus, all measures and sectoral initiatives relating to employment, health, disability, equality and social insurance require to be subjected to the analysis. In addition, the framework attempts to address what are considered to be the key contributors to reducing the threshold to return to work at the policy, individual and work site levels. The framework includes health improvements, income maintenance, interventions, work place adaptations, financial and service supports, legal protection and incentives. The complete framework is presented in Table 1.

The framework is based on 6 core elements, which are elaborated in terms of a number of sub categories. Three of the elements refer to the extent to which a particular measure or sectoral initiative is relevant to employees with chronic illness or disability who are long-term absent. The other three elements describe the approach adopted by a measure or sectoral initiative and the extent to which it is being actively monitored for impact.

Purpose: Purpose refers to the intention of the measure or sectoral initiative. Relevant measures and initiatives are aimed at achieving a range of outcomes for the chronically ill or disabled employee. Health improvement measures include general medical services and specific post acute health maintenance interventions such as pain management. Measures to promote the recruitment of people with chronic illness and disability are aimed at enhancing people's potential to compete on an equal basis within the labour market through the provision of support in the recruitment and selection processes.

Retention measures aim to ensure that people at work maintain their workability through health promotion, risk management and occupational health and safety activities. Particularly relevant job retention measure or initiatives are those that aim to facilitate the redeployment of employees who are no longer in a position to carry out their existing work responsibilities as a result of chronic illness or disability to other positions within the same company. Reintegration measures or initiatives aim to assist an individual that is long-term absent to re-enter the workforce either by facilitating the safe and timely return to the original job or by providing assistance and support in being redeployed either within the same company or in another company.

Focus: This refers to the aspect of the labour force upon which the measure or initiative is targeted. Measures or initiatives can be focused upon those who are economically inactive e.g. the long-term unemployed and those on long-term disability income support or other social security payments. Measures or initiatives aimed at people who are unemployed tend to focus upon the active labour market and provide assistance in job search through employment services, guidance and counselling, training and job integration measures. Measures or initiatives that are focused upon those who are employed can be divided into those aimed at people who are currently at work or those who are out of work on long-term absence but who still have employed status.

Scope: This refers to the intended recipients or beneficiaries of a particular measure or sectoral initiative. In some cases, the scope will be generic in that it covers all people regardless of whether they are employed or unemployed, disabled or not.

For example, the scope of employment equality legislation covers all people who are seeking work as well as those who are employed. It is also particularly relevant to those at risk of discrimination. Certain measures and initiatives can be aimed at particular ‘at risk’ groups. These can include those who may be at risk in terms of occupational health and safety factors that can result in physical injury or psychological illness. Other ‘at risk’ groups for which measures and sectoral initiatives can be in place include those at risk of social exclusion, e.g. substance misusers, ex offenders, refugees or people with disabilities and those at risk of discrimination on the grounds of ethnicity, age, marital or family status, sexual orientation, gender or disability. Finally, the scope of a measure can specify membership of a particular group such as physical and sensory disability or psychological illness. An important distinction to be made is between those measures that include within their scope those ‘at risk’ of physical or psychological illness/disability and those for which the scope is defined as actually being disabled.

Approach: This refers to the way in which a measure or sectoral initiative is intended to impact i.e. the level at which it intervenes and the method adopted. Measures or initiatives can operate on a number of different levels simultaneously including the policy level, either through legal and regulatory instruments that specify the way in which systems must operate or through sectoral/partnership agreements that provide guidelines within which the social partners and agencies agree to operate. At the individual level, measures specify the medical, vocational or other interventions for which long-term absent employees are eligible. Such interventions can include medical and vocational rehabilitation, retraining or guidance and counselling. Also at the individual level, measures can specify financial supports for those attempting to return to work or services to support the return to work process such as job coaching and case management. Measures can also operate at the work site level by specifying the way in which work organisation and work terms and conditions can be adapted to accommodate the long-term absent employee. Work adaptations can involve altering work conditions or adapting the work site to make it accessible. Work site interventions can also include the provision of financial or service support to the employer to facilitate the return to work of the long-term absent employee. Financial support can include resources to purchase equipment, to make physical adaptations to the workplace or to provide support to the employee. Work site services can include disability awareness training for supervisors and colleagues. Measures can also operate on the basis of creating incentives to the long-term absent employee or the employer to achieve successful return to work outcomes. Incentives can be positive in that they provide extra benefits to the employer or the employee either in terms of financial subsidies or

Table 1 Components of the national level analysis

Purpose	Focus	Scope	Approach	Responsibility	Monitoring
Health interventions	Economically inactive	Generic	Policy	In-company	Full
Income support	Unemployed	Specific	Individual level	External	Partial
Recruitment	Employed At work Long-term absent	At risk OSH Physical and sensory Psychological Social exclusion Discrimination	Interventions Medical Vocational Other Supports Finance Services		None
Job retention **Same job** **Redeployment**		Chronic illness Physical and sensory Psychological	Workplace level Organisation or conditions Environment Supports Finance Services		
Reintegration **Same job** **Redeployment**			Incentives + Financial + Procedural - Financial - Procedural		

other rewards such as exemption from some regulatory requirements or the retention of secondary benefits such as free travel. Negative incentives operate by specifying implications in the event that actions are not taken or outcomes are adverse. Financial negative incentives include levies or the requirement for the employer to bear the cost of income continuance for the long-term absent employee. Negative procedural incentives can include legal action by the State or increased regulatory requirements.

Responsibility: This refers to whether the measure or sectoral initiative is implemented mainly within the employing company or externally by private or statutory agencies.

Monitoring: This refers to the degree to which the impact of a particular measure or sectoral initiative is being monitored and reported. The extent to which data is available on the impact of a particular measure is an indication of how well it is being deployed within a national system.

Documenting the characteristics of long-term absent employees

Two obvious gaps were identified during the RETURN and the European Foundation studies. Firstly, it emerged that responses to LTA employees with mental health or stress related conditions were substantially less developed at both system and professional level than for people with musculoskeletal conditions. Secondly, there were no available statistics or studies that documented the characteristics and lived experience of LTA employees.

These gaps are the focus of the Stress Impact study (2002-2005). Stress Impact set out to survey the characteristics and experiences of LTA employees in Ireland, the UK, the Netherlands, Finland, Austria and Italy. The project partners have successfully gathered detailed information from between 300-400 people on statutory sick pay in each country. Thus, there is currently a dataset of approximately 2000 respondents. The criteria for selection did not pre-select for stress and thus this dataset represents a unique information source in EU terms, capable of providing insights into the characteristics and experiences of people with a wide range of conditions. Duration of absence spans from 12 weeks in Ireland to 6 months in the UK. Respondents were followed up 24 weeks later to determine whether or not they had returned to work and to collect additional information about their experiences through a survey questionnaire. In addition, in-depth case studies were carried out in each of the Member States with a selection of participants and their families. Once again the case studies included people with both physical and mental health conditions and aimed to document the lived experience of LTA employees in each jurisdiction. Initial statistics derived from the Irish sample (Disability Benefit recipients) and some tentative conclusions from the family study are presented here.

Irish LTA employees

The characteristics of respondents and the reason for absence are presented in Table 2 (n=362). There were more female respondents to the survey than males (57% vs. 43%). Respondents were distributed pretty evenly across age groups. 70% indicated a physical condition, 17% indicated a primarily mental health condition and a further 13% indicated both a mental health and a physical condition. 50% of respondents considered themselves to be in good health. At the time of the first survey, 87% of respondents had been absent for less than 24 weeks. 62% indicated that the reason for absence had a gradual onset. 53% indicated that they “could see it coming”. A substantial minority (42%) indicated no second level certificate. The majority of respondents (63%) were married and 42% had children.

Table 2 Characteristics of Respondents and the reason for absence

Gender	Male	43%
	Female	57%
Age	<=35	22%
	36-45	27%
	46-55	28%
	>55	24%
Reason for absence	Mental	17%
	Physical	70%
	Co-morbid	13%
Health	Very bad	50%
	Good	50%
Length of absence	0-24 weeks	87%
	25-34 weeks	3%
	35+ weeks	10%
Event related	Yes	38%
	Gradual	62%
Could see it coming	Yes	53%
	No	47%
Education	Primary	42%
	Junior Certificate	21%
	Leaving Certificate	7%
	Technical	13%
	Third level	12%
Marital status	Married	63%
	Cohabiting	6%
	Single	19%
	Divorced	9%
	Widowed	2%
Children	No	58%
	Yes	42%

Table 3 presents the characteristics of the job from which respondents were absent. 73% indicated that they worked in the private sector, 21% specified public sector employment and 6% worked for non-profit organisations. 31% of respondents worked in unskilled occupations and 24% in services. Over 50% of respondents worked for small companies of fewer than 50 employees (55%). A quarter of respondents earned less than €900 a month, 44% earned between €900 and €1800 a month and 32% earned over €1800 a month. 54% of respondents indicated that their job was being held open for them at least for 6 months. 25% of respondents did not know whether or not their job was available.

Table 3 Characteristics of the job from which respondents were absent

Sector	**Private**	**73%**
	Public	21%
	Non profit	6%
Job level	Senior managers	18%
	Technical	10%
	Clerical/administration	10%
	Services	24%
	Trades	8%
	Unskilled	31%
Size of workforce	1-10	27%
	11-50	28%
	>50	45%
Average monthly income	<€899	25%
	€900-1799	44%
	>€1800	32%
Job held open	No	21%
	0-6 months	14%
	>6	40%
	Don’t know	25%
Professional contact	GP	96%
	Occupational Health	15%
	Rehabilitation	13%
	Mental Health	15%
	Allied Health	23%
Employer contact	Manager	15%
	Supervisor	57%
	Colleagues	58%
Return to work co-ordinator		28%

By far the most frequent professional contact reported was with the GP (96%). 23% of respondents reported allied health interventions such as physiotherapy. 15% indicated contact with occupational health services. 13% indicated receiving rehabilitation. The majority of respondents reported some contact with their employer, 15% with a manager, 57% with a supervisor and 58% with colleagues. 28% of respondents indicated that the employer had someone responsible for co-ordinating their return to work.

Table 4 presents the outcomes 26 weeks later. 34% of respondents had fully returned to work and 8% had returned partially. Thus, 58% of disability benefit claimants reported still being on sick pay almost 9 months after the absence. 74% of those who did return to work went back to the same job that they were doing prior to the absence and 26% had moved to a different job. Being in receipt of services during the absence period did not impact on return to work outcomes.

Table 4 Outcomes 26 weeks later

Returned to work	Fully	34%
	Partially	8%
	No	58%
Where	Same job	74%
	Different job	26%
Interventions during absence	Yes	
	No return to work	28%
	Partial	33%
	Full	25%
	No	
	No return to work	72%
	Partial	67%
	Full	75%

The lived experience of long term absence

Long-term absence from work is a complex phenomenon. As part of the Stress Impact study, a set of in-depth interviews were conducted with up to 50 people on the sickness absence register and their partners where these existed in 5 Member States. These interviews focused on a number of different aspects of the experience of being absent, including:

- The cause of absence;
- The evolution of the absence decision;
- The evolution of symptomatology and social circumstances of absence;
- Reasons for returning to work or not returning to Work;
- The impact of interventions from services;
- The multiple impacts of absence;

These interviews were carried out approximately 6 months after absence had occurred, and so by this time people would have had a considerable period of absence, would have had most of the interventions they were going to receive and were at risk of becoming permanently absent or economically inactive, as relatively few people are expected to return to work after such a long period of absence. Interviews were carried out face-to-face in people's homes or at public venues or by telephone.
At this stage, analysis of the data has not yet been completed, but the findings presented below provide a good indication of the main findings to emerge from study.

These are organised around three main questions:

- The experience of the absence threshold;
- The experience of being absent;
- The return to work threshold.

The absence threshold

It was striking that one of the main distinctions within the group was the extent to which illness or injury was of sudden or gradual onset. Leaving sudden injury aside, for many individuals long contemplation of absence had taken place, in some cases for more than a year. This applied to both mental and physical health causes.

Absentees reported that there had been very few if any interventions prior to the absence decision being taken. Taken together with the previous finding, it is clear that there may be considerable scope for preventing absence taking place, if there are appropriate pre-absence monitoring mechanisms and sensitive pre-absence interventions made.

The decision to become absent was influenced mainly by non-professionals, though general practitioners would give formal authority to become absent. Family members, friends and workmates often played a part in the decision.

The experience of being absent

The experience of being absent is not a static state - it is a dynamic process in which the reactions of the individual change over time independent of the kinds of interventions, which might be made. It was clear that there was an evolution in the kinds of symptoms experienced by absentees. For example, people who had been contemplating absence for a long time often experienced relief upon going absent, regardless of whether the cause was a mental or physical illness. On the other hand, people who had had a sudden onset of health problems (commonly, though not exclusively physical health problems) often experienced a psychological deterioration upon going absent.

Most of the interventions received by absentees were designed initially to treat the illness or injury and to rehabilitate the person in a medical sense. There was little evidence of formal interventions designed to return the person to work.

There was a variable experience in relation to the role, which the workplace played during absence. For many, contacts with the workplace were irregular and not always supportive. The most positive common experience related to contacts with workmates who maintained social contact and social support, but employers tended to be in contact less frequently and this contact was more often viewed as being negative. Employers did not appear to have a clear strategy with regard to their communications. Absence could have both a positive and negative effect on family circumstances. The most frequent negative effect was in terms of finances, but it could also be seen in terms of a (negatively viewed) reallocation of domestic, wage earning and marital roles. These household role changes could also be viewed positively, as for example, when it was perceived that the absentee could spend more time with the family. However, specific difficulties were seen in relation to mental health problems or with problems that did not have a visible aspect – family members often had difficulty in understanding the problems, which the absentee had in these cases.

Return to work

Most of the people who were interviewed had not returned to work (only 11 out of 34 had done so in Ireland). Of those who had done so, the main reasons related to improved health status, financial strains and personal willpower. No returnee mentioned specific interventions as enabling him or her to return. It would appear that services played a limited role.

Having returned to work, there was evidence that the return and reintegration process was not systematically planned on the part of the employer. Interviewees stated

that the process was largely haphazard and in some cases very difficult because of relatively unsupportive superiors. For example, people were often placed back in their old jobs, even if it had been a contributory factor in their absence. In addition, work colleagues were not always as supportive as the returnee felt that they might be.
In conclusion, the entire experience of absence is an intense one, which has effects on the individual's psychological well-being, on their family, on their income and their relationship to work and the workplace. There was little evidence of return to work being a goal for the services involved with the absentee and there was also evidence of a lack of services being available to the individual. Relationships between the services, the employer and the individual are weak in relation to the aim of return to work, thereby increasing the risk that the person will eventually become long term absent and economically inactive, ultimately resulting in them being classified as disabled.

Towards a theory of long-term absence

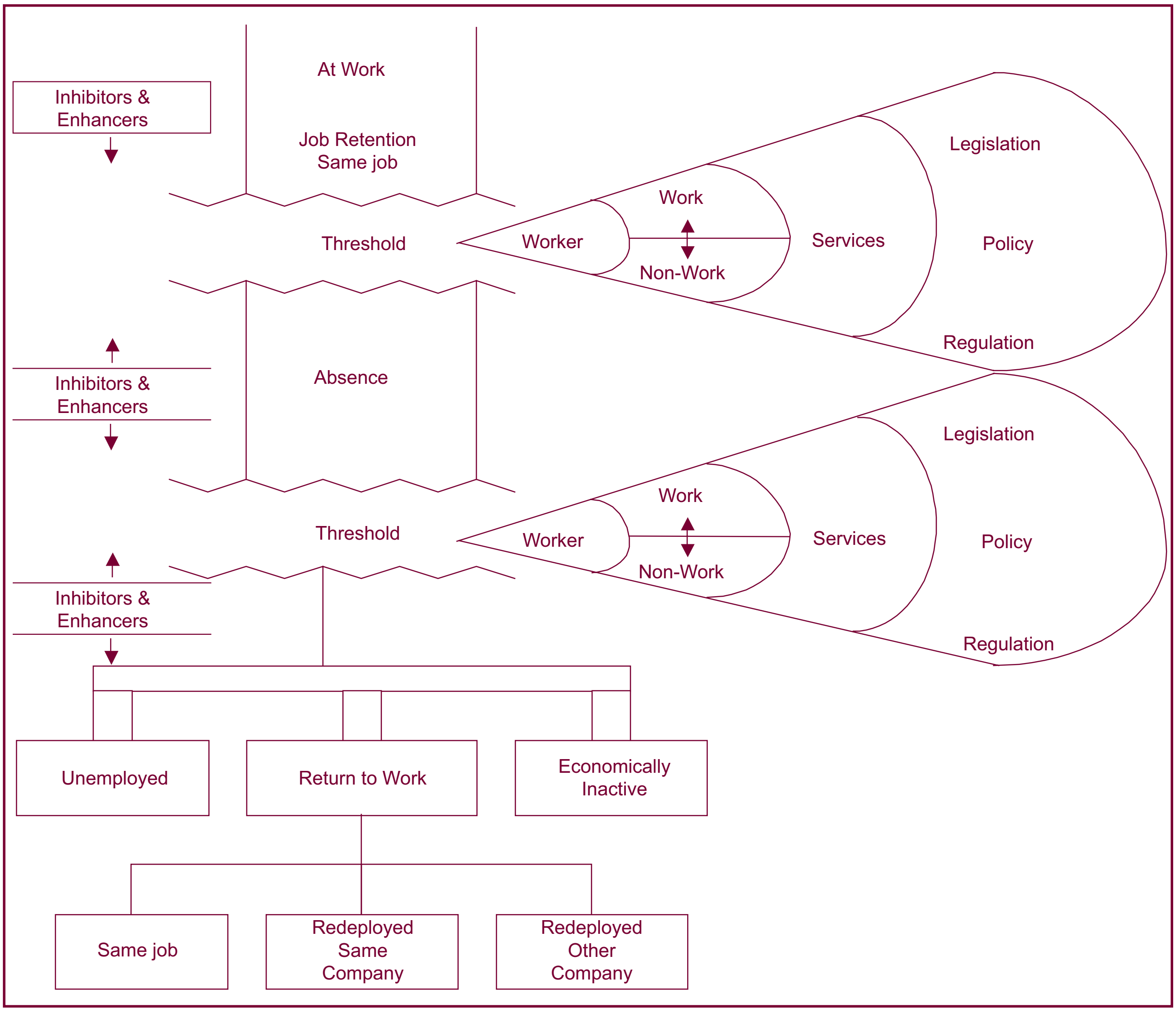
It is generally accepted at this stage that the medical model of disability does not explain challenges faced by people with disabilities in the employment market. Over the past 20 years, Member States all over the globe have embraced the social model to a greater or lesser extent. Key elements of the Inclusive Society (social model) Strategy include equality and non-discrimination legislation, adapting the built environment, creating a universally designed community, the provision of assistive devices and personal assistance and changing the attitudes of professionals, employers and the public.

At this point in the evolution of the Inclusive Society Strategy, it is too early to assess the overall impact of the approach. Nevertheless, from the perspective of the respondents to the Stress Impact study, it is possible to conclude that it is only relevant to a minority of people who are currently absent from work. The majority of respondents indicated that their reason for absence had emerged gradually and that they could see it coming. In this regard one has to ask the extent to which preventative measures were implemented in the workplace to assist and retain their jobs rather than go out sick. It is also likely given the gradual emergence of their health conditions, that they may be considered to be ineligible for protection or support provided to people with more established disabilities. It is also the case in at least 2 international studies (Bloch and Prins, 2001; Stress Impact, 2005) that health or workability are by far the greatest predictor of return to work. People who are less well are fundamentally less likely to be able to work. However, behind these findings lies a dynamic process through which people with similar levels of workability experience very different outcomes in terms of participation in employment and return to work. There is little doubt that environmental and personal factors play important intervening roles in the labour market inclusion/

exclusion process. Neither the social model nor the medical model can provide an adequate foundation for developing an explanatory model of absence and reintegration. The recently launched WHO International Classification of Functioning, Disability and Health (2001) can provide a way in which we can begin to describe the push and pull factors that result in someone remaining within or exiting the workplace, or reintegrating into work after long-term absence. One way of characterising the dynamic interaction between health, functioning, environmental and personal factors in the absence and return to work processes is to propose that they create a threshold for individual workers between the workplace and absence (Grundemann & Van Vuuren 1997) (See Figure 2).

Thus an employee experiencing a reduction in work functioning or capacity will remain at work if the threshold to absence is high. Threshold factors include personal factors such as health, functioning, age, ethnicity, aspirations and skills of the worker. Other factors that may push an employee into absence or enhance the probability of remaining at work include workplace factors such as physical environmental adaptations, changes in work organisation, employer and colleagues' attitudes, worksite supports and incentives. Other factors that can inhibit or enhance the likelihood that an individual will exit the workplace to long-term absence include non-work factors such as family responsibilities, personal relationships and community participation. Within any jurisdiction decisions to exit the workplace will be influenced by the policy, legal and regulatory context within which the employing organisation and the employee are located. In particular, factors such as the existence of positive or negative incentives to absence or return to work, financial and administrative arrangements for sick pay and pensions, eligibility requirements for subsidies and supports and overall responsibility for return to work activities.

Figure 2 The Absence and Return to Work Thresholds



Mediating factors within the threshold are the various types of services that are available both within the workplace and external to the company for those at risk of absence and those who wish to return to work. The service elements include the purchasing or commissioning agencies such as social or private insurance agencies, labour office representatives, service providing organisations such as information and advice services, case management and advocacy services, occupational health services, rehabilitation services, employee assistance programmes, vocational training, employment support or legal advice. (Wynne and McAnaney, 2004).

Assessing the threshold

The System

The elements of the system threshold are presented in Table 1. These aspects can be applied across policy areas and sectors such as social protection, health, labour, equality, disability, education, social inclusion, health and safety. At an EU level, at least in 2003, no policy area unambiguously and clearly focused on the return to work threshold for long-term absent employees. However, within social protection policy a proposal has been made to raise the threshold to early retirement by reducing financial benefits and supports (Social Protection in Europe, 2001). While this may work in the short-term by keeping individuals with health conditions at work for a longer period of time, it is also likely that without a parallel set of interventions to improve their workability and health, when the absence threshold is eventually crossed it will be as a result of significantly more impaired functioning and health.

The application of the framework to the system in Ireland revealed that it was not well specified at the structural level. While it was possible to identify individual mechanisms in social protection, employment, health, disability and equality systems, there was no coherent framework to co-ordinate these elements. Although there was recognition on the part of the Department of Social and Family Affairs and the Department of Enterprise, Trade and Employment that job retention and return to work were important goals, measures tended to be developed independently. While the Irish system included individual vocational interventions, financial supports and return to work services, subsidies for workplace adaptations, requirements for adjusted work organisation or conditions and employer services, there was a lack of awareness of what was available and an uncoordinated approach that militated against effective action or proper monitoring. The requirement to prove employer negligence in order to achieve compensation also tended to delay effective action where a legal case was in process.

There was no obvious policy framework and each scheme tended to be administered in its own right and uncoordinated with other elements. The response to chronic illness and reintegration was fragmented and uncoordinated. Occupational health and safety provisions did not extend beyond risk prevention. Employer responsibilities for long-term absent workers were weak. A wide range of interventions and incentives existed but focused primarily on the inclusion of unemployed or inactive people with disabilities. Nevertheless recent developments have the potential to improve significantly Ireland's response to people at risk of social inclusion (Wynne and McAnaney 2004).

The assessment of the national level threshold in Ireland has been summarised above. The European Foundation report provides similar profiles on 7 other Member States (Wynne & McAnaney, 2004). Each profile was completed through expert interviews and independently validated by other experts within the same jurisdiction as the informant. No Member State emerged from the framework analysis as having a joined up system to respond to long-term absent employees and particularly those whose conditions were not classified as occupational.

The workplace

Significant effort has been invested in Canada to document and evaluate employer policies and practices relevant to people at risk of losing their jobs as a result of illness or injury. The most developed and validated audit system is operated by NIDMAR (NIDMAR 2005) in Vancouver. The NIDMAR audit tool has been validated against lost time and reintegration data and has been accepted by a number of Workers' Compensation Boards as a way in which to offer rebates on insurance premiums to companies who achieve an 80% rating on the audit.

As described earlier, the RETURN protocol has been designed to be compatible with EU systems but also directly comparable to the NIDMAR tool. The dimensions of an effective employer system to respond to long-term absent employees and those at risk of absence were described earlier. Table 5 presents the state of the art in selected companies in the 6 participating Member States in the RETURN project.

Table 5 Countries ranked by Percentage of Fully Developed Dimensions

Countries	Percentage
Netherlands	54%
Austria	46%
Germany	46%
Finland	36%
Ireland	15%
Italy	0%

Only the company operating in the Netherlands exceeded 50% of what is required in terms of the protocol. While these companies may not be representative of European employers in general, the Irish case study was carried out in a company that was considered to have relatively good practice in Irish terms at the time. The fact that this company had less than 20% of what is required by the RETURN protocol to facilitate job retention and reintegration is comment enough. Since the RETURN project completed its report, a number of initiatives have taken place in Ireland and Germany at company level. However, to date we have no recent documentary evidence that policy and practice have improved in relation to long-term absent employees.

The services

27% of Irish respondents to the Stress Impact survey indicated that they had not received any services other than visits to the GP. An initial regression analysis carried out on the Irish data did not reveal 'being in receipt of services' as a significant predictor of return to work. This is not surprising considering how few people actually received services. In contrast, the same analysis applied to the total dataset produced a significant positive relationship between receiving services after absence and return to work. Most people on disability benefit in Ireland do not receive services and there is no evidence to support the view that the services that are being provided are either the most appropriate or the most effective.

Within the Irish system, one can identify many of the ingredients for reducing the threshold to return to work. The main difficulty is the lack of joined up policymaking and joined up provision. One example can serve to illustrate this point. On the one hand, FAS (Training and Employment Authority) has put in place funding to assist employers in getting long-term absent (LTA) employees back to work. The Job Retention Grant is ideally designed to resource the return to work process for LTA employees. However, within the current system FAS is not in a position to approach LTA employees directly. This is the responsibility of the Department of Social and Family Affairs who know exactly who needs the grant but who, on the grounds of confidentiality, cannot release names to FAS. Surely a strategic rethink is required to try and bring those who would benefit most from the Job Retention Grant in contact with these resources.

Conclusions and recommendations

By characterising the barriers and challenges to return to work for LTA employees in terms of a threshold, it is possible to begin to describe the health conditions and functional capacity problems that have led to the absence within an environment segmented into the workplace, the social context, the service provision context and the national system. This provides an insight into the gaps and dysfunctional ties that result in an outflow from the labour market and ultimately into disability status or early retirement.

What is required is a systematic review of current workplace, service provision and system resources with a view to refocusing efforts towards job retention, reintegration and early intervention. This review must take place across a diverse range of policy areas and must seriously consider placing more responsibility on employers for monitoring and managing the long-term absence process. Employers should be encouraged to adopt a disability management approach to risk management, health promotion and early intervention. Employers should introduce policies within their organisations prior to implementing return to work strategies with individual employees. Employers need to be more flexible in offering return to work solutions to their employees such as adapted work, redeployment and retraining. An employer should assign specific and clear responsibility to a staff member for co-ordinating the return to work of long-term absent employees.

At a system level, the onus is upon policy informers to raise awareness of the issues and produce more proactive policies. Policies need to be streamlined towards return to work and barriers to services, which depend on employment or disability status, need to be removed. Peoples' expectations need to be changed from welfare to work as the norm. A bonus-malus element should be introduced that rewards employers who perform well in achieving return to work outcomes. It is important that system roles and responsibilities are clearly specified and that measures are put in place to strengthen links between the workplace, absent employees and service providers. There is a critical need for improved data collection and analysis procedures in order to track those who are currently leaving employment and entering economic inactivity.

Service providers must begin to collaborate across sectors and apply the disability management model in providing services to employers and long-term absent employees. They need to upgrade and enhance their skills in supporting the return to work process and particularly for those employees with mental health problems (Wynne and McAnaney 2004). The European Foundation report proposes the establishment of a taskforce on job retention and reintegration with responsibility for preparing statistics on the scale of the problem, advocating a higher priority for the issue in national policy and social partnership forums, promoting greater understanding among those experiencing the problem and those with responsibility for action, developing and implementing flagship projects to test policies, advocate for system wide change and a review and amendment of legislation and policy.

References

Akabas, S, Gates, L & Galvin, D (1992), **Disability Management: A complete system to reduce costs, increase productivity and ensure legal compliance,** New York: Amacom.

Australian Capital Territory Government (1997), **The Injury Management Agency Self-Evaluation Method- Workplace Injury Prevention and Management Group,** Australia: Office of Strategy and Government Business, Chief Ministers Department.

Bloch, FS and Prins, R (2001), **Who returns to work and why? A six country study on work incapacity and reintegration,** London: Transaction Publishers. Summary available online at http://www.issa.int/pdf/publ/2wirbooklet.pdf

Bruyere, S & Shrey, D (1991), "Disability Management in Industry: A Joint Labour Management Process", **Rehabilitation Counselling Bulletin,** 34 (3), pp 27-41.

Council of the European Union (2003a), "Council decision of 22 July 2003 on guidelines for the employment policies of the Member States (2003/578/EC)", **Official Journal of the European Union,** No L 197/13 of 5 August. Available online at http://europa. eu.int/eurlex/pri/en/oj/dat/2003/l_197/l_19720030805en00130021.pdf

Council of the European Union (2000a), "Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation", **Official Journal of the European Union,** No L 303/16 of 2 December. Available online at http://europa.eu.int/eur-lex/pri/en/oj/dat/2000/l_303/l_30320001202en00160022.pdf

Council of the European Union (2003b), "Council Resolution of 15 July 2003 on promoting the employment and social integration of people with disabilities (2003/C 175/01)", **Official Journal of the European Union,** No C 175 of 24 July. Available online at http://www.aapd.com/downloads/EC/20Employment/20Social/20Integration.pdf

Dupré, D and Karjalainen, A (2003), **Employment of disabled people in Europe in 2002, Eurostat, Theme 3: population and social conditions,** Statistical Office of the European Communities. Available online at http://europa.eu.int/comm/eurostat/Public/datashop/print-product/EN?catalogue=Eurostat&product=KS-NK-03-026-NEN&mode=download

EIM Business and Policy Research (2001), **Employment situation of people with disabilities in the European Union,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://europa.eu.int/comm/employment_social/news/2001/dec/2666complete_en.pdf

European Commission (2001b), **Disability and social participation in Europe, Eurostat, Theme 3: population and social conditions,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://europa. eu.int/comm/eurostat/Public/datashop/print-product/EN?catalogue=Eurostat&product=KS-AW-01-001-N-EN&mode=download

European Commission (2001c), **Employment in Europe 2001: Recent trends and prospects,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://www.unicz.it/lavoro/UE_R2001.pdf

European Commission (2003b), **Employment in Europe 2003: Recent trends and prospects,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://europa.eu.int/comm/employment_social/employment_analysis/employ_2003_en.htm

European Commission (2002a), **Joint report on social inclusion,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://europa.eu.int/comm/employment_social/publications/2001/ke4202521_en.pdf

European Commission (2001a), **Social protection in Europe 2001: Social security and social integration,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://europa.eu.int/comm/employment social/news/2002/nov/soc_prot_rep_en.pdf

European Commission (2003a), **Social situation in the European Union 2003,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://www.eudatashop.de/download/EN/inhaltsv/thema3/so_lage.pdf

Gladnet/ILO (1998), **Key issues - International research project on job retention and return to work strategies for disabled workers,** Geneva: ILO.

Grammenos, S (2003), European Foundation for the Improvement of Living and Working Conditions, **Illness, disability and social inclusion,** Luxembourg: Office for Official Publications of the European Communities. Available online at http://www.eurofound.eu.int/publications/EF0335.htm

Gründemann, RMW and Van Vuuren, CV (1997), European Foundation for the Improvement of Living and Working Conditions, **Preventing absenteeism at the workplace (European Research Report),** Luxembourg: Office for Official Publications of the European Communities. Summary available online at http://www. eurofound.eu.int/publications/EF9715.htm

McAnaney, D, Webster, B, Lohan, M and Wynne, R (2001), “Disability management: A system of response or a response to a system”, **Australian Journal of Rehabilitation Counselling,** 7 (1), pp 1-12.

McAnaney, D (2001), **Early Intervention Policies and Practice: Transnational Perspectives on Work Based Rehabilitation: A Keynote Address,** Gold Coast, Australia: The Australian Society of Rehabilitation Counsellors' Conference.

National Institute of Disability Management and Research (1997), **Strategies for Success: Disability Management in the Workplace,** British Columbia: National Institute of Disability Management and Research.

National Institute of Disability Management and Research (1999), **Annual report 1999: Building the foundation for the new millennium,** British Columbia: NIDMAR.

National Institute of Disability Management and Research (2000), **Disability Protocol-Worksite Disability Management Audit (WDMA),** British Columbia: NIDMAR.

National Institute of Disability Management and Research, **2005,** Available online http://www.nidmar.ca/

OECD (2003), **Transforming disability into ability: Policies to promote work and income security for disabled people,** Paris: OECD. Available online at http://www1.oecd.org/publications/ebook/8103021E.PDF

Lisbon European Council (23 and 24 March 2000), **Presidency conclusions,** Lisbon: European Council. Available online at http://ue.eu.int/Newsroom/LoadDoc.asp?BID=76&DID=60917&from= &LANG=1

Stockholm European Council (23 and 24 March 2001), **Presidency conclusions,** Stockholm: European Council. Available online at http://ue.eu.int/Newsroom/LoadDoc.asp?BID=76&DID= 65786&from=&LANG=1

RETURN (2001), **Interim report on Phase 2 of research,** Dublin: Work Research Centre. Available online at www.wrc-research.ie/return

RETURN Summary Report (2002), **Between Work and Welfare: Improving Return to Work Strategies for Long Term Absent Employees.** EU Improving Human Potential Programme. Project Number-SERD—1999-00075.

Shrey, D and Lacerte, ME (1995), **Principles and Practices of Disability Management in Industry,** Florida: GR Press.

Stress Impact Project (2005), **Impact of Changing Social Structures on Stress and Quality of Life: Individual and Social Perspectives, 2003-2005.** Available Online at http://www.surrey.ac.uk/Psychology/stress-impact/.

Thorne, J, McAnaney, D, Biggs, H and Wynne, R (2002), "The development and utility of an interactive assessment protocol for evaluating company based responses in managing employees on long-term absence", **The Australian Journal of Rehabilitation Counselling,** 8 (1), pp.50-63.

Thornton, P and Lunt, N (1997), **Employment policies for disabled people in 18 countries: A review,** Geneva: ILO.

Van Lin, M, Prins, R and De Kok, J (2002), **Active labour market programmes for people with disabilities,** Netherlands: EIM Business and Policy Research. Available online at http://www.employment-disability.net/upload/Synthesis/20report/20and/20summaries/Final_Synthesis_Report.pdf

WHO (2001), **International classification of functioning, disability and health – ICF,** Geneva: WHO.

WHO (2002), **Towards a common language for functioning, disability and health,** Geneva: WHO.

Motive, Means and Opportunity:

An Argument for Changed Policy and Practice in Relation to the Employment of People with Disabilities

Tom Ronayne and Tony Tyrrell,
WRC Social and Economic Consultants

1.Introduction

In this paper we contend that it is both timely and opportune to comprehensively and radically address the labour market situation of people with disabilities in Ireland. Timely because there are a number of **motivations** to so do - not least of which are stated policies in relation to social inclusion, the labour market and employment, as well as equality and poverty related policies at both EU and domestic levels - and because we have the **means** to fundamentally address the range of issues in question (noting, for example, the current budget surplus in 2004 of €5,620,000,000). It is **opportune** because we are heading into a new planning / implementation period on a number of fronts - social partnership, national development plan, structural funds - and a new legal and political context with the Disability Act and a general election within two years.

We acknowledge that there are many difficulties and complexities involved in analysing the labour market circumstances and experiences of people with disabilities. Such complexities arise from such fundamentals as acceptable and agreed definitions of disability (particularly vis-à-vis open employment) to the heterogeneity (e.g., in terms of type and self-assessed severity of disability, age, geographical location etc.) evident amongst the population of people with disabilities, however defined. Associated complexities arise concerning basic issues such as computing a reliable and meaningful rate of labour market participation and employment rate amongst the population of people with disabilities.

In response to the range of issues at play we present in this paper:

- the current labour market situation of people with disabilities in Ireland and we remark on what we refer to as “the dynamic of deterioration” evident in that regard (i.e. that the labour market / employment prospects of people with disabilities are deteriorating despite employment growth and falling unemployment);
- an exploration of why this is the case and we both pose and answer the question ‘why the situation as outlined should be addressed?’
- a description of how the issue can be addressed through a strategy that is labour market focused and designed to address the evident labour market inequalities experienced by people with disabilities.

2. What is the Labour Market Situation of People with Disabilities in Ireland?

2.1 The Available Data

Despite differences in the methodologies used to estimate the population of people with disabilities and their employment rate (e.g., in Census 2002, the QNHS, and the Living in Ireland Survey) and the associated differences in respective estimates, there has been significant progress in addressing the glaring gap that has previously existed in national statistics[6]. Having reviewed the available data we have selected for the purposes of this paper to use data from the two special modules on disability resulting from the Quarterly National Household Survey (QNHS) in 2002 and 2004. Our reasons for using this source are as follows:

1. data from this source underpin national monitoring of labour market trends, are the source from which official employment and unemployment rates and trends are drawn, and are the basis for policy-making in respect of the labour market;

2. the overall results show a degree of consistency with the average cross-national estimate of disability prevalence based on 20 OECD countries (i.e., 14% of population in the 15 to 64 year age range);

3. the estimate of the number of people with disabilities not in employment in the 2004 QNHS (i.e., 187,500) is not that dissimilar from the number of people in receipt of disability related payments from the Department of Social and Family Affairs (i.e., 175,000).

2.2 The Recent Trend in the Employment Situation of People with Disabilities

A number of statistics concerning the employment situation of people with disabilities can be extracted from the results of the two special surveys on disability undertaken by the CSO in 2002 and 2004 (see Table 1). Looking at the absolute figures first, it is evident that the number of people with disabilities in employment increased by 900 over the 20-month period between the two surveys. However, the rate of increase at 0.8% represented by this absolute increase is seven times less than the increase amongst people with no stated disability (at 5.6%). In addition, while the employment rates of both people with disabilities and people without a disability declined over the period (due to a faster rate of increase in population than employment), the absolute decline in this among people with disabilities - at -2.9 percentage points - was almost double that found among people without a disability (at -1.5 percentage points). These figures

---

[6] For a discussion of these differences see Gannon and Nolan (2004) and NDA (2005)

indicate that **the decline in the employment rate of people with disabilities was over three times that found among people without a disability** (for a similar rate of population increase). Finally, the statistics demonstrate an increase in labour market inequality evidenced by an increase in the employment rate gap between the people with disabilities and people without a disability (the gap rose from 28.4 percentage points in 2002 to 29.9 percentage points in 2004, corresponding to a percentage increase of 5.2%):

Table 1: Changes in the Employment Situation of People with Disabilities 2002 to 2004

	2002	2004	Absolute Change	% Change
In Employment (000)	(000)	(000)	(000)	%
No Disability	1,534.9	1,621.5	86.6	5.6
Disability	109.9	110.8	0.9	0.8
Employment Rate				
No Disability	68.5	67.0	-1.5	-2.2
Disability	40.1	37.1	-2.9	-7.3
Employment Rate Gap	28.4	29.9	1.5	5.2

Source: CSO, Quarterly National Household Survey, special modules on disability, Q2 2002 and Q1 2004

When the figures are disaggregated by gender, men with disabilities faired considerably worse than their female counterparts during the recent period of employment growth. This is best illustrated by noting that just 100 of the 900-person increase in employment among people with disabilities is accounted for by men. In line with this, the employment rate gap for men increased by 2.1 percentage points while that of women with disabilities increased by 0.6 percentage points.

One further and rather stark statistic that emphasises the labour market inequality experienced by people with disabilities is that **just 1% of the total increase in employment over the 20 month period was accounted for by the entry of people with disabilities** - mainly women with disabilities - into employment.

These figures highlight the serious gap between policy aspirations in relation to the employment of people with disabilities and the actual realities of their employment situation. They also raise the question: what can we expect to happen during periods of lower employment growth in the medium term given what we know about the deteriorating situation in the context of recent rapid employment growth?

2.3 The Recent Trend in the Number of Recipients of Unemployment and Disability Related Welfare Payments

Analysis of Central Statistics Office (CSO) and Department of Social and Family Affairs (DSFA) data on the number of recipients of unemployment related welfare payments and recipients of illness / disability related welfare payments for the 1997 to 2003 period indicates that during a period in which a substantial reduction in the number of recipients of unemployment related payments was achieved (down by 78,90 or 32.4%), the number of recipients of welfare payments related to illness and disability increased (up by 47,930 or 36.1%). Moreover, for every long-term unemployed welfare recipient in 1997 there were 1.2 persons in receipt of a sickness / disability related payment. By 2003, the latter figure had risen to almost four persons. When these statistics are placed in the context of population and employment change, the question that arises is: why did the number of recipients of sickness / disability related payments rise at an annual rate almost three times in excess of population growth and approximately 1.5 times higher than annual employment growth (and during a period when long-term unemployment decreased substantially)?

To return to our key theme, the labour market circumstances of people with disabilities have actually deteriorated and the employment related inequalities they are experiencing have actually increased during a period characterised by the introduction of equality legislation and policy statements emphasising inclusion and equality **(motive)**, in which national economic growth has been unprecedented **(means)**, and during which employment growth has been substantial **(opportunity)**. It is this dynamic of deterioration in the context of what must be seen as an extraordinary coincidence of motive, means and opportunity, that forces us to raise the question of not just why policy has failed in technical terms but, more fundamentally, what conception of disability has informed the formulation of such a failed policy approach and the associated set of policy measures. That is, is it a fundamental misunderstanding of disability in the policy making and delivery system that has led to such a dismal policy outcome in recent times? To answer this question we need to explore what are the underlying assumptions regarding disability and conceptions of disability informing labour market policy for people with disabilities and we take on that task in Section 3 below.

2.4 Factors Associated with the Varying Employment Rates of People with Disabilities

Before moving on to look at possible reasons for the dynamic of deterioration that is evident in the labour market situation of people with disabilities we will look briefly at factors associated with the varying employment rates amongst the disabled population and at the composition of people with disabilities not in employment.

Recent studies in Ireland (Gannon and Nolan, 2004) and elsewhere (e.g., Jensen et al., 2005) have highlighted the substantial variation in employment rates within the population of people with disabilities. As among the population of people without a disability, lower employment rates are associated with increasing age and declining levels of educational qualifications. From a labour market perspective there would appear to be a compounding effect arising from disability, age and education such that poorly qualified older people with a disability have particularly low employment rates and experience substantial difficulties in accessing work. Among the implications of this is that some people with disabilities experience multiple difficulties in accessing employment. Consequently, **addressing their disadvantaged labour market situation and the labour market inequalities they experience will require not only addressing issues arising from disability, but also issues related to age and qualifications.**[7]

In addition to the expected effect of demographic factors (particularly age), the literature documents substantial variation in employment rates associated with “type of disability” and “severity of disability”. Based on the findings of the QNHS (2002) it is evident that particularly low employment rates remain for persons with “mental, nervous and emotional” conditions, “progressive illnesses” and “mobility difficulties”. The data also highlight the impact of “severity of disability” on employment rates, emphasising the strong association between the proportion of people reporting that they experience considerable restriction in the amount of work they can do within each “type of disability” and the employment rate of people reporting each “type of disability”. This points to the strong influence of the self-reported severity of restriction experienced in relation to the amount of work on the actual likelihood of being in employment.

Variation in employment rates is also associated with the time of onset of disability / cause of disability. Relative to the overall employment rate of people with a disability (i.e., 40.1%), three groups have higher employment rates: people whose disability is

---

[7] In our report **Accommodating Diversity in Labour Market Programmes** the issues arising from the interaction of ground based inequalities and qualification based inequalities are discussed at some length.

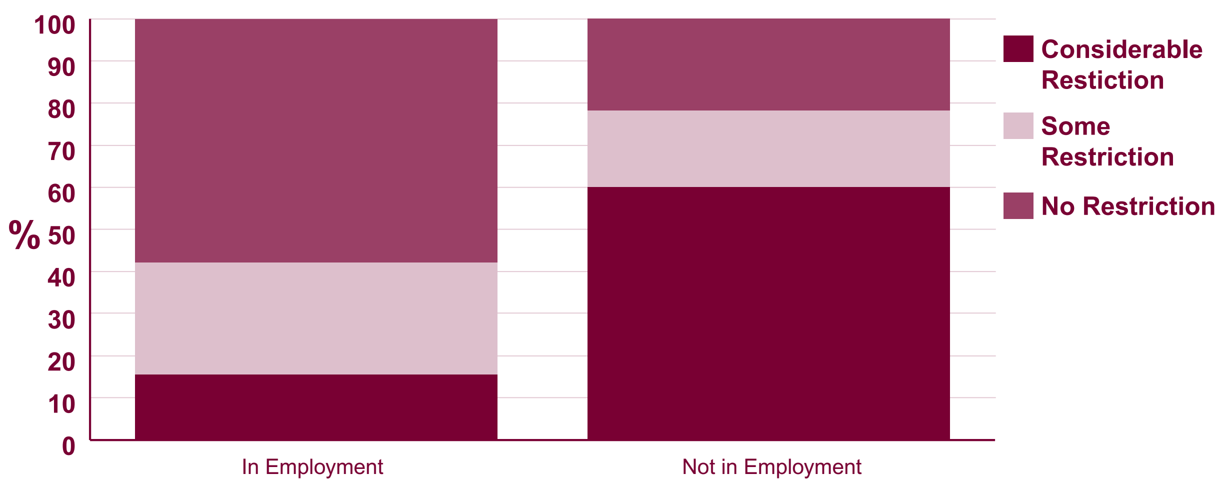
work related either through accident or illness; people whose disability resulted from an accident in the household; and those whose disability resulted from an accident in the leisure or sports areas. **This pattern suggests that persons acquiring their disability in a work context have higher employment rates due to their retention in work.**

The factors associated with employment rate variation in turn have substantial implications for the composition of the population of people with disabilities not in employment.

2.5 Composition of People with Disabilities Not in Employment

Because of the association between employment status and "type of disability" and "severity of disability", the population of people with disabilities in employment is substantially different from that not in employment. This is illustrated in Figure 1 which shows the substantial and disproportionate percentage of people with disabilities not in employment who report that their disability considerably restricts the amount of work they can do. Conversely, the population of people with disabilities in employment substantially comprises people with a disability who report that their disability does not restrict the amount of work they can do. Noting the association between "type of disability", the proportion of persons of each disability type reporting severe restrictions, and employment rates, **it is clear that the population of people with disabilities not in employment differs from that in employment with respect to both "type of disability" and "severity of disability".**

Figure 1 Distribution of Severity of Condition in Restricting the Amount of Work People with Disabilities State they can do among People with Disabilities in Employment and among People with Disabilities Not in Employment



Due to their low employment rate, the number of people born with a disability not in work also considerably exceeds the number in employment. Based on the QNHS (2002), approximately 27,600 (c. 60%) people born with a disability are not in work compared to 18,300 (c. 40%) in work.

The composition of people with disabilities not in employment is of considerable significance in the context of both assessing the adequacy of the existing policy approach to assisting people with disabilities enter employment and designing appropriate and effective interventions. There are a number of aspects to this as follows:

- the demand side of the labour market seems more effective in accommodating people with disabilities reporting no restrictions on the amount of work they can do and, given the ‘type’ and ‘severity’ composition evident amongst people with disabilities at work, a very small proportion of the 12% of all companies that employ people with disabilities (Manpower Skills Group Survey, 2003) will have experience of employing a person with a disability experiencing considerable restriction in the amount of work they can do. This may underlie the finding that over 90% of people with disabilities in employment state that no assistance is provided by their employer to facilitate their work (QNHS, 2002, Table 13).
- the population of people with disabilities with whom policy intervention is needed disproportionately comprises people with disabilities who report considerable difficulties in the amount of work they can do (in absolute figures the number is approximately 100,000) - approximately, two thirds of this number is accounted for by five types of disability, which are, in order of scale: mental, nervous and emotional conditions; back or neck conditions; conditions related to heart, circulation and blood pressure; other longstanding health problems; and mobility difficulties related to legs and feet.

What is not known in respect of the above group is the number actually seeking work, the types of work being sought, and the employment conditions and supports required to enter employment. An indicative figure in respect of the latter issue is that 18.5% of people with disabilities not in employment stated that they would need assistance to be provided in order for them to work (QNHS, 2002, Table 14). In absolute terms this amounts to approximately 30,000 people. Even if all of these were people reporting considerable restriction in the amount of work they can do, **approximately 70,000 persons with a disability reporting considerable restrictions on the amount of work they can do would not appear to require assistance in order for them to work.**

The variation in self-assessed restriction on the amount of work that people are capable of doing within the population of people with disabilities not in employment also points to the need for policy to be sensitive to the issue of “creaming” or dealing only with the “easy end” of the problem. That is progress could be made in respect of increasing the employment rates of people with disabilities by only or primarily dealing with people with disabilities reporting no or relatively little restriction on the amount of work that can do. Taking account of this point in policy terms requires a differentiated approach to setting objectives and targets. Failure to do this - given the current pattern of employment of people with disabilities - could easily result in the further marginalisation of a large number of people with disabilities in the labour market.

3. Why is the Employment Rate Among People with Disabilities Lower than that of People Without a Disability?

3.1 The View from the Top

Depending on the model of disability adopted, the “high level” answers to the question “why are we failing?” are:

- it is because of impairments in the structures and / or functions of the body resulting in incapacity or reduced capacity to work (Medical Model);
- it is because of disablism in society, which like its counterparts of racism and sexism, oppresses disabled people (Social Model);
- it is because the social organisation of society and economy do not take into account diversity and take action to remove the barriers to participation resulting from impairments (implication of the WHO ICF definition of disability).

3.2 The View from the Ground

At a more parochial level the response to the question “why are we failing” and the associated “what are we going to do about it” has resulted in various explanations that resulted over time in various initiatives / responses including:

“lack of awareness amongst employers” - hence the O2 Awards, Workways, Access Ability etc.;

“perceived productivity deficits amongst people with disabilities” - hence the Employment Support Scheme and the new Full-time Wage Subsidy Scheme;

“segregated treatment of people with disabilities based on a medical model” - hence the demise of the NRB and the consequent ‘mainstreaming’ of vocational education and training for people with disabilities and the introduction of a Supported Employment Programme;

“perceived discrimination against people with disabilities” - hence their inclusion as one of nine stated grounds under current equality legislation and the introduction of the Disability Bill.

What is interesting from our perspective in this regard is the fact that most of the initiatives set out to deal with part of the issue (employer awareness, discrimination, productivity deficits) from different theoretical and social perspectives at different times. They do not form part of a comprehensive strategy and, in the absence of such a strategy, the situation will not change and may get worse.

3.3 The International View

Given the unique economic and labour market dynamics at play in Ireland over the past decade and the confluence of motive, means and opportunity that we have described above, none of the potential explanations, on a stand-alone basis, can fully explain the dynamic of deterioration that we have noted in relation to the labour market experience of people with disabilities in Ireland. In looking at the international experience for possible explanations we found that our stark conclusion in relation to the failure of policy in Ireland is echoed in recent studies by the OECD (2003a) and the World Bank (Mont, 2004):

> The OECD study shows that different policy approaches by different countries had little or no effect on outcomes. The most striking commonality was that there is no outflow from disability programmes to jobs (p. 21, OECD, 2003b).
>
> and,
>
> The low employment rate of people with disabilities reflects a failure of government social policies. Societies hide away some individuals with disabilitieson generous benefits. Others isolate them in sheltered work programmes. Efforts to help them find work in the open labour market are often lacking. The shortcomings affect moderately disabled individuals, as well as those with severe handicaps, but are particularly true for people over age 50. ... Recent research in 20 countries found none to have a successful policy for disabled people (p. 1, OECD, 2003c).

3.4 Our View

The fact that we are not unique in our failure in relation to the labour market integration of people with disabilities neither explains nor excuses policy failure in an Irish context given the earlier noted confluence of motive, means and opportunity. In that regard our analysis suggests a number of possible factors that contribute to that failure and they are discussed below.

Examination of the range of policy measures in operation in the area of education, training and employment policy for people with disabilities points to the presence of a number of underlying assumptions regarding people with disabilities which, in the context of the evidence of policy failure, need to be identified and considered as possible factors contributing to the failure of policy.

First, the bulk of current policy is primarily based on the assumption that it is the **person with a disability** who is in need of intervention / assistance (e.g., training, provision of assistive technology or income support). The **actual** attitudes and behaviours of other actors in the labour market - whether they are employers, employment services providers, or providers of education and training - are not seen as sites for systematic and ongoing intervention. This is not to say that a person with a disability does not need assistance to obtain employment. As with any person seeking work a variety of forms of assistance may be needed depending on their specific circumstances, needs, abilities, qualifications, and orientations. What cannot be done in the case of people with disabilities, however, is to premise and isolate the intervention almost entirely on the **disabled** individual without attributing responsibility or consideration elsewhere.

Second, and related to the above, the policy package largely ignores the strong manner in which disability is the product of economic, political, and social environments. That is, policy measures are designed as if the social and physical environment and infrastructure within which they are delivered is neutral in respect of people with disabilities. Yet, the physical environment and various aspects of the institutional infrastructures of the labour market are not neutral. The evidence for this lack of neutrality is the same evidence supporting the conclusion of policy failure. To phrase this point using the analysis and language of the WHO ICF definition of disability, disablement results not from damage to or loss of functioning of the body's structures and functions or restrictions on activities resulting from these, but from the presence of barriers to participation as well as the lack of accommodation provided to people with disabilities (WHO, 2001).

Third, there is evidence that at least some of the specific policy measures in place unintentionally reinforce rather than undermine the view that impairments of bodily structures or functions are equivocal to or result in inferior or lower capacities to work, more specifically productivity deficits. In this regard, they promote a message of disability rather than ability in relation to persons experiencing impairment. For example, the new Wage Subsidy Scheme (WSS) "offers financial support to employers outside the public sector to encourage them to employ people with a disability who work in excess of 20 hours per week, and **whose level of productivity is below 80% of normal performance"** (Minister Micheál Martin, text of speech at the launch of the Wage Subsidy Scheme, 19th July 05).

The findings of our recent evaluation of the Employment Support Scheme highlight the adverse consequences of this as well as pointing to the sheer inoperability of productivity assessment in many circumstances (WRC Social and Economic Consultants, 2005). Moreover, the concept of productivity is falsely viewed as static and collapsed uni-dimensionally onto impairment. This is at variance with concepts of productivity emphasising its intrinsic dynamism and the important influence of all aspects of production (management, technology (capital), and labour) in shaping productivity at enterprise level. More specifically at the individual level, productivity is a function of the organisation of work (management effectiveness), the technical resources deployed, the skills and experience of the worker, and his or her motivation. Also, individual productivity can vary depending on the challenges and requirements of specific jobs - most people reading this paper would be at a serious productivity loss on starting employment in such various occupations of jockey, steeplejack, jewellery maker, musician, beautician, hairdresser, gardener, general operative. That is, it is the combination of a person's skills, capacities, and experiences that (any given time) determines in which jobs they will be most productive (at that time). This quantum is not immutable, however, and it is this that provides the rationale for human resource development policies.

Fourth, policy in relation to the employment of people with disabilities - particularly recent policy and institutional arrangements - has largely ignored or sidestepped issues related to the nature of the impairment experienced by individuals, the types of activity limitation that are associated with specific impairments, and the severity of activity limitations. More generally, people with disability are largely treated as a homogeneous group and variation due to the aforementioned factors is largely ignored. Also, as with any group of people, there will be important variation in such factors as age, qualifications, and work experience, each of which individually and collectively influences employability. When impairment-related and non-impairment related factors are combined they further reinforce the diversity of the population of people with disabilities. A key characteristic of current employment policy for people with disabilities is the absence of a response to this diversity.

All of this is set against the unambiguous and apparently universally accepted policy message that the best way to tackle poverty, social exclusion and marginalization is through jobs, jobs and more jobs. Why then does this dynamic of deterioration persist? Why have we failed to address this issue given the apparent **motive** (stated labour market, equality, social inclusion, anti-poverty and other policies) coupled with unprecedented **means** (current budget surplus in 2004 of €5,620,000,000) and **opportunity** (ongoing employment and economic growth coupled with changing nature of jobs and patterns of employment)?

Could it simply come down to the low **real** political priority of the issue and a lack of political will? Does the *status quo* encourage passivism and inculcate fear amongst significant numbers in the population of people with disabilities? Could it be that the maintenance costs of the inexorably deteriorating situation are economically affordable in the near full-employment Irish labour market and "Tigerish" economy in the early part of the 21st century? Could it be associated with a lack of a coherent social policy or policy making?

While it is possible to theorise and surmise on all of the above and while there is possible truth in each, the fact is that there is no comprehensive strategy to tackle the labour market situation of people with disabilities. We contend that in the absence of such a strategy, the labour market position of people with disabilities in Ireland will worsen. We further contend that it is both timely and opportune to develop such a strategy due to the identified confluence of motive, means and opportunity. Such a strategy is necessary if we are to substantiate and begin to realise current policy positions in relation to social inclusion, employment and human resource development and poverty. In other words, even to get to where we say we want to be, we require a strategy.

4. What Can be Done to Address the Situation?

4.1 The Need for Strategy

In our view, there is a need for a comprehensive, labour market focused strategy to address the issue supported and driven by high-level political commitment. Such a comprehensive strategy should engage with the wide range of dynamics and factors at play to include, for example: stock/flow issues (including the flow into disability in adult life); the heterogeneity of the population of people with disabilities; the capacity of the education and training system to respond to the evident diversity amongst that population; the relationship between welfare, education, training and employment services and programmes; and, the interaction of labour market policy and practice and other policy areas to include the already mentioned area of welfare as well as other areas such as health and transport.

Later in this section we expand on the nature of the proposed strategy. First, we look at the term 'strategy' itself in order to be clear about what we intend when we use it and how that impinges on the elements of the suggested strategy outlined below.

4.2 What is Strategy?

Because there is significant ambiguity concerning the day-to-day uses of the term 'strategy', we thought it would be useful to briefly look at the definition of the term before setting out to describe the type of strategy needed to address the issues we have raised in this paper.

Strategy is derived from the Greek *strategia* meaning "generalship". From its once predominantly military usage, strategy has been adopted by the business community to describe, broadly, how to move from policy to tactics or how policy is effected. Taken together, strategy and tactics bridge the gap between ends and means.

Regardless of the particular perspective or theoretical emphasis adopted in the literature on strategy, it would appear that all strategy requires clear and general understanding of the end to be obtained. Without that shared understanding of the desired ends, actions become at best tactics or distractions to the lack of strategy. **Establishing the desired aims or ends is a matter of policy (from the Greek *politeia* and *polites*—the state and the people) and is a matter of governance, not management. Achieving these aims is primarily a matter of management not governance.**

From our perspective, it is clear that there is no discernible strategy for the labour market integration of people with disabilities in Ireland. There are many tactics at play in the fields of welfare, education, training and employment but there is no stated and agreed purpose (end) to the combined activities. Furthermore, while there are many reports and increasing levels and types of data available regarding the situation of people with disabilities in Ireland, including their employment status, there is little comprehensive labour market analysis of the repetitively depressing underlying trend. In our view, the failure is one of both governance and management. It is a failure of governance because the data shows the lack of an agreed end and the absence of a priority that is afforded the issue. Furthermore, even allowing for the absence of strategy, it is possible to interpret the tactics we deploy and the resources employed to be conspiring to result in a worsening situation for people with disabilities in relation to the labour market. As we have shown, things are demonstrably getting worse despite the sustained increase in employment and national wealth. The fact that Ireland may be spending more money in supporting people with disabilities, that new organisations have been set up, that reports have been commissioned and services 'mainstreamed' is no evidence of and no substitution for strategy. The combination of tactics at play has not worked and will not work in the absence of an over-arching strategy.

4.3 What Are the Elements of a Comprehensive Strategy for the Employment of People with Disabilities?

In this paper we have argued that it is both timely and opportune to comprehensively and radically address the labour market situation of people with disabilities in Ireland. Given the confluence of motive, means and opportunity that we have referred to throughout the paper a comprehensive strategy is timely with a view to arriving at new policy and practice and new planning and monitoring frameworks with which to address the issues. We acknowledge the complexity of the issue and the fact that the situation in Ireland is effectively mirrored internationally. However, there is no comfort to be taken from the fact that our policy failure is not unique.

In our view there are central elements to the required strategy as follows:

- high level political commitment and will;
- aims, objectives and targets that are derived from a labour market analysis of the issues that eschews the more traditional and simplistic deficit model that, in turn, locates the labour market failure in question almost entirely within the population of people with disabilities. That analysis will have to take on board the heterogeneity of the population and the complexity of their intersection, or lack thereof, with the labour market (type and level of disability, whether born with or acquired disability, levels of education, age, work experience and so on);
- complementary objectives and co-ordinated planning in relation to other policy areas (e.g. welfare, health, education, transport) that moderate the labour market potential of people with disabilities – an integrated, whole-government approach.

The defining characteristics of such a strategy and the process through which it should be developed include:

- visible and on-going political backing to emphasise the priority of the issue from a governance perspective sending a clear message to the stakeholders;

- honesty, clarity and openness predicated on a consultative and participative model;
- integrated, ‘whole government’ approach; and,
- differentiation and flexibility in recognition of the heterogeneity of the population in question.

The strategy should be underpinned by open engagement with the various lenses through which the issue of disability can be viewed (e.g. social, medical and psycho-social) and the conceptual basis upon which it is built should be apparent.

In order for such a strategy to be successful it would have to aspire to:

- changing attitudes and behaviours within and across the major stakeholders, employers, trades unions, employment and training service providers, advocate organisations, and including amongst people with disabilities themselves;
- implementing differentiated target setting and monitoring systems;
- recalibrating the relationship between welfare, vocational education and training and work with a view to making work pay for people with disabilities, supporting those currently outside employment to risk-take in the knowledge that the system will support such behaviour and, in turn, will not penalise those for whom work is not an option; and
- intervening early with those who acquire a disability with a view to stopping the flow into inactivity and “disablement”.

The policy response to the employment of people with disabilities in Ireland has been and continues to be predominantly socially focussed (i.e., income support) rather than employment focused (i.e., provision of supports to enter, maintain, and re-enter employment). That policy stance needs to change.

5. Conclusion

In this paper we have demonstrated the labour market inequality experienced by people with disabilities and highlighted what we have referred to as a ‘dynamic of deterioration’ in this regard. For example, we have shown that in the 20 month period between the 2002 and 2004 QNHS surveys:

- the absolute number of people with disabilities in employment increased by 900 but the rate of increase represented by this absolute increase was seven times less than the increase amongst people with no stated disability;
- the employment rates of both people with disabilities and people without a disability declined but the absolute decline in this among people with disabilities was almost double that found among people without a disability;

- the extent of labour market inequality experienced by people with disabilities (i.e., employment rate gap) increased by 5.2%; and,
- just 1% of the total increase in employment was accounted for by the entry of people with disabilities - mainly women with disabilities - into employment.

Amongst people with disabilities, persons whose disabilities arise from work related accident or illness show the highest rates of employment suggesting that persons acquiring their disability in a work context have higher employment rates due to their retention in work. Furthermore, the population of people with disabilities in employment substantially comprises people with a disability who report that their disability does not restrict the amount of work they can do.

We have also shown that for every long-term unemployed welfare recipient in 2003 there were almost four persons in receipt of a sickness/disability related payment compared to a ratio of 1.2 in 1997. The population of people with disabilities not in employment differs from that in employment with respect to both “type of disability” and “severity of disability” and consequently that population requires disproportionate intervention with a view to labour market integration. That latter population includes a significant proportion of people born with a disability. Poorly qualified older people with a disability also have particularly low employment rates and experience substantial difficulties in accessing work. Consequently, addressing their disadvantaged labour market situation and the labour market inequalities they experience will require not only addressing issues arising from disability, but also issues related for example to age and qualifications.

Policy needs to be sensitive to the issue of “creaming” or dealing only with the “easy end” of the problem and, as such, a differentiated approach to setting objectives and targets is required, with reference to different sections of the population in question. In that regard a number of key assumptions that underpin current thinking, policy and practice need to be revisited and changed:

- much of current policy is based on a deficit model that assumes that it is the **person with a disability** who is in need of intervention / assistance rather than or as well as the **actual** attitudes, behaviours, policies and practices of other actors in the labour market. In this regard the policy package largely ignores the strong manner in which disability is the product of economic, political, and social environments and these are not neutral in respect of people with disabilities.
- policy in relation to the employment of people with disabilities has largely ignored or sidestepped issues related to type of disability, the types of activity limitation that are associated with specific impairments, and the severity of activity

> limitations - people with disability are largely treated as a homogeneous group. When impairment-related and non-impairment related factors are combined they further reinforce the diversity of the population of people with disabilities. A key characteristic of current employment policy for people with disabilities is that lack of response to this diversity.

A comprehensive strategy is required in order to address the labour market situation of people with disabilities and to change the way in which we perceive people with disabilities from a labour market perspective. Elements of that strategy are outlined above. We conclude by contending that failure to redress the balance through a strategic approach will result in a worsening of the dynamic of deterioration we have evidenced in this paper.

References

Gannon, B and Nolan, B (2004), **Disability and the Labour Market,** Dublin: The Equality Authority.

Jensen, J, Sathiyandra, S, Rochford, M, Jones, D, Krishan, V, and McLeod, K (2004), **How Much does Disability Affect the Likelihood of Employment,** New Zealand: Centre for Social Research and Evaluation, Ministry of Social Development.

Manpower SkillsGroup Survey (2003), **Working With Disabilities,** Dublin: Manpower SkillsGroup.

Mont, D. (2004), **Disability Employment Policy,** Washington: World Bank.

NDA (2005), **Disability and Work: The Picture we Learn from Official Statistics,** Dublin: NDA.

OECD (2003a), **Transforming Disability into Ability: Polices to Promote Work and Income Security for Disabled People,** Paris: OECD.

OECD (2003b), **Transforming Disability into Ability - Dissemination Conference: Summary of Presentations,** Paris: OECD.

OECD (2003c), “Disability programmes in need of reform”, **OECD Observer,** March. Paris: OECD.

WHO (2001), **International Classification of Functioning, Disability and Health,** Geneva: WHO.

WRC Social and Economic Consultants (2003), **Accommodating Diversity in Labour Market Programmes,** Dublin: The Equality Authority.

WRC Social and Economic Consultants (2005), **Evaluation of the Employment Support Scheme,** Report to FÁS (forthcoming).

What Works in Employment Policies for People with Disabilities: Some Lessons from around the World

Ilene Zeitzer, Disability Policy Solutions, USA

Conference Presentation

Some Background on the Challenges of Disability and Employment Promotion Policies

- Any country's disability programmes and policies must be viewed within the context of its social, labour and judicial policies and as a reflection of that society's values and way of life.
- How a country treats its most vulnerable populations -- the elderly, children, poor or people with disabilities -- is very much influenced by complex and sometimes competing goals.
- Those competing goals include: a strong societal work ethic, charitable tendencies and social solidarity.
- In almost all countries, the programmes and polices towards these groups are an attempt to find the right balance.

Employment Promotion Policies For People with Disabilities

- The issue of promoting employment for individuals with disabilities is complex.
- Employment promotion involves many aspects including service delivery design and implementation; structure and integration of rehabilitation; disability benefit levels; labour laws and practices; societal and employer attitudes; civil rights laws and so forth.

For several years now, social policy experts in virtually all the industrialised countries, as well as in many developing countries, have lamented the growth in the disability pension rolls. Despite the best efforts of these policy experts, the fact remains that in virtually all countries, once on benefits, few ever leave to return to work.

In all of the industrialised countries, the employment rate for people with disabilities rarely exceeds 25 percent, although, based on polls, typically some 75-80 percent of persons with disabilities say they want to work at least part-time. In short, the problems of successful employment promotion strategies for persons with disabilities must be viewed within a larger context of the whole environment in which the system operates.

In the remaining time, I am going to identify some good examples from around the world.

- The first goal is to identify what works -- in other words, what are some successful employment strategies for people with disabilities?
- The other goal is to examine the context in which these success stories operate to understand the interplay among the various components.

What Works and for Whom?

We first need to acknowledge that all people with disabilities are not the same. Not only do people have different types of disabilities requiring different accommodations, but individuals with disabilities are as diverse as the rest of us in terms of age, gender, ethnic background, education levels, previous work experience, and so forth. Therefore what may work very well with one population may nevertheless fail miserably with another.

So it makes sense to examine successful strategies from the perspective of what group or groups are the target audience and what problems are to be addressed. I will begin by identifying three distinct groups of persons with disabilities, which may get further defined with the examples.

- young first time job seekers with disabilities
- workers in the labour force who develop disabling conditions
- individuals with disabilities of various ages who have little or no previous job experience.

What Works for -- Young Persons with Disabilities?

The U.S. Work Force Recruitment Programme

- The Target Audience is disabled college students
- Problem to be addressed? -- despite undergraduate degrees and, at times, even graduate degrees, these students still often have trouble finding a first job.
- Why?
- When asked in focus groups why they hesitated to hire graduates with disabilities, employers said that when they looked at two college graduates with the same academic qualifications, the non-disabled students usually had some prior work experience; students with disabilities rarely did.
- Even if the non-disabled students’ experience was only part-time and not relevant to the job opening, employers considered prior work experience as indicative of the ability and willingness to work.

The Disabled Young Job Seeker's Problem

The problem to be solved:
Disabled college students and graduates usually have no prior work experience.

The solution: creation of the Workforce Recruitment Programme (WRP).

Whose programme? The U.S. Department of Labour's Office of Disability Employment Policy (ODEP) in conjunction with the Department of Defence's Computer Electronics Accommodations Programme (CAP) coordinates the WRP

Who does it affect? College students with disabilities who are either still in school or who have recently graduated.

What does it do? It provides summer work experience and in some cases, full-time employment by forming partnerships with other federal (i.e. national) government agencies, each of whom make a commitment to provide summer jobs and a staff recruiter.

How does it operate? Every year, recruiters interview about 1,500 students with disabilities at about 200 universities and colleges across the US and they enter their qualifications into a database.

Much of the work is done for the employer because students are pre-screened through face-to-face interviews and the referrals are tailored to specific job requirements.

The role of the CAP Programme: Moreover, any electronic accommodation that is needed by students with disabilities is handled and paid for by the CAP programme so that employers who hire these students either temporarily or permanently need not incur any additional budgetary expenses.

What Works? WRP Results

- The 2005 WRP database contains over 1,900 profiles of job candidates representing all major areas of study from college freshmen to graduate students and law school graduates.
- Since 1996, private sector employers have been able to use the database.
- Students who want to be listed work through their college career counsellors or the disability student service providers who, in turn, schedule recruitment trips to their campuses by the recruiters.

- As word of the programme grows, more colleges and universities sign up for their students to take part in the programme.
- In 2005, 1,913 students asked to be in the database, up from 1,575 in 2004.
- In 2004, there were 370 students hired; the incomplete numbers for 2005 show 350 hires.

Workers Who Become Disabled

Non-disabled workers who develop an impairment or disabling condition present a very different type of challenge. On the one hand, unlike the college students, they do have job experience, but on the other hand, they may not be able to do their old job anymore, or at least not without some type of accommodation.

As I mentioned earlier, it is also very important to take into account, the context in which these employment strategies must operate. In the case of workers with disabilities, labour laws and practices are often crucial to the success or failure of return to work attempts.

The employer's willingness to accommodate the requirements of the newly disabled worker is often governed by the prevailing labour laws concerning right to dismissal, as well as how long the job must be held, who is paying the worker's benefits, and for how long.

The Role of Labour Laws

Therefore, the labour laws are very instrumental to the success or failure of return-to-work measures.

A few years ago, the International Social Security Association (ISSA) undertook a 6-country empirical study on return to work after back problems. It turned out that the Dutch and the Danish cohorts were almost mirror images of each other as far as aspects such as age, education, work experience etc.

However, at the one-year measurement point, 73% of the Dutch cohort was back to work and at the two-year measurement point, there were still 72% in work. On the other hand, the Danes had only 32% and 40% at the respective measurement points.

Some Possible Explanations

- The Dutch results reflect labour laws and practices that protect job status for 2 years and require the employer to take active steps to reintegrate the worker with a disability.

- Moreover, at the time of the study, Dutch employers were required to pay the sick-listed worker for the first year; the public programme started paying during the second year (Now, the employer must pay for both years). Hence, 82% of the Dutch cohort who returned to work did so with their old employer.
- Furthermore, in Sweden which has similar job protection laws, 86% of the study cohort who returned to work did so with their former employer.
- In contrast, Denmark allows employers to dismiss sick workers after 120 days.
- Hence, the return to work rate with the old employer was only 42% among the Danish cohort.

Additional Comments about What Works in Reintegrating Employees with Disabilities

The ISSA study clearly illustrated the importance of employers' attitudes towards reintegration.

- Both in the Dutch and Swedish examples, the use of part-time work was very high.
- Moreover, employers demonstrated great flexibility by allowing workers to try returning to work slowly and by providing accommodations through adapting the nature and pace of the work.
- In addition, the Dutch who were once notorious for the high number of disability beneficiaries are starting to see some positive results and savings in social costs.

What Works for People with Disabilities with Little or No Previous Job Experience?

The third group I mentioned at the outset, was individuals with little or no work experience.

They may be college students, but typically are not. Around the world, for a variety of reasons, they tend to be people who did not gain access to general education or did not go very far with it.

In essence, they almost always need training in all of the basics of pursuing, acquiring and retaining employment.

- Just to further add difficulty to the problem, I've selected a country where these individuals are trying to find work when the “official” unemployment rate is over 11 percent – Brazil.

What Works for Individuals with Disabilities Who Have Little or No Job Experience: The Brazilian Model

Brief Background:

- Brazil is the fifth largest country with a population of over 186 million people, of whom about 68 percent are aged 15-64.
- As the world's 11th largest economic power, Brazil is no longer classified as an under-developed country, but there are still some major variations between social groups and geographical regions.
- About 22 percent of the population lives below the poverty line.
- The official unemployment rate in 2004 was 11.5 percent, but the reality is probably considerably higher.
- Despite these sociological realities, Brazil has made great strides in employment for people with disabilities.

Work for Brazilians with Disabilities

- The estimates are that there are some 14.5 to 15 million Brazilians with disabilities.
- After visiting the United States and seeing the first Independent Living Centre (ILC) that was started in the 1960's in Berkeley, California, a Brazilian woman, Rosangela Berman-Bieler, went home to Rio and, along with colleagues, started the first Brazilian ILC in 1988.
- Today there are 22 CILs throughout Brazil, as well as in other Latin American countries.
- The Brazilian CILs play a very important role in promoting employment for people with disabilities.

The Role of ILC's in the Brazilian Model

- In 1988, Rosangela and her disabled colleagues persuaded the Government to give them some land to build their ILC.
- They got no funds at all from the Government.
- Realizing that they would need to create their own funding source, they decided to function, at least in part, as a personnel agency for Brazilians with disabilities who wanted to work or return to work.
- They took advantage of a freeze on hiring new public servants that had been in place for several years, by negotiating an agreement with the Government that the only people who could be hired to fill public sector vacancies would be people with disabilities.

The Agreement

- The ILC agreed to recruit, train and place the workers with disabilities.
- They agreed they would be job ready and capable of stepping into the specific jobs as they became vacant.
- In exchange the CIL would receive fees just as any personnel agency does.
- These fees sustain the programmes and that is how they continue to be self-supporting.

Employment Among Brazilians with Disabilities

- Today the public sector has a great number of workers with disabilities in all the utilities, the state-owned oil company, and, of course in the governmental agencies.
- The model has been working for so many years now that it is becoming quite commonplace that people at higher levels of government who have risen through the ranks are often individuals with disabilities.
- Brazil has also taken many other steps to improve the situation of persons with disabilities including introducing and implementing a quota system; incorporating people with disabilities as a specifically-mentioned group in the non-discrimination language of their Constitution; creating a specific magisterial office to deal with discrimination charges; and passing laws to improve the accessibility of infrastructure.

Some Other Models Worthy of Mention

- Sometimes the problems to be solved are not related to whether someone worked or not, but instead, are generic to many individuals with disabilities who try working.

Two key such problems are:

- Making work pay; and
- Covering the costs of accommodations.

Both of these issues have been addressed in the UK

Models that Work: The UK

The Disabled Person’s Tax Credit (DPTC) helps neutralise the additional costs of working while disabled.

- To qualify, individuals must have less than 16,000 pounds in savings (so it’s not geared only to low income workers).
- The amount of the DPTC depends on the number of hours worked and the severity of the condition so it helps people who can work only part-time too.

- The employer pays the supplement directly into the worker's pay cheque. Workers with children may also qualify for childcare tax credits.

Access to Work Programme (AtW)

- This was introduced in 1994 and is open to those covered by the Disability Discrimination Act (DDA) and those not covered by it because their disability affects them only at work.
- They must be in need of support to take up, progress in or work on an equal basis with non-disabled colleagues.
- The AtW allows the employer to buy the support needed and then claim back a grant from the programme (self-employed individuals can also qualify).
- The employer pays the first £300, then the support is 80 percent for costs between £3000 and £10,000 and 100 percent for costs over £10,000. Certain other costs such as those related to getting to and from work and communicator support are also paid at 100 percent. The help is for a maximum of 3 years after which the Employment Service reviews the circumstances.
- The UK Government wanted to try to study the impact of the AtW but since there is no natural control group, they decided to use a case study approach (S=87 + 30 self-employed individuals).
- The results clearly demonstrated a substantial net impact of the programme.
- For example, in 2003, the AtW helped some 45,000 individuals with disabilities enter or sustain their work position.
- Of that 45,000, 10 percent were new job entrants; the remaining 90 percent were in work but used AtW to sustain their position after onset of sickness or disability.
- The average cost per person supported was £1,262 and utilisation was fairly evenly split among Special Aids and Equipment; Travel to Work; and Support Workers.
- Among the key findings was the importance of Support Workers to the ability of people with disabilities to take up or sustain a job.

Concluding Remarks

- My goal today was to encourage you in your work with examples of real programmes in real places that do actually work for real people with disabilities.
- There are no easy answers and of course no one size fits all.

Vocational Rehabilitation for people with psychosis

Niall Turner, Peter Whitty, Caroline Lydon & Eadbhard O'Callaghan

Abstract

Over 75,000 people in Ireland have a psychotic condition. Of these more than 35,000 have schizophrenia making it the most common form of psychosis. Each year in Ireland more than 1,300, predominately young people, develop psychosis. This condition has enormous personal costs to the individual and their family. Additionally the economic costs of schizophrenia alone are estimated to be between 1 and 3% of the total health budget. The indirect costs through loss of employment, drop-out from education and other factors are up to seven times this.

Currently, there are very few programmes available for people with schizophrenia to address skill development for re-integration into mainstream employment/education. In this study we sought to determine the influence of an intensive 5-month recovery-focused training programme on the outcomes for people with this serious mental health difficulty.

The REACH Training Programme is a FAS-funded programme for people with mental health difficulties that lasts for up to 32 weeks. The aim of the programme is to enable trainees to develop the necessary skills and confidence to achieve health and well being with the goal of progressing onto employment, education or further training on completion of the programme.

Over a 4-year period we evaluated 96 people who presented with psychosis, from a defined geographical area in Dublin. Thirty- one people were referred to the REACH programme - of whom nineteen completed it and consented to follow-up evaluation. The findings from this group were compared with the 77 people who did not participate or complete the programme.

Introduction

The outcome of those with psychosis is variable (Shepherd et al 1989). In general, up to 80% of those with schizophrenia will experience more than one episode of psychosis (Wiersma et al 1998, Robinson et al 1999, Ohmori et al 1999) while only 20% suffer one episode and show no further impairment thereafter (Shepherd et al 1989). International research has shown that up to 85% of those with severe mental illness are unemployed (Crowther et al 2001) despite surveys reporting that those with mental health problems want to work (Rodgers et al 1991). This may be because pharmacological treatment on its own has only a moderate impact on the social function of those with psychosis (Frangou and Murray, 2000) and there is a lack of appropriate psychosocial rehabilitation services available in Ireland (Hickey et al 2003). Using the Sainsbury Report on the costs of mental illness in Northern Ireland the cost of mental health difficulties in Ireland, including psychosis, can be estimated at €9.2 billion euros with €2.77 billion of this due to people being unable to work (paid and unpaid).

Psychosocial rehabilitation offers an important adjunct to pharmacotherapy (Bachrach, 2000) and may offer unique benefits to those with psychosis (Bacharach 1992, 1996). The goal of such interventions is to enable individuals to achieve the highest feasible quality of life by ensuring that they can perform the physical, emotional, social and intellectual skills required to live in the community (Anthony et al 1988). Quality of life is defined by the World Health Organisation as “individuals’perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns”. The quality of life of those with psychosis has been shown as having already diminished by the time of first presentation to mental health services (Browne et al 2000).

The potential benefits of psychosocial rehabilitation are not well understood as there has been a shortage of research in this area. Consequently, we sought to establish the effectiveness of a psychosocial rehabilitation programme on the outcome of a group of those with psychosis recovering from a first episode. We compared the outcomes of those who attended the programme with those who received standard care to determine the effectiveness of the intervention.

Method

Subjects

Between 1995 and 1999 we conducted a first episode study at Cluain Mhuire Family Centre (a catchment area service which provides community based psychiatric care for an urban population in County Dublin of approximately 172 000) and St. John of God Hospital, County Dublin (Browne et al. 2000). The study received Research Ethics Committee approval. First episode was defined as a first ever presentation to any psychiatric service with a psychotic episode. A further ethical submission was accepted and follow-up assessments across the same clinical measures by an investigator blind to original clinical measures were carried out 4 years after initial presentation. As part of treatment for a first episode psychosis a subgroup were referred to a psychosocial rehabilitation programme (REACH Programme) at one of our centres. Treating teams made referrals and the programme was open to all who presented with a first episode psychosis during the study period.

The REACH Programme (Recognition & Esteem through Accommodation, Catering and Horticulture) is a 21- 32 week vocational rehabilitation course using a psychosocial approach. The aim of the programme is to enable participants to develop the necessary skills and confidence to achieve health and well-being with the goal of returning to work or progressing onto further training. Areas addressed in the programme include alcohol and substance misuse, communication skills, self-awareness and self-esteem, mental and physical health, job seeking skills, generic work skills, teamwork, goal setting and use of community resources. The present study compared the outcome at 4-year follow-up of those who attended the psychosocial rehabilitation course with those who received standard care.

Clinical Measures

(a) All those with psychosis were diagnosed using the Structured Clinical Interview in accordance with DSM-IV criteria and we rated an individual's Global Assessment of Functioning (GAF) (Spitzer et al 1995).

(b) Quality of life: We measured quality of life using the Quality of Life Scale (QLS; Heinrichs et al 1979) and the World Health Organisation Quality of Life Scale 'Bref' version (WHOQoL 'Bref'; World Health Organisation, 1996). The QLS is a semistructured interviewer-administered scale. It consists of 21 items divided into 4 subscales; Interpersonal relations, Instrumental role, Intrapsychic foundations and Common objects and activities. We also used the World Health Organisation Quality of Life Scale - Brief version (WHOQoL-'Bref'; World Health Organisation, 1996) as a subjective measure of quality of life. This 28 item self-report scale was used to assess quality of life across 4 domains (Physical health, Psychological health, Social relationships and Satisfaction with environment).

(c) Positive and Negative Syndrome Scale (PANSS): Symptoms were assessed using the PANSS (Kay et al 1980). This scale is divided into 3 subscales; 7 items assess positive symptoms, 7 items assess negative symptoms and 16 items assess general symptoms.

(d) Insight: We used the Insight Scale (Birchwood et al 1994) to assess degree of insight. This self-report questionnaire is well validated and extensively used among those with psychosis.

Statistics

We divided those with psychosis into two groups; those who completed the programme and those who received standard care. We compared assessments at first presentation between the groups using t-tests for continuous data and chi square tests for categorical data. Follow-up assessments were also analysed in this manner. We used paired t-tests to compare first presentation with follow-up assessments in each of these groups. All data was analysed using the Statistical Package for Social Sciences (SPSS).

Results

Ninety-six of those with psychosis (63 male, 33 female) were assessed at first presentation and at 4-year follow-up. Their diagnoses were as follows; Schizophrenia = 80, Bipolar affective disorder = 8, Major depression = 1, Delusional disorder = 3, Drug induced psychosis = 2, Schizoaffective disorder = 2. The mean length to follow-up for the total group was 43.5 months (s.d. 9.5 months). Thirty-one were referred to the lifestyle management course of whom 19 completed the course and consented to follow-up assessment (Schizophrenia = 18, Bipolar affective disorder = 4, substance induced psychosis = 1, schizoaffective disorder = 1).

First presentation assessments

At first presentation the 19 who completed the REACH programme were indistinguishable from the 77 who did not in terms of age at first presentation ($t = -1.48$, $P = 0.15$), gender ($x^2 = 1.86$, $P = 0.17$), duration of untreated initial psychosis ($t = -0.69$, $P = 0.56$), total PANSS score ($t = 0.09$, $P = 0.93$), insight ($t = 1.67$, $P = 0.11$), degree of alcohol / substance abuse ($x^2 = 0.33$, $P = 0.56$) or GAF score ($t = -0.77$, $P = 0.45$). However, those who completed the REACH programme evidenced poorer subscale and total QLS scores at first presentation compared to those who received standard care (TABLE 1).

Table 1. Comparison of quality of life scores (QLS) at first presentation between those who completed the REACH programme and those who received standard care.

	REACH programme (N = 19) t	Standard care (N = 77) t	df	t	P	95% CI
QLS Social functioning (SF)	19.5	24.4	94	-2.0	0.057	(-9.91, 0.16)
QLS Occupational functioning (OF)	6.4	11.3	94	-2.9	0.006	(-8.36, -1.48)
QLS Intrapsychic foundations (IF)	18.3	23.6	94	-2.5	0.014	(-9.53, -1.12)
QLS Common objects and activities (COA)	5.9	7.3	94	-2.3	0.029	(-2.48, -0.15)
QLS total	50.1	66.5	94	-3.0	0.005	(-27.49, -5.38)

Follow-up assessments

(i) Quality of Life: At follow-up there were statistically significant improvements in subscale and total QLS scores in both groups (TABLE 2). However, those who completed the REACH programme were now indistinguishable from those who did not in terms of their total QLS and subscale scores (TABLE 3). Furthermore, even though both groups evidenced improvement in quality of life at follow-up, this improvement was most marked among those who attended the psychosocial rehabilitation course. These had a significantly poorer quality of life at outset and evidenced a 54% improvement at follow-up compared to a 33% improvement in those who received standard care.

Table 2. Comparison of quality of life scores (QLS) at first presentation and follow-up among those who completed the REACH programme and those who received standard care.

	REACH programme t	df	95% CI	Standard care	df	95% CI
QLS SF	5.4	18	(5.6, 10.3)**	6.9	76	(6.5, 14.9)**
QLS OF	3.4	18	(3.5, 7.2)**	5.8	76	(2.6, 11.2)*
QLS IF	4.1	18	(6.2, 10.5)**	7.8	76	(4.5, 14.0)*
QLS COA	3.8	18	(0.5, 1.4)**	4.0	76	(0.7, 2.4)*
QLS total	5.6	18	(17.2, 29.0)**	7.8	76	(18.5, 40.8)**

We did not have a self-report assessment of quality of life at first presentation for either group. However, at follow-up there was no significant difference between the two groups in terms of their subjective physical health (t = -1.86, P = 0.08), psychological health (t = -0.91, P = 37), social relationships (t = -1.12, P = 0.28) or satisfaction with their environment (t = 0.02, P = 0.99).

Table 3. Comparison of quality of life scores (QLS) at follow-up between those who completed the REACH programme and those who received standard care.

	REACH programme t	Standard care	df	t	P	95% CI
QLS SF	30.2	32.3	94	-0.78	0.44	(-7.48, 3.28)
QLS OF	13.3	16.7	94	-2.0	0.052	(-6.83, 0.03)
QLS IF	27.5	31.9	94	-1.9	0.07	(-9.17, 0.41)
QLS COA	7.5	8.2	94	-1.5	0.148	(-1.74, 0.27)
QLS total	79.7	89.6	94	-1.5	0.14	(-22.96, 3.21)

Taking information from the SCID interview we ascertained the occupational status of each member of the REACH group. Of the 19 clients; 4 were in fulltime employment; 3 part time employment; 6 were unemployed; 5 reported student status and 1 was on work placement.

Discussion

The main finding of this study was that those with psychosis who attended a psychosocial rehabilitation programme (REACH programme) evidenced a greater improvement in quality of life compared to those who received standard care. This group evidenced significantly poorer functioning in terms of their quality of life at first presentation. However, after completing the programme their self-report and observer rated quality of life was indistinguishable from those who received standard care. Furthermore, the beneficial effect was maintained for over two years after completion of the programme. The improvement in quality of life among those with psychosis who completed the programme reflects the integrative nature of psychosocial rehabilitation programmes (Bachrach 1992). The environmental focus of such programmes provides those with psychosis with the learning and skills necessary for societal integration, which is reflected in improved quality of life at follow-up.

For those with psychosis who attended the programme, the results indicate that 36% returned to employment, compared to 32% who were unemployed. These outcomes are superior to the reported international research of up to 85% unemployment (Crowther et al 2000).

Limitations

There are a number of methodological limitations in this study. Firstly, this was an open study and the rater (P.W.) was not blind to whether a patient completed the programme or received standard care. Additionally, those with psychosis were not randomised to either arm of the study, as the REACH programme was open to all those with psychosis presenting with a first episode. Treating teams made referrals, which raises the possibility of a selection bias as those with psychosis who evidenced the greatest functional impairment in terms of their quality of life were more likely to be referred. This is not surprising as the programme was designed to help the more severely affected individuals who did not achieve adequate response from conventional treatments such as antipsychotic medication. We did not have a formal ‘placebo’ treatment and it could be argued that the improvements noted are due to increased time spent in contact with the services and not the REACH programme per se (Hawthorne Effect). Psychosocial intervention research raises difficult ethical issues in terms of consent, confidentiality, boundary violations and risk-benefit issues (Saks et al 2002). The modest sample size, especially in the intervention group, is a further limitation. This was the result of limiting our sample to cases presenting with a first episode.

Strengths

This study used a geographically defined area and assessed all those with a first episode of psychosis from this area. All those with psychosis were diagnosed by using the Structured Clinical Interview for DSM-IV (SCID 1 Interview) rather than case note review and included those with psychosis never admitted to an in-patient facility. Even though the sample size increases the risk of a type II error, we were nevertheless able to control for potential confounding factors such as variable durations of illness and treatment. Furthermore, baseline and follow up assessment tools used were standardised instruments and have been previously used with this population. REACH has been written in Training Specification format according to FAS standards which serves as a manual for programme delivery and possible replication.

Conclusion

Even though pharmacological treatment reduces psychopathology among those with psychosis, it does not appear to have a positive impact on a client's living skills unless it is combined with rehabilitation interventions (Attkisson et al 1992). The effectiveness of such intervention has often been questioned and research has been hampered by amongst other things patient selection with previous studies drawing on those with psychosis at different stages of illness with different durations of treatment. This study supports the use of psychosocial interventions for those recovering from psychosis. The field of psychosocial rehabilitation has been forced out on a limb and has tended to become an isolated and viewed as a separate treatment for those with psychosis. Clinician biases and lack of adequate training are some of the reasons for this (Bachrach 1996). If we are to offer the most effective treatments to those with psychosis then we must address these issues and view psychosocial treatments as integral parts of treatment for the major psychoses.

Note: A further presentation at the conference was made on an evaluation study of the REACH programme from 2003-2005. An important difference between both evaluation studies is that the most recent study will be evaluated by the trainees themselves. The results of this research were not available however at the time of the conference.

References

Anthony WA, Cohen MR and Danley KS (1988), "The psychiatric rehabilitation approach as applied to vocational rehabilitation", in Ciardiello JA (ed.), **Vocational Rehabilitation of Persons with Prolonged Psychiatric Disorders,** Baltimore: Johns Hopkins University Press, pp. 224-48.

Attkisson C, Cook J, Karno M, Lehman A, McGlashan TH, Meltzer HY, O'Connor M, Richardson D, Rosenblatt A, Wells K and Williams J (1992), **Schizophr Bull,** 18, pp. 561-626.

Bachrach LL (1992), "Psychosocial rehabilitation and psychiatry in the care of long-term those with psychosis", **American Journal of Psychiatry,** 149, pp. 1455 –63.

Bachrach LL (1996), Psychosocial rehabilitation and psychiatry: what are the boundaries. **Canadian Journal of Psychiatry,** 41, pp. 28 – 35.

Bachrach LL (2000), "Psychosocial rehabilitation and psychiatry in the treatment of schizophrenia – what are the boundaries", **Acta Psychiatr Scand,** 102 (Suppl), pp. 6-10.

Birchwood M, Smith J, Drury V, Healy J, Macmillan F, Slade M (1994), "A self-report insight scale for psychosis: reliabiltiy, validity and sensitivity to change", **Acta Psychiatr Scand,** 89, pp. 62-67.

Browne S, Clarke M, Gervin M, Waddington JL, Larkin C and O'Callaghan, E (2000), "Determinants of quality of life at first presentation with schizophrenia", **British Journal of Psychiatry,** 176, pp. 173-76.

Crowther RE, Marshall M, Bond GR and Huxley P (2001) "Helping people with severe mental illness to obtain work: systematic review", **British Medical Journal,** 322, pp. 204-208.

Frangou S and Murray RM (2000), "Psychosocial interventions", in **Schizophrenia**, 2nd ed., pp. 61-65.

Heinrichs DW, Hanlon ET, Carpenter WT (1984), "The Quality of life scale: an instrument for rating the schizophrenic deficit syndrome", **Schizophr Bull,** 10, pp. 388-98.

Hickey T, Moran A, Walsh D (2003), **Psychiatric Day Care - An underused option?** Dublin: Health Research Board.

Kay SR, Opler LA and Fiszbein A (1983), **Positive and Negative Syndrome Scale (PANSS) rating manual,** New York: Department of Psychiatry, Albert Einstein College of Medicine, Montefiore Medical Centre and Schizophrenia research unit.

Ohmori T, Ito K, Abekawa T and Koyama T (1999), "Psychotic relapse and maintenance therapy in paranoid schizophrenia: a 15 year follow up", **Eur Arch Psychiatry Clin Neurosci,** 249, pp. 73-8.

Robinson D, Woerner MG, Alvir JM et al. (1999), "Predictors of relapse following response from a first episode of schizophrenia or schizoaffective disorder", **Arch Gen Psychiatry,** 56, pp. 241-7.

Rogers ES, Anthony WA, Toole J and Brown MA (1991), “Vocational outcomes following psychosocial rehabilitation: a longitudinal study of three programmes”, **Journal of Vocational Rehabilitation,** 1, pp. 21-29.

Saks ER, Jeste DV, Granholm BW, Palmer BW and Schneiderman L (2002) “Ethical issues in psychosocial interventions research involving controls”, **Ethics and Behaviour,** 12, pp. 87-101.

Shepherd M, Watt D, Falloon I and Smeeton N (1989), “The natural history of schizophrenia: a five-year follow-up study of outcome and prediction in a representative sample of schizophrenics”, **Psychol Med Monogr Suppl,** 15, pp. 1-46.

Sainsbury Centre for Mental Health (2004), **Counting the Cost; the economic and social cost of mental illness in Northern Ireland,** Sainsbury Centre for Mental Heath.

Spitzer, RL, Williams, JB, Gibbon, M and First, MB (1995), **Structured Clinical Interview for DSM-IV- patient Edition (SCID-P),** Washington DC: American Psychiatric Press.

Wiersma D, Nienhuis FJ, Sloof CJ and Giel R (1998), “Natural course of schizophrenic disorders: a 15 year follow up of a Dutch incidence cohort”, **Schizophr Bull,** 24, pp. 75-85.

WHO (1996), **Measuring Quality of Life: The development of the World Health Organization Quality of Life Instrument (WHOQOL),** Geneva: WHO.

Employers' Views on Disability Policy and the Employment of People with Mental Health Problems – A Report on a Round Table Discussion

Dr John Wells, Waterford Institute of Technology
David Heffernan, Health Services Executive and CNEASTA
Nora Walls

Introduction

In 2001 the European Commission issued a Public Health Action Framework for Mental Health, which recommended that member states promote mental health in the areas of work and employment policy. The European Union has set a target year of 2010 for equality of rates of employment between those with and without disabilities within the general context of the *National Action Plans Against Poverty And Social Exclusion* in each of the member states (European Commission Directorate-General for Employment and Social Affairs, 2002).

There is much literature on the importance of employment in re-integrating people with long-term mental health problems into the community and the protective value of work in terms of relapse (Secker and Membrey, 2003; Social Exclusion Unit, 2004). Whilst literature exists on employers' attitudes towards mental illness (Diffley, 2003) there is a surprising lack of literature on employers' views on EU and national governments' policy on this issue. The little available literature mainly emanates from North America and the UK. Literature on Irish employers' views on employment policy and people with mental health problems is notable by its absence. This paper reports on the deliberations of a group of local employers in the South East of Ireland, which forms part of a larger study.

Attitudes to employees with mental health problems

A recent survey of Irish public opinion on disability, conducted on behalf of the NDA, found that whilst 81% of those questioned felt that people with a physical disability should have the same employment opportunities as the general population, only 55% had the same view when it came to people with mental health problems. Indeed, 30% of those surveyed said that people with mental health problems should not have the same employment opportunities as everyone else.

The employment consequences of attitudinal stereotyping and prejudice may be gauged from a recent survey of employers in the UK (Diffley, 2003). This found that only four out of ten employers said they would employ someone with a mental health problem and that people with mental health problems are twice as likely to lose their job compared to the general working population. McGregor (1995) reporting on a UK study of 55 local employers employing between 10 and 1,000 employees found half of the employers had reservations about employing a person with schizophrenia. Yet they believed they offered equal opportunities to applicants for jobs. In this regard, some employers appear more willing to support people with particular types of mental health problem, for example alcoholism (Valle, 1982; O'Donnell and Wilson, 1989), than other types of mental health problem, for example, depression (Glozier, 1998; Diffley, 2003).

Companies' up-take of established supportive schemes for employing people with disabilities including mental health disabilities appears to be a significant issue of policy failure in a number of countries. For example, a UK study by Stevens (2002) of human resource managers found that whilst most employers were aware of equal employment legislation, they made little use of schemes specifically designed to support them in their employment of people with disabilities. A US study (Scheid, 1998) of employer compliance with The Americans With Disabilities Act (1990) found that many employers felt it was not their responsibility to employ people with mental health problems but rather that rehabilitation services should improve employment opportunities for people with this particular disability.

This latter point may go some way to explain why employers tend not to engage with such supportive employment schemes (Stevens, 2000). However, at present the literature is either too small or not focused on people with long term mental health problems to come to a definitive conclusion about this.

The Irish context

There is a general policy commitment in Ireland to facilitate equal treatment of people with disabilities with the wider community in employment and education (Employment Equality Act, 1998; Equal Status Act, 2000). However, achieving a consensus on this policy approach has proved difficult in Ireland. For example, the Irish Disabilities Bill published in December 2001, was expected to confer a range of facilitative rights on people with disabilities to underpin their equal treatment. However, a number of organisations were seriously dissatisfied with aspects of the proposed legislation. In particular the Bill removed rights to take court action to enforce certain aspects of the equal status provisions. Following this negative reaction the Bill was withdrawn by the Government in February 2002 and re-drafted. An amended Bill, submitted in May 2005, was notable for emphasising a right to assessment rather than a right to resources and has virtually no significance in relation to employment.

It would appear that debate between employers, government and society takes place at a national level and tends to focus on equal treatment of people with physical disabilities in the workplace, with little explicit and extensive mention of people with mental health disabilities. As such we know little about the degree to which employers at a local level are engaged with disability employment policy development in general and more specifically, policy as it relates to mental health. This project is an attempt to address this gap.

Study Design

There are three research partners involved in this project. One team based in the South East of Ireland, one team based in Wrexham, North Wales and one team based in Freiburg in Switzerland. Each team is looking at the degree to which local employers feel consulted about disability employment policy, their views on such policy, their awareness of local policy initiatives to support employment and issues for employers within the context of mental health disability. These views are sampled through initial group discussions with a local sample of employers to inform the development of a close-ended questionnaire the administration of which at a country wide level will be followed by a series of individual interviews to provide ‘depth’ to the survey data.

Currently teams are engaged in the first stage. Two members of the research team facilitate each group with a third taking observational notes. Deliberations are audio recorded and transcribed for the purpose of analysis. Content is analysed utilising a ‘frameworks’ approach in which recurrent themes are identified in relation to the research issues under investigation.

Participants in the Group Discussion

Fourteen companies in the South East were approached and asked to send representatives to a group discussion of the issues outlined. Seven initially agreed to attend, however, two withdrew from the group the day before the group was to be held and one withdrew one hour before the discussion was due to take place. Thus four employers eventually took part in the discussions.

These four employers held senior positions within their respective companies. Three were senior managers in Human Resources, whilst the fourth was a managing director. The companies reflected a broad range in terms of size of company and ownership. Two companies were multi-national, being drawn from the financial services and high technology sectors and each employing more than 500 people. One company was an Irish owned national company involved in food processing employing over 300 people and one was a local manufacturing company employing 20 people.

Results of Group Discussion

Managers were asked to discuss their experience of mental health problems in the work place. Initially all said they did not know of the incidence of mental illness amongst employees, and had had no experience of individual employees with mental health problems. However, as discussion continued it became apparent to them that they had all had experience of mental health problems amongst their respective workforces.

> Well I have not come across mental illness at work. There are one or two people that I would know are alcoholics and they are dealt with individually by their immediate manager. I don't know how formalised it is.
>
> We are a relatively new company, we are about six years up and running. About five years ago we took on someone and the attendance was terrible. Now we had no experience as we were growing the company our minds were elsewhere and you know trying to get people on board etc. This particular person was very good. I mean he was an alcoholic through and through but you never would've known and you never would've guessed (R4).

It would appear from some of the deliberations that some of the managers at first thought they had no experience because of the way in which they categorised the problems members of their work force had experienced. An important point to arise from these deliberations is that though managers believed they had no knowledge of the subject, once it was brought to their consciousness through discussion it was apparent that not only did they have, in some cases considerable, experience of dealing with a range of mental health problems in the work place but that all four companies had either formal or informal support mechanisms for employees when employees experienced mental health problems. This is illustrated in the following quotes:

> So obviously then we have people with depression. I think they are kinda of the key ones that we would see. We have about a 60% female workforce so we would see quite a bit of postnatal depression as well as the sort of clinical depression. But it is really supporting people in those and I think the company is pretty good at that you know (R2).
>
> Because I'm aware of a few people who are stressed while its not say my job I have had discussions once or twice with people and kind'a given the suggestion that if you need a week off that kinda of thing, which occurred only in the last week actually. I suggested he took a week off I thought he was terribly stressed now I wouldn't know whether it was depression (R1).

The managers talked about the degree to which mental health problems would influence decisions on an individual's employment or re-employment.

> We would not be in a position like [Company one of the two multi-nationals] to employ people who were or may be severely mentally ill like schizophrenia and causing certain disruption because we just don't have that capacity, the company is too small (R3).
>
> and, ehm, she wasn't productive, she was a liability and you know, people just said, look the best thing to do is leave her go. And okay, we didn't, we didn't just leave her go, but at the same time, it would have been interesting maybe to stay with her for longer, and see what might have been the outcome (R2).

As these two quotations illustrate, concerns about disruption to production were a significant factor in terms of their consideration of both employing people with mental health problems and also supporting them once they were in employment. In terms of policy implications, these illustrate the current lack of support available to employers to keep people with mental health problems in employment and the potential that such external support mechanisms would have in terms of facilitating employers to retain employees with mental health problems.

The group were then asked whether they were aware of local support to employ people with mental health difficulties.

> R1: No I didn't know there was an incentive.
>
> R3: I knew there were incentives at some stage, but I thought lots of those were ...
>
> R1: ...Were gone. Some were through FAS but I thought they were gone.
>
> R2: I know I was aware of that particular one. I wasn't aware of that, you know someone with a prosthesis, I wouldn't have been aware of those. I suppose I assumed if someone was capable of earning a wage as anybody else and capable of doing the job as anybody else that there was no reason for the government to give any incentive, you know.
>
> R3: I would have a lot of communication with FAS as well and they have never made me aware of any support systems for people with disabilities.

> R1: For disabilities?
>
> R2: No I haven’t and I have stuff from FAS for the last fortnight I’d say.
>
> R3: And I have been in their offices and on a few occasions the employment offices that they have.

What this interaction illustrates is the lack of knowledge amongst some of these managers about policy for supporting people with disabilities in terms of employment. This is all the more surprising when three of the informants were human resource managers and calls into question the efficacy of communication between local managers and the efficacy of systems for putting disability and employment policy into practice locally.

The group expressed openness to employing people with mental health problems if they were given support, but had concerns around aspects of policy as it affected them.

> If there was a weekly supplement or something to employ the person we would certainly try it. There would be a benefit for the rest of the workforce as well (R1).
>
> So it would be useful to have a key worker who could come in and get to know the process and the operation and then be the person that maybe comes and visits them at work and liase with me or whoever else in the organisation but that they would have quite a big role in their management (R2).
>
> I feel that anyone taking a case with the Employment Equality Authority turns off a prospective employer (R1).
>
> But you see if somebody is making up these laws, and trying, em making them up in the most theoretical sense, but it’s completely nonsensical to try that in practice, in a lot of cases. It just doesn’t work (R3).

None of the managers reported any experience of local consultation in relation to developing policy and schemes in the area of disability and employment. Indeed, as the latter two quotes illustrate some of these managers appeared to be alienated from areas of equal opportunities policy.

Conclusion

The National Disability Authority (NDA) has highlighted that barriers within Ireland to the employment of people with disabilities remain significant; though the nature and extent of these barriers is under-researched (NDA Research Department, 2002). An issue of significance, however, with regard to such barriers may be the failure to recognise that people with disabilities are a diverse group and do not have a uniform experience of employment barriers. The issues that confront people with mental health problems are considerably different from those experienced by people with other forms of long-term disability.

The results of this discussion group appear to suggest that policy needs to take account of a number of factors if discrimination in the work place against people with mental health problems is to be avoided. Firstly, that employers are under supported in understanding the nature of mental health problems amongst the workforce and in accessing advice as to how to manage them other than through a process ending in dismissal. Secondly, there appears to be a failure of communication at a local level in terms of informing employers of supports available to them when considering whether or not to employ a person with mental health difficulties or indeed to retain them. Thirdly, employers at local level need to be part of consultations by national policy forming bodies such as the Government, national employers organisations and quasi-autonomous bodies such as the NDA.

It may be tentatively argued on the basis of this small local consultation exercise that policy formulators need to consult at a more local level. To ensure the engagement of employers and to ensure that policy is effective, that consultative process should not only include those with mental health problems and associated experts but also actively utilise local companies’ expertise and experience in the employment and support of people with mental health problems. Policy development needs to recognise and engage with employer concerns, whilst addressing their needs for support and understanding of the realities of the business agenda. Policy in turn needs to be underpinned by support strategies based on identified employer and employee needs.

References

Diffley, C (2003), **Managing mental health: research into the management of mental health in the workplace and the information and guidance available to managers,** London: Work Foundation.

European Commission Directorate-General for Employment and Social Affairs (2002), **2010: A Europe Accessible for All: Report from the Group of Experts set up by the European Commission,** Brussels: European Commission.

Glozier, N (1998), 'Workplace effects of the stigmatization of depression', **Journal of Occupational Environmental Medicine** 40(9): 793-800.

McGregor, V (1995) 'Employers' attitudes towards mental health problems', **Rehabilitation Network.** Spring; 37: 5-8.

NDA (2002), **Disability Related Research in Ireland 1996-2001,** Dublin: NDA.

O'Donnell, P and Wilson, M (1989), 'Attitude toward and experience of industry based alcohol recovery programmes: a survey of 161 Scottish organisations', **Psychological Reporting** 65 (3): 1175-84.

Scheid, T (1998), 'The Americans with Disabilites Act, mental disability and employment practices', **Journal of Behavioural Health Service Research** 25 (3): 312-324.

Secker, J; Membrey, H (2003), 'Promoting mental health through employment and developing healthy workplaces: the potential of natural supports at work', **Health and Education Research** 25 (3): 312-24.

Social Exclusion Unit (2004), **Mental health and social exclusion: Social Exclusion Unit Report,** London: Office of the Deputy Prime Minister.

Stevens, G. (2002) 'Employers' perceptions and practice in the employability of disabled people: a survey of companies in south-east UK,' Disability and Society, 17(7): 779-796.

Valle, VK (1982), 'Employers' perceptions of occupational alcoholism services,' **International Journal of Addiction** 17(1): 89-94.

Job Development in Supported Employment: A Study of Dublin Supermarkets

Dr. Bob McCormack & Julie Mc Crea, St Michael's House, Dublin

Supported employment is defined as a way of enabling people who need additional support to succeed in real long-term sustainable employment (Leach 2002). Supported employment enables people with disabilities to find, secure and maintain paid employment in the open labour market. On-the-job training and individualised long-term supports are key elements of Supported Employment (IASE, 2005).

Since the late 1980s, a number of intellectual disability agencies have pioneered supported employment in Ireland including the St. Michael's House 'Open Road' project, St John of God's Step Enterprises, Sunbeam House's Dargle Employment Centre and KARE's Employment Assist Bureau. By 1996, 388 individuals in 30 agencies were in part-time employment using the individual supported employment model, increasing to 449 by 1999 (Lynch et al, 1996; Mainstream Supported Employment Project, 2000). Today almost all intellectual disability agencies offer supported employment to at least some service users.

Within supported employment many people with learning disabilities are placed in entry-level jobs mostly within service industries such as catering, food retail and fast food outlets. However anecdotal evidence suggests that once workers are placed and settle in to their new job, there is little or no further job development beyond increasing the hours worked. Workers appear to continue doing the same job tasks, without any prospects of promotion, of taking on additional job tasks, or of rotating their job tasks. One area that appears to offer considerable scope for job development and job rotation is the large supermarket chain where a significant proportion of employees with intellectual disabilities work.

The aim of the present study was to:

- survey the range of job-tasks undertaken by workers with intellectual disabilities in a sample of Dublin supermarkets;
- assess the scope for increasing the range and variety of job-tasks these workers undertake.

Methodology

Interviews were completed with 42 employees with intellectual disabilities working in 29 branches of the four leading Dublin supermarket chains - Tesco, Dunnes Stores, SuperValue and Superquinn (4 employees declined to participate).

Workers ranged in age from 25 to 59 years with a mean age of 37 years. Time in the job ranged from 6 months to more than 10 years. The mean length of time in the job was 4 years. Employees worked on average 2 days a week and 8 hours per week. 7 people had a physical disability but were ambulant. 20 males and 22 females took part.

The information provided by the workers was complemented by information supplied by their workplace supervisor.

Data was gathered on the jobs they currently undertake in the supermarket, the assistance they require, what job they spend most time completing, and if there were other jobs they would like to undertake.

Their supervisor also provided information on the current jobs the person completes within the supermarket and the possibility of undertaking the additional job tasks mentioned by the employee in their interview. Perceived obstacles were also listed.

Main Findings

Table 1 summarises the main entry-level job tasks across the 4 supermarket chains (the second column refers to the number of specific tasks within that area) while Table 2 lists the most common job tasks the workers with learning disabilities are engaged in.

Table 1: Main Entry-Level Job Tasks in 4 Supermarket Chains

Main entry level job tasks	No. of specific tasks within that area
Bag Packing	2
Other Checkout Tasks	27
Stacking Shelves	25
Stock Count / Sales Based Ordering	8
Cash Desk	4
Deli Area	5
Fruit & Veg	4
Bakery	9
Meat & Fish	11
Hot Food Counter	4
Stores	11
Trolleys	6
Home Deliveries/Internet Shopping	8
Canteen	2
Customer Services	3
Other	8

Table 2: Most Common Job Tasks among Survey Employees (N=42)

Tasks	No. of workers
Packing bags	35
Taking baskets to entrance	57
Lift bags into trolley	24
Return unwanted items to shelves	17
Collecting trolleys (indoors)	11
Bringing stock to shelves	10
Stacking shelves	7

When asked if they needed support from co-workers with their present job tasks, 13 workers said they needed verbal prompts, 19 said they needed physical prompts and 19 said they needed both verbal and physical prompts with at least one task. However most workers needed no assistance for most of the tasks they do. For example, only 21% of respondents said they needed assistance with the first task they listed.

Taking On Additional Tasks

When questioned almost half of employees (N=18) spontaneously (without prompting) identified at least 1other job in the supermarket which they would like to do. These included: Stacking shelves, Working on cash register, Stock count, Bag packing, Working in drapery (Dunnes), Working in the stores, Collecting trolleys.

When shown flash cards for the main job area in the supermarket, 34 people expressed interest in working in at least 1additional task area while 20 workers were interested in 4 new areas (see Table 3). However, only 2 workers had mentioned their interest in undertaking any additional job tasks to supermarket staff.

Table 3: Most Popular Additional Job Tasks

Tasks	No. of workers
Stock Count	18
Working in Deli	18
Fruit & Veg	17
Stacking Shelves	13
Working in Bakery	13
Cash Desk	12
Working in the Stores	11

Workers readily acknowledged that they would need assistance and support in undertaking many of these new tasks.

When supervisors were asked about the feasibility of the particular worker they supervised taking on the tasks they were interested in, supervisors cited both lack of skill and practical difficulties related to job development. Among the obstacles listed were memorising product codes, danger with hot ovens in the bakery, needing to adhere to hygiene regulations in the bakery, not understanding the sell-by date, needing to climb ladders to stack shelves, and difficulties in counting out the correct change.

Practical difficulties included a need to change work hours, more supervision required, heavy lifting in the fruit and veg area, and the employee needing to start work much earlier to accommodate particular tasks.

However on the positive side, some supervisors saw no difficulties in workers taking up their desired additional job tasks. For example they identified that this employee could...

- help with home deliveries;
- serve customers in the bakery;
- probably help to prepare salads;
- saw no obstacles to them packing shelves;
- would need training but feels she has the ability.

Discussion

It is clear from this study that workers coming into supermarket jobs tend to remain doing the same tasks year in, year out. Given that there appears to be little prospect of promotion from these repetitive entry-level jobs, it is all the more important that opportunities for job development are explored. Our results suggest that for some workers, this is an immediate prospect in that their supervisor sees no obstacles to this happening; for others it is clear that there are both competence and practical obstacles. It is equally clear that no efforts have taken place to tackle these obstacles by way of further on-the-job training and practical support. Such progress will require close cooperation between the support agency and the supermarket, to marry supermarket know-how with the training skills developed within disability services.

Job development of this kind has a number of important benefits. More variety leads to higher motivation, the possibility of more paid hours, and less risk of repetitive strain injury.

It is clear that workers had, in many cases, not considered taking on additional job-tasks; they had not approached supermarket staff to check the feasibility of additional tasks, and identified more tasks when prompted to consider what else they would like to do. No respondent indicated that efforts had been made to increase the range of jobs they did in the supermarket. It may be that we are still setting too low expectations for workers with intellectual disabilities.

The level of investment in supporting these workers is low. Currently only two workers surveyed had a job coach regularly in the workplace. There is a real risk that agencies consider that once the person is placed into a job, little or no further investment in required. But job development will require a further investment in training and support. In lieu of promotional opportunities, workers can either resign their jobs to find a new job, or develop their job by increasing the variety of job tasks they undertake. Given that the average hours worked are 8 hours per week, there is plenty of opportunity to expand and develop their present jobs.

References

IASE – Irish Association of Supported Employment (2005), **Five Year Strategic Plan 2005 –2010,** Dublin: Department of Community, Rural and Gaeltacht Affairs.

Leach (2002) in Swan, S, Newton, D (2005), ‘Supported work-based training as a route into employment for adults with learning disabilities’, **Tizard Learning Disability Review,** 10, 34.

Lynch, C., McCormack, B., Pierce, A.T. & Kelly, S. (1996)

EU Horizon Project Consortium (2000) **Mainstream Supported Employment Project Research Report .**

Person Centred Plans and Personal Outcomes within Quality Development Services

Sinead Browne & Patrick Nash
COPE Foundation, Bonnington, Montenotte, Cork

Note: This is an abridged version of the full report which is available on request from the authors.

Introduction

This research project set out to examine the personal outcomes from the Person Centred Plans (PCPs) of clients attending a day service in Quality Development Services (QDS) with particular reference to Supported Employment and Training. QDS is a Sheltered Occupational Service run under the auspices of COPE Foundation. QDS provides sheltered work, a supported employment service and a broad range of training and occupational modules (from relaxation to computers, art, time and money management, etc.) as part of its services. There are approximately 160 clients attending QDS. 68 of those are in some form of Supported Employment. Person Centred Planning was introduced to QDS in 2003.

Literature background

The National Code of Practice for Sheltered Occupational Services (2003) refers frequently to Person Centred Plans (PCPs). It states that each service user will have a programme of activities based on their PCP. It also states that on behalf of the state, service providers must focus on each individual's needs and capacities as identified in their PCP.

O' Brien & Lovett (1992) described the term Person Centred Planning as encompassing a group of approaches including Lifestyle Planning (O'Brien, 1987), Personal Futures Planning (Mount & Zwernick, 1988) Essential Lifestyle Planning (Smull & Harrison, 1992) and many more. All these approaches share a common set of beliefs, that the person is at the focus of the plan and is the expert on their own life. Service providers use the PCP process to determine what the client and their family/advocate want for the individual and then attempt to use their service to provide this rather than having what happens in the individual client's life solely determined by the service provider and the system in place.

A lot has been written about PCPs and their merit. Some findings from research done in the area report that introducing a PCP process has led to people doing more things they really wanted to do and realising more of their hopes, dreams and ambitions (Cole, McIntosh & Whittaker, 2000). As Emerson & Stancliffe (2004) note, it is reasonable to conclude from the available case-study evidence that PCP can be effective and also that evidence is available beyond case studies to include studies of the impact of PCP across larger institutions and whole states (e.g. Holburn 2002, Butkus et al. 2002). This project attempts to assess the impact of introducing the PCP process and the relative success of the PCP process within one area of COPE Foundation's services.

Objectives

- To examine outcomes of PCPs
- To gain more information on how themes/wishes expressed in PCPs relate to outcomes and
- To establish some baseline data on PCPs within COPE Foundation.

Methodology

A list of clients for whom Person Centred Plans (PCPS) had been completed was obtained. Clients were approached individually by the researcher who was known to them. The research project was explained and any questions the clients may have had were answered. These questions usually focused on what their personal plan was and what was required of them. Consent was then sought for the clients to be included in the research project. If clients were unsure they were encouraged to ask more questions or to take some time to think about it. In some cases if clients remained unsure they were given a letter to take home explaining the project so that they could seek the guidance of family members. If clients seemed to understand the project and what their consent was being sought for, they were asked to sign a letter of consent, which was read to them first.

Ten clients were excluded from the project on the basis that their PCP had been completed too recently for outcomes to be measured against it. Seventy-Three clients were approached to participate in the project. Six of these clients declined to take part in the project. Three clients were given a letter to take home explaining the project. Of these three, two brought back the letter with consent and one declined to participate. This resulted in 65 participants.

These 65 PCPs were examined and specific information was extracted under the themes of (a) Supported Employment, (b) Training Modules Requested, and (c) Any Specific Intervention that was requested.

This information was then compared against known outcomes. These outcomes were generally found in QDS records and substantiated in consultation with staff and the client in question if necessary.

Following on from this procedure, semi-structured interviews were carried out with twenty clients. This selection represented a sample of clients who had been successful in gaining supported employment and a selection who had not in order to gain some more detailed information on supported employment as an outcome from PCPs.
All participants were reminded at the start of each interview that their consent was voluntary and that they could change their minds at any stage. A policy was in place that the interview would be terminated if the interviewee became upset and that he/she would be offered the opportunity to speak to another member of staff if he/she wished. However, this situation did not arise. These interviews were taped and transcribed verbatim in order to record accurately clients' opinions and viewpoints. All tapes were erased after transcription. Each participant was given a code to identify him/her and this is the only identifying information that appears on the tape transcripts. All the information was collated and analysed and can be studied in the Results section of this report.

Results

Supported Employment

Of the 65 participants, 3 were currently in Supported Employment (SE), 28 wished to participate in SE and 37 did not wish to participate in SE. Of the 28 who wished to engage in Supported Employment, 17 were placed in Supported Employment and 14 of those are still engaged in Supported Employment. Thus, 60% of people who requested a Supported Employment placement in their PCPs were placed in Supported Employment. These figures are illustrated in Table 1 below.

Table 1 Details of Participants

Total number of participants	65
Did not wish SE	37
Requested SE	28
Number Placed	17
Placements Pending	11

Interviews were carried out with 10 of the 17 people who were placed in SE. 7 of these were still in the job and 1 had chosen to leave and return to the Sheltered Occupational

Service fulltime. Two people had encountered difficulties in the job. The main theme that emerged from the interviews with people still in SE was the benefits of the job. These benefits can be discussed under the headings: Feelings of Self Worth, Money, and Variety.

All of the people interviewed spoke of feelings of Self Worth associated with the Supported Employment placement. The direct quotations from interviews below illustrate this.

> I do well outside. I get good reports. I don’t need to be here all the time.
>
> I like having an outside job.
>
> I’m proud of myself for having a job and my family are proud of me too.
>
> I’d do it for nothing so I could say I was working outside.
>
> It’s a big change for me. It’s hard to describe. I’m just happy.

Most of the interviewees mentioned money. It seems to be an important factor for people.

> I give some money to my sister to save in the stamps for me for Christmas and then I give her some every week for the mortgage and things – I’m paying for my keep you know;
>
> Well, I get paid every Friday, that’s the best bit. I buy my own deodorant and things like that now and I save money for Christmas presents;
>
> I do like it here but I like earning more money too.

Another theme, which most interviewees mentioned in some form or other, was the added variety in their lives due to the Supported Employment Placement. Again, the direct quotations below reflect this in the interviewees’ own words.

> I like it this way – coming in here in the afternoons and doing the cleaning in the bank in the morning – I don’t get bored anymore;

> I like having my days in Dunnes and my days here – it's nice to have a change and I'm happy to see my friends when I come in here;
>
> Its good not to be coming in here everyday – I wouldn't want anyone to think I'm not happy here 'cos I am but I like having the change.

Interviews were also carried out with 10 of the people who stated they wished to engage in SE but to date had not been placed. The total number of people in this category is 11. The job coach was also consulted in order to verify statements or offer her opinion on why they had not been placed. Of the 11 who had not been placed yet, 5 were looking for work in specific locations, which limits opportunities so were still waiting for something to arise. 2 people were proving difficult to place due to obesity/mobility problems, which limits their ability to work. One person had been in an accident and had just returned to the day service. The other 3 were exhibiting difficult behaviour and were not considered suitable for SE at the time but were on the review list. Interviews were also carried out with 10 of the 37 people who stated that they did not wish to engage in SE for purposes of balance. From these interviews certain themes emerged. These can best be summarised as fear of the unknown or feelings of inadequacy, parental influence or wishes, and not wishing to leave the service where they are happy. Again, these are illustrated best in the participants' own words.

Fear of the Unknown

> I'm used to it here, I wouldn't want to go somewhere strange;
>
> I wouldn't be able for an outside job – I can be slow sometimes;
>
> What if I couldn't do it or if they asked me to read something. I'd be embarrassed telling them I can't read;
>
> I'm here since I finished in the training centre. I'm too old to change now.

Parental Wishes

> My mother wouldn't allow me have an outside job. She'd be afraid I'd go away with someone;
>
> I asked my parents but they said I was fine here and what did I want changing things for;

> My Dad said I wouldn’t be able for it and it would only upset me. I don’t mind though – I’m fine here.

Not wishing to Leave Service

> All my friends are here. I’d be fierce lonely. They look after me;
>
> I wouldn’t know what bus to get or anything. (other client) makes sure I get the right bus home;
>
> I’d be lost if I went somewhere else. I’m used to it here now;
>
> I couldn’t go somewhere else. My mother says if they closed here I’d come and sit outside everyday!

Discussion

It is difficult to draw a direct causal link between wishes expressed in PCPs and the events in clients’ lives such as achieving a Supported Employment placement or participating in a computer class, which for the purposes of this study are termed as outcomes from PCPs. It can only be assumed that the PCP process does influence this service given that it is from the PCP process that the lists of clients for each module are drawn up and also from the PCP process that people are referred to the Supported Employment service. Also outcomes from PCPs are consistent with wishes expressed in PCPs in QDS.

While not specifically examined in this study, it did emerge that very few of the clients who were approached for consent to examine their PCPs were aware that they had a PCP. When prompted some of them did remember talking to the member of staff who carried out PCPs at the time, and some of them remembered a family member coming in to QDS but they showed very little understanding of the terms ‘Person Centred Plan’, ‘Personal Plan’ or even the word ‘plan’ alone and when the concept was explained to them they seemed surprised to hear that they had a plan. This may be explained by the fact that some people with learning disabilities may experience poor recall or that they may not have fully understood the process at the time. Either way, it does point to a gap in a service that is underpinned by PCPs.

References

Butkus, S, Roltholz, DA, Lacey, KK, Abery, B and Elkin S (2002), “Implementing person-centred planning on a statewide basis: Leadership, training and satisfaction issues”, in Holburn, S and Vietze, PM eds. **Person Centred Planning: Research, Practice and Future Directions,** Baltimore: Paul H Brookes Publishing Co, pp. 335-359.

Cole, A, McIntosh, D, & Whittaker, A (2000), **We want our voices heard: developing new lifestyles with disabled people,** Bristol: The Policy Press.

Emerson, E, and Stancliffe RJ (2004), “Planning and Action: Comments on Mansell & Beadle-Brown”, **Journal of Applied Research in Intellectual Disabilities,** 17, pp. 23-26.

Holburn S (2002), “How science can evaluate and enhance person centred planning”, **Research and Practice for Persons with Severe Disabilities,** 27, pp. 250-260.

O’Brien J (1987), **A Framework for Accomplishment,** Decatur, Indiana: Responsive Systems Associates.

O’ Brien J & Lovett H (1992), **Finding a Way Toward Everyday Lives: The Contribution of Person Centred Planning,** Harrisburg, PA: Pennsylvania Office of Mental Retardation.

Mount B & Zwernick K (1988), **Its never too early, Its never too late: A Booklet about personal future’s planning for persons with disabilities, their families, friends, case managers, service providers and advocates,** (Publication 42-88-109), St Paul, MN: Governor’s Planning Council on Developmental Disabilities.

Provision of workplace-based personal assistants for people with physical disabilities

Tom Martin, Tom Martin & Associates

1. Introduction

This paper presents the results of research commissioned by the Cork Centre for Independent Living on state policies and supports for workplace-based Personal Assistants (PAs) for people with physical disabilities. The research reviewed Irish government policies on the provision of PA supports in the workplace to people with physical disabilities. Existing sources of workplace-based PA supports in Ireland are documented and the research explored best practice provision in Sweden and the UK. Finally, the paper presents a number of recommendations concerning the provision of Personal Assistants in the workplace for people with physical disabilities.

2. Background

The Cork Centre for Independent Living provides a range of services and supports to people with disabilities in the Cork area and operates a FÁS Community Employment scheme for the training of Personal Assistants who work with people with disabilities. The Centre had identified the need for the provision of workplace-based Personal Assistants for people with physical disabilities. It availed of funding from the Combat Poverty Agency to commission Tom Martin & Associates/TMA to carry out this research project.

3. Research objective and methodology

The aim of the research project was to:

- Investigate the effectiveness and equality of the State’s employment supports for people with physical disabilities who require workplace-based personal assistants (PAs) to enable them to engage in mainstream employment.

TMA conducted a review of the national and international literature on policies and supports in relation to the provision of PA supports in the workplace to people with physical disabilities. In addition, interviews were held with informants drawn from key stakeholders such as government departments, state organisations, disability representative organisations and disability service providers.

4. Review of national policies on workplace-based PAs

This section presents an analysis of policies with respect to the provision of workplace-based Personal Assistants to people with physical disabilities starting with an overview of the labour market situation for people with disabilities.

One of the biggest difficulties that faced the Commission on the Status of People with Disabilities was the lack of labour market statistics in respect of this target group. The 1997 National Advisory Committee on Training and Employment (NACTE) report on a strategy for employment for people with a disability in sheltered and supported work and employment also reported difficulties with the lack of available data.

The National Disability Authority has subsequently been working with the Central Statistics Office (CSO) and other organisations with a view to improving the data, inter alia, on the employment of people with a disability.

The 2005 NDA publication, **Work and disability: the picture we learn from official statistics,** highlights the very low participation rate of people with disabilities in employment. Recent evidence also points to a recent decline in that rate. It has been shown that a low employment rate is associated with a high risk of poverty.

Another NDA report, **Disability and the Cost of Living,** found that a person with a disability in employment tends to face additional employment-related expenses such as additional transport costs when compared with a non-disabled person in employment. The report noted that this increases significantly the costs of taking up employment and reduces the living standard of an individual with a disability relative to others in employment.

The 1996 report of the Commission on the Status of People with Disabilities, **A Strategy for Equality,** radically altered the landscape in which vocational training and employment services are provided to people with disabilities. The Commission believed that there should be increased expenditure on creating sustainable employment for people with disabilities and one of its key recommendations was that responsibility for vocational training and employment policies should be transferred from the Department of Health and Children to the Department of Enterprise, Trade and Employment.

The Commission was critical of the lack of supports for people with disabilities to access the labour market. It recommended, for example, increased funding for the Employment Support Scheme and the Workplace/Equipment Adaptation Grant. It did not make any specific reference to the provision of workplace-based Personal Assistants for people with disabilities.

Though the then Department of Health published two key reports on Personal Assistance provision during the 1990s both were relatively silent on the issue of workplace-based PA provision. Both reports did, however, recommend that the Department of Education should take responsibility for funding of PAs to people with disabilities in third level education. The report of the 1996 Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities, **Towards an Independent Future,** recommended that priority should be given to the allocation of PAs to people with disabilities in third level education, training, employment or as an alternative to residential care.

A report by TMA for the NDA in 2004 on the provision of further education, training and employment services for people with disabilities highlighted the need for greater policy co-ordination between the Department of Enterprise, Trade and Employment, the Department of Health and Children, the Department of Education and Science and the Department of Social and Family Affairs, in addition to recommending increased supports to assist people with disabilities to access the labour market.

Successive Social Partnership agreements have been concerned with increasing training and employment opportunities for people with disabilities. The current agreement, **Sustaining Progress,** includes a commitment that the Department of Enterprise, Trade and Employment will provide specific employment supports for people with disabilities and employers.

5. Provision of workplace-based PAs for people with physical disabilities

The Department of Education and Science provides funding for the provision of PA supports to people with physical disabilities in primary, secondary and third level education. FÁS provides a Training Support Assistant to people with physical disabilities who participate in vocational training courses in FÁS training centres and in the centres operated by Specialist Training Providers monitored by FÁS.

FÁS provides a range of supports to enable people with disabilities to access open labour market employment. These supports include the following:

- Employment Support Scheme (ESS);
- Workplace Equipment/Adaptation Grant;
- Personal Reader Grant;
- Job Interview Interpreter Grant;
- Employment Retention Grant.

Employers may avail of grants from FÁS for the provision of disability awareness training.

There are, however, no specific supports to address the personal assistance needs of people with physical disabilities in the workplace. The Department of Enterprise, Trade and Employment and FÁS have indicated that such provision is the responsibility of the Department of Health and Children. The latter, for its part, does not believe that it should be funding workplace-based PAs.

People with disabilities who require workplace-based PAs must access alternative and non-workplace specific sources of funding for PAs. These sources include PAs funded by the Health Boards and PA trainees on FÁS Community Employment-funded training programmes. A small number of people with physical disabilities in collaboration with their employers have utilised the FÁS Employment Support Scheme to fund the provision of a workplace-based PA.

There were varying opinions between Health Boards as to whether the PAs they funded could be used in the workplace. There is greater latitude in this regard with CE-funded Personal Assistants but in both cases there are difficulties with lack of funding.

The availability of the Personal Reader Grant indicates that FÁS does, however, fund within the workplace the provision of personal assistance-type supports to people with a visual disability. FÁS will provide 260 hours personal reader support to people with a visual disability who need assistance with job-related reading. This grant is available for both new and existing employees. FÁS maintains that the Personal Reader Grant only provides assistance within one work area of an employee with a visual disability’s job, namely reading, and differs substantially from a PA grant to provide assistance with all aspects of an employee with a disability’s personal and work-related needs.

As the Irish Wheelchair Association noted in its submission to the Forum on the Future of the Workplace organised by the National Centre for Partnership and Performance:

> For many people with disabilities, entering the workplace is not a simple matter of being qualified for a job or having the ability to perform the job. Personal Assistant (PA) services are extremely important factor in enabling people to live independent lives. To date, funding for PA services has been delivered in an environment which is piecemeal and has no statutory backing. However, the potentially beneficial economics of properly funded and structured PA services must be understood by policymakers. PA services which allow people to return to work, thus contributing to

the economy, could easily balance and exceed state funding. This potential has not been properly explored and exploited.

6. International best practice

This section examines international best practice in the provision of workplace-based personal assistance supports to people with disabilities. The two countries profiled are the UK and Sweden.

United Kingdom

In the UK, the Access to Work scheme provides funding for a range of supports to enable people with a disability to access (or be retained in) employment on a more equal basis with their non-disabled colleagues by removing obstacles due to disability. The scheme is administered by a specialist unit, the Access to Work Business Centre, within the Job Centres Plus organisation which is under the aegis of the Department of Work and Pensions.

The Access to Work scheme provides funding towards the cost of providing support; the types of support include the following:

- Communicator Support at Interview (CSI) which meets the full cost of hiring an interpreter to remove barriers to communication at interview;
- Support Worker which allows the applicant to use the services of a helper. Types of support might include reading to a visually impaired person, communicating for a hearing impaired person via sign language (other than at interview which is covered by CSI), providing specialist coaching for a person with a learning difficulty or helping with personal care needs;
- Travel to Work grants which are available to meet the additional costs of travel to work for people who are unable to use public transport;
- Special Aids and Equipment which helps pay for equipment to help a person with a disability function in the work place;
- Adaptations to Premises and Equipment helps to pay for the cost of making premises and equipment accessible.

Under the Access to Work scheme, all of the approved costs of supports for the following are covered:

- People working for an employer who have been in their job for less than six weeks, or who are about to start in a new job;
- People in self-employment;
- Support workers;
- Travel to work;
- Communicator support at interview.

Supports provided to people with a disability under the Access to Work scheme are for a maximum period of 3 years after which the Job Centre will review the support and circumstances. Help can be provided for a further period if the recipient continues to be eligible under the rules that then apply.

Sweden

Sweden has been to the forefront in the provision of Personal Assistants to people with disabilities and it is no surprise, therefore, that it has a programme to support the provision of PAs in the workplace.

The Stöd Till Personligt Biträde scheme which was established in 1987 funds the provision of a personal assistant to employees with disabilities and to self-employed people with disabilities. In 1998, a total of 790 people with disabilities were supported by the scheme at a cost of €4.5 million.

7. Findings and conclusions

In terms of the provision of PA supports to people with physical disabilities Irish public policies and supports have focused on meeting their personal, education and, to a limited extent, their vocational training needs.

There is thus the potential for people with physical disabilities to access PA support in the education system (from first to third level) and in FAS training centres. However, once they have reached the stage where they are educated and trained to enter the workforce, they find that there are no specific supports for the provision of workplace-based Personal Assistants.

FÁS provides a number of supports to enable people with disabilities to access the open labour market but these do not include the general provision of workplace-based PAs for people with physical disabilities - though the FÁS Personal Reader Grant does fund the provision of a specific personal assistance-type support within the workplace for people with a visual disability. The Department of Enterprise, Trade and Employment and FÁS maintain that the provision of workplace-based PAs for people with physical disabilities is the responsibility of the Department of Health and Children.

The Department of Health and Children does provide (through the Health Boards or, now, through the Health Service Executive) PA support to people with disabilities but says that this support should not be used in the workplace, as such provision should be funded by FÁS.

Employees with physical disabilities who require personal assistance in the workplace must, therefore, access a range of alternative sources of funding in the absence of specific supports for this purpose. The main sources of such supports include personal assistants funded by the Health Boards and by FÁS Community Employment Schemes. There are difficulties with both sources in terms of resource limitations and restrictions have been placed by some former Health Board regions in the use of PAs they fund in the workplace. A small number of employees with a physical disability have used the FÁS Employment Support Scheme to finance the provision of a PA in the workplace.

The review of international practice has identified countries such as Sweden and the UK that have recognised the need to provide PA support to people with physical disabilities in additional areas beyond education and vocational training sectors.

The following recommendations were made:

1. Policy-makers need to address gaps in policy with respect to the provision of workplace-based PA support to people with physical disabilities. Present policies that fund the provision of PA support to people with physical disabilities in the education and vocational training sectors will only have marginal effectiveness if highly educated and trained people with physical disabilities are not able to access employment opportunities in the labour market through the lack of provision of workplace-based PAs.

2. The Department of Enterprise, Trade and Employment and FÁS should recognise their responsibility for supporting the funding of workplace-based PAs for people with physical disabilities. They have already established the principle of supporting people with disabilities with the provision of PA supports in the workplace through the Personal Reader Grant. If people with a visual disability can be supported with the provision of a personal reader then similar—and equally necessary—PA supports in the workplace should be provided to people with physical disabilities. Policy-makers in Ireland should replicate the measures introduced in the UK and Sweden for not only employees with physical disabilities but also for self-employed people with disabilities.

3. In the short term, the Department of Enterprise, Trade and Employment and FÁS should review the eligibility criteria to allow employees with a physical disability to access Employment Support Scheme funding for the provision of workplace-based PAs. They should also expand PA-related Community Employment schemes and increase the number of trainees on such schemes.

4. Until such time as the Department of Enterprise, Trade and Employment and FÁS have developed a dedicated scheme for the provision of workplace-based PAs for people with physical disabilities, the Department of Health and Children should recognise that the deployment of PAs funded by the Health Service Executive in the workplace represents a significant step in integration into society for people with physical disabilities and no restrictions should, therefore, be placed on this practice.

5. In the longer term, the Cork Centre for Independent Living calls for the implementation of the recommendation made by both the Advisory Group on Personal Assistance Services for People with Disabilities and the Review Group on Health and Personal Social Services for People with Physical and Sensory Disabilities that a PA allowance should be paid as an income maintenance allowance by the Department of Social Welfare [now the Department of Social and Family Affairs] to people with severe physical disabilities. The Department of Social and Family Affairs could recoup the costs associated with the use of PAs in education and employment by inter-departmental credit transfers from the Departments of Education and Science and Enterprise, Trade and Employment respectively.

The author would like to express his appreciation to Nicola Meacle, Cork Centre for Independent Living, for her support and assistance in preparing this paper.

References

Comhairle (2002), **Entitlements for People with Disabilities,** Dublin: Comhairle

Commission on the Status of People with Disabilities (1996), **A Strategy for Equality [The Flood Report],** Dublin: Stationery Office.

Department of Enterprise, Trade and Employment (2002), **Employment and Training Policies for People with Disabilities,** Dublin: Stationery Office.

Department of Enterprise, Trade and Employment (2001), **Ireland’s National Employment Action Plan 2001,** Dublin: Stationery Office.

Department of Enterprise, Trade and Employment (2001), **untitled paper** presented by William Parnell at Department of Social, Community and Family Affairs Conference on Employment Supports for People with Disabilities.

Department of Finance (1994), **Code of Practice for the Employment of People with Disabilities in the Civil Service,** Dublin: Stationery Office.

Department of Health and Children (2001), **Restructuring of Training, Work and Employment Services for People with Disabilities: Department of Health and Children perspective,** paper presented by Frank Tracy at Department of Social, Community and Family Affairs Conference on Employment Supports for People with Disabilities, June 2001.

Department of Justice, Equality and Law Reform (1998), **Building A Future Together: Report of the Establishment Group for the National Disability Authority and Disability Support Service,** Dublin: Stationery Office.

Department of Justice, Equality and Law Reform (1999), **Towards Equal Citizenship: Progress Report on the Implementation of the Commission of the Status of People with Disabilities,** Dublin: Stationery Office.

Department for Work and Pensions (UK), **Working Together: An employer's Guide to the Department.**

EIM Business and Policy Research (2002), **Active Labour Market Programmes for People with Disabilities: Ireland Country Profile.**

EIM Business and Policy Research (2002), **Active Labour Market Programmes for People with Disabilities: Sweden Country Profile.**

Equality Authority (1998), **Enforcing your rights under the Employment Equality Act,** Dublin: Equality Authority.

Equality Authority (2002), **Annual Report,** Dublin: Equality Authority.

FÁS (2002), **Statement of Strategy 2002-2005,** Dublin: FAS.

FÁS (June 2001), **Vocational Training and Employment Services for People with Disabilities,** paper presented by Shira Mehlman at Department of Social, Community and Family Affairs Conference on Employment Supports for People with Disabilities.

Government of Ireland (2001), **National Action Plan Against Poverty and Social Exclusion 2001-2003,** Dublin: Stationery Office.

Government of Ireland (2000), **National Development Plan 2000-2006,** Dublin: Stationery Office.

Government of Ireland (1998), **Partnership 2000 for Inclusion, Employment and Competitiveness,** Dublin: Stationery Office.

Government of Ireland (2000), **Programme for Prosperity and Fairness,** Dublin: Stationery Office.

Government of Ireland (2003), **Sustaining Progress,** Dublin: Stationery Office.

Government of Ireland (2000), **Partnership 2000 Working Group Report on Equality Proofing,** Dublin: Stationery Office.

Irish Congress of Trade Unions (July 2001), **Achieving Equality: Progress Report on Equality Programme for People with Disabilities** presented at 2001 Bundoran Biennial Conference.

Irish Wheelchair Association (2003), **Submission to the Forum on the Workplace of the Future at The National Centre for Partnership and Performance,** Dublin: IWA.

Lindqvist, Rafael (2001), **Comparative Analysis and Assessment of the Policy Implications of Alternative Legal Definitions of Disability on Policies for People with Disabilities.**

National Disability Authority and the Department of Health and Children (2003), **Draft National Standards for Disability Services,** Dublin: NDA.

National Disability Authority (2004), **Towards Best Practice in the Provision of Further Education, Employment and Training Services for People with Disabilities in Ireland,** Dublin: NDA.

National Rehabilitation Board (1997), **Employment Challenges for the Millennium: A strategy for Employment for People with Disabilities in Sheltered and Supported Work and Employment, the report of the NACTE Steering Group on Sheltered and Supported Work and Employment,** Dublin: NRB.

Thornton, Patricia, and Neil, Lunt (1997), **Employment Policies for Disabled People in Eighteen Countries: A Review [supported by EC HELIOS II and the Vocational Rehabilitation Branch of the International Labour Office].**

Tom Martin & Associates (2002), **Sheltered Employment: a review of the literature,** Dublin: TMA.

Emerging Trends in Disability Discrimination Cases Investigated Under the Employment Equality Acts, 1998-2004

Niamh Murphy and Helen O'Leary, Ralaheen Ltd

Introduction

Since 1998, Ireland has enacted a range of anti-discrimination legislation. In its entirety, there is now a relatively substantial body of legislation protecting people from discrimination in the workplace, including at the point of entry, in schools and other educational institutions and in access to goods and services. The legislation prohibits discrimination on nine grounds, including disability.

This paper will firstly outline some relevant aspects of the legislation in brief. It will then examine whether trends are emerging in the disability cases taken under the relevant employment equality legislation, since 1998. The cases will be studied in relation to:

- Sex of complainant
- Sector of employment
- Occupation type
- Type of disability
- Focus of discrimination
- Outcomes or decisions of investigations

Employment equality legislation in Ireland since 1998

The Employment Equality Act, 1998 was the first legislation of its kind to be put in place in Ireland in order to protect people against inequalities in the workplace.

Under the terms of the Act, which commenced in October 1999, employees and prospective employees alike can take a case to the Equality Tribunal, where they feel they have been discriminated against by employers. The legislation also allows for complaints to be made in the same manner against vocational training bodies.

Section 8(1) of the Act states:

In relation to-
a) Access to employment
b) Conditions of employment
c) Training or experience for or in relation to employment
d) Promotion or regarding, or
e) Classification of posts

An employer shall not discriminate against an employee or prospective employee and a provider of agency work shall not discriminate against an agency worker.

The 1998 Act was amended by the Equality Act, 2004, in order to implement the provisions of the amended European Union (EU) Gender Equal Treatment Framework, Framework Employment Directive and Race Directive. The two acts are known collectively as the Employment Equality Acts, 1998 and 2004. Table 1 below outlines the equality legislation provisions on the disability ground.

Table 1 Equality Legislation Provisions on the Disability Ground Employment Equality Acts, 1998 and 2004

Ground	Disability is very broadly defined. It covers a wide range of impairments and illnesses. It covers all physical, sensory and intellectual disabilities
Discrimination	Discrimination is defined as the treatment of a person in a less favourable way than another person is, has been or would be treated in a comparable situation on any of the nine grounds Discrimination can be direct, indirect or by association. In order to establish direct discrimination a direct comparison must be made. Discrimination may also be indirect which happens when there is less favourable treatment in effect or by impact. It happens where people are refused employment or training not explicitly on account of a discriminatory reason but because of a provision, practice or requirement, which they find hard to satisfy. Discrimination by association happens where a person associated with another person (belonging to a specified ground) is treated less favourably because of that association
Reasonable Accommodation	Employers and training bodies are obliged to provide reasonable accommodation for people with disabilities, if without special treatment or facilities the employee would not be competent or capable of undertaking duties
Positive Action	Measures which help integrate people with disabilities into employment Training or work experience for disadvantaged groups (as certified by the minister)
Exemption - Disproportionate burden	There is no obligation on employers to provide reasonable accommodation if it would impose a disproportionate burden on the employer. Disproportionate burden is determined by taking account of the financial and other costs involved, the size and financial resources of the employer's business and the possibility of obtaining assistance, such as pubic funding [8]
Other Exemptions	Defence forces; An Garda Síochána; the prison service Where there is clear statistical or other evidence of significantly increased cost Employment in a private household If the person is not capable or fully competent

Sources: Gannon, B and Nolan, B (2004), **Disability and Labour Market Participation,** Dublin: The Equality Authority, P.64.

The Equality Authority (2004), **The Employment Equality Acts 1998 and 2004,** Dublin. P.6

---

[8] Prior to 2004, employers were not obliged to provide reasonable accommodation beyond that which would represent a 'nominal cost'

The Equality Tribunal

A person who feels that they have been discriminated against under the terms of the Employment Equality Acts, 1998 and 2004 can refer a case to the Equality Tribunal. The Equality Tribunal is a body that was set up by law to decide or mediate these complaints. The Equality Act, 2004 changed the law in relation to complaints of discriminatory dismissal or victimisation and dismissal. Before 2004 these complaints could be referred to the Labour Court. However, now they must be referred to the Equality Tribunal.

Mediation

Not all cases that are referred to the Equality Tribunal end in an investigation by an Equality Officer. Mediation is a service that has been in operation since 2000 and is offered to both parties in a discriminatory case. It is an informal, voluntary process (from which any party can withdraw at any stage) in which a mediation officer helps the parties in the dispute to try and reach a mutually acceptable settlement. The Mediation Officer is a neutral and impartial third party with no power to impose a resolution. A number of disability discrimination complaints are resolved through mediation each year. These mediation agreements are confidential and are not published. If an agreement is not reached during mediation the complainant can seek, if they wish, that the investigation be resumed.[9]

Procedures of the Equality Tribunal

As stated in the Employment Equality Acts, 1998 and 2004 a complaint must be made within six months of the last incident of discrimination, except in equal pay cases. Under the Acts, the time limit may be extended from six to 12 months by the Director of the Tribunal were there is reasonable cause to do so.

If a person feels that they have been discriminated against they can fill out a complaint form and send it to the Equality Tribunal. Once the Tribunal receives a complaint, a preliminary check is made to see that it is admissible. Both parties are then asked if they would like the case to be dealt with by mediation. If both parties agree, the case is referred to a Tribunal mediator. Otherwise, it is referred to an Equality Officer for a formal hearing. If the complaint is accepted for a hearing, a copy of the complaint form and any other relevant papers will be sent to the respondent (the employer against whom the complaint is made) and if any papers are received from the respondent they are sent to the complainant. Both sides are requested to produce written submissions before the hearing takes place. These are copied and sent to the other party once received.[10]

---

[9] The Equality Tribunal (2005), **Mediation Review 2004,** Dublin: Stationery Office, P.3.

[10] See The Equality Tribunal (2004), Equality Tribunal - Guide to Procedures. Available at www.equalitytribunal.ie

At the hearing each side receives the chance to present their case, call witnesses and to respond to points made by the other side. The Equality Officer questions both parties. After the hearing the Equality Officer must consider all the evidence. Once this is done both parties are issued with the Equality Officer's decision, which is legally binding. The Tribunal is legally obliged to publish the decisions.[11]

Employment Equality Decisions 1998-September 2005

Since the commencement of the Employment Equality Act, 1998 in October 1999 a total of 411 cases have been heard at the Equality Tribunal under that Act (as of September 2005). Of these, 31 cases were taken against employers or vocational training providers on the disability ground. The number of disability cases that are being referred to the Tribunal is rising each year, although there was a slight drop in 2003 (see Table 2 below). The average percentage of discrimination cases, which are disability cases, is 7.5 per cent. However the percentage for January-September 2005 is much higher at 14.3 per cent. Elsewhere, in 2004, 32.7% of persons with a disability reported that they had no understanding of their rights under Irish equality law, which was significantly higher than that reported by all persons (almost 20%).[12]

Table 2 Number of Employment Equality cases, 1999-September 2005

Year	Number of disability cases	Total number of cases	% of cases that are disability cases
1999	0	98	0
2000	0	43	0
2001	3	42	7.1
2002	7	56	12.5
2003	6	60	10
2004	10	77	13
Jan-Sept 2005	5	35	14.3
Total	31	411	7.5

Source: Ralaheen Research Ltd, 2005.

---

[11] See The Equality Tribunal (2004), **Equality Tribunal - Guide to Procedures.** Available at www.equalitytribunal.ie

[12] Central Statistics Office (Quarter 4 2004), **Quarterly National Household Survey: Special Module on Equality,** Dublin: CSO.

Many of the cases heard by the Equality Tribunal during the first few years after the introduction of the Employment Equality Act, 1998 were in relation to gender discrimination.

Summary of disability cases

The relevant legislation has been in place for a relatively short period of time. In the six years since the commencement of the Employment Equality Act, 1998 a total of 31 cases have been filed with the Tribunal on the disability ground. What follows is a closer examination of those 31 cases taken between 1999 and September 2005. It is important to note that any emerging trends or patterns must be treated with extreme caution due to the small numbers.

Sex

A total of 35 individuals lodged 31 cases between 1999 and the third quarter of 2005. Seventeen complainants in 13 cases were female. However, four cases against four separate respondents were taken jointly by two sisters. This inflates the number of individual females above the reality. In addition, two separate cases against the same respondent were taken by a single female complainant. Eighteen complainants in 18 cases were male, that is to say, none of the cases taken by males involved joint or multiple complainants.

Table 3 Disability cases 1999 - September 2005, according to sex of complainant

Sex	Number of complainants	Number of cases
Female	17	13
Male	18	18
Total	35	31

Source: Ralaheen Research Ltd, 2005.

Sector of employment

From the information available, the cases can be categorised into the sector of employment from which they originate.

Table 4 Disability cases 1999 – September 2005, according to sector of employment or training

Sector	Number of cases
Private	17
Public*	11
Not for profit	-
Vocational training	3
Total	31

Source: Ralaheen Research Ltd, 2005.

*Public sector includes health and is defined as by the CSO

Seventeen cases represent alleged discrimination by employees working or seeking to work in private sector enterprises, while eleven cases were taken against public sector employers. Vocational training centres are incorporated into Section 12(1) of the Employment Equality Act, 1998. Since 1999, three individuals have claimed discrimination by vocational training centres on the disability ground.

Occupation type

A further breakdown of the cases relating to private and public sector employment can distinguish the type of occupation in which complainants were working. Of the 11 public sector and 17 private sector cases, one individual was at higher professional level, while a further seven were lower professionals. Eleven cases related to non-manual work, one related to manual and seven related to either semi-skilled or unskilled employment.

Table 5 Disability cases 1999 – September 2005, according to occupation type of complainant

Occupation*	Number of complainants
Employers and managers	-
Higher professional	1
Lower professional	7
Non-manual	12
Manual skilled	1
Semi-skilled	4
Unskilled	4
Own account workers	-
Farmers	-
Unknown	2
Total	31[13]

Source: Ralaheen Research Ltd, 2005.

*Occupation type according to CSO socio-economic groups - list of constituent occupations

Non-manual work attracted the highest number of complaints. The non-manual category includes Clerical Officer grade in the public and civil service and similar jobs in the private sector such as customer service call centre operatives.

The number of complainants in each occupation type appears to indicate higher levels of discrimination in the non-professional categories. However, the data should be examined in the context of overall trends in the broad occupation type of people with disabilities more generally where CSO figures show higher proportions of people with disabilities concentrated in non-professional categories.[14]

Type of disability

Table 6 outlines the number of complainants and cases according to the broad type of disability. The number of complainants is higher than the number of cases due to joint claims of discrimination. In addition, several claims were taken by the same people. Therefore, in fact, only four different individuals with intellectual disability have

---

[13] This figure excludes those four complainants who took cases against three vocational training bodies.

[14] Central Statistics Office (2002), **Census 2002. Volume 10, Disability and Carers,**Dublin: CSO, Table 16.

had claims investigated by the Equality Tribunal since 1998. Three men with mental illness took cases to the Tribunal since the commencement of the Act. The number of complainants with physical disability or long-standing illness was higher, however, at 13 and 8 respectively.

Table 6 Number of complainants and cases 1999 – September 2005, according to broad type of disability

Type of disability	Number of complainants	Number of cases
Physical disability	13	13
Intellectual disability	11	7
Mental health	3	3
Long-standing illness or health condition	8	8
Total	35	31

Source: Ralaheen Research Ltd, 2005.

In a number of cases, it had to be established by the Tribunal whether in the first instance the complainant had a disability as defined in the legislation. In one such case, the complainant provided evidence of the presence of asthma and irritable bowel syndrome. There were questions around whether the conditions amounted to a disability. The Equality Officer accepted that the complaints could be considered a disability under the terms of subsection (c) of the Act which defines disability as “the malfunction, malformation or disfigurement of a part of a person’s body”.[15]

Another important case examined whether alcoholism or recovering alcoholism constituted a disability under the terms of the legislation.[16] The Equality Officer referred to A Complainant v Café Kylemore, in which the Equality Officer in that case held that alcoholism was a disability for the purpose of the Equal Status Act, 2000. As the definition of disability included in that Act and the Employment Equality Act, 1998 is the same, the Equality Officer concluded that alcoholism is a disability for the purposes of the Employment Equality Act, 1998. It is interesting to note that this is not the case in the UK, where alcoholism, along with dependency on nicotine or any other substance, has been listed as one of a number of conditions not considered impairments under the Disability Discrimination Act.

---

[15] A Civil Servant v the Office of the Civil Service and Local Appointments Commissioners. DEC-E2004/029

[16] An Employee (Represented by A Public Service Union) v A Government Department (Represented by Tom Mallon BL instructed by the CSSO)

Focus of discrimination

The Employment Equality Act, 1998 clearly catalogues the arena of work in which discrimination is prohibited. The number of complaints in relation to each focus of potential discrimination is presented in Table 7.

Table 7 Disability cases 1999 – September 2005, according to focus of discrimination in employment or vocational training

Focus of discrimination	Number of complaints
Access	15
Conditions	13
Training in relation to employment	1
Promotion	6
Classification of post	-
Harassment or victimisation	4
Total	39

Source: Ralaheen Research Ltd, 2005.

Thirty-nine instances of discrimination were reported in 31 cases. Some complainants alleged discrimination in more than one arena of employment or training. In such cases, each complaint is examined and ruled on separately.

Complaints against access to employment or training related to alleged failure to provide reasonable accommodation at interview to direct discrimination in the appointment of candidates. Two interesting cases in relation to access to employment involved a decision on the part of the Equality Officer as to whether a complainant was "medically fit" for the job in question. Section 16(3) of the Employment Equality Act, 1998 provides as follows:

(a) For the purposes of this Act, a person who has a disability shall not be regarded as other than fully competent to undertake, and fully capable of undertaking, any duties if, with the assistance of special treatment or facilities, such person would be fully competent to undertake, and be fully capable of undertaking, those duties

In one case,[17] a male with depression was found to be medically unfit to fulfil the position of gatekeeper as the post was ruled a "safety-critical" job. The Equality Officer

---

[17] Mr C v Iarnrod Eireann. DEC-E2003/054

was satisfied that the respondent could not have provided special treatment or facilities to enable the complainant to do the job without having to incur a cost other than nominal cost.[18]

In a similar case, a man with a heart defect was employed as a school bus driver.[19] He was refused a position as a seasonal bus driver with the same company on medical grounds. The respondent claimed that this job was more stressful for a person with the complainant's condition. There were questions around whether the job of seasonal bus driver, which involved driving in the city, was more stressful than driving school children on rural roads. The Equality Officer found that the respondent's position in relation to the alleged dangers of a condition such as that of the complainant was inconsistent and ordered the respondent to reconsider the complainant's application for the position.

Thirteen further cases related to discrimination in conditions of employment, as prohibited under the Act. These cases related to issues ranging from failure to provide reasonable accommodation at work to time off to attend medical appointments.

Only one case in the specified time period alleged discrimination in the arena of employment-related training.

In six cases, employees asserted discrimination in relation to promotion, five of which were in the public sector and the remaining one in private sector employment. Five promotion-related cases were taken by male employees and one by a female employee.

Four cases included claims of harassment or victimisation, although none of these were entered as stand-alone complaints.

Outcomes or Decisions

The decisions of each case can be categorised into a number of outcomes for the complainant. Only nine of the 39 complaints or charges of discrimination, in various arenas of employment and training were found to be discriminatory. The opposite of 'discriminatory', in the legislation, is not necessarily 'non-discriminatory'. Rather, the outcome could be unfavourable towards the complainant in several ways (see Table 8).

---

[18] This case pre-dates Equality Act, 2004 when the provision for reasonable accommodation was changed to disproportionate burden.

[19] A Complainant v Bus Eireann. DEC-E2003/004

Table 8 Complaints 1999-September 2005, according to outcomes or decisions of investigations

Outcome/Decision	Number of complaints
Failed to establish prima facie	12
Outside jurisdiction	7
No discrimination	10
Discrimination	9
Preliminary	1
Total complaints	39

Source: Ralaheen Research Ltd, 2005.

The European Community (Burden of Proof in Gender Discrimination Cases) Regulations 2001[20] provide that the complainant must, in the first instance, establish facts from which it can be inferred she suffered discriminatory treatment because of her gender. It is only when such a *prima facie* case has been established that the burden shifts to the respondent to rebut this inference of discrimination. Such an approach has been adopted in Ireland by the Equality Tribunal and the Labour Court in cases concerning discrimination on non-gender grounds.

Out of a total of 39 charges of discrimination against employers, 12 charges failed to establish a *prima facie* case of discrimination. An example of the failure to establish a *prima facie* case of discrimination can be found in A Complainant v A Department Store, 2002. The complainant applied for a job as a sales assistant and claimed to have been appointed to that position. However, when she turned up for her first day at work, the complainant alleges that the respondent sent her home, stating that she could not take the risk of employing somebody who had attended a school for pupils with a learning disability. In this instance, the Equality Officer found no evidence that the respondent could have had prior knowledge of the complainant's educational history as it was not outlined in her letter of application. In addition, the complainant failed to produce evidence of her appointment to the position, therefore contributing to the failure to establish a case of discrimination *in the first instance.*

This type of scenario occurred in relation to 12 out of 39 charges. In certain instances, where complainants reported discrimination in more than one aspect of employment or training, *prima facie* discrimination was not established on one count while discrimination was ruled to have taken place on another. Harrington v East Coast Area

---

[20] S.I. 337 of 2001

Health Board, 2002 provides an example of such an occurrence. A woman applied for the post of Senior Pharmaceutical Technician. Following an unsuccessful interview, the complainant alleged discrimination on two fronts – failure of the respondent to provide reasonable accommodation at interview, despite prior warning of the need, and direct discrimination in relation to the selection process on the ground of her disability. While the respondent was found to have failed to provide reasonable accommodation at the interview stage, the complainant failed to establish a prima facie case of discrimination in the selection process. The Equality Officer found no evidence that the interview board took the complainant's disability into account during the selection process.[21]

Seven complaints were found to be outside the jurisdiction of the Tribunal, mostly where the alleged discrimination was said to have taken place before the commencement of the legislation or outside the time limit within which a case must be filed.

Other situations also produced 'outside jurisdiction' rulings. In one instance, a father filed a complaint against a respondent with regard to their failure to provide a work placement for his son who was participating in a training course. The father consistently failed to confirm his son's awareness and consent for the complaint and therefore the Equality Officer was unable to consider the father as his son's representative. The case was ruled outside the jurisdiction of the Tribunal, as the Equality Officer was not satisfied that a valid claim had been referred.[22] In another case, an employee alleged he was in receipt of lesser pay than four named comparators. The respondent argued that the complainant was a freelance journalist and not an employee for the purposes of the Act and therefore not entitled to pursue a claim for equal pay. The Equality Officer found that the complainant was not employed under a contract of service as defined by Section 2 of the Employment Equality Act, 1998 and thus the Equality Officer had no jurisdiction to investigate his claim for equal pay under the Act.

Ten charges were found not to be discriminatory (this differs from failing to establish a prima facie case of discrimination). Of the nine cases found to be discriminatory, eight complainants were awarded sums ranging between €1,270 and €15,000. In the remaining case, although no sum of money was awarded, the respondent was ordered to promote the complainant to the position at the centre of the complaint and to compensate the complainant for any back pay owed in salary and/or benefits.[23]

---

21 Harrington v East Coast Area Health Board. DEC-E2002/001

22 A Complainant v FÁS. DEC-E2003/029

23 An Employee (Represented by a Public Service Union) v a Government Department (Represented by Tom Mallon BL Instructed by the CSSO). DEC-E2005/

The final case related to a preliminary hearing, in which the respondent claimed that the complainant had settled all claims against the company on being made redundant, having signed the termination agreement. However, the Equality Officer found the complainant did not compromise an equality claim when he signed the termination agreement and the case should therefore proceed to be investigated.

Summary

Employment equality legislation protecting the rights of employees, prospective employees and individuals accessing/undertaking vocational training has been in place since 1998. Despite this, only 31 cases have been heard in relation to the disability ground. However, there has been a steady increase in the number of persons taking employment equality cases to the Tribunal on the grounds of disability since 2001.

Although the numbers are small and should be treated with caution, some trends can be discerned.

More individual males than females have taken cases to the Tribunal. Although the figures per case suggest that there were 17 female complainants, on closer examination, the actual figure amounts to ten women as a number of the same people took more than one case. On the other hand, 18 individual men took 18 cases to the Tribunal.

In terms of occupation type, more persons working in non-manual, manual, semi and unskilled employment took cases to the Tribunal between 1998 and September 2005 than professional workers. This may be more indicative of the higher number of workers with disabilities in those occupation categories than the incidence of discrimination in those broad occupation types.

More cases were taken to the Tribunal on the grounds of physical disability or long-standing illness than mental illness or intellectual disability. Decisions in several cases set precedents for what is considered a disability under the terms of the Act. For example, asthma, irritable bowel syndrome and alcoholism were all deemed disabilities for the purposes of the Employment Equality Acts, 1998 and 2004.

Thirty-nine complaints of discrimination were heard in relation to 31 separate cases. The majority of the cases related to access to, or **conditions** of, employment or training. Smaller numbers of complaints were made with regard to **promotion** and **training in relation to employment** and **harassment or victimisation.**

Nine of the investigations found occurrences of discrimination. One preliminary hearing established the right of the complainant to proceed with their case. The remaining 29 relevant cases resulted in negative outcomes for the complainants. Of those with positive outcomes, sums were awarded ranging between €1270 and €15,000.

References

Central Statistics Office (2002) **Census 2002: Volume 10, Disability and Carers,** Dublin: CSO.

Central Statistics Office (Quarter 4 2004) **Quarterly National Household Survey: Special Module on Equality,** Dublin: CSO.

Gannon, B and Nolan, B (2004), **Disability and Labour Market Participation,** Dublin: The Equality Authority.

The Equality Authority (2004), **The Employment Equality Acts 1998 and 2004,** Dublin: The Equality Authority

The Equality Tribunal (2004), **Equality Tribunal – Guide to Procedures.** Available online at www.equalitytribunal.ie

The Equality Tribunal (2005), **Mediation Review 2004,** Dublin: Stationery Office.

A Social Model of Disability and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment

Gabriella M. Hanrahan, PHD Student, University of Limerick

Introduction

The language associated with social model theory is widely used by the State and the so-called voluntary sector involved in the delivery of disability services. However, the NDA reported in 2002 that very little research exists in Ireland using a social model framework. This research intends to focus on the restructuring of Ireland's disability employment policies through the service of Supported Employment in order to detect if and how the theory is put into practice.

Aims

- Broaden our understanding of a social model of disability;
- Contribute to the development of disability emancipatory research methodology.

Objective

- Evaluate the services of Supported Employment in terms of producing an analysis that addresses the needs of people with disabilities as described by them.

Methodology

Within a social model framework, the non-disabled researcher is encouraged to immerse himself/herself in the disability movement in order to get a more in-depth understanding of the issues and concerns of people with disabilities. More importantly, it is to prevent non-disabled researchers from misunderstanding, and/or distorting the issues and concerns of people with disabilities. Academics with disabilities argue that decades of inappropriate scientific research and analysis have contributed to the discrimination and oppression experienced by people with disabilities.

> As disabled people have increasingly analysed their segregation, inequality and poverty in terms of discrimination and oppression, research has been seen as part of the problem rather than as part of the solution.
> (Oliver, 1992:105 cited in Stone and Priestley, 1996)

Immersing oneself in the movement enables the researcher to make connections between the segregation of people with disabilities from mainstream society, their diminished lifestyle, their poverty and the daily undermining of their human dignity owing to acts of discrimination. It teaches the researcher to recognise not only the discriminatory act but also how these experiences are internalised and affect the individuals' expectations. The researcher begins to understand that perpetrators of these acts of discrimination fail for the most part to understand the severe consequences for people with disabilities due to a misunderstanding of the needs of people with disabilities. It becomes apparent that perpetrators believe that the needs of people with disabilities are in someway different to those of non-disabled people. These daily, sometimes subtle, sometimes, blatant acts of discrimination serve not only to reinforce people with disabilities' mistrust of non-disabled people but have taught them to have little expectation that non-disabled people will either understand and/or respect and/or represent them as equal human beings.

People with disabilities who have become politicised about their social positioning through networking and correlating their experiences dream about a better life, and have ideas about how it should be and how it is achievable. A group of people with disabilities have agreed to work with me throughout the research process, while I work with them as a volunteer in organisations that are controlled and managed by them. This way my research benefits from my experience of working alongside people with disabilities and is enhanced because it allows me to see social model theory in practice.

My work with the Independent Living Moving has legitimated my commitment to representing the voice of people with disabilities because members of this group are involved in every aspect of the research, including the literature review, the development of interview questions and the analysis of data.

My voluntary work with other disability groups, such as the disability youth movement in Co. Clare has given me access to a diverse community of people with disabilities and their families outside the control and/or supervision of service providers. Despite the notion that these young disabled citizens are not politicised, they with the support of their families are attempting to create an alternative approach to addressing their social needs. Collectively the disabled community, young adolescences or otherwise are articulating through their actions that as a community all of us have a responsibility to identify difference and deliver services that accommodate diversity. The payback is the contribution people with disabilities have made and will make to the development of Irish society.

Structure of Paper

This paper is divided in three sections. The first section gives a brief history of the United States rehabilitative model of Supported Employment and its impact on service provision. The second section outlines some of the issues raised by academics and activists with disabilities who formulated the social model of disability in an attempt to explain the processes and affect of the oppression of people with disabilities. Finally, the third section focuses on the FAS model of Supported Employment introduced as a market driven initiative in Ireland. My preliminary findings will be discussed in the context of the issues raised in the previous sections.

Supported Employment

The 1960s civil rights movement succeeded in focusing attention on the unequal position that individuals with disabilities occupied in society when compared to non-disabled citizens. The United States disability movement (sometimes referred to as The Independent Living Movement) with the support of some professionals working in the rehabilitative sector successfully initiated the process of de-institutionalisation, which led to some disabled people moving out of institutionalised care into community residential care. This move understood as a process of normalisation, emphasised integration and/or the assimilation of people with disabilities into mainstream society. By the 1980s another shift in thinking (again influenced by the disability movement) in relation to the provision of community services took place. It is argued that the emphasis on assimilation failed to capture the diversity of the lives and needs of people with disabilities and therefore failed to accommodate difference.

Wendell (1989) writing from a disabled woman's feminist perspective argues:

> Disabled people are 'other' to non-disabled people and equally able-bodied people are 'other' to disabled people. The penalty for this otherness is not equal when considering the social, economic, and psychological disadvantages disabled people experience. Oppression as a result of being 'other' than able-bodied is maybe the only thing disabled people have in common because struggles with our bodies are extremely diverse.
> Wendell, 1989:121

The introduction of individualised support services in the United States during this period was a response by the rehabilitative sector to these discussions. Supported Employment programmes reflect this shift in terms of their design. Providing individualised support though the assignment of job coaches signifies not only the diversity of the needs of any community but also the learning needed to understand these needs. The job coach works with individual service consumers to identify access, maintain and where possible create job opportunities in the open labour market. The American model of Supported Employment is developed alongside other mainstream programmes designed to support people with disabilities as part of and through the process of de-institutionalisation. Wehman & Kregal (1994) describe Supported Employment as:

> An approach that focuses on helping chronically unemployed persons with disabilities gain competitive employment with the necessary long-term supports. It is an effective service delivery strategy that has proven its ability to offer persons with disabilities and also employers and co-workers, the community, work place supports critical to employment success.
> (Wehman & Kregal, 1994: 236)

Salyers, Becker, Drake (2004) *et al* suggest:

> It assists people with the most severe disabilities so that they are able to obtain competitive employment directly on the basis of the client's preferences, skills and experiences and provides the level of professional help that the client needs.
> (Salyer, Becker, Drake, 2004:55)

The following is the definition of supported employment in the American Rehabilitation Act Amendments of 1992:

- Involves competitive work in integrated work settings for individuals with the most significant disabilities.
- Targets individuals for whom competitive employment has not traditionally occurred or has been interrupted or intermittent because of significant disabilities.
- Makes available ongoing support services at and/or away from the worksite as needed for the supported employee to successfully maintain employment.

(Wehman & Kregal, 1994: 236)

Many governments are coming under increasing pressure to improve service provision for people with disabilities by becoming more accountable for the development and delivery of disability services. The success of Supported Employment Programmes in the United States has attracted interest among many professionals and others responsible for the development and delivery of disability services. However, most of the research describing its success is produced in rehabilitative journals that focus on the individual achievement of the person with a disability and/or the delivery of the service from a rehabilitative perspective.

Such enquiries fail to address questions on the affects of the oppression of people with disabilities due to the ad-hoc nature of service provision in many areas, including education and training, welfare benefit structures, the lack of opportunities for social development, the inaccessibility of the built environment, the lack of job opportunities and cultural attitudes. By directing this research towards the social and political position of people with disabilities, I intend to add this complex array of issues to future discussions on the FAS model of Supported Employment services.

The Social Model of Disability

The 1960s civil rights movement ignited the International Disabled Peoples movement. People with disabilities recognised that their social positioning was strongly correlated with their exclusion from existing, legal, social, cultural, political, economic and structural arrangements in society. In this sense disabled and non-disabled people emerged as two distinct categories of citizens. An analogy between state apartheid and disabled people's citizenship is useful while acknowledging that states legislates against apartheid. However, people with disabilities argue that states have simply ignored rather than legislated against the right of people with disabilities to equal citizenship.

Academics and activists with disabilities in the UK dedicated to challenging their unequal position in society began to put together evidence to support this view. The social model of disability emerged within this dynamic. The aim of a social of disability is to shift our focus away from individuals with disabilities and towards the restrictive structural environments and social, cultural, political economic and attitudinal barriers that prevent people with disabilities from accessing the menus of opportunities available to non-disabled people. Social model theorists and activists describe the oppression of people with disabilities as the experience of social, cultural, political and economic institutionalised discrimination. Consequently, to change attitudes and combat institutionalised discrimination they argue for the involvement of people with disabilities in all aspects of mainstream society, in the design and delivery of services for people with disabilities, and for protection of these services through the establishment of national and international accountable standards and procedures.

The social model of disability is a direct challenge to traditional approaches to disability where the problems associated with people with disabilities such as high unemployment and/or underemployment are described and prescribed for within medical discourse. Consequently, those working within a social model perspective argue that solutions presented within this framework fail to link structural, cultural, economic, social and environmental arrangements of the given society. Finkelstein (1998) argues that the body of knowledge created by a traditional approach to disabled people:

> crystallised into institutional menus of good practice expected from medical staff in rehabilitation centres, occupational therapists in social services, remedial teachers in special schools and so on. In all this activity the volume of understanding has increasingly rested on what, until recently, has been an unchallenged dogma; that the possession of an impairment leads to social vulnerability.
> (Finkelstein, 1998:1a)

Traditionally, disability is theorised and/or understood on the basis that an individuals' perceived impairment is the principle cause of their social positioning in society. For example, the fact that over 70% of Irish people with disabilities remain unemployed or underemployed despite our economic boom has until quite recently been either, ignored or explained away using language couched in medical discourse.

On the other hand, academics and activists with disabilities link the oppression of people with disabilities to the development of capitalist societies and their exclusion from labour markets. The organisation of society mirrors largely the needs of the labour market and in this sense; it is supportive of the productive individual. Consequently, the exclusion of people with disabilities from the labour market (traditionally understood as an inevitable outcome of their social vulnerability) is now utilized as a means of focusing attention on the contribution society makes to the productive and unproductive individual.

For example, Barnes (1994) writes:

The aims of education for all children and young people include the achievement of responsible personal autonomy and full participation in the communities in which they live. In practice, this usually means employment and a relatively autonomous lifestyle. The type of education that the overwhelming majority of young people with impairments receive does not provide them with the skills and opportunities to achieve either.

(Barnes, 1994:28)

There has been a lot of research and debate in Ireland that has focused on the inequalities in our state education system. Lynch's (1987, 1989, and 1999) extensive work in this area clearly outlines the inadequacies as well as the direct and indirect discrimination produced by this system and its affect on the individuals' future cultural, social economic and political opportunities and future societal arrangements. However, these discussions for the most part do not include any analyses on the impact of the education of people with disabilities.

At the outset, social model theorists understand all societies as disabling societies because they fail to meet the diverse needs of its citizens, thus preventing all of us from developing our human potential to the full. The social model of disability is therefore the starting point for understanding the needs of people with disabilities not as individualised problems, but as a means of addressing the social factors that contribute to lost opportunities. In other words, it draws attention to the additional restrictions imposed on individuals living with impairment. Evidence supporting this analysis particularly though not exclusively from the UK points to poor and inadequate delivery of educational and training opportunities, the inaccessibility of the built environment, inaccessible transport and inaccessible language and information.

Understanding disability from the perspective of people with disabilities creates a critical distance between disability and the impaired individual while preserving the relationship between disability and society. In other words, disability is outside the control of any individual but not outside the control of society. The social model demonstrates that society as a collective has the power to disable citizens and/or equally the power to enable citizens.

Proving this theory is the job of those working within a social model perspective. Our job is to unravel the relationship between disability and society. My work as a social model theorist concentrates on why people with disabilities need a service like Supported Employment to access jobs in the open labour market. My work intends to investigate the difference between the position of people with disabilities in Irish society and those who introduced, develop and/or deliver the service of Supported Employment.

Defining People with Disabilities

Mike Oliver (1990) one of the architects of a social model of disability argued that disability is about people with disabilities, not people with impairments. His definition of people with disabilities contains three elements:

1. The presence of an impairment;

2. The experience of externally imposed restrictions;

3. Self-identification as a disabled person.

He argues that the social model of disability is not an attempt to deal with the personal restrictions of impairment. He understands a social model of impairment as a separate enquiry but that together both models will contribute to the development of disability theory (Oliver, 1999, 37). Goodley, (2001) advocates an analysis of impairment that he suggests will "contribute to recent theoretical demands for building a dialogue between the 'irrational' (impaired) and the 'rational' (non-impaired)". Social model theorists therefore insist that biological assumptions should not direct analysis of people with medically defined bodily limitations; it should be directed towards their social and political position (Oliver, 1990, Barnes, 1991, Mercer, 2000 *et al*). This is however not to deny the presence of and restrictions of a bodily impairment. The social model is a political tool with which to analyse the social, political, cultural and economic positions of people living with impairments and/or perceived impairments.

Collectivising the disabled experience therefore is about challenging the ontological, epistemological, psychological and sociological assumptions employed to exclude and consequently prevent people with disabilities from participating equally in society. Conjectures emanating from enquiries that do not use a social model framework secure societies' traditional and current social, structural, political economic and cultural arrangements.

My research is therefore about evaluating the service of Supported Employment in terms of producing an analysis that addresses the needs of people with disabilities. The service from this perspective cannot be an extension of the type and delivery of services that people with disabilities have become accustomed to. In other words, people with disabilities cannot be passive recipients of the service but must be active contributors to its development and the development of other services that enable the employability of people with disabilities. Supported Employment provides us with a real opportunity for dialogue between people with disabilities and non-disabled citizens, people with disabilities and service providers and persons with disabilities and policy makers.

Discussion on Preliminary Research Findings

The acceptance of the thesis that disability is a social construct is detectable in the evolution of the United Nations Disability Human Rights Framework as well as the policies and directives now emanating from the EU. Together these policies and directives and indeed the four hundred and eight recommendations made by the 1996 Irish Commission on the Status of People with Disabilities set the stage for the framing of future Irish disability social policy and service provision while questioning the appropriateness of existing service provision. The relevance of past and current professional practices as well as the balance of power between people with disabilities and professionals working in the disability sector and indeed between people with disabilities and non-professional, non-disabled citizens is being challenged.

This following discussion does not address Supported Employment Programmes funded through the Health Services Executive (HSE) although the structures are similar to the FAS programme. Indeed, the Irish Association of Supported Employment represents both models and members of the consortiums engaged in developing the FAS and HSE programmes also deliver training to consumers of both models. FAS insist their programme is a market driven programme so the assumption is the HSE programme is based on the American rehabilitative model outlined above. Further analysis is needed to understand the different aims and the effectiveness of both models from the perspective of it consumers.

Supported employment was introduced in Ireland by the Department of Trade and Enterprise as part of the mainstreaming of disability services and is welcomed by the disability movement. My preliminary findings indicate that the current structure of Supported Employment fails to accommodate dialogue and discussion between people with disabilities and those responsible for its development and delivery. Indeed the development and delivery of the service clearly shows, despite social model rhetoric delivered through State agencies and the so-called “voluntary sector” (who are in the main responsible for the delivery of the service) that there is no provision made in the organisational structure of Supported Employment to correct the balance of power between people with and without disabilities.

Of course, this is not new as one contributor to the research outlines in a discussion on the inclusion of people with disabilities in the process of mainstreaming disability services that began immediately after the publication of the Commission on the Status of People with Disabilities 1996 report:

> On top of that then, having regional coordinating committees, groups weren't used to sharing. For some of them they weren't used to sharing with each other, because part of the old competition was because so much of your funding depended on fund raising, charities, and so forth, you had to kind of...you couldn't show all your cards to the other groups within the sector. So we had to build a lot of trust around that, we had to try to develop that.
>
> The other thing as well was, that am... some of the groups found us **(disabled people)** very hard to come to terms with, and they wondered how we ever got into this and they hadn't realised in a sense that it was their own groups, the people that they were serving through the 'Strategy for Equality' had brought this about. So... that took a little bit of learning.
>
> (Participant 2 own emphasis)

People with disabilities clearly understand the process of mainstreaming services provides an invaluable opportunity for non-disabled people to learn and understand the lost opportunities of both communities due to the institutionalised model of segregation forced upon them. They welcome the service of Supported Employment because it offers people with disabilities choices but in its current structure it offers non-disabled people many more opportunities and choices.

All of the research participants working in and/or developing the service are non-disabled people. Few of these had any prior experience of working with people with disabilities and fewer again had any experience of working as job coaches. FAS in their own words describe Supported Employment as a market driven initiative not a rehabilitative service like the United States model. It is therefore an evolving concept, and as the service grows and develops those working in it and those responsible for it are shaping and influencing its development.

In its current structure the consumers remain passive recipients of the service and are not active participants in its development. Yet the underpinning concept of this service promises people with disabilities accustomed to traditional services that it will be very different from services that had gone before. Social model theorists would suggest a change in structure if it is to meet its objective of enabling people with disabilities to be productive members of society. In addition, it is important to pose the question: why are people with disabilities not at the table? The following comment gives us some indication of the challenges ahead.

> Seriously to change the direction of policy am...giving disabled people and their families real choice and some access to...well what I understand to be mainstream opportunities...you really have to take on thee total dysfunctional organisational structure politically in...I think because of the particular scale of Irish society, it is difficult politically to do that because of the voluntary structures that evolved and operated out of a dysfunctional space and within a complete different economic state that hasn't been acknowledged in current structures.
>
> (Participant 1)

Focusing on the structure of Supported Employment as a starting point for my analysis opens up a whole series of questions about the social, economic and political position of people with disabilities in Ireland. Throughout my fieldwork, evidence to support the thesis that disability is a social construct was constantly presented by job coaches and consumers of the service. Job coaches have an enormous workload as they straddle the divide between the objectives of a market driven initiative and traditional disability services. Nonetheless they are learning about the ability and lives of people with disabilities and some are very clear about the issues that need to be addressed. This group have an enormous contribution to make to the development of disability services aimed at preparing people with disabilities to work in an open labour market. However due to the organisational structure of Supported Employment these employees cannot afford to be too critical of services that supply them with consumers.

Why are people with disabilities the most disadvantaged group in the labour market? They spend longer than the average non-disabled person in training centres. This is turn creates its own economy, particularly in rural communities where training centres for people with disabilities are often the largest employer in the area. Not only does my research direct me towards this issue but it also directs me to investigate the affects of long-term institutionalisation and segregation experienced by people with disabilities and their opportunities for mainstream social development.

Equally, I am directed towards the structure of welfare supports for people with disabilities as they attempt to become non-welfare recipients. The question then arises as to the type of jobs people with disabilities have access to and the opportunities for job progression that will allow them to sustain the non-welfare status. Being employees of Supported Employment for example would suggest good opportunities for job progression and future employment prospects, however they are not present as employees in a service designed to promote their employability.

As I begin the process of extracting the findings and developing an analysis of these findings, some of the reasons for higher than average unemployment and underemployment people with disabilities experience should become clear. The introduction of Supported Employment in Ireland provides a valuable opportunity to ask critical and difficult questions about the effectiveness and the structure of services designed to enable people with disabilities to opt for open labour market employment.

Acknowledgements

Thanks to all those who participated in this research particularly people with disabilities who gave their time freely and members of the disability movement for their constant support and encouragement as well as their insights and analysis. A special thanks and appreciation to Team Leaders and Job Coaches for their warm welcome and support for this research. I would also like to thank the staff at the Department of Sociology and my Supervisor Dr. Orla Mc Donnell, at Limerick University.

References:

Barnes, C (1991), **Disabled People in Britain and Discrimination,** London: Hurst and Co.

Barnes, C (1996), “Disability and the Myth of the Independent Researcher”, **Disability and Society,** 11 (1), pp. 107-10.

Barnes, C, Mercer, G and Shakespeare, T (1999), **Exploring Disability: A sociological introduction,** UK: Cambridge.

Barnes, C., Mercer, G (2005), “Disability, work and welfare: challenging the social exclusion of disabled people”, **Work, Employment and Society,** 19 (3), pp. 527-545.

Barton, L (1989), **Disability and Dependence,** Lewes: Falmer Press.

Barton, L, (1989), **Integration: Myth or reality,** Lewes: Falmer Press.

Barton, L (1993), “The Struggle for Citizenship: The Case of Disabled People”, **Disability and Society,** 8 (3), 236-249.

Brown, H & Smith, H (2002), **Normalisation: A Reader,** New York: Routledge.

Conroy, P (2001), **Research Project on the Effective Recruitment of People with Disabilities into the Public Service,** Ireland: The Equality Authority and The Department of Justice, Equality and Law Reform, and Ralaheen Ltd.

Culham, A & Nind, M (2003), “Deconstructing normalisation; clearing the way for inclusion”, **Journal of Intellectual & Developmental Disability,** 28 (1), pp. 65-78.

Dey, I (1993), **Qualitative Data Analysis,** UK: Routledge.

Finkelstein, V (1988), **Attitudes and Disabled People: Issues for Discussion,** New York: World Rehabilitation Fund.

Finkelstein, V (1998), **Emancipating Disabling Studies,** (unpublished papers).

Finkelstein, V (1996), in Hales, Gerald ed. **Beyond Disability, Towards an Enabling Society,** London: Sage.

French, S (1993), “Disability, impairment or something in between? “ in Swain, J, Finkelstein, V, French, S and Oliver, M eds. in **Disabling Barriers-Enabling Environments,** London: Sage.

Goodley, D (2001), “Learning Difficulties, the Social Model of Disability and Impairment: challenging epistemologies”, **Disability and Society,** 16 (2), pp.207-231.

Hales, G ed. (1996), **Beyond Disability: Towards an Enabling Society,** London: Sage.

Hughes, B (2002), “Bauman’s Strangers; impairment and the invalidation of disabled people in modern and post-modern cultures”, **Disability and Society,** 17 (5), pp. 571-584.

Kitson, M, Martin, R and Wilkinson, F (2000), “Labour markets, social justice and economic efficiency”, **Cambridge Journal of Economics,** 24, pp. 631-641.

Lynch, K (1987) “Dominant Ideologies in Irish Educational Thought; Consensualism, Essentialism, and Meritocratic Individualism”, **Economic and Social Review** 18, pp. 101-22.

Lynch, K (1999), **Equality in Education,** Dublin: Gill and Macmillan.

Marks, D (1999), Dimensions of Oppression: theorising the embodied subject, **Disability and Society,** 14 (5), pp. 611-626.

Meekosha, H and Dowse, L (1997), Enabling Citizenship, Gender, disability and citizenship in Australia, **Feminist Review,** 57, Autumn, pp. 49-72.

Michailakis, D (1997) “When Opportunity is the Thing to be Equalised”, **Disability and Society,** 12 (1), pp. 17-30.

Morris, J (1993), **Community Care or Independent Living?** York: Joseph Rowntree Foundation.

Oliver, M (1996a), **Understanding Disability: From Theory To Practice,** N.Y: Palgrave

Oliver, M (1996b), “Defining impairment and disability”, in Barnes, C and Mercer, G eds. **Exploring the Divide; Illness and Disability,** Leeds: The Disability Press.

Roulstone, A (2000), “Disability, Dependency, and the New Deal for Disabled People”, **Disability and Society,** 15 (3), pp. 427-443.

Schur, L (2002), “Dead End Jobs or a Path to Economic Well Being? The Consequences of Non-Standard Work among People with Disabilities”, **Behavioral Sciences and the Law,** 20, pp. 601-620.

Toolan, D (2003) “Towards free and inclusive societies for people with disabilities”, in Quinn, S & Redmond, B eds., **Disability and Social Policy in Ireland,** Dublin, University College Dublin Press, pp. 171-181.

Wehman, P and Revell, WG (2003), “Competitive Employment, Has it Become the ‘First Choice’ Yet?” **Journal of Disability Policy Studies,** 14 (3), pp163-173.

Wendell, S (1989), “Toward a Feminist Theory of Disability”, **Hypatia,** 4 (2), Summer.

Message from the Office of the Minister for Labour Affairs

Introductory remarks

The Conference is timely, and welcome, in the context of the Sectoral Planning process now underway in the Department of Enterprise, Trade and Employment, in response to the requirements contained in the Disability Act, 2005.

Mainstreaming Policy

The Disability Act provides a statutory basis for mainstreaming public service delivery. In addition, it establishes an innovative system for sectoral planning, which will ensure that key mainstream sectors, including employment and training, will have clear public goals for delivering mainstream services to disabled people, and plans to implement these goals in a transparent way.

The mainstreaming ethos is already particularly visible in the services provided by FAS. My Department and FAS are committed to increasing the participation of disabled people in employment - FÁS offers a comprehensive range of employment supports for disabled people in work, or those seeking employment in the open labour market. These services are subject to on–going review and development, and representative consultative arrangements are in place to inform that process.

The new Wage Subsidy Scheme being implemented by FAS offers financial support to employers and workers outside the public sector. Its provisions will make an important contribution towards addressing the financial and other disincentives sometimes faced by disabled people in taking up employment.

This scheme offers financial support to employers to employ a person with a disability who works in excess of 20 hours per week, whose productivity level is below 80% of normal work performance. **Its three strand financial structure provides not just an incentive for those employers who employ a person with a disability; it also provides considerable additional incentives for those employers who employ more than one person with a disability.**

Employees who qualify for the Department of Social and Family Affairs' **Back to Work Allowance** may avail of this scheme when returning to work. For those who meet qualifying conditions this effectively means that secondary Social Welfare Benefits may be retained for up to three years, including retention of the Medical Card and Free Travel Pass.

So there are incentives available for both employer and employee in an integrated scheme.

Other FÁS support schemes for people with disabilities include:

- **Workplace or Equipment Adaptation Grant**
- **Employee Retention Grant Scheme**
- **Disability Awareness Training Support Scheme**
- **Personal Reader grant**
- **Job Interview Interpreter grant**
- **Supported Employment Programme**

FÁS provide financial support to a number of voluntary / private sector initiatives to advance and more fully realise the potential contribution disabled people can make to the labour market. These include supporting the television series, **Three 60;** the **O2 Ability Awards; GET AHEAD** - the National Forum for Graduates with a disability; the **Ability in the Workplace** campaign, and for its final year, the IBEC and ICTU **Workway Initiative.**

Labour Market Participation

Job Placements 2002-2004

The numbers of disabled people, in the case of those with a self-declared disability who registered with FÁS over the period 2002-2004 were as follows:

2002	2003	2004
2,431	2,574	3,014

The numbers of disabled people placed by FÁS in employment, training and other options over the period were:

2002	2003	2004	2005 (to date)
5,572	8,451	8,608	2,434

Government policy relating to vocational training and employment services for people with disabilities is centrally informed and enriched through the broad and open consultative processes that include all representative interests. The objective is to help disabled people to secure rewarding work by making available incentives to them and to employers. We also have supports for those who acquire a disability in the course of their working lives.

In relation to my own Ministerial responsibilities, FAS is the main provider of these services. The take-up of some is better than others and we review and adapt them in an effort to ensure that those who actively want to take up jobs can do so.

Given the fact that there has been such significant public awareness raising of the availability of these employment supports, coupled with the availability of vocational training with FÁS, either through Specialist Training Providers or in mainline programmes, it is somewhat perplexing that larger numbers of disabled people are not availing of FÁS services to assist their transition to the open labour market.

GET AHEAD estimates that there are now some 2,000 students with a disability attending our colleges and universities, which represents a substantial increase on the figure of 300 students attending in 1994. Yet the participation rates of disabled graduates participating in the labour market is considerably less than those of their non-disabled peers.

A recent FÁS Disability Customer Survey found that 34% of the respondents described their employment status as that of “being unable to work”. This is a very high proportion that self define themselves as remote from the labour market. This year a sample survey of approximately 2,000 disabled people registering with FÁS was carried out. It revealed that 41% were not in receipt of any disability related payment.

These facts in turn would appear to question assumptions that tend to be made about what is hindering the participation rates of disabled people in the labour market with regard to educational levels, availability to work and the “benefit trap”.

Midlands Pilot Initiative

FÁS, in partnership with the Department of Family and Social Affairs and the Heath Service Executive are currently piloting an integrated employment support intervention in the Midlands. The aim of this initiative is to pilot an integrated employment support approach for people with disabilities in the age cohort 16 to 24 years who are in receipt of disability allowance, who are not regarded as having disabilities which are profound in nature, and who are subject to on-going medical review of their allowance. Of the 380 persons on the list, 266 were called for interview, 78 attended and only 34 of these actively engaged with FÁS.

Given the age profile of the group, it would be reasonable to assume that interest in preparation for the labour market would have been higher. A formal evaluation will be carried out on the completion of this programme. It is the intention that this model of integrated programme will be rolled out nationally to pro-actively offer the employment and training services by FAS to disabled people who could most readily benefit from them.

Concluding remarks

It is only by actively researching and consulting widely that we will continue to properly address issues and identify barriers to participation in the labour market that impact on people with disabilities. Today’s conference, which has been organised by the National Disability Authority will provide insights to inform the advancement of our policy and practices.

It will be interesting to consider the full report of the outcome and the lessons that it may provide to ensure that State services and supports for disabled people reflect what is necessary and best contribute to assisting them in their vocational and personal lives.

I would like to thank the keynote speakers for their excellent presentations to the conference; Chairpersons of parallel and poster sessions; other conference participants; and the National Disability Authority for hosting the conference.

Closing Address

Angela Kerins, Chairperson, National Disability Authority

I am pleased to have the opportunity today to announce the recipients of NDA’s 2006 Research Promotion Scheme and to launch the NDA Ethical Guidelines for Disability Research, which are the fruit of discussions held at a previous NDA research conference.

Promoting disability research is a key strategic goal of the NDA. This is achieved in a number of ways, namely:

- the NDA Research Scholarship Scheme, which offers funding to post-graduate students;
- the annual NDA Disability Research Conference (now in its fourth year);
- Producing guidelines to assist in improving quality in disability research such as the NDA ethical guidelines we are launching today;
- and, of course, through the NDA Research Promotion Scheme which we celebrate today.

The NDA believes that research can make an important contribution to achieving full human rights and social justice for people with disabilities. Over the last four years, since these conferences began, the field of disability research in Ireland has been expanding rapidly and it is vital that quality in this growing body of research be ensured. The NDA believes that quality research means ethical research, so that adhering to ethical good practice is a quality assurance issue.

In accordance with its statutory role in relation to disability research, the NDA launches these NDA ethical guidelines to be a resource for the expansion of quality disability research in Ireland. The guidelines have been drawn up through consideration of best international practice alongside a wide process of consultation, in particular consultation with people with disabilities.

Many of you here today will have participated in this process, not least during the 2003 NDA Research Conference which had as its theme, ethics in disability research. I would like to take this opportunity to thank you, on behalf of the NDA, for that invaluable contribution to our work. We hope that you will find the new guidelines a useful and helpful resource.

The Research Promotion Scheme was established to enable organisations working in the community & voluntary sector to undertake research on disability issues. Since its introduction two years ago, fourteen groups have received funding under the scheme to investigate a wide range of issues and areas. Their research findings have made a significant contribution to improving the knowledge base of disability research in Ireland. The NDA is proud to support such initiatives and will continue to promote the dissemination and promotion of disability research.

I would now like to say a few words about the quality of the applications for funding under this year's scheme. In total, we received 20 proposals from a wide range of groups and organisations. All were of a good quality standard and the decision for the assessment panel was difficult. However, seven proposals were considered as most deserving of funding.

Together they cover a wide range of topics, with all parts of the country represented, from local community groups to third level institutions. All of them were selected because they aligned clearly to NDA's goals of promoting the full participation of people with disabilities in mainstream society and improving quality of service provision.

Some of them focus on data collection to improve participation in employment and social life and others explore how to work with staff and clients in services to improve service provision. Others focus on changing attitudes in Ireland to promote better participation and decrease the stigma associated with disability. Specific thanks is due this year to Carmel Duggan of the Work Research Centre for her support in promoting and improving the effectiveness of the Research Promotion Scheme.

And now to the awards:

- To NAMHI for their research project which will explore the changing character of sheltered and supported employment. Cliona Ni Chualain is here to accept the award of €10,000.
- I would like to ask Dr Bob McCormack of St Michael's House/Prosper Fingal to accept the award of €12,000 for their project called 'My rights project' which will explore how people with intellectual disabilities conceptualise and understand the issue of 'rights'.
- Fiona English of Wexford Area Partnership is here to accept the award of €13,500 for their project which will look at employment opportunities in the Wexford area for people with disabilities and identify training needs so that people with disabilities can avail of equal opportunities.

- I would like to ask Ms Molly O'Keefe of the National Institute for the Study of Learning Difficulties, Trinity College Dublin to accept the award of €12,000 for their project which will evaluate the impact of Inclusive Third level Education at Trinity College Dublin for students participating and their families.
- I would now like to welcome Grainne McGettrick to accept the award of €10,000 on behalf of the Alzheimer Society of Ireland for their project which will explore the issue of the stigma of dementia and identify ways in which this stigma can be reduced.
- Dr Caoimhin MacAoidh will accept the award of €10,000 on behalf of Donegal Local Development Co. Ltd for their project which will look at how to increase the participation of people with disabilities in the community.
- Finally, I would like to welcome Andrew McDonnell of Gheel Autism services to accept the award for their project which will explore how to improve the effectiveness of Person Centred Planning processes in its service for clients with autism.

Congratulations to the seven groups awarded funding today. I am confident that each project will achieve its aims and objectives and deliver quality research and evidence-based argument. The NDA wishes you well in your research endeavours and I look forward to attending the findings of your research in due course.

Appendix A: Conference Programme

09.30	**Registration and Tea Coffee**	
10.00	**Welcome**	Mary Van Lieshout (NDA)
	Plenary Session 1	**Chair, Mary Van Lieshout**
10.10	**Disability and work in Ireland: the background**	Eithne Fitzgerald, (NDA)
10.15	**From disability to ability**	John Martin (OECD)
10.45	**Disability and labour market outcomes in Ireland**	Brenda Gannon/Brian Nolan (ESRI)
11.15	**Discussion**	
11.30	**Coffee break**	
	Plenary Session 2	**Chair, Dermot Mulligan (Dept. of Enterprise, Trade and Employment)**
12.00	**Employment retention, early intervention, social inclusion and emerging disabilities**	Dónal McAnaney (Rehab) / Richard Wynne (Work Research Centre)
12.30	**Motive, means and opportunity**	Tom Ronayne/Tony Tyrrell (WRC Socal & Economic Consultants)
13.15	**Lunch**	
14.00	**Poster Sessions**	
	Rehab Optiwork Programme	Donal McAnaney and Mary–Ann O'Donovan
	Facilitating the employment and progression of people with disabilities	Mary Bigley (Equal at Work) and EBS Building Society
	Bank of Ireland – I Can programme	Dermot O' Sullivan
14.30	**Plenary session 3**	**Chair, Mary Doyle (Dept. of the Taoiseach)**
	What works?	Ilene Zeitzer (Disability Policy Solutions)
15.00	**Discussion**	

15.15 Parallel Sessions

Session A

Vocational rehabilitation for people with psychosis	Niall Turner
An evaluation of the Reach training programme	Caroline Lydon
Employer perspectives on employing people with mental health disabilities	John Wells, Nora Wall and David Heffernan

Session B

Job development in supported employment – a study of employees with intellectual disabilities working in supermarkets	Julie McCrea and Bob McCormack
Person-centred planning and supported employment for people with intellectual disabilities	Sinéad Browne and Patrick Nash

Session C

Personal assistance and employment	Tom Martin
Emerging trends in disability discrimination cases taken under the Employment Equality Acts	Niamh Murphy and Helen O'Leary
Employment issues for graduates with disabilities	Tina Lowe

Session D

Workway	Mairead Conroy
Self employment and enterprise for people with disabilities	Sharon McGreevy
A Social Model of Disability, and the Restructuring of Ireland's Disability Employment Services through the Service of Supported Employment	Gabriella Hanrahan

16.15 Plenary Session 4

16.30	**Conference Address**	Message from the Minister for Labour Affairs
	Closing Address: Announcement of Research Promotion Scheme Grants and Launch of Ethical Guidelines for Good Practice in Disability Research	Angela Kerins, Chairperson, NDA