

# International Encyclopedia of Rehabilitation

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*This publication of the Center for International Rehabilitation Research Information and Exchange is supported by funds received from the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education under grant number H133A050008. The opinions contained in this publication are those of the authors and do not necessarily reflect those of CIRRIE or the Department of Education.*

# **Employment of People with Disabilities**

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Throughout the world, paid work is a crucial aspect of culture and identity, with many individuals organizing their lives around employment. Employment helps define an individual's place in the community. The unemployed are often excluded from important activities and roles within the social group (Obermann 1980). Until recently, the expectation for people with disabilities was they usually would not work. For example, in the United States, prior to the passage of the Rehabilitation Act of 1973, employment policies rarely aimed to place people with disabilities in competitive employment positions (Blanck 2001). Benefits programs for people with disabilities largely remain tied to income—only persons below a certain threshold income receive assistance (Blanck et al. 2009; Wehman et al. 1997).

With the passage of the Individuals with Disabilities Education Act (1975) and the Americans with Disabilities Act (ADA) of 1990 (as amended in 2008), employment discrimination has been reduced and employment opportunities for people with disabilities have improved in the United States (Blanck 2008). This trend is not exclusive to the United States. However, employment outcomes for people with disabilities continue to lag substantially behind those of people without disabilities in the United States and worldwide (Blanck et al. 2007; International Disability Rights Monitor 2004). Since its adoption by the United Nations (UN) General Assembly in 2006, the UN Convention on the Rights of Persons with Disabilities has been signed by 114 nations with the promise, in part, of greater employment opportunities for all persons with disabilities. The Convention entered into force May 3, 2008 (Reina, Adya and Blanck 2007; United Nations 2006; United Nations).

## **Employment Rates**

While reliable data on the employment of people with disabilities worldwide is difficult to come by, available data indicate people with disabilities have poorer employment outcomes than people without disabilities (International Disability Rights Monitor 2004). At least 650 million people have disabilities worldwide, with approximately 15-20% of each country's population affected by disability (Employers' Forum). In developing countries, 80-90% of people with disabilities of working age are unemployed (Zarocostas 2005). In industrialized countries, the situation is slightly better. However, individuals of working age with disabilities are still unemployed at a rate between 50% and 70%, at least twice the rate of those without disabilities (International Disability Rights Monitor 2004).

Regionally, the general trend is the same. In Asia, there are 370 million people with disabilities, 238 million of whom are of working age. Of those, the unemployment rate is typically twice that of the rest of the population and often as high as 80% (Perry 2002). In the European Union, 43% to 54% of individuals with disabilities are of working age and their unemployment rate is two to

three times greater than for people without disabilities (International Disability Rights Monitor 2004). In Latin America and the Caribbean, approximately 80-90% of individuals with disabilities are unemployed, and those that are employed receive comparatively low wages (World Bank 2004).

## **Models of Disability**

The employment outcomes mentioned above are greatly influenced by conceptual models of disability adopted by service providers. These models are tools for defining impairment and are important because they play a significant role in determining the strategies that government and society devise to help meet the needs of people with disabilities (Shapiro 1994). Numerous models of disability exist; however, the three most prominent are the medical model, the social model and the biopsychosocial model.

The medical model has been the dominant model in the formulation of disability policy for more than a century (Blanck 2001; Myhill and Blanck 2009). The primary tenet of the medical model is that disability results from the physical or mental limitations of the individual and is largely unrelated to the physical and social environment in which people live. As a result, the medical model focuses almost solely on the individual's impairment when forming disability policy and developing treatments and services for those living with a disability (Shapiro 1994). This model regards disability as a health or rehabilitation issue; therefore, the first step is to heal or find a cure for the disability. If this is unsuccessful, the model aims to provide the care and services to support the individual with a disability (Myhill and Blanck 2009).

Because of the medical model's emphasis on care, people with disabilities may be excused from the normal obligations of society, such as work, and institutionalization and segregation are ultimately given justification (Blanck 2008). This has negative consequences for employment outcomes because it limits opportunities for people with disabilities to make choices, become economically self-sufficient, and reach their full vocational potential. Furthermore, this reinforces existing prejudices among employers about the inability of people with disabilities to do a job as well as individuals without disabilities (Shapiro 1994). In countries that employ primarily a medical model of disability, people with disabilities are rarely employed, and when they are employed, it is typically in segregated settings (Lunt and Thornton 1994).

The second major model of disability, and one that has become increasingly recognized and prominent in recent years, is the Social Model (Myhill and Blanck 2009). The social model considers disability a consequence of environmental, social and attitudinal barriers that prevent people with disabilities from maximum participation in society (Blanck et al. 2009). It implies that if attitudinal, physical, and institutional barriers are removed, many people will be viewed as having different abilities and greater opportunity to participate in society, rather than having disabilities and the inability to participate. The social model differs from the medical model because it places the focus on society, rather than on the individual. Furthermore, it focuses on the unique abilities and needs of each individual, while the medical model treats each individual that falls under the same disability classification in the same manner (Shapiro 1994).

The Social Model has had positive consequences for employment outcomes in the United States, Canada and Australia, among other countries, with many individuals with disabilities obtaining

customized and competitive employment in the community. This focus helps change negative attitudes employers may have toward people with disabilities (Shapiro 1994). In contrast, the medical model of disability perpetuates sheltered or segregated employment opportunities, which are not part of the open labor market (Parent 2004; Shapiro 1994). This has important implications for people with disabilities and policy makers.

A third model, the biopsychosocial model adopted by the World Health Organization (WHO), is a framework that integrates the medical and social models of disability (Jette 2006; Wright 2004). The WHO (2001) determined that neither the medical model nor the social model of disability, by itself, was sufficient to fully understand or frame disability, although each had clear strengths. In the biopsychosocial model, disability is perceived to stem from the interactions between biological, psychological and social factors. Previously, the International Classification of Impairments, Disabilities, and Handicaps, formulated by the WHO, differentiated between impairments, disabilities, and handicaps (WHO 1980). Recently, it was revised and renamed the International Classification of Functioning, Disability and Health (or “ICF”) (WHO 2001). The ICF uses a biopsychosocial approach to disability and acknowledges socio-environmental factors, socio-demographic factors, and behavioral factors that dictate the subjective experience of living with a disability (Jette 2006).

The biopsychosocial model is evolving and will benefit from the continued development of both the medical and social models in their pure forms (Wright 2004). Because the biopsychosocial model is new, its impact on employment opportunities for people with disabilities is unclear. However, since it focuses on social and environmental factors, it is reasonable to assume that, like the social model, it would have a positive impact on employment opportunities for people with disabilities.

## **Employment Models for People with Disabilities**

There are several primary models of promoting employment for people with disabilities implemented throughout the world. These include sheltered, supported, and customized employment. A useful distinction among employment models are those where people with disabilities work in a segregated environment of only workers with disabilities compared with an integrated environment of workers largely without disabilities (Kregel and Dean 2002). Notably, Article 27 of the UN Convention on the Rights of Persons with Disabilities emphasizes “the right ... to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.” (United Nations 2006, art. 27(1)).

Another distinction is between models that pay and do not pay competitive wages (Kregel and Dean 2002). In sheltered employment, people with disabilities work together in a segregated setting and are trained and supervised by people without disabilities (Kregel and Dean 2002). The sheltered employment model assumes people with disabilities are less productive than workers without disabilities, and often pays a wage that is a fraction of wages given other workers (sometimes called a “subminimum wage”) (Blanck et al. 2003; Kregel and Dean 2002). In theory, people with disabilities are supposed to advance their productivity until they move out of segregated employment and into employment that pays a competitive wage (Blanck et al. 2003; Kregel and Dean 2002).

There are challenges associated with the sheltered employment model. First, earnings received in sheltered settings are low or inconsequential, which often causes individuals to remain dependent on government cash benefit programs (Blanck et al., 2003; Kregel and Dean 2002). Second, sheltered employment isolates the person with a disability from the community. As a result, instead of reducing obstacles to employment, segregation lowers expectations and enhances negative public attitudes, making it more difficult for individuals with disabilities to obtain meaningful employment (Kregel and Dean 2002). Third, very few people in sheltered employment progress into competitive employment (Blanck et al. 2003). Therefore, sheltered employment has been shown to have a limited long term impact on the productivity and community integration of people with disabilities (Murphy and Rogan 1995).

In supported employment, an integrated model of employment, workers with disabilities are assisted throughout the employment process. A job coach may assist the individual to find a job, train for the job, and maintain employment through individual supports and accommodations (Parent 2004). Supported employment aims to place people in jobs that earn competitive wages, though in practice this is not always the case. Supported employment is grounded in the philosophical concept of self determination. It is based on core values, which emphasize the right to work, capacity to perform a job, individual strengths, personal goals and choices, and role of community in the person's growth and development (Wehman et al. 2003).

A new model of employment that aims to place individuals with disabilities in jobs earning competitive wages is customized employment (Callahan 2002; Parent 2004). The term was first defined by the Office of Disability Employment Policy (U.S. Department of Labor):

Customized employment means individualizing the employment relationship between employees and employers. ... It is based on an individualized determination of the strengths, needs, and interests of the person with a disability ... . It may include employment developed through job carving, self-employment, or entrepreneurial initiatives, or other job development or restructuring strategies ... to fit the needs of individuals with a disability. Customized employment assumes the provision of reasonable accommodations and supports necessary for the individual to perform the functions of a job ... (Office of Disability Employment Policy 2001, p. 38,004).

Customized employment embraces a "person-centered" approach. It begins with the person's needs, aspirations, talents and skills, which serve as a basis for contacting potential employers (Inge 2008b). Additionally, it emphasizes the person's choice and strengths and abilities (Inge 2008a, 2008b). In customized employment, jobs are negotiated so that they best fit the individual, while individuals are placed in competitive settings and receive supports that match their individual needs. In the United States, this model is employed in One-Stop Service Delivery Systems (Blanck et al. 2009; Inge 2008b), in which workforce investment, education, and other human service programs collaborate to enhance access to services and long term employment outcomes (United States Department of Labor 1999).

Supported and customized employment models lead to desirable outcomes for persons with disabilities for a number of reasons. First, wages and hours worked are significantly higher, on average, than for individuals in sheltered employment (Conley 2003). According to a Maryland survey, individuals in customized and supported employment earn 3.5 times more than those in sheltered employment and work 30% more hours per week (Conley 2003). Second, individuals with disabilities gain social benefits from customized and supported employment (Ohtake and Chadsey 1999). Customized employment enables individuals with disabilities to make friends with individuals without disabilities, obtain cultural benefits from obtaining a job, since an individual's identity is often shaped by work, and become integrated in society outside of work (Ohtake and Chadsey 1999). Similarly, supported and customized employment models may diminish stigma associated with having a disability because they emphasize the person's abilities and productivity (Wehman et al. 2003).

Third, employing individuals with disabilities in competitive settings has benefits for corporations (Kregel 1999). Employers rate the performance of individuals with disabilities favorably in dependability, reliability, ability to get along with coworkers, loyalty to the company, and respect for authority (Kregel 1999). On-going case study research among partners with the Burton Blatt Institute (BBI) found:

- Employees with disabilities who report having supervisors who exhibit behaviors valuing diversity were less likely to report harassment as a result of their disability, and report higher levels of commitment and lower turnover intentions.
- Fairness of human resources practices significantly predicts employee organizational commitment, job satisfaction, citizenship behaviors, and turnover intentions.

Another study using nearly 30,000 employee surveys from 14 companies found disability is linked to lower average pay, job security, training, and participation in decisions, and to more negative attitudes toward the job and company (Schur et al. 2009). These "disability gaps" in attitudes vary across companies and worksites, with no attitude gaps in worksites rated highly by employees for fairness and responsiveness. The results indicate corporate cultures responsive to the needs of all employees are especially beneficial for employees with disabilities. Thus, hiring individuals with disabilities improves workforce diversity and overall company profitability and productivity (Kregel 1999).

Increasing numbers of people with disabilities are employed through models that focus on abilities and choice, such as customized employment. However, most individuals with disabilities worldwide still are employed in sheltered rather than competitive settings (Wehman et al. 2003). A useful distinction to understand the obstacles or barriers that prevent customized employment from becoming the dominant model is between those that affect labor supply and those that impact labor demand (National Council on Disability 2007; Wehman et al. 2003).

## **Supply and Demand**

Supply and demand in the employment context refers to the supply (or availability) of trained, job-seeking workers in the labor market and the demand (or need) for these workers by industries. First, on the labor supply side, without effective accommodation it may be more

expensive for an individual with a disability to work than it is for an individual without a disability, such as if personal assistance is needed getting ready for work, accessible transportation is not available, or medical costs are higher than for people without disabilities (National Council on Disability 2007). Second, on average, individuals with disabilities have lower levels of education and training. Third, people with disabilities often need jobs with greater flexibility, since certain disabilities require additional time for self-care, therapy, and medical appointments, and transportation issues may increase uncertainty in daily schedules. Fourth, people with disabilities often are hesitant to become employed because increased employment income may jeopardize eligibility for disability services and health benefits; these benefits may be tied to personal assets and income (Blanck et al. 2009; National Council on Disability 2007).

On the labor demand side, a common barrier to employment is discrimination, prejudice, stereotypes and misconceptions of ability, which often make employers reluctant to hire individuals with disabilities (National Council on Disability 2007). Second, corporate culture, in terms of organizational practices and the attitudes of managers, supervisors, and coworkers, can reduce employment opportunities for individuals with disabilities (Schur et al. 2009). Third, individuals with disabilities may require workplace accommodations; employers may be hesitant to hire individuals with disabilities due to mistaken fears of expensive accommodation and healthcare costs (National Council on Disability 2007).

Empirical studies demonstrate, however, that most accommodations cost nothing or less than \$500 and result in substantial benefits to employers (Schartz et al. 2006a, 2006b). Thus, when existing employees require accommodations, such as for an acquired disability or health condition, the benefits and cost savings from not having to hire and train a replacement employee outweigh the accommodation costs by several thousand dollars (Blanck et al. 2009). Fourth, there is often a lack of information on both sides of the labor market; some individuals with disabilities do not know what jobs they are capable of doing and how to obtain necessary training, while employers are unaware of resources available to help them hire individuals with disabilities (National Council on Disability 2007).

## **Conclusion**

As is true for those without disabilities, people with disabilities have a right to fair and equal wages, working hours and opportunities, and the cultural benefits of being employed in the community. To achieve this goal, individuals with disabilities need to be in customized or supported employment, rather than in sheltered and segregated settings.

Since employing people with disabilities has a positive impact on employers, increases in customized and supported employment will not only help individuals with disabilities, but also benefit the workforce and society as a whole. Unfortunately, throughout the world, individuals with disabilities remain employed at lower rates than people without disabilities, and when employed, often are in sheltered settings. For employment outcomes to improve for people with disabilities, policy makers must continue to move from the medical model of disability to more comprehensive models such as the social and biopsychosocial models of disability, and address supply and demand challenges. One primary objective of the 2006 UN Convention of the Rights of Persons with Disabilities is to help to achieve this important goal (Blanck et al. 2009).

## Credits

This work was funded in part by the National Institute on Disability and Rehabilitation Research for the Demand-side Employment Placement Models Projects, Grant No. H133A060033; and the Office of Disability Employment Policy for (a) the Start-Up NY Project, Grant No. E-9-4-6-0109, and the Disability Case Study Research Consortium, Grant/Contract No. E-9-4-6-0107.

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