

Overcoming barriers to employment

11. Overcoming Barriers to Employment

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Disability and unemployment

Unemployment

Ultimately the effectiveness of current policies and provision must be judged according to their success in enabling disabled people to participate as fully as possible in society and, in particular, their success in enabling them to enjoy all the benefits of employment. In this regard it is important not to lose sight of the fact that this should not only mean that disabled people have jobs but that those jobs are as rewarding, in both a financial and a psychological sense, as those of other people.

Unfortunately, there is very little information available that provides any insight into these latter aspects. Just what type of work disabled people do, and how satisfying and well-paid it is, is simply not known. The situation in regard to the more basic question of what proportion of disabled people are fortunate enough to have at least some form of employment is not much better, but some statistics are available and estimates of the level of unemployment have been attempted.

If we look first at people registered as disabled with the Employment Service for employment purposes, for whom accurate statistics are available, the situation revealed is a surprisingly good one. In January 1990, there were only a little under 18,000 registered disabled people who were not in employment but were looking for jobs. This was out of a total of approximately 356,000 registered disabled people, indicating an unemployment rate of just under 5 per cent.

It is generally recognised, however, that such an estimate is meaningless, because very large numbers of disabled people do not register. The existence of this large group of people who do not register as disabled led the writers of a National Council for Voluntary Organisations (NCVO) report to conclude that the real unemployment rate, in 1981, amongst disabled people might be as high as 25 per cent,

or nearly double that of the general population (Grover and Gladstone, 1981). They based this on an estimate of the total number of disabled people in Britain at 700,000, the source of which was not clear.

One of the most useful sources of information is the Labour Force Survey, which asks people whether they have 'a health problem or disability which limits the kind of work they can do'. The results of the 1985 survey indicated that there were as many as 3.5 million such people of working age, of whom 1.4 million were employed and 400,000 unemployed, the remaining 50 per cent regarding themselves as economically inactive. This represents an unemployment rate of 23 per cent. The 1989 Labour Force Survey points to a slightly lower unemployment rate of 20.5 per cent for disabled people and of 5.4 per cent for the general population.

Two recent and major surveys by OPCS and Social and Community Planning Research (SCPR) have provided additional information on the numbers of disabled people of working age and of those who are 'economically active'.

According to the 1985 OPCS survey, 700,000 disabled adults – over a third (36 per cent) of the 2.2 million disabled adults who were living at home and under pension age – were said to be permanently unable to work. Less than a third (31 per cent) were in employment. Of the remaining third, 14 per cent were keeping house, 3 per cent were in full-time education or training and 16 per cent were unemployed, 'about half of whom were looking for work' (Martin, White and Meltzer, 1989). Thus the unemployment rate amongst the 'economically active' is estimated at around 27 per cent for men and 20 per cent for women, as compared with 11 per cent and 9 per cent for the population as a whole.

The SCPR survey pointed to a slightly lower figure. It estimated the total number of people for the population as a whole 'who were economically active and occupationally handicapped ... at 1,272,000. 987,000 were in work, and 285,000 wanted work' (Prescott-Clarke, 1990). This represents an unemployment rate of 22.4 per cent.

A somewhat lower figure is obtained, however, if the rate for those who are 'registrable' is calculated. In the SCPR survey, registrability was assessed by a panel of disablement resettlement officers (DROs). This led to an estimate of 1,061,000 people of working age in the population who could register as disabled; this is 3.1 per cent of the

working population. 207,000 (19.5 per cent) of these were estimated to be 'wanting work'.

It seems likely that the lower unemployment rates estimated in the SCPR survey are due to the survey not picking up a substantial number of people with psychiatric disabilities.

The need for sheltered employment

In the SCPR survey the DRO panel was also asked to determine whether someone might be categorised as Section 1 (suitable for open employment) or Section 2 (suitable for sheltered employment). This led to a very interesting estimate that 366,000, over a third of the 'registrable' population, are Section 2. Of these, between 60,000 and 100,000 were estimated to be seeking work. These numbers are, of course, far in excess of the level of provision of sheltered employment, around 20,000 places. Somewhat surprisingly the SCPR survey estimated that most of the people the DROs had assessed as suitable only for sheltered employment were in fact working in open employment.

The need for training

The SCPR survey also indicates that '42% of people with disabilities have no qualifications (the figure is even higher for those who are wanting but not yet in work, 59%), compared with 32.2% for non-disabled people' (Prescott-Clarke, 1990).

This would seem to point to the need to improve the provision of vocational training for people with disabilities (see later section on Germany), although the OPCS survey found that 'having qualifications or not did not have a significant effect once the other variables had been taken into account. The results show the increasing likelihood of being unemployed ... with increasing severity of disability' (Martin, White and Meltzer, 1989).

Current provision

Principles

The provision of services for people with disabilities is based on a number of key assumptions, first articulated by the Tomlinson Committee (Tomlinson, 1943) whose recommendations were implemented in the 1944 Disabled Persons Act. Tomlinson assumed that most disabled people were just as productive and employable as their 'able-bodied' counterparts. In Germany, on the other hand – whose quota scheme is often proposed as a model for the United

Kingdom to adopt – a different starting point is taken. Thus in a wide-ranging review of quota schemes in different countries, an American writer states that

the German law starts from the premise that disabled people are not likely to be as productive as their able-bodied counterparts. ... The German attitude contrasts with the British approach which deems disabled people to be on a par with the able-bodied in regard to their employability. (Kulkarni, 1981)

An English visitor to Germany was conscious of a similar difference:

employment services in the United Kingdom are based on the premise that disabled people are as capable of work as their fit counterparts and the only thing which prevents them from working is a lack of understanding of their abilities by employers. ... In West Germany the law, which was originally designed for war veterans, starts from the premise that disabled people are not likely to be as productive as their fit counterparts and positive incentives are required if disabled people are to take their place in the labour "market". (Massie, 1981)

In a perceptive analysis of the way in which the British system evolved and of the background to the report of the Tomlinson Committee which was so influential in laying down the foundations of the system, Bolderson provides evidence which indicates that these differences may be less clear-cut than they seem. She suggests that the Tomlinson Committee's proposals – and hence the British system – grew out of a desire not to offend either the trade union interests, on the one hand, or those of the employers on the other. 'To the trade unions the spectacle of sick men ... struggling to hold on to jobs which were beyond them ... was abhorrent. So also was the threat which cheap labour presented to able-bodied workers' (Bolderson, 1980). These concerns, she argues, were matched by the wishes of employers not to be burdened by disabled people. 'The TUC and later the British Employers' Confederation wished to keep out of open employment disabled people who were not capable of earning a market wage.'

The Committee therefore asserted that 'unfit workers should not go into competition with the fit' and that 'the only satisfactory form of resettlement for a disabled person is in employment which he can take and which he can keep on his merit as a worker in normal competition with his fellows' (Tomlinson, 1943). According to

Bolderson, these assertions ran counter to what was known, even then, regarding the nature of many disabilities:

even in 1943, information did exist which showed that many disabilities were related to age, mental instability and other conditions which caused a fluctuating or unpredictable work capacity. Despite this, the report made no concession to the partially disabled except in the case of those suffering from tuberculosis or cardiac disease. (Bolderson, 1980)

According to another writer, the trade unions and the employers were also united in their opposition to 'any form of wages subsidy', but Bolderson indicates that 'the Engineers' Federation would have preferred the government to pay subsidies to the employers'. The Engineers' Federation apparently saw this as being the only way to make it 'economic' for disabled people to be employed in many of the heavy labouring jobs in their industry. Thus, according to Bolderson, the principles which are supposed to underlie the British system were, in fact, enunciated by the Tomlinson Committee more as a means of gaining support for the Committee's proposals than as providing a rationale for it.

The quota scheme

The 1944 Act requires employers, whose registered disabled employees make up less than 3 per cent of their total workforce, to obtain a permit from the Employment Department before they may take on someone who is not registered as disabled. Provided such a permit is issued, employers who do not meet their quota are not breaking the law. Should they hire someone who is not disabled without obtaining a permit, however, they are liable to a fine of up to £500 and imprisonment of up to three months. The quota scheme applies only to organisations with more than 20 employees, while central government departments and other government bodies, such as the National Health Service, do not come within the scheme.

Only registered disabled people are counted towards the quota. Registration is voluntary, however, and the determination of who is 'registrable' is somewhat vague. The Act defines a 'disabled person' as someone who is 'substantially handicapped', a statement which runs entirely counter to the World Health Organisation's definition of 'disability' and 'handicap'. It is left to a DRO to decide what is meant by 'substantially'.

Sheltered employment

As noted earlier, the register of unemployed disabled people is divided into two sections: Section 1 for those deemed capable of open employment, and Section 2 for those whose disabilities are such as to preclude the possibility of open employment but who are judged to be capable of achieving a productivity rate of at least 30 per cent. As with the criteria for registering as a disabled person, there are no rigorous procedures for determining whether a person is severely disabled or whether they are capable of 30 per cent or more productivity. In both cases the ultimate responsibility lies with the DRO.

Provision of sheltered employment is made up of three distinct parts: factories run by Remploy, which is a government agency; local authority workshops; and those run by voluntary organisations. Remploy, with over 900 factories and nearly 9,000 places, is the largest provider of sheltered employment. It operates at a substantial loss, amounting to around £48m in 1984/85, so that the provision of each place costs the government over £6,000 a year (National Audit Office, 1987). There are over 4,000 places in local authority workshops, many of which are exclusively for the blind. The provision is extremely patchy, 'with only 19 out of 47 counties in England and Wales providing 50 places or more' (Whitehead, 1982). Voluntary workshops provide 1,200 places. Both local authority and voluntary workshops receive large subsidies from central government, the cost of each place working out at just under £5,500 a year (National Audit Office, 1987).

In addition to the places in sheltered workshops, sheltered employment is also provided in Britain under the Sheltered Placement Scheme (SPS). However, despite attempts to expand this form of provision, which is much cheaper to provide – with a place costing less than £3,000 a year (National Audit Office, 1987) – there were only 2,000 such places in 1986.

Employment rehabilitation and training

Employment rehabilitation is provided mainly in Employment Rehabilitation Centres (ERCs). In 1986 there were 26 of these, providing nearly 2,800 places. They provide short courses, usually lasting between six and eight weeks, so that about 12,000 disabled people pass through them in any one year. The emphasis is on preparing people for employment and on assessing their employment potential. The centres were, until recently, run by the Training Agency

and their policies and procedures are subject to fairly strict central control.

The Training Agency also supports four residential training colleges that are run by voluntary organisations. In addition, disabled people may be admitted (at the discretion of the DRO) to the places provided by the Agency under the Employment Training programme.

Resettlement services

Help with finding a job is provided by the DROs. They used to deal with most people with disabilities, but since a review of resettlement services in the early 1980s they have concentrated their efforts on the more severely disabled.

Effectiveness of current provision

The quota scheme

In very few organisations which come within the quota scheme is the proportion of registered disabled people as much as 3 per cent. In fact the average level is now below 1 per cent. It is generally acknowledged, however, that the inclusion of only registered disabled people can give rise to a misleading picture.

In one health authority, with only 0.7 per cent of its employees registered, 'a confidential questionnaire was used to establish how many staff might be categorised as disabled for the purpose of the quota. It was established that well over 3% of employees could register as disabled if they wished' (Grover and Gladstone, 1981). The deterioration in quota compliance was in fact attributed (by the Manpower Services Commission) directly to the fall in the number of disabled persons registering. Whereas there were about 800,000 registered in 1956, the figure now is close to 350,000.

This is undoubtedly a major reason for the reluctance of the Employment Department to use the legislation to coerce employers to achieve their quota. The majority of employers failing to do so are issued with bulk permits allowing them to recruit people who are not disabled. Such permits, it has been suggested, are distributed 'with the same generosity as confetti at a Mafia wedding' (Massie, 1981). Perhaps more surprisingly, over 10,000 firms (in 1977) were found not to have even troubled themselves to this extent and to have broken the law without any penalty being exacted. In fact, only ten prosecutions have been brought against employers since the introduction of the legislation.

Employment Rehabilitation Centres

In 1985/86 only 26 per cent of the clients completing courses at ERCs were in employment three months later. A further 19 per cent were on the Community Programme or on a training programme (National Audit Office, 1987). The statistics also show that this proportion has been declining steadily ever since the setting up of the rehabilitation centres in 1944; between then and 1948 the average figure for those in work three months after completing the course was as high as 70 per cent (Cornes, 1982).

Fundamental weaknesses in the operation of the ERCs were identified in a devastating critique of the service by a research centre set up by the Manpower Services Commission (MSC) (Cornes, 1982). Thus, in a careful examination of how the rehabilitation services have developed since 1944, it suggested that 'the Tomlinson Committee's guidelines for an Employment Rehabilitation Service ... have provided an all-embracing and seemingly immutable framework for its subsequent implementation and expansion'. It noted too 'the service's failure to identify and cope with the actual changes in clientele' and attributed this to 'its neglect of longer-term planning exercises based on professional analysis of official statistics, and the collection and collation of data appropriate to the task'. Consequently, it said, the service 'was obliged to confront the problems of the 1970s with methods and techniques deriving from or adopted from an operational philosophy which was itself in many respects some twenty years out of date'.

One important set of assumptions found in the report (pp.18,88-9) concerns the nature of the client group ERCs are supposed to serve.

Official literature has tended to suggest that the majority of clients are disabled, with some two-thirds said to be recently sick. Recent sickness is often equated with the recent onset of a disability and employment rehabilitation is conceptualised as comprising the final stage in a sequence of recovery from an onset of disability which had interrupted working life. ... Clients' problems in returning to work are generally seen as reflecting their needs to adapt to or overcome the physical and mental consequences of prolonged absence from work.

A survey of the current intake of ERCs

questioned most, if not all, of these assumptions. While almost all clients did have medical histories, only half... were judged to be severely disabled at the time of their arrival for courses. Less than half

had been recently sick and, for most of these, recent sickness did not equate with a recent onset of disability. Less than one in five clients' experiences fitted the sequence of work interrupted by the onset of disability followed by medical recuperation leading to admission to an ERC.

The report also questioned important assumptions that determined the nature of the course clients might experience.

Thus in spite of various advances in knowledge about epilepsy and its treatment, clients with epileptiform conditions continue to be universally deprived of particular kinds of occupational assessment. In similar fashion, clients with histories of psychiatric illness, particularly psychosis, are kept away from such "stressful situations" as clerical and commercial sections and allocated outdoor work.

The report was equally critical of the outmoded techniques employed in ERCs. For example, it pointed out that

when the standardised techniques which ERC psychologists regularly employ are examined, an almost exclusive reliance on the venerable Royal Navy T2 screening battery is revealed. The T2 battery was put together early in the Second World War... For this reason there is a heavy bias in the battery towards tests which are predictive of success in practical/mechanical occupations.

In summarising the findings of the research into the changes brought about by attendance at an ERC, the report acknowledged that courses may, overall, succeed in engendering specific psycho-social improvements including, for example, enhancing work confidence and self-esteem, lowering anxiety and decreasing feelings of inadequacy ... (but) ... there was no evidence that courses were equally successful in changing more deeply rooted aspects of personality or behaviour, including those of a motivational nature.

Furthermore,

even where overall changes were recorded, they were not particularly marked ... improvements on most variables were recorded for only one-third of clients. Approximately half showed no change at all and the remaining sixth showed signs of deterioration.

The report also offered interesting insights into how clients themselves viewed the courses. Two-thirds of them apparently

considered that their abilities and potential had not been adequately assessed. They attributed this ... to the limited range of work ... the boring, routine or inexacting nature of most of the tasks

they had been asked to perform; and the general absence of feedback from staff on their performance both on such tasks and on their general progress.

Resettlement services

A number of important criticisms have been levelled at the resettlement services in Britain. An American, who spent a year studying the British system, was especially critical of DROs' lack of clinical training and skills. He observed that 'a clinical attitude towards a client requires that the practitioner be objective, regard the client's problematic behaviour as naturally occurring events, that he arrive at a diagnosis and employ remedial procedures in a discriminating way' (Stubbins, 1982). He goes on to argue,

[DROs] have a limited appreciation of the potential impact that psycho-social clinical skills could have in advancing the employment interests of disabled citizens. Perhaps this is most evident in the reluctance with which DROs face clients with a history of mental illness.

He also notes that

their value attitudes tend to resemble those of employers ... most of them do not maintain contact with those constituencies concerned with improving the lot of disabled citizens. ... For the most part DROs operate outside the mainstream of the techniques of vocational rehabilitation.

He found too that 'there was considerable stereotyping of disability categories. ... For example, clients with a prior psychiatric label were invariably assigned to work which was routine and not stressful.'

These problems appeared to stem, in part at least, from the fact that

resettlement work is not highly esteemed in the Employment Services Division (of the MSC). Most of it is considered well within the competence of almost anyone at clerical officer level. ... The civil service has no system of reward for DROs or anyone else to develop a high level of expertise.

The report cited earlier, published by the NCVO, arrived at similar conclusions and suggested that the resettlement services in Britain are characterised by 'a lack of knowledge of specific disabilities and their consequences, too wide a range of responsibilities, and lack of adequate contact with employers' (Glover and Gladstone, 1981).

Disincentives to work

It has never been clear that disabled people, or anyone else for that matter, are motivated by carefully calculated financial advantage when it comes to working or not working, or working hard or less hard. However, it would generally be agreed that choosing to work or choosing to work harder should not result in someone being worse-off. Thus for many disabled people, as well as for professionals working with them, an important issue is the way in which the benefit system may operate to provide disincentives. There are a number of ways in which this can arise.

First of all, there is the straightforward matter of income in and out of work. Wages do not specifically cater for family responsibilities, and do incur liability tax and national insurance contributions. Out-of-work benefits, on the other hand, do cater for family responsibilities, are accompanied by contribution credits or at least absence of contribution liability, and are in some cases not taxable.

To the extent that disabled people are more likely to be seeking part-time work, or are only able to obtain poorly-paid employment, they are perhaps more vulnerable than most to the risk of net loss by working. This is not, of course, to argue that benefits are too high, or indeed that wages are too low. It helps that, for the person with a family, family credit supplements low incomes in the light of family responsibilities; that child benefit is payable to worker and non-worker alike; and that two significant disablement benefits (attendance and mobility allowances) are also paid irrespective of working.

The evidence does not suggest that being worse-off by working is a very large problem, but it is a real problem in some cases. Those most at risk of encountering the problem (setting aside people with largish families) are those receiving income support with a disability premium, and those with high residential care costs, who would have serious difficulty in earning enough to match the benefit support that they receive for residential care.

Then there is a cluster of other problems which relate not so much to the in-work/out-of-work income comparison, but to what happens if the attempt to re-establish oneself in work fails. One aspect of this is the tendency for there to be a delay in getting back on to the original benefit or obtaining a new benefit. Every effort is made to reduce

these delays, particularly where there is an urgent need, but at some local offices several weeks of delay have been experienced.

Furthermore, anyone who is thought to have become unemployed as a result of his own choice is disqualified from receiving benefit, or gets a lower rate of benefit for thirteen weeks. This does not affect the person who has simply broken down. The more serious entitlement issue is that relating to restoration of entitlement to long-term benefits.

A person who has given up incapacity benefits in order to take a job, and then becomes out of work again, may not always be able to establish easily that he is again incapable of work rather than simply unemployed; and the social security system gives certain advantages to the sick person. Even if he does, with medical support, re-establish his entitlement as somebody incapable of work, he may not be able to get back on to invalidity benefit, because there has been too long a break since that benefit was last paid; and there used to be problems of a similar sort in relation to long-term supplementary benefit.

The rules used to allow a thirteen-week period without loss of immediate invalidity benefits rights, but it is now limited to eight weeks. Somebody who goes on a formal rehabilitation training course is not, however, necessarily disadvantaged in this way, since the incapacity, the training and the further incapacity can be held to 'link', so that benefit the second time around simply takes up where benefit last time finished.

Recent changes in government policy

Changes during the last ten years

In 1979 the MSC published a discussion document in which the 'shortcomings' of the quota scheme were discussed and 'possible options for the future' were outlined. Two years later, the MSC published the response to this discussion document and presented their proposals for a modified system (MSC, 1981). These centred on the abolition of the quota scheme. At the same time, however, they enunciated the need for some form of statutory provision. They also argued that a system based solely on exhortation to employers, and on their voluntary agreement to adopting policies designed to help disabled people, would not be adequate.

Instead, they advocated an approach similar to that embodied in the Health and Safety at Work Act, 1974. This places on employers a

legal duty to take certain measures thought to be conducive to the health and safety of their employees. In a similar way, the MSC wished to place a 'statutory general duty on employers to promote the employment of disabled people ... to cover ... not only recruitment and retention but also training, promotion and general career development' (MSC, 1981).

The government, however, in the face of strong opposition to the abolition of the quota scheme, decided to retain it 'for the time being and asked the MSC to consider ways ... for improving its effectiveness within the existing legislation' (*Employment Gazette*, 1983). A group was set up, composed of representatives from the trades unions, employers and voluntary organisations representing disabled people, but was unable to agree whether the quota scheme should be retained or not. It did, however, agree that the issuing of permits should be tightened up. This recommendation was not adopted by the government, which argued that no policy changes should be made until research had been carried out into the size of the disabled population.

Significant changes have also occurred in resettlement policy, especially in relation to the role of the DROs. Their efforts were concentrated on the more severely disabled and their numbers were substantially cut back, so that one DRO may now have to cover several job centres. At the same time the DROs' work, of encouraging employers to take on more disabled people etc., was made the responsibility of the Disablement Advisory Service (DAS) team. Each Employment Department area has such a team, which also deals with applications for funding in relation to SPS placements, special aids and equipment and adaptation to premises.

Another area in which a significant shift in policy has taken place is that of sheltered employment. For the last few years the Employment Department has been making more funds available for SPS places, so that, by March 1990, there were just under 6,500 such places.

Changes have also been seen in the vocational rehabilitation service. The Training Agency has established a new kind of centre, an Asset centre. These centres, unlike the ERCs, do not themselves have workshops, but instead utilise local employers for on-the-job assessment and rehabilitation. There are now five Asset centres. More recently still the Agency has set up mobile assessment units. These mainly serve areas which do not have an ERC or Asset centre

within commuting distance. These changes reflect a greater emphasis on assessment which, coupled with a reduction in the duration of the courses, has resulted in a substantial increase in throughput - from just under 13,000 in 1981/82 to a little over 15,000 in 1990/91.

In 1988 a major restructuring of means-tested benefits occurred. Supplementary benefit has been replaced by income support. To qualify for this, a person should not generally be working for more than 24 hours a week and must usually be available for work, but in the case of someone with a disability, and whose earning capacity is judged to be 75 per cent or less of what it would otherwise be, these conditions may be waived. Previously a disabled person on supplementary benefit could only earn up to £4 a week before his/her benefits were affected. Now he/she can earn up to £15 – under certain circumstances (McGinnis, 1989).

In relation to invalidity benefit, the therapeutic earnings limit has now been raised to £39 per week. This means that, if an adjudicating officer judges that someone is incapable of work but their general practitioner confirms that it is medically beneficial for them to do therapeutic work, they can earn up to £39 a week without losing any of their invalidity benefit as long as the DSS has approved beforehand.

The Employment Department's Consultative Document

The Consultative Document (Employment Department, 1990) which came out at the end of June 1990, sets out the results of a review by the Employment Department of its services for people with disabilities. The review was carried out following publication of a critical evaluation of the services and their management by the National Audit Office (National Audit Office, 1987).

Perhaps the most radical changes proposed are those relating to the provision of assessment and rehabilitation services. During the last year or so the Employment Rehabilitation Service (ERS) has begun to pay voluntary agencies to provide rehabilitation for some of its disabled clients. The document proposes that, in future, most rehabilitation programmes should be provided by outside agencies and that many of the existing ERCs and Asset centres will be closed. A few, however – possibly one in each region – will be retained and will focus on developing new techniques in employment rehabilitation and assessment, and will also provide training for agency staff. The document describes these centres as adopting a 'teaching hospital' style of operation.

Assessment, on the other hand, will continue to be 'provided by around 50 Employment Department teams, working closely with DROs and the DAS'.

The most encouraging aspect of the document is the acknowledgement that DROs' 'training does not give them enough knowledge to deal with some clients and some DROs stay only a short time in post'. It therefore proposes that the training of DROs and the DAS should 'be strengthened and the possibilities of developing a stronger specialist career structure ... be further examined'.

The document is ambivalent with regard to the desirability of DROs becoming, in effect, case managers, 'helping people with disabilities with multiple problems to work out a coherent plan for tackling these problems and getting work, and, where appropriate, to be responsible for helping the people to obtain assistance from relevant agencies'. Nonetheless, 'a limited number of experiments' are to be mounted in this area.

For many people, the Sheltered Placement Scheme has been the most useful and successful innovation in services for a long time. Not surprisingly, therefore, there was a great deal of concern when the Department froze the number of SPS places. The document, however, proposes that 'wherever possible sheltered placements should be the preferred form of provision' and that 'employment in sheltered factories should be confined to those who cannot be supported properly under sheltered placement arrangements'. An increase in SPS places, at the expense of places in workshops, is therefore planned. No commitment is made, however, for sheltered employment, and it may well be that the Department is hoping to make substantial savings in this area rather than increasing the total number of sheltered employment places.

The chapter in the document on legislation is undoubtedly the most disappointing. It simply rehearses the arguments against the current quota scheme and against anti-discriminatory legislation. No attempt is made to address the important question of why an equalisation levy scheme, such as that operated for many years in Germany and recently adopted by France, would not work in Britain (see later section). Similarly the arguments offered as to why anti-discriminatory legislation would not work take no account of the recent Americans with Disability Act which has just been introduced in the United States.

The Way Ahead

In spite of attempts to remove some of the disincentives to work faced by people with disabilities, there has been a general recognition that much more needs to be done. Many would argue that the only really satisfactory solution is a proper disability pension of the kind for which the Disablement Income Group and the Disability Alliance have campaigned for many years. In a major review of benefits for disabled people, the Social Security Advisory Committee proposed instead a family credit-type benefit (SSAC, 1988). This idea was subsequently adopted in the 1990 White Paper on benefits, *The Way Ahead*. It will be introduced in April 1992.

The proposals have met with a mixed reception. In a recent article, Bolderson has argued that they signify 'the abandonment of policies for disabled people ... which sought to lift them out of means-tested schemes ... an earning top-up ... may ... be coercive in imprisoning people in, or luring them to, a part of the labour market which commands low wages' (Bolderson, 1990). She suggests that

the withdrawal rates, especially when combined with those of other means - tested benefits, will ... impose a "poverty trap", [and that] they will have to switch from the relative security of IVB (invalidity benefit) to the combination of earnings and a new benefit – a switch which can incur risks of delay and error when it comes to claiming the new benefit.

Perhaps the most serious potential problem with the new benefit – originally referred to as the 'disability employment credit', but now re-named the 'disability working allowance' – is that of a low take-up, 'which was low for FIS (family income supplement) and is almost as low for family credit, 48% and 50% respectively of the eligible case-load'.

Research into the employment experiences and needs of disabled people

Research into disability and employment is a very much neglected field. The Employment Department has, over the years, commissioned very little in the way of what could be called 'research' from independent, external researchers. They have tended to favour what can be termed 'market research', aimed at soliciting the views of disabled people and employers. The Department did, of course, set up the Employment Rehabilitation Resource Centre, which carried out a

thorough and comprehensive evaluation of the rehabilitation service and which was referred to in an earlier section. But then, after five years, it was shut down.

Furthermore, a good deal of work, carried out internally in the Department, does not get published, and this too can be the fate of externally commissioned research. The Rehabilitation Resource Centre of the City University has recently carried out a study of the experiences of disabled people in the government's Employment Training programme, but unfortunately the report of the study is, at present, not being made available outside the Department.

There is, as might be expected, quite an extensive North American literature, but even when this is taken into account we find relatively little information on what actually happens to disabled people in employment. A proper understanding of their employment needs is lacking. I would therefore now like to outline some of the research, much of it carried out by the Rehabilitation Resource Centre, that has been concerned largely with studying the experiences of disabled people in employment, and identifying some of the barriers that interfere with their successful integration into the workforce and prevent them from achieving their full potential. It is hoped it will be evident that issues are raised by these studies, and needs identified, that are not being addressed by current government policy or by organisations representing disabled people.

The employment experiences of people with schizophrenia

A study carried out by the Centre, of 150 people admitted to hospital with a diagnosis of schizophrenia, involved several semi-structured interviews with them, with a range of professional workers with whom they had contact both inside and outside of hospital, and with their employers.

One striking finding from the study (Floyd *et al.*, 1983) was the much shorter time people spent in jobs after their first schizophrenic episode. We also found that, contrary to what many might have expected, this was mainly because of people leaving jobs of their own accord rather than being dismissed because of unsatisfactory work or unacceptable behaviour. This, in turn, pointed to the importance of providing people with more support at work and also of better liaison with employers when they had to go to hospital. This kind of support and liaison is still very much lacking and it may be that it is relevant to the needs of people with other disabilities.

The study also indicated that women with schizophrenia were unemployed for a smaller proportion of time than were men. One possible explanation of this finding is that an important reason for individuals' difficulties in obtaining a job lies in the stigma that attaches to anyone, whether disabled or not, who has substantial gaps in their employment record. It was suggested that women might find it easier to attribute these gaps to factors other than illness, such as household responsibilities.

Another striking finding was that, of the dozen or so people who were employed for all of the one-year follow-up period, nearly all were in skilled non-manual jobs. This pointed to the importance of vocational training, and yet not a single one of the other people in our sample completed a course of training during the follow-up period. It also underlined the inappropriateness of much of the simplistic vocational guidance that many in our sample received, which urged them to consider only unskilled manual work because this was said to be less 'stressful'. It was evident that most of the people in our sample had a tremendous need for vocational guidance. However, the government-run Occupational Guidance Centres were closed down during the course of the study.

Nevertheless, it looked as though the need for help of this kind was being recognised when the new Employment Training scheme was announced. Most would-be trainers, it was proposed, would be dealt with first of all by Training Agents, who would help them identify their vocational goals. Unfortunately this aspect of ET has been very poorly resourced and very few people on ET, including those with disabilities, appear to be getting the guidance they desperately need (Pilling *et al.*, 1990).

The management of epilepsy in the civil service

Although we are still a long way from the provision of an adequate vocational assessment service for unemployed disabled people, the need for it has at least been recognised. That such a service is needed almost as much by disabled people who are in work is less often acknowledged.

A recent study, which the Health and Safety Executive commissioned the Resource Centre to carry out, showed just how important this can be. In the course of the study we examined the cases of nearly one hundred civil servants with epilepsy, who had been referred to the civil service's occupational health service. There were

a number of reasons for the referral (Smith *et al.*, 1989), but most of them required that the medical adviser determine the degree to which the individual's epilepsy might interfere with his/her ability to carry out the job he/she was in. This in turn required that the adviser should have fairly detailed information on the effect of the epilepsy on the individual's work performance on the one hand, and on the mental and physical requirements of the job on the other. A careful examination of a large number of cases indicated that neither type of information was readily available.

In the absence of such information, there is a greater likelihood that unnecessary restrictions will be placed on the tasks that individuals are allowed to do – with adverse implications for their career development – or that they will be retired on the grounds of ill health. I suspect that problems of this kind are not peculiar to the civil service. Many other large organisations have occupational health services which are inferior to that of the civil service. Most smaller organisations have no such service and have to rely on the part-time services of general practitioners who are not trained for this particular kind of work.

As well as pointing to the need for a vocational assessment service that is readily accessible to employers and employees, the study pointed to the need for better information to be made available on the mental and physical requirements of jobs.

Disability management at work

The need for better information on the abilities of disabled employees and on how their disabilities may affect their work was very evident in another study carried out by the Resource Centre, aimed at identifying training needs at work with regard to disability issues.

In this study we interviewed 34 people with disabilities, mainly of a physical and sensory kind, and 36 other employees, most of whom were supervisors or managers. One of the four organisations in which we carried out the research was Remploy. Even here, we found supervisors and managers felt that they had insufficient information on the disabilities of employees.

A systematic analysis of the interviews revealed that this lack of information was seen as having an adverse effect on many important aspects of management. The interviews also showed that supervisors and managers, in particular, not only needed better information but

would also benefit from training aimed at improving their knowledge and skills. A whole range of key issues were identified, in addition to knowledge, information and skill needs. These were grouped into fourteen areas of training need: recruitment and selection, allocating people to jobs, induction, vocational training, building and maintaining a team, working relationships, health and safety, motivating staff, fluctuating or poor performance, career development, promotion and transfer, dealing with organisational and work changes, relations with customers and implementing the organisation's disability policy (Smith *et al.*, 1989).

Anglo-German study

As well as attempting to meet the need for more research into the employment experiences and needs of people with disabilities, the Centre's research programme has also sought to address the failure to draw and build upon experience and good practice in other countries. So far efforts in this direction have been largely focused on finding out more about legislation and services in Germany.

This programme of work, supported by the Anglo-German Foundation, began in 1983 with an exploratory, cross-national comparison of British and German policies and provision. Two conferences, one in London and another at a rehabilitation centre in Nürnberg, were followed by an eighteen-month investigation of the feasibility of developing a computer-based approach to measuring the level of employment handicap.

The starting point for this project was the evident failure of the British quota scheme and the advocacy, by many of the British organisations representing disabled people, of an equalisation levy scheme such as that operating in Germany. Advocates of the German scheme, however, tended to ignore the fact that its effectiveness was partly due to Germany's having a systematic, albeit unsatisfactory, procedure for determining the level of an individual's disability.

At the same time, it can be argued that this procedure, while superior to the extremely arbitrary and subjective determination of 'registrability' by DROs, only measures disability, whereas what is really needed is a measure of employment handicap or, better still, loss of earning capacity. Furthermore, it can be argued that, if a satisfactory procedure for determining the latter could be found, the introduction of a disability pension would become much more feasible.

The project showed that, with the aid of computer-based tests, information on an individual's physical and mental abilities could be obtained in the course of an assessment lasting no more than two hours, and that even a self-assessment, using a questionnaire, might be adequate for some purposes, such as monitoring the number of disabled people in an organisation. Problems were encountered, however, in using this information, together with a computerised data-base of information on job requirements, to determine the level of handicap, defined in terms of the proportion of jobs that the individual's disability might prevent him/her from doing. More work, it was concluded, is needed in order to come up with a procedure for transcribing this information into a meaningful and appropriate measure. The basic feasibility of such an approach was demonstrated, however (Floyd and Kettle, 1991).

Vocational rehabilitation in other countries

Germany

Vocational rehabilitation services in Britain have been developed without much heed being paid to practice in other countries. In this respect vocational rehabilitation is not alone. In many areas of social policy there are those who emphasise the uniqueness of the British situation and the irrelevance of the ideas and approaches adopted by other countries. Learning from others' experiences is, of course, not always easy. In the case of vocational rehabilitation and resettlement, differences in the labour market, in the way government services are organised and in the educational system, will all conspire to make a straightforward application of overseas practice inappropriate.

Nevertheless, we may be able to learn much from what has been done in other countries. To begin with, it can help us to question some of the assumptions on which British practice is based, and a good example of this is to be found in the way vocational resettlement services and policy have been developed in Germany and, in particular, its quota scheme.

As indicated earlier, this is based on an assumption which is totally at odds with that made by the Tomlinson Committee in 1943. German policy acknowledges that a significant number of disabled people are likely to be substantially handicapped with regard to employment, in spite of the best efforts of the rehabilitation services. This means that organisations employing large numbers of disabled people might be

at a commercial disadvantage with respect to other organisations with a smaller number of disabled employees in the workforce. In Germany, therefore, organisations (including those in the public sector) which do not employ their quota (6 per cent) of disabled people have to pay an 'equalisation levy'.

The German system is also interesting with regard to the additional protection against dismissal that is afforded to disabled people. If an employer wishes to dismiss a disabled employee, he/she must first obtain the permission of the German equivalent of the job centre. This in turn ensures that the employer must demonstrate that he has explored the possibility of alternative work situations.

At the same time the employer must involve the disabled person's representative. All organisations are required to appoint someone to occupy this position. These representatives are able to play a key role in ensuring that disabled employees receive fair treatment, as well as the additional benefits that are accorded to them in Germany – such as longer holidays.

Of even greater relevance to the development of vocational rehabilitation and resettlement services in Britain is the emphasis that is placed in Germany on vocational training as a means of helping disabled people back into the workforce. This emphasis is a natural consequence of the recognition that a disability will often continue to be a substantial handicap in finding employment and in carrying it out. The Germans therefore argue that this negative factor must be compensated for by providing the disabled person with a positive advantage, a vocational skill.

Thus German rehabilitation centres are very different from British ERCs. Instead of the six-week ERC course, the German centres offer courses of at least a year's duration, and sometimes as long as 2 years. The reason for this is simple. The rehabilitees are receiving a very thorough and intensive course of training, which will enable them to acquire a vocational qualification identical with that obtained by the 800,000 non-disabled youngsters who leave school each year and progress on to apprenticeships in industry and commerce.

To a visitor from Britain these centres appear more like universities than rehabilitation centres. They are residential, and the quality of the physical environment and of the equipment in the workshops would be a cause of envy to the staff and students of several of the less well-endowed British universities.

It should be acknowledged that, impressive though such a system is, it has been bought at a price that many in Britain would not be prepared to pay. The German rehabilitation centres cater primarily for the less severely disabled and for those, moreover, with physical disabilities. Very few people with mental handicap or psychiatric problems will find their way there.

Nonetheless one lesson is very clear, namely that, however worthy an aim integration may be, training in a sheltered environment may well be more effective and appropriate for many disabled people. In Britain, only a relatively small proportion of disabled people get as far as starting a training course; and many of those who start one never complete it. At a time when, because of technological change, vocational training is becoming even more important, such a state of affairs is simply intolerable. Some sort of shift towards the kind of system found in Germany has to take place.

North America

The German system is interesting primarily because it leads us to question some of the key assumptions on which the British system – and especially that pertaining to resettlement – is based. When it comes to the ‘nitty-gritty’ of rehabilitation practice – the techniques and tools for carrying it out – we must look elsewhere, to North America, where the development of a more systematic and sophisticated approach to vocational rehabilitation is many years, if not decades, in advance of practice in Britain.

The approach to vocational rehabilitation in North America is interesting for a number of reasons. First and foremost is the fact that it is established as a profession or, rather, a series of professions. In every state in the United States of America, those wishing to pursue a career in vocational rehabilitation will be able to avail themselves of undergraduate and postgraduate courses in such areas as rehabilitation counselling, vocational evaluation, rehabilitation engineering and work adjustment. In the state of Georgia, for example, there are at least four such courses.

North American practice is also noteworthy for the way in which it divides rehabilitation into two quite distinct, but closely interrelated, processes: evaluation and work adjustment. Evaluation can be equated, to some extent, with what in Britain is called assessment. But it encompasses a much wider range of activities than is usually associated with assessment, and furthermore its orientation is very

different. The evaluator's role is to help disabled people to explore a wider range of employment possibilities and, at the same time, enable them to determine whether they would be able to perform satisfactorily in the jobs that appeal to them, or could be given additional help, such as vocational training or work assessment. Work adjustment services follow on naturally from those of evaluation, which may have identified gaps between how an individual needs to behave in a particular work situation and the way he/she currently behaves.

What is worth emphasising here is the difference in orientation between evaluation, as practised in North America, and assessment as it is usually done in Britain. The latter is essentially something that is done *to* the disabled individual, while evaluation is very much an activity that is carried out *with* them. In evaluation they are not being put through a series of tasks or 'hoops', but instead are being helped to discover their vocational aspirations and the feasibility of achieving them.

It is to be hoped that, during the next decade, we shall see more and more services adopting this orientation. The term 'client-centred' is sometimes used to describe it, but it goes further than this. We are no longer aiming at the rehabilitation *of* the disabled person, but rather at providing services *for* them that enable them to develop their full potential. At the same time the emphasis is shifting from an emphasis on the individual's disability towards a concern with removing the barriers in the work environment – both physical and organisational – that interfere with their making the most of that potential in employment.

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