



Chapter 8

Work and employment

Contributors

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Contributors to individual chapters

Introduction

Contributors: Alana Officer, Tom Shakespeare.

Chapter 1: Understanding disability

Contributors: Jerome Bickenbach, Theresia Degener, John Melvin, Gerard Quinn, Aleksandra Posarac, Marianne Schulze, Tom Shakespeare, Nicholas Watson.

Boxes: Jerome Bickenbach (1.1), Alana Officer (1.2), Aleksandra Posarac, Tom Shakespeare (1.3), Marianne Schulze (1.4), Natalie Jessup, Chapal Khasnabis (1.5).

Chapter 2: Disability – a global picture

Contributors: Gary Albrecht, Kidist Bartolomeos, Somnath Chatterji, Maryanne Diamond, Eric Emerson, Glen Fujiura, Oye Gureje, Soewarta Kosen, Nenad Kostanjsek, Mitchell Loeb, Jennifer Madans, Rosamond Madden, Maria Martinho, Colin Mathers, Sophie Mitra, Daniel Mont, Alana Officer, Trevor Parmenter, Margie Peden, Aleksandra Posarac, Michael Powers, Patricia Soliz, Tami Toroyan, Bedirhan Üstün, Brandon Vick, Xingyang Wen.

Boxes: Gerry Brady, Gillian Roche (2.1), Mitchell Loeb, Jennifer Madans (2.2), Thomas Calvot, Jean Pierre Delomier (2.3), Matilde Leonardi, Jose Luis Ayuso-Mateos (2.4), Xingyang Wen, Rosamond Madden (2.5).

Chapter 3: General health care

Contributors: Fabricio Balcazar, Karl Blanchet, Alarcos Cieza, Eva Esteban, Michele Foster, Lisa Iezzoni, Jennifer Jelsma, Natalie Jessup, Robert Kohn, Nicholas Lennox, Sue Lukersmith, Michael Marge, Suzanne McDermott, Silvia Neubert, Alana Officer, Mark Swanson, Miriam Taylor, Bliss Temple, Margaret Turk, Brandon Vick.

Boxes: Sue Lukersmith (3.1), Liz Sayce (3.2), Jodi Morris, Taghi Yasamy, Natalie Drew (3.3), Paola Ayora, Nora Groce, Lawrence Kaplan (3.4), Sunil Deepak, Bliss Temple (3.5), Tom Shakespeare (3.6).

Chapter 4: Rehabilitation

Contributors: Paul Ackerman, Shaya Asindua, Maurice Blouin, Debra Cameron, Kylie Clode, Lynn Cockburn, Antonio Eduardo DiNanno, Timothy Elliott, Harry Finkenflugel, Neeru Gupta, Sally Hartley, Pamela Henry, Kate Hopman, Natalie Jessup, Alan Jette, Michel Landry, Chris Lavy, Sue Lukersmith, Mary Matteliano, John Melvin, Vibhuti Nandoskar, Alana Officer, Rhoda Okin, Penny Parnes, Wesley Pryor, Geoffrey Reed, Jorge Santiago Rosetto, Grisel Roulet, Marcia Scherer, William Spaulding, John Stone, Catherine Sykes, Bliss Temple, Travis Threats, Maluta Tshivhase, Daniel Wong, Lucy Wong, Karen Yoshida.

Boxes: Alana Officer (4.1), Janet Njelesani (4.2), Frances Heywood (4.3), Donata Vivanti (4.4), Heinz Trebbin (4.5), Julia D’Andrea Greve (4.6), Alana Officer (4.7).

Chapter 5: Assistance and support

Contributors: Michael Bach, Diana Chiriacescu, Alexandre Cote, Vladimir Cuk, Patrick Devlieger, Karen Fisher, Tamar Heller, Martin Knapp, Sarah Parker, Gerard Quinn, Aleksandra Posarac, Marguerite Schneider, Tom Shakespeare, Patricia Noonan Walsh.

Boxes: Tina Minkowitz, Maths Jespersion (5.1), Robert Nkwangu (5.2), Disability Rights International (5.3).

Chapter 6: Enabling environments

Contributors: Judy Brewer, Alexandra Enders, Larry Goldberg, Linda Hartman, Jordana Maisel, Charlotte McClain-Nhlapo, Marco Nicoli, Karen Peffley, Katherine Seelman, Tom Shakespeare, Edward Steinfeld, Jim Tobias, Diahua Yu.

Boxes: Edward Steinfeld (6.1), Tom Shakespeare (6.2), Asiah Abdul Rahim, Samantha Whybrow (6.3), Binoy Acharya, Geeta Sharma, Deepa Sonpal (6.4), Edward Steinfeld (6.5), Katherine Seelman (6.6), Hiroshi Kawamura (6.7).

Chapter 7: Education

Contributors: Peter Evans, Giampiero Griffio, Seamus Hegarty, Glenda Hernandez, Susan Hirshberg, Natalie Jessup, Elizabeth Kozleski, Margaret McLaughlin, Susie Miles, Daniel Mont, Diane Richler, Thomas Sabella.

Boxes: Susan Hirshberg (7.1), Margaret McLaughlin (7.2), Kylie Bates, Rob Regent (7.3), Hazel Bines, Bliss Temple, R.A. Villa (7.4), Ingrid Lewis (7.5).

Chapter 8: Work and employment

Contributors: Susanne Bruyère, Sophie Mitra, Sara VanLooy, Tom Shakespeare, Ilene Zeitzer.

Boxes: Susanne Bruyère (8.1), Anne Hawker, Alana Officer, Catherine Sykes (8.2), Peter Coleridge (8.3), Cherry Thompson-Senior (8.4), Susan Scott Parker (8.5).

Chapter 9: The way forward: recommendations

Contributors: Sally Hartley, Natalie Jessup, Rosamond Madden, Alana Officer, Sashka Posarac, Tom Shakespeare.

Boxes: Kirsten Pratt (9.1)

Technical appendices

Contributors: Somnath Chatterji, Marleen De Smedt, Haishan Fu, Nenad Kostanjsek, Rosalba Lembo, Mitchell Loeb, Jennifer Madans, Rosamond Madden, Colin Mathers, Andres Montes, Nirmala Naidoo, Alana Officer, Emese Verdes, Brandon Vick.

Narrative contributors

The report includes narratives with personal accounts of the experiences of people with disabilities. Many people provided a narrative but not all could be included in the report. The narratives included come from Australia, Bangladesh, Barbados, Belize, Cambodia, Canada, China, Egypt, Haiti, India, Japan, Jordan, Kenya, the Netherlands, Palestinian Self-Rule Areas, Panama, the Russian Federation, the Philippines, Uganda, the United Kingdom of Great Britain and Northern Ireland, and Zambia. Only the first name of each narrative contributor has been provided for reasons of confidentiality.

Peer reviewers

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Additional contributors

Regional consultants

WHO African Region/Eastern Mediterranean Region

Alice Nganwa Baingana, Betty Babirye Kwagala, Moussa Charafeddine, Kudakwashe Dube, Sally Hartley, Syed Jaffar Hussain, Deborah Oyuu Iyute, Donatilla Kanimba, Razi Khan, Olive Chifefe Kobusingye, Phitalis Were Masakhwe, Niang Masse, Quincy Mwya, Charlotte McClain-Nhlapo, Catherine Naughton, William Rowland, Ali Hala Ibrahim Sakr, Moosa Salie, Alaa I. Sebeh, Alaa Shukrallah, Sándor Sipos, Joe Ubiedo.

WHO Region of the Americas

Georgina Armstrong, Haydee Beckles, Aaron Bruma, Jean-Claude Jalbert, Sandy Layton, Leanne Madsen, Paulette McGinnis, Tim Surbey, Corey Willet, Valerie Wolbert, Gary L. Albrecht, Ricardo Restrepo Arbelaez, Martha Aristizabal, Susanne Bruyere, Nixon Contreras, Roberto Del Águila, Susan Hirshberg, Federico Montero, Claudia Sánchez, Katherine Seelman, Sándor Sipos, Edward Steinfeld, Beatriz Vallejo, Armando Vásquez, Ruth Warick, Lisbeth Barrantes, José Luís Di Fabio, Juan Manuel Guzmán, John Stone.

WHO South-East Asia Region/Western Pacific Region

Tumenbayar Batdulam, Amy Bolinas, Kylie Clode, David Corner, Dahong Zhuo, Michael Davies, Bulantrisna Djelantik, Mohammad Abdus Sattar Dulal, Betty Dy-Mancao, Fumio Eto, Anne Hawker, Susan Hirshberg, Xiaolin Huang, Venus Ilagan, Yoko Isobe, Emmanuel Jimenez, Kenji Kuno, Leonard Li, Rosmond Madden, Charlotte McClain-Nhlapo, Anuradha Mohit, Akiie Ninomiya, Hisashi Ogawa, Philip O’Keefe, Grant Preston, Wachara Riewpaiboon, Noriko Saito, Chamaiparn Santikarn, Mary Scott, Sándor Sipos, Catherine Sykes, Maya Thomas, Mohammad Jashim Uddin, Zhuoying Qiu, Filipinas Ganchoon, Geetika Mathur, Miriam Taylor, John Andrew Sanchez.

The WHO Regional Office for European Region

Viveca Arrhenius, Jerome Bickenbach, Christine Boldt, Matthias Braubach, Fabrizio Cassia, Diana Chiriacescu, Marleen De Smedt, Patrick Devlieger, Fabrizio Fea, Federica Francescone, Manuela Gallitto, Denise Giacomini, Donato Greco, Giampiero Griffio, Gunnar Grimby, Ahiya Kamara, Etienne Krug, Fiammetta Landoni, Maria G. Lecce, Anna Lindström, Marcelino Lopez, Isabella Menichini, Cem Mete, Daniel Mont, Elisa Patera, Francesca Racioppi, Adolf Ratzka, Maria Pia Rizzo, Alan Roulstone, Tom Shakespeare, Sándor Sipos, Urbano Stenta, Raffaele Tangorra, Damjan Tatic, Donata Vivanti, Mark Wheatley.

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“My disabilities deprived me of the chance to participate in farming; nevertheless I didn’t give up. I raised ducks, sold aqua-cultural products, and traded waste materials. Although social discrimination and physical disability caused lots of difficulties, I never yielded. However, due to the hardship of the work, the ulcer on my right foot deteriorated, finally I had to have an amputation. Luckily with the help of friends and neighbours, I was successfully fitted with a prosthesis and restarted my career to seek a meaningful and independent life. From scratch, I began to raise cattle. I set up the Centre of Cattle Trading. It not only provides me a sufficient life, but also enables me to help many others who are also facing the challenges of leprosy.”

Tiexi

“A lot of people, when I tried to get into university and when I applied for jobs, they struggled to see past the disability. People just assumed because I had a disability, that I couldn’t perform even the simplest of tasks, even as much as operating a fire extinguisher... I think the main reason I was treated differently, since I set out to become a nurse, was probably because people were scared, because they’ve never been faced with anyone like me before.”

Rachael

“I work at the catering unit of an NGO, supplying meals to 25 people who work there and sewing dolls when I am not cooking. The products are made for shops who buy because of the good quality, not because the things are made by people with disabilities. I have many friends at work. We all have intellectual disabilities. I do not have any other job choices because no one else would hire someone like me. It is hard to think what I would do if I had more choices, but maybe I would like to sing and dance and make music.”

Debani

“Before the earthquake we were a big family with seven children all with our wishes and dreams. But only three of us survived in the ruined blocks of the buildings. The US doctors managed to save only one of my legs. With prosthesis I restarted attending school. I was living with memories of past, which were only a few pictures left. Even though I acknowledged the need to further my education I had no wish to do it. The turning point in my life was an offer to work in the local TV channel as a starting journalist. At first I had the anticipation that disability could be a hindrance upon becoming a professional journalist. But I had a very warm welcome; I was encouraged and had an on-job training for becoming a journalist. Very soon I felt comfortable in my new environment and position, was given equal number of responsibilities as others had and was not given any privilege.”

Ani

8

Work and employment

Across the world, people with disabilities are entrepreneurs and self-employed workers, farmers and factory workers, doctors and teachers, shop assistants and bus drivers, artists, and computer technicians (1). Almost all jobs can be performed by someone with a disability, and given the right environment, most people with disabilities can be productive. But as documented by several studies, both in developed and developing countries, working age persons with disabilities experience significantly lower employment rates and much higher unemployment rates than persons without disabilities (2–9). Lower rates of labour market participation are one of the important pathways through which disability may lead to poverty (10–15).

In Article 27 the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) “recognizes the right of persons with disabilities to work, on an equal basis with others; this includes the opportunity 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” (16). Furthermore, the CRPD prohibits all forms of employment discrimination, promotes access to vocational training, promotes opportunities for self-employment, and calls for reasonable accommodation in the workplace, among other provisions.

A number of factors impact labour market outcomes for persons with disabilities including; productivity differentials; labour market imperfections related to discrimination and prejudice, and disincentives created by disability benefit systems (2, 17–19). To address labour market imperfections and encourage the employment of people with disabilities, many countries have laws prohibiting discrimination on the basis of disability. Enforcing antidiscrimination laws is expected to improve access to the formal economy and have wider social benefits. Many countries also have specific measures, for example quotas, aiming to increase employment opportunities for people with disabilities (20). Vocational rehabilitation and employment services – job training, counselling, job search assistance, and placement – can develop or restore the capabilities of people with disabilities to compete in the labour market and facilitate their inclusion in the labour market. At the heart of all this is changing attitudes in the workplace (see [Box 8.1](#)).

Box 8.1. Key concepts

The term “work” is broad and includes unpaid work in the home or in a family enterprise, paid work for another person or organization in the formal or informal economy, and self-employment.

Livelihood is “the means by which an individual secures the necessities of life” (21). It may involve work at home or in the community, work alone or in a group, or for an organization, a government body, or a business. It may be work that is remunerated in kind, in cash, or by a daily wage or a salary (21). In many countries, people with disabilities are found predominantly in non-wage or non-salary forms of work (22).

The “formal economy” is regulated by the government and includes employment in the public and private sectors where workers are hired on contracts, and with a salary and benefits, such as pension schemes and health insurance. The “informal economy” is the unregulated part of a country’s economy. It includes small-scale agriculture, petty trading, home-based enterprises, small businesses employing a few workers, and other similar activities (22).

The term “labour force” refers to all adults of working age who are available, capable, and working or wanting to work (23). The “unemployed” includes people who are not employed but are available and searching for work. There are different indicators for measuring the work status of people with disabilities:

- the **unemployment rate** is the number of unemployed people expressed as a percentage of the labour force;
- the **employment rate** is the share of the working age population which works for pay;
- the **labour force participation rate** is the proportion of the adult population which is economically active, whether employed or unemployed (22).
- the **employment ratio** is the ratio of the employment rate of people with disabilities compared to the employment rate of the general population.

Understanding labour markets

Participation in the labour market

If people with disabilities and their households are to overcome exclusion, they must have access to work or livelihoods, breaking some of the circular links between disability and poverty (14, 24–26). Some employers continue to fear that people with disabilities are unqualified and not productive (27, 28). But people with disabilities often have appropriate skills, strong loyalty and low rates of absenteeism, and growing numbers of companies find it efficient and profitable to hire people with disabilities (29, 30).

The participation of people with disabilities in the labour force is important for other reasons:

- **Maximizing human resources.** Productive engagement of persons with disabilities increases individual well-being and contributes to the national output (31, 32).
- **Promoting human dignity and social cohesion.** Apart from income, employment

brings personal and social benefits, adding to a sense of human dignity and social cohesion (33). All individuals should be able to freely choose the direction of their personal lives, to develop their talents and capabilities to the full (16).

- **Accommodating the increasing numbers of people with disabilities in the working age population.** The prevalence of disability is expected to increase in the coming decades because of a rise in chronic conditions together with improved health and medical rehabilitation services that preserve and prolong life. The ageing of the world’s population is also expected to increase the prevalence of disability. In all world regions the proportion of people over the age of 60 is predicted to rise over the next few decades (17, 18).

Labour market theory suggests, for reasons of both supply and demand, that the employment rate of people with disabilities will be lower than that of people without disabilities.

On the supply side, people with disabilities will experience a higher cost of working, because more effort may be required to reach the workplace and to perform the work, and in countries with more generous disability allowances, employment may result in a loss of benefits and health care coverage, whose value is greater than the wages that could be earned (34). So the “reservation wage” of a person with disability – the lowest wage a person is willing to work for – is likely to be higher than that of a person without a disability. The resulting “benefit trap” is a source of concern in many high-income countries (2, 35).

On the demand side, a health condition may make a person less productive, especially if the workplace environment does not accommodate people with disabilities. In such circumstances, the person would be expected to be offered a lower market wage. The effects of a disability on productivity are hard to calculate, because they depend on the nature of impairment, the working environment, and the tasks required in the job. A blind person, for example, might find it difficult to operate a crane but face no impediment to productivity as a telephone operator (36). In an agrarian economy most jobs are in the primary sector and involve heavy manual labour, which those with limited walking or carrying abilities may not be able to perform. In addition, a person with a disability may be offered a lower wage purely as a result of discrimination.

A higher reservation wage and a lower market wage thus make a person with disability less likely to be employed than one without disability.

Employment rates

In many countries data on the employment of people with disabilities are not systematically available. Responses to an International Labour Organization (ILO) survey in 2003 showed that 16 of the 111 countries and territories responding had no data at all on employment in relation to disability (22). In low-income

and middle-income countries, the availability of data continues to be limited, despite recent improvements (37). And in many of these countries, a significant proportion of people work in the informal economy, and so do not appear in all labour market statistics. Nor are they covered by employment legislation.

Data from several countries show that employment rates for people with disabilities are below that of the overall population (see [Table 8.1](#) and see [Table 8.2](#)) with the employment ratio varying from lows of 30% in South Africa and 38% in Japan to highs of 81% in Switzerland and 92% in Malawi.

Because non-working people with disabilities often do not look for jobs and are thus not counted as part of the labour force, the unemployment rate may not give the full picture of their status in the labour market. Instead, the employment rate is more commonly used as an indicator of the labour market status of people with disabilities.

Analysis of the World Health Survey results for 51 countries gives employment rates of 52.8% for men with disability and 19.6% for women with disability, compared with 64.9% for non-disabled men, and 29.9% for non-disabled women. A recent study from the Organization for Economic Co-operation and Development (OECD) (2) showed that in 27 countries working-age persons with disabilities experienced significant labour market disadvantage and worse labour market outcomes than working-age persons without disabilities. On average, their employment rate, at 44%, was over half that for persons without disability (75%). The inactivity rate was about 2.5 times higher among persons without disability (49% and 20%, respectively).

The employment rate varies considerably for people with different disabilities with individuals with mental health difficulties or intellectual impairments (28, 44) experiencing the lowest employment rates. A British analysis found that people with mental health difficulties faced greater difficulties in gaining entry into the labour market and in obtaining

Table 8.1. Employment rates and ratios in selected countries

| Country | Year | Employment rate of people with disabilities (%) | Employment rate of overall population (%) | Employment ratio |
|-----------------------------|------|---|---|------------------|
| Australia ^a | 2003 | 41.9 | 72.1 | 0.58 |
| Austria ^a | 2003 | 43.4 | 68.1 | 0.64 |
| Canada ^a | 2003 | 56.3 | 74.9 | 0.75 |
| Germany ^a | 2003 | 46.1 | 64.8 | 0.71 |
| India ^b | 2002 | 37.6 | 62.5 | 0.61 |
| Japan ^a | 2003 | 22.7 | 59.4 | 0.38 |
| Malawi ^f | 2003 | 42.3 | 46.2 | 0.92 |
| Mexico ^g | 2003 | 47.2 | 60.1 | 0.79 |
| Netherlands ^a | 2003 | 39.9 | 61.9 | 0.64 |
| Norway ^a | 2003 | 61.7 | 81.4 | 0.76 |
| Peru ^c | 2003 | 23.8 | 64.1 | 0.37 |
| Poland ^a | 2003 | 20.8 | 63.9 | 0.33 |
| South Africa ^d | 2006 | 12.4 | 41.1 | 0.30 |
| Spain ^a | 2003 | 22.1 | 50.5 | 0.44 |
| Switzerland ^a | 2003 | 62.2 | 76.6 | 0.81 |
| United Kingdom ^a | 2003 | 38.9 | 68.6 | 0.57 |
| USA ^e | 2005 | 38.1 | 73.2 | 0.52 |
| Zambia ^a | 2005 | 45.5 | 56.5 | 0.81 |

Note: The employment rate is the proportion of the working age population (with or without disabilities) in employment. Definitions of working age differ across countries.

Sources: a (38); b (8); c (39); d (7); e (40); f (41); g (42).

Table 8.2. Employment rates, proportion of disabled and not disabled respondents

| Individuals | Percent | | | | | |
|-------------|----------------------|----------|-----------------------|----------|---------------|----------|
| | Low-income countries | | High-income countries | | All countries | |
| | Not disabled | Disabled | Not disabled | Disabled | Not disabled | Disabled |
| Male | 71.2 | 58.6* | 53.7 | 36.4* | 64.9 | 52.8* |
| Female | 31.5 | 20.1* | 28.4 | 19.6* | 29.9 | 19.6* |
| 18–49 | 58.8 | 42.9* | 54.7 | 35.2* | 57.6 | 41.2* |
| 50–59 | 62.9 | 43.5* | 57.0 | 32.7* | 60.9 | 40.2* |
| 60 and over | 38.1 | 15.1* | 11.2 | 3.9* | 26.8 | 10.4* |

Note: Estimates are weighted using WHS post-stratified weights, when available (probability weights otherwise), and age-standardized. * *t*-test suggests significant difference from “Not disabled” at 5%.

Source (43).

earnings compared with other workers (45). Another study found that people with intellectual impairments were three to four times less likely to be employed than people without disabilities – and more likely to have more frequent and longer periods of unemployment. They were less likely to be competitively employed

and more likely to be employed in segregated settings (46).

Types of employment

In many countries, labour markets are largely informal, with many self-employed workers. In

India, for example, 87% of people with disabilities who work are in the informal sector (47).

People with disabilities may need flexibility in the scheduling and other aspects of their work – to give them proper time to prepare for work, to travel to and from work, and to deal with health concerns. Contingent and part-time work arrangements, which often provide flexibility, may therefore be attractive to them. But such jobs may provide lower pay and fewer benefits. Research in the United States of America has shown that 44% of workers with disabilities are in some contingent or part-time employment arrangement, compared with 22% of those without disabilities (48). Health issues were the most important factor explaining the high prevalence of contingent or part-time work.

Wages

If people with disabilities are employed, they commonly earn less than their counterparts without disabilities; women with disabilities commonly earn less than men with disabilities. The wage gaps between men and women with and without disabilities are thus as important as the difference in employment rates (45, 49). In the United Kingdom of Great Britain and Northern Ireland only half of the substantial difference in wages and participation rates between disabled and non-disabled male workers was attributable to differences in productivity (19). Empirical research in the United States found that discrimination reduced wages and opportunities for employment. While prejudice had a strong effect for a relatively small minority of men with disabilities, it appeared relatively unimportant in determining wage differentials for a much larger group (36).

It is unclear whether the wage gap is as marked in developing countries. Recent studies in India have produced mixed results, with a significant wage gap found for males in rural labour markets in Uttar Pradesh but not for similar workers in Tamil Nadu (50, 51). Further research is needed in this area, based on nationally representative data.

Barriers to entering the labour market

People with disabilities are disadvantaged in the labour market. For example, their lack of access to education and training or to financial resources may be responsible for their exclusion from the labour market – but it could also be the nature of the workplace or employers' perceptions of disability and disabled people. Social protection systems may create incentives for people with disabilities to exit employment onto disability benefits (2). More research is needed on factors that influence labour market outcomes for persons with disabilities.

Lack of access

Education and training are central to good and productive work for a reasonable income (52–54). But young people with disabilities often lack access to formal education or to opportunities to develop their skills – particularly in the increasingly important field of information technology (55–57). The gap in educational attainment between those with a disability and those without is thus an ever-increasing obstacle (9).

People with disabilities experience environmental obstacles that make physical access to employment difficult. Some may not be able to afford the daily travel costs to and from work (58, 59). There may also be physical barriers to job interviews, to the actual work setting, and to attending social events with fellow employees (54). Access to information can be a further barrier for people with visual impairments (60).

A lack of access to funding is a major obstacle for anyone wanting to set up a business. For a person with a disability, particularly a disabled woman, it is usually even more difficult, given the frequent lack of collateral. Many potential lenders – wrongly – perceive people with disabilities to be high risks for loans. So credit markets can prevent people with disabilities from obtaining funds for investment (49).

Misconceptions about disability

Misconceptions about the ability of people with disabilities to perform jobs are an important reason both for their continued unemployment and – if employed – for their exclusion from opportunities for promotion in their careers (61). Such attitudes may stem from prejudice or from the belief that people with disabilities are less productive than their non-disabled counterparts (62). In particular, there may be ignorance or prejudice about mental health difficulties and about adjustments to work arrangements that can facilitate employment (45). Misconceptions are often prevalent not only among non-disabled employers but also among family members and disabled people themselves (9).

Some people with disabilities have low self-expectations about their ability to be employed and may not even try to find employment. The social isolation of people with disabilities restricts their access to social networks, especially of friends and family members, that could help in finding employment (54).

Discrimination

Employers may discriminate against people with disabilities, because of misconceptions about their capabilities, or because they do not wish to include them in their workforce (63). Different impairments elicit different degrees of prejudice, with the strongest prejudice exhibited towards people with mental health conditions (36, 64). Of people with schizophrenia, 29% experienced discrimination in either finding or keeping a job, and 42% felt the need to conceal their condition when applying for work, education, or training (65).

Overprotection in labour laws

Several countries, particularly some in eastern Europe, retain a protective view towards workers with disabilities. Their labour codes

mandate, for instance, shorter working days, more rest periods, longer paid leave, and higher severance pay for disabled workers, irrespective of the need (66). While these regulations are made with best intentions, they might in some cases lead employers to see workers with disabilities as less productive and more costly and thus less desirable than those without disabilities.

Addressing the barriers to work and employment

A variety of mechanisms have been used around the world to address barriers to the labour market:

- laws and regulations
- tailored interventions
- vocational rehabilitation and training
- self-employment and microfinance
- social protection
- working to change attitudes.

Not all of these reach workers in the informal sector, which predominates in many countries. Evidence on the costs and individual and social benefits, and outcomes of these mechanisms is at best weak and sometimes even contradictory (67–70). More research is needed to understand which measures improve labour market opportunities for people with disabilities, and are cost-effective and sustainable.

Laws and regulations

Laws and regulations affecting employment for people with disabilities, found in many places (71), include anti-discrimination laws and affirmative action. General employment laws also often regulate retention and other employment-related issues of those who become disabled while working. But the implementation and effectiveness of disability protection provisions varies considerably. Often they are poorly enforced and not well known (47, 72).

Anti-discrimination laws

Anti-discrimination laws make it illegal to make decisions about a person's employment on the basis of their disability, as in Australia (1992), Canada (1986, 1995), New Zealand (1993), and the United States (1990). More recently, other countries have incorporated disability discrimination clauses into more general legislation, as in Germany and South Africa (73), while Brazil and Ghana have anti-discrimination clauses on disability in their constitutions (71).

In the formal sector the reasonable accommodation requirement refers to adapting the job and the workplace to make employment easier for people with disabilities, where this does not impose an undue burden (see Article 2 of the CRPD). The requirements are expected to reduce employment discrimination, increase access to the workplace, and change perceptions about the ability of people with disabilities to be productive workers. Examples of reasonable accommodations include ensuring recruitment and selection procedures are accessible to all, adapting the working environment, modifying working times and other working arrangements, and providing screen-reader software and other assistive technologies (74).

Requirements for employers to make reasonable accommodations can be voluntary, as in Denmark, or mandatory, as in the United States. The cost of the accommodations can be borne by employers, employees, or both.

There is mixed evidence on the success of anti-discrimination laws in bringing people with disabilities into the workforce (75). On the whole, such laws seem to have been more successful in preventing discrimination among those who are already employed. Early research on the Americans with Disabilities Act suggested that implementation of the Act caused a decline in employment of people with disabilities (67). Possibly employers avoided potential litigation simply by not employing people with disabilities or perhaps the obligation to provide reasonable accommodation acted as a disincentive to taking on staff with disabilities (68).

More recent studies suggest that while the numbers of disabled people in employment did decline, this was not a result of the Americans with Disabilities Act but because of a new definition, used in the welfare support system, of what constituted disability (69). In the United Kingdom the Disability Discrimination Act had no impact in the period immediately after its introduction, and may have led to a fall in the employment rate (70). It may have been more effective as a disincentive to dismissing workers who developed a disabling condition than as a tool to promote hiring. But recent evidence does suggest a narrowing of the employment gap in the United Kingdom (76), though the legislation may have helped disabled men more than disabled women (45).

Affirmative action

Some anti-discrimination measures call for "affirmative action" in employment. In 2000 the Council of the European Union called on its member states to introduce, by 2006, policies on the employment of people with disabilities (77). In response, Portugal, for instance, drew up a National Action Plan that included affirmative action to raise the number of people with disabilities in employment (78). In Israel affirmative action requirements for employers, set out in the Equal Rights for Persons with Disabilities Law of 1998, have been judicially upheld as legal, applying to both hiring and severance (79). Brazil also promotes affirmative action in employment through its constitutional anti-discrimination Clause 37 (71).

Tailored interventions

Quotas

Many countries stipulate quotas for the employment of people with disabilities in the public and private sectors. The implicit assumption is that, without quotas employers would turn away disabled workers because of discrimination, fears about lower productivity, or the potential increase in the cost of labour, for example the cost of accommodations (53, 73). However, the

assumption that quotas correct labour market imperfections to the benefit of persons with disabilities is yet to be documented empirically, as no thorough impact evaluation of quotas on employment of persons with disabilities has been performed.

Germany has a quota of 5% for the employment of severely disabled employees in firms employing more than 20 people. In 2002 the figure for private firms was 3.4%, and in 2003 7.1% for government employment (80). In South Africa government departments and state bodies are bound by statutory provisions stipulating that at least 2% of their workforce must consist of people with disabilities. But the quota in the state sector has not been met (81). Turkey has a 3% quota for firms with more than 50 workers, with the state paying all the employers' social security contributions for disabled workers up to the limit of the quota, and half the contributions for disabled workers above the quota.

In many cases fines are imposed on employers who fail to meet their quotas. Such fines can be used to support initiatives to boost disability employment. In China companies that fail to meet the 1.5% quota pay a fee to the Disabled Persons Employment Security Fund, which supports training and job placement services for people with disabilities (82).

During the transition to free market economies, several countries in Eastern Europe and the former Soviet Union introduced quotas to replace the former system where jobs were set aside in specific industries for workers with disabilities. Fines for not meeting quotas paid for vocational rehabilitation and job training programmes.

In most Organisation for Economic Co-operation and Development (OECD) countries the rate of filling quotas ranges from 50% to 70% (73, 83). Quotas attract controversy. They can be unpopular with employers, who would often rather pay a fine than attempt to fill their statutory quotas. Among disabled people's organizations, they are sometimes regarded as diminishing the potential value of workers with disabilities (84).

Incentives to employers

If employers bear the cost of providing reasonable accommodations, they may be less likely to hire people with disabilities – to avoid additional costs of labour. If employees bear the cost, their mobility in the market may be reduced because of the risk of incurring further accommodation-related expenses in a new job. To counter these obstacles, various financial incentives can be offered:

- Tax incentives are often offered to employers, especially smaller employers (85).
- Government employment agencies can provide advice and funding for employment-related accommodations, as with one state's vocational rehabilitation agency in the United States (86).
- Workplace modifications can be supported. In Australia the Department of Employment and Workplace Relations funds the Workplace Modifications Scheme, which provides up to A\$ 10 000 for modifications to accommodate new employees with disabilities (87).

Supported employment

Special employment programmes can make an important contribution to the employment of people with severe disabilities, particularly those with intellectual impairments and mental health conditions (38).

Supported employment can integrate people with disabilities into the competitive labour market. It provides employment coaching, specialized job training, individually tailored supervision, transportation, and assistive technology, all to enable disabled people to learn and perform better in their jobs (88). Its success has been documented for people with severe disabilities, including those with psychiatric or intellectual impairment, learning disabilities, and traumatic brain injury (89–92).

Social firms and other social enterprises work in the open market, but have the social objective of employing people experiencing the greatest disadvantage in the labour

market. Often such enterprises seek to give employment opportunities for persons with disabilities, particularly those with intellectual impairments and mental health conditions, alongside non-disabled people (93, 94). Recent estimates suggest there are around 3800 social firms in Europe, predominantly in Germany and Italy, employing around 43 000 people with disabilities (95). The evidence base for social firms is currently weak. Where successful, it is argued that enterprises can result in savings for health and social care budgets, as well as social returns on investment, in the form of well-being and independence. For example, analysis of the Six Mary's Place guesthouse project in Edinburgh (96) suggested that for every £1 invested, £5.87 was returned in the form of savings in mental health and welfare benefits, new tax income, and increased personal income. Cost-benefit assessments of social firms and supported employment also need to include the wider health, social, and personal benefits (97).

Sheltered employment

Sheltered work provides employment in separate facilities, either in a sheltered business or in a segregated part of a regular enterprise (73), and is intended for those who are perceived as unable to compete in the open labour market. For example, in Switzerland, a country with one of the highest employment rates for people with disabilities, much of the employment is in segregated settings (38). In France sheltered employment offers regular pay and full social security coverage for people with one third or less work capacity loss and merely symbolic remuneration for those with more than two thirds of work-capacity loss (38). Sheltered workshops are controversial, because they segregate people with disabilities and are associated with the charity ethos.

The CRPD promotes the opportunity for people with disabilities to work in an open labour market (16). However, there may be a disincentive for sheltered workshops to move

disabled people onto the open labour market because they may then lose their “best workers” (98). In New Zealand there have been attempts to make sheltered employment more professional and competitive and to ease the transition to the open market (see **Box 8.2**) (38). A recent European trend has been for sheltered workshops to transition to become social firms.

Employment agencies

General employment agencies have been encouraged – and in some cases required by law – to serve job seekers with disabilities in the same setting as other job seekers, rather than referring people with disabilities to special placement services. In the United States the Workforce Investment Act of 1998 brought together a wide range of job placement programmes into the “One Stop Centers”. Countries such as Austria, Belgium, Denmark, and Finland include people with disabilities in services offered by mainstream employment agencies (101). Other countries have targeted services, such as BizLink, Singapore (102). More than 3000 employment service agencies for people with disabilities operate in China (103), where the Chinese Disabled Persons' Federation has a leading role in fostering employment.

Thinking behind the provision of employment services for people with disabilities is changing:

- There has been a move from a model of job placement that tried to fit people into available job openings to a “person-centred” model involving the interests and skills of the individual. The aim is to find a match that will lead to viable longer term employment and a life-long career (104).
- There has been a shift from using sheltered employment towards supported employment – that is, from “train and place” to “place and train”. The idea is to employ people first, before they are trained, to help dispel beliefs that disabled people cannot perform a particular job (105–107).

Box 8.2. Improving vocational services for people with disabilities in New Zealand

In 2001 the New Zealand government launched Pathways to Inclusion to increase the participation of people with disabilities both in the workforce and in communities (99).

People with disabilities working in sheltered workshops had been paid less than the minimum wage, regardless of their skills or abilities.

Providers of sheltered employment, with advice and government funding, shifted their operations to include supported employment and community participation services. Although sheltered work is still part of a range of vocational services funded through the Ministry of Social Development, supported employment services have now largely replaced it.

An evaluation of the Pathways to Inclusion programme since its inception found the following (100):

- the number of people participating in vocational services increased from 10 577 in 2003 to 16 130 in 2007;
- employment outcomes have improved, with more participants either moving off benefits or declaring earnings while remaining on benefits;
- the number of providers of vocational services that aim to achieve paid employment increased from 44% to 76% over three years;
- the proportion of services providing segregated employment that paid at least the minimum wage all or most of the time increased from 10% in 2004 to 60% in 2007;
- the number of service users moving off benefits or declaring earnings within 12 to 24 months of starting the service has increased – an indication of the long-term effectiveness of the services.

Several successful user-controlled disability employment services have been launched in recent years:

- In Rio de Janeiro, Brazil, the Centro de Vida Independiente serves as an employment broker and ongoing support agency for disabled people (108).
- In Spain Fundación ONCE was founded in 1988 to promote training and employment and accessibility, funded by the national lottery – which is operated by ONCE, the association of blind people (109).
- In Manchester, United Kingdom, “Breakthrough” is an innovative user-controlled employment service that works with disabled people and employers, helping to find and sustain employment and to find training for work (110).
- In South Africa, Disability Employment Concerns was established in 1996 with the aim of emulating the ONCE model. Owned by disabled people’s organizations, it invests in and supports companies to promote disability employment equity targets (111, 112).

- In India the National Centre for Promotion of Employment for Disabled People (113) sensitizes the corporate world, campaigns for access, promotes education, and raises awareness.

These programmes suggest that disabled people’s organizations could expand their range of activities for improving disability employment – such as job search and job matching, training in technology and other job skills, and in interview skills.

Disability management

Disability management refers to interventions applied to individuals in employment who develop a health condition or disability. The main elements of disability management are generally effective case management, education of supervisors, workplace accommodation, and an early return to work with appropriate supports (114). The Canadian National Institute of Disability Management and Research (115) is an international resource that promotes education, training, and research on workplace-based reintegration – the process that

maintains workers' abilities while reducing costs of disability for employers and governments.

In the United Kingdom the Pathways to Work programme is an initiative providing support in the fields of employment and health for people claiming the Employment and Support Allowance. It consists of mandatory work-related interviews and a range of services to help disabled people and those with health conditions move into work. Personal advisers offer help in finding jobs, work-related training, and assistance in managing disabilities or health conditions. Early research with a sample of beneficiaries found that the programme increased the probability of being employed by 7.4% (116).

People with disabilities are not a homogeneous group, and some subgroups require tailored approaches. The problems of impaired hearing, for instance, will differ from those of being blind (117, 118). Particular issues arise for people who have intermittent or episodic problems, such as those with mental health difficulties.

Research has found considerable differences between countries in the proportion of people who return to work after the onset of disability, with figures in one study ranging from 40% to 70% (119). Organizations with established disability management programmes have improved the rates of return to work (see **Box 8.3**) (120).

Vocational rehabilitation and training

Vocational rehabilitation services develop or restore the capabilities of people with disabilities so they can participate in the competitive labour market. The services usually relate to job training, counselling, and placement. For example, in Thailand the Redemptorist Vocational School for the Disabled offers job placement as well as training in computer skills and business management (121). Mainstream vocational guidance and training programmes are less segregating than dedicated vocational training programmes.

Traditional training and mainstream programmes

In OECD countries there is insufficient investment in rehabilitation and employment measures, and take-up is low (122). In developing countries, vocational services tend to consist of small rehabilitation and training programmes (9, 123). Because of their high costs, such programmes fail to reach a significant proportion of their target group (124). Furthermore, traditional training programmes – focused on a limited range of specialized technical skills and provided in segregated centres – have not put many people with disabilities into jobs (38,

Box 8.3. Returning to work in Malaysia

Social security programmes help people with disabilities engage in community and working life. Whether financed by social insurance or through tax-funded benefits, cash payments and in-kind benefits can provide a means of contributing to society. This, in turn, will create more positive attitudes towards people with disabilities and make society more “disability-inclusive”.

In Malaysia, following a year-long pilot scheme in 2005, the Social Security Organization is extending its Return to Work programme throughout the country, combining financial support through social security payments with physical and vocational rehabilitation to help workers with employment-related injuries and diseases return to work. A pilot demonstrated that, with rehabilitation, 60% of those injured in the workplace can return to full employment.

The programme works with rehabilitation service providers and has established links with several large employers to provide work for participants. A case manager coordinates the rehabilitation with the injured person and his or her family, employer, and doctor – bringing in professionals from different disciplines as needed, such as physical therapy, occupational therapy, counselling, and pain management.

125). Such programmes are typically in urban areas, often distant from where people with disabilities live. The trades they teach – such as carpentry and shoemaking – are frequently not responsive to changes in the labour market. In addition, an underlying assumption of these programmes tends to be that people with disabilities are capable of only a limited number of occupations.

In South Africa, however, a mainstreaming approach, under the country's National Skills Strategy, Sectoral Education and Training Authorities requires the allocation of 4% of traineeships to people with disabilities (111).

Alternative forms of training

Apart from imparting technical skills, recent programmes have also concentrated on improving the self-confidence of trainees and raising awareness of the wider business environment. The Persons with Disabilities' Self-Initiative to Development programme in Bangladesh helps people with disabilities form self-help organizations within the community (126). In Soweto, South Africa, training in competencies forms part of an entrepreneurship training programme, and the survival rate of businesses has been high (127).

Recent initiatives to provide alternative forms of training show promise:

- **Community-based vocational rehabilitation.** Trainers are local artisans who provide trainees with the skills to become self-reliant in the community. In Nigeria participants are given training as well as help with microfinance, so that they can be self-employed when they have finished the programme (125).
- **Peer training.** In Cambodia a successful home-based peer-training programme encourages village entrepreneurs in rural villages to teach technical and business skills to people with disabilities (128).
- **Early interventions.** In Australia a project providing computer training to people with recent spinal cord injuries – while

still in hospital – has increased the rates of return to further education and training or work (129).

- **Mentoring.** In the United States collaboration between the government and private enterprise provides summer internships to hundreds of young people with disabilities. This mentoring project – raising career awareness and building skills – has in many cases led to permanent placements at the employers offering the internships (130).
- **Continuity of training.** Being able to keep in touch with rehabilitation centres, and to build on earlier training, is important. The Leprosy Mission in India sponsors associations of alumni from its vocational rehabilitation centres, enabling those trained to keep in touch with other graduates and with the training centres (see [Box 8.4](#)).

Promoting employment and the development of livelihoods is often undertaken through community-based rehabilitation (CBR), discussed throughout this Report. Interventions typically aim to:

- teach skills for developing income-generating opportunities and for being employed;
- impart knowledge about the labour market;
- shape appropriate attitudes to work;
- provide guidance on developing relationships with employers to find a job or receive in-job training.

CBR also seeks to create support in the community for including people with disabilities. A resource from the ILO offers examples of good practices on CBR and employment, together with practical suggestions for skills development, self-employment, and access to the job market (52).

Despite these promising initiatives, the evaluation of vocational rehabilitation is difficult and, in general, its effects are still largely unknown. The evaluation is made more difficult by the fact that disability benefits often act as disincentives to work, and by the wide range of different services provided to individuals (75).

Box 8.4. Vocational training at the Leprosy Mission

The Leprosy Mission in India runs vocational training centres for young people affected by leprosy. Students are taught a wide range of technical skills – including car repairing, tailoring, welding, electronics, radio and television repairing, stenography, silk production, offset printing, and computing. The qualifications obtained by those graduating are officially recognized by the government. The schools also teach other types of skills, such as business management and core life skills.

Core life skills are taught through the timetable and activities of the centres, nurtured through the examples of the staff.

The aims are to develop:

- personal skills – including those related to self-esteem, positive thinking, motivation, goal setting, problem solving, decision-making, time management, and stress management;
- coping mechanisms – including how to deal with one's sexuality, shyness, loneliness, depression, fear, anger, alcoholism, failure, criticism, and conflict;
- fitness for a job – including leadership skills, team work skills, and career planning.

In interviews and focus group discussions, former students were asked to name the most important thing they had learned from their training. No one mentioned technical skills. Instead, they mentioned discipline, punctuality, obedience, personality development, self-confidence, responsibility, and communication skills.

The Leprosy Mission's training centres have a job placement rate of more than 95%.

Among the reasons for the success are that the Mission has active job placement officers with good relations with local employers, who know that graduates from the Mission's training centres will be of a high standard, and the training centres have a strong alumni association that keeps graduates in touch with each other and with their training centre.

Self-employment and microfinance

Funding to help start small businesses can provide an alternative to scarce formal employment (131, 132). For self-employment programmes for people with disabilities to succeed, however, marketing skills, access to credit, and long-term support and follow-up are needed (133). The International Study on Income Generation Strategies analysed 81 self-directed employment projects and highlighted four success factors:

- a self-directed identity (self-confidence, energy, risk-taking);
- relevant knowledge (literacy and numeracy, technical skills, business skills);
- availability of resources (advice, capital, marketing assistance);
- an enabling social and policy environment (political support, community development, disability rights).

It identified successful examples of income generation schemes from Jamaica, the Philippines, and Thailand (134).

Many people with disabilities have few assets to secure loans, and may have lived in poverty for years. Microfinance programmes are in principle open to all, including disabled people. But anecdotal evidence suggests that few people with disabilities benefit from such schemes. Some microfinance programmes have been set up by disability NGOs and others target people with disabilities, but more evidence is needed on their effectiveness.

- a targeted microfinance programme in Ethiopia had a positive impact on the lives of women who became disabled during war (135);
- Handicap International evaluated 43 projects and found that targeted microfinance schemes were beneficial and that almost two thirds of them were sustainable (132);
- a disability organization typically faces difficulties in developing and administering

microfinance programmes, and targeted microfinance programmes set up by a disability organization can reach only a small number of people with disabilities (136).

A review of the literature found obstacles in mainstream microfinance, so provisional schemes run by NGOs and disabled people's organizations can help, because they give rise to social inclusion, participation, and empowerment. But both approaches are needed to achieve wider coverage and sustainability, given that microfinance has great social and economic impact for persons with disabilities (137).

Social protection

Long-term disability benefits can provide disincentives for people to seek employment and return to work (2, 138, 139). This is especially the case for those who are less skilled or whose jobs, if they were seeking them, would be lower paying. One reason is that the benefit provides a regular income – even though small – that the person can rely on. Loss of this regular payment and reliance on menial, low-paid work may result in no regular income and little sense of security (34).

But social assistance benefits can also have positive effects on employment for people with disabilities. Returning to work after disability may involve a period of unemployment and income insecurity. Social assistance programmes therefore need to take this into account when planning the transitional phases away from and back onto benefits. Such transitions should be factored into the benefit programmes so that people feel an incentive to work, while at the same time being secure in the knowledge that a benefit is still available should they not succeed (73).

The growth in disability benefit costs and the low employment rates for people with disabilities are concerns for policy-makers in developing countries (2, 7, 35, 140). In OECD countries there has been substantial growth in disability

beneficiary rates over the past decade, which now represents around 6% of working age population (2, 141). Disability benefits have become a benefit of last resort because: unemployment benefits are harder to access, early retirement schemes have been phased out, and low-skilled workers face labour market disadvantages (2). Spending on disability benefits is an increasing burden on public finances, rising to as much as 4–5% of GDP in countries such as the Netherlands, Norway, and Sweden. People with mental health difficulties make up the majority of claims in most countries. People almost never leave disability benefits for a job (2).

System reform to replace passive benefits with active labour market programmes can make a difference. Evidence from Hungary, Italy, the Netherlands, and Poland suggests that tighter obligations for employers to provide occupational health services and to support reintegration, together with stronger work incentives for workers and better employment supports, can help disability beneficiaries into work (2).

The work disincentives of benefit programmes, together with the common perception that disability is necessarily an obstacle to work, can be significant social problems (38). So the status of disability should be independent of the work and income situation. Disability should be recognized as a health condition, interacting with contextual factors, and should be distinct from eligibility for and receipt of benefits, just as it should not automatically be treated as an obstacle to work (38, 142). Assessment should focus on the capacity for work, not disability. Guidance for doctors should emphasize the value and possibility of work and keep sickness absence as short as possible (2).

To ensure that social protection for people with disabilities does not operate as a disincentive to seeking employment, one policy option is to separate the income support element from the element to compensate for the extra costs incurred by people with disabilities. Temporary entitlements plus cost of disability components

irrespective of work status, more flexible in-work payments, and options for putting benefits on hold while trying work are preferred options (122, 141).

Time-limited disability benefits may be another way to increase employment for disabled people, with particular importance for younger people (2). Germany, the Netherlands, and Norway recently adopted such programmes to encourage the return to work (143). These schemes accept the fact that some people have severe disabilities that will last for a longer period, but recognize that, with intervention, returning to work is possible. The limited duration of the benefit is in itself an incentive for people to return to work by the time benefits end. A critical factor in making the limited duration of the benefit an incentive to return to work, however, is the way in which the time-limited programme is linked to the permanent programme. If the transition to the permanent programme is smooth and expected by recipients, the incentive to return to the labour force is reduced. But there is no firm evidence on the effectiveness of time-limited benefits in encouraging the return to work.

Another priority is making sure it pays to be in work (2). The United Kingdom has recently been experimenting with ways outside the traditional disability benefit system to encourage people with disabilities to work (139). A Working Tax Credit is paid to a range of lower income employed and self-employed people, administered by the taxation authorities. A person qualifies for the disability element of the Working Tax Credit if he or she works at least 16 hours a week, has a disability that puts them at a disadvantage of finding a job, or receives a qualifying benefit such as the long-term disability pension. The idea is to encourage work among low-income households with a member with disabilities. The credit, introduced in April 2003, has proved complex to administer. But an early evaluation suggests that it is encouraging people to enter work and reducing previous disincentives for young people to seek work (144).

Working to change attitudes

Many disabled people's organizations already attempt to change perceptions on disability at the community level. Anecdotal evidence suggests that employing a disabled person in itself changes attitudes within that workplace (54, 145). In the United States, companies already employing a disabled person are more likely to employ other disabled people (1).

Many awareness campaigns have targeted specific conditions:

- the BBC World Service Trust has conducted a large-scale awareness campaign in India to counter misconceptions on leprosy;
- in New Zealand the organization Like Minds has worked to change public attitudes to people with mental health conditions (146);
- various initiatives have tackled the myths, ignorance, and fear often surrounding HIV/AIDS (147).

Light is a public electricity utility in Rio de Janeiro, Brazil, employing disabled people and generating positive publicity for its actions (148). On the reverse of the company's monthly electricity bill is a picture of a wheelchair, with the message:

“At Light, the number of workers with disabilities is greater than that required by law. The reason is simple – for us, the most important thing is to have valuable people.”

In the United Kingdom the Employers' Forum on Disability has developed innovative approaches for changing perceptions of disability (see **Box 8.5**). Similar initiatives have been developed in Australia, Germany, South Africa, Sri Lanka, and the United States. More data are needed to understand which interventions can shift embedded attitudes on disability and best promote positive attitudes about disability in the workplace.

Box 8.5. The Employers' Forum on Disability

The Employers' Forum on Disability (EFD) was the world's first employers' organization to promote equality for people with disabilities. Pioneered by the business community in the United Kingdom in the late 1980s, it is a non-profit organization, funded entirely by its 400 employer members, including more than 100 global corporations.

EFD does not help disabled people directly. Instead, it makes it easier for employers to employ and do business with disabled people. It encourages businesses to view disability in terms of equal opportunities, capability, and investment in human potential – rather than as quotas, medicine, and incapacity.

In the United Kingdom, employers campaigned alongside the disability movement to replace the previous quota system – which required employers to hire people because they were disabled – with anti-discrimination laws, requiring employers to treat disabled people fairly. EFD played an important role in this campaign, with its members showing the way forward by implementing the provisions of the proposed anti-discrimination legislation before it was introduced.

EFD also ran the first leadership programme for disabled people and has worked closely with a group of disabled associates who act as advisors and ambassadors worldwide. Two of these advisors sit on the EFD board.

An important achievement of EFD was the creation of a benchmark, the Disability Standard, which sets a performance standard for businesses with regard to disability, reported every two years. In 2007 most companies in the top 25% of businesses, as assessed by the Disability Standard benchmark, had been EFD members for at least five years.

To introduce similar initiatives, EFD has worked with employer networks in Argentina, Australia, Brazil, Canada, Germany, the Russian Federation, Spain, Sri Lanka, and Viet Nam. The EFD model has been welcomed as an alternative to the traditional approach of seeing the employer as the problem.

EFD has also pioneered a systematic approach to targeted recruitment, enabling employers and providers in the United Kingdom to bring thousands into work.

The employment rate of people with disabilities in the United Kingdom has risen by 8 percentage points since 1991. While no single factor is responsible for this increase, EFD has played a significant part.

Sources (149–151).

People with disabilities must also be enabled to progress up the career ladder (152). Evidence suggests that people with disabilities may lack opportunities for promotion, because their employers are reluctant to place them in roles where they manage others (153). In the United States greater knowledge about legislation on disability employment is associated with more positive attitudes towards the rights of disabled people in the workplace (154).

Trades unions also have a role in improving the employment conditions of people with disabilities (155), particularly in the public sector. Trades unions have a record of concern about occupational health and safety, and more recently have started to make the prevention of disability and issues of accommodation part of their bargaining agenda (156).

Conclusion and recommendations

Almost all jobs can be performed productively by someone with a disability, and given the right environment, most people with disabilities can be productive. But working age persons with disabilities experience significantly lower employment rates and much higher rates of unemployment than persons without disabilities.

This is due to many factors, including lack of access to education and vocational rehabilitation and training, lack of access to financial resources, disincentives created by disability benefits, the inaccessibility of the workplace, and employers' perceptions of disability and disabled people.

In improving labour market opportunities for people with disabilities many stakeholders have a role, including government, employers, disabled people's organizations, and trade unions. The Report's recommendations to improve access to labour markets for people with disabilities are presented here by key actors.

Governments

Laws and regulations

- Enact and enforce effective anti-discrimination legislation.
- Ensure that public policies are harmonized to provide incentives and support for individuals with disabilities to seek employment, and for employers to hire them.

Changing attitudes

- Promote awareness among employers of their duty not to discriminate, and of the means available to them to support the employment of people with disabilities.
- Instil a belief among the public that people with disabilities can work, given the proper support.
- As employers, lead by example in promoting the employment of disabled people in the public sector.

Public programmes

- Make mainstream vocational guidance and training programmes accessible to people with disabilities.
- Make mainstream employment services available to persons with disabilities on an equal basis with other job seekers.
- Develop services tailored to individual and community needs, rather than services of a "one-size-fits-all" nature.
- Ensure that mainstream social protection programmes include people with disabilities, while at the same time supporting their return to work, and not creating disincentives to those seeking work or returning to work.

- Design safety net interventions to promote labour market inclusion of disabled people by including assistance and support services or covering the additional costs incurred by those who enter employment – such as the cost of travel to work and of equipment.
- Adjust disability assessment systems so that they assess the positive aspects of functioning (as opposed to disability) and capacity to work.
- Monitor and evaluate labour market programmes aimed at facilitating and increasing employment of persons with disabilities and scale up those that deliver results with focus on inclusive, not segregated solutions.
- Provide adequate and sustainable funding for training programmes, to build a skilled workforce of people with disabilities.

Data collection

- Include persons with disabilities in labour market data collection activities, for instance labour force survey.
- Use internationally agreed (for example ILO) labour market indicators to measure and monitor the labour market status and livelihood experiences of people with disabilities.

Employers

- Hire people with disabilities, making reasonable accommodations available where needed.
- Set up disability management programmes to support the return to work of employees who become disabled.
- Develop partnerships with local employment agencies, educational institutions, skill training programmes, and social enterprises to build a skilled workforce that includes people with disabilities.
- Ensure that all supervisors and human resource personnel are acquainted with the requirements for accommodation and non-discrimination with regard to individuals with disabilities.

World report on disability

- For larger businesses, aim to become model employers of people with disabilities.

Other organizations: NGOs including disabled people's organizations, microfinance institutions, and trade unions

- For organizations providing mainstream training opportunities, include people with disabilities.
- Provide targeted support when mainstream opportunities are not available.
- Support community-based rehabilitation, to enhance the development of skills and

enable people with disabilities to make a decent living.

- Where the informal economy is predominant, promote micro-enterprises and self-employment for people with disabilities.
- For microfinance institutions, improve access to microfinance for persons with disabilities through better outreach, accessible information and customized credit conditions.
- Support the development of networks of people with disabilities that can campaign for the rights of people with disabilities.
- For labour unions, make disability issues, including accommodations, part of their bargaining agendas.

References

1. Domzal C, Houtenville A, Sharma R. *Survey of employer perspectives on the employment of people with disabilities*. McLean VA, CESSI, 2008.
2. *Sickness, disability and work: breaking the barriers. A synthesis of findings across OECD countries*. Paris, Organisation for Economic Co-operation and Development, 2010.
3. Houtenville AJ, et al., eds. *Counting working-age people with disabilities. What current data tell us and options for improvement*. Kalamazoo, W.E. Upjohn Institute for Employment Research, 2009.
4. Mitra S, Posarac A, Vick B. *Disability and poverty in developing countries: a snapshot from the World Health Survey*. forthcoming.
5. Contreras DG, et al.. *Socio-economic impact of disability in Latin America: Chile and Uruguay*. Santiago, Universidad de Chile, Departamento de Economía, 2006.
6. Mete C, ed. *Economic implications of chronic illness and disability in Eastern Europe and the Former Soviet Union*. Washington, World Bank, 2008.
7. Mitra S. The recent decline in the employment of persons with disabilities in South Africa, 1998–2006. *South African Journal of Economics*, 2008,76:480-492. doi:10.1111/j.1813-6982.2008.00196.x
8. Mitra S, Sambamoorthi U. Employment of persons with disabilities: evidence from the National Sample Survey. *Economic and Political Weekly*, 2006,a41:199-203.
9. *People with disabilities in India: from commitments to outcomes*. Washington, World Bank, 2009. (http://imagebank.worldbank.org/servlet/WDSContentServer/IW3P/IB/2009/09/02/000334955_20090902041543/Rendered/PDF/502090WP0Peopl1Box0342042B01PUBLIC1.pdf, accessed 2 February 2011).
10. Scott K, Mete C. Measurement of disability and linkages with welfare, employment, and schooling. In: Mete C, ed. *Economic implications of chronic illness and disability in Eastern Europe and the Former Soviet Union*. Washington, World Bank, 2008 (<http://siteresources.worldbank.org/DISABILITY/Resources/Regions/ECA/EconomicImplicationsMete.pdf>, accessed 2 February 2011).
11. Zaidi A, Burchardt T. Comparing incomes when needs differ: equalization for the extra costs of disability in the UK. *Review of Income and Wealth*, 2005,51:89-114. doi:10.1111/j.1475-4991.2005.00146.x
12. Braitwaite J, Mont D. Disability and poverty: a survey of the World Bank poverty assessments and implications. *ALTER European Journal of Disability Research*, 2009,3:219-232.
13. Haveman R, Wolfe B. The economic well being of the disabled: 1962–1984. *The Journal of Human Resources*, 1990,25:32-54. doi:10.2307/145726
14. Hoogeveen JG. Measuring welfare for small but vulnerable groups: poverty and disability in Uganda. *Journal of African Economies*, 2005,14:603-631. doi:10.1093/jae/eji020
15. Peiyun . SLivermore G. Long-term poverty and disability among working age adults. *Journal of Disability Policy Studies*, 2008,19:244-256. doi:10.1177/1044207308314954

16. *Convention on the Rights of Persons with Disabilities*. New York, United Nations, 2006.
17. *Averting the Old Age Crisis: Policies to Protect the Old and Promote Growth*. New York. Washington, World Bank and Oxford University Press, 1994 (http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/1994/09/01/000009265_3970311123336/Rendered/PDF/multi_page.pdf, accessed 2 February 2011).
18. Kinsella K, Velkoff V. *An aging world* [United States Census Bureau, Series P95/01–1]. Washington, United States Government Printing Office, 2001.
19. Kidd MP, Sloane PJ, Ferko I. Disability and the labour market: an analysis of British males. *Journal of Health Economics*, 2000,19:961-981. doi:10.1016/S0167-6296(00)00043-6 PMID:11186853
20. Quinn G, Degener T. *The current use and future potential of the United Nations human rights instruments in the context of disability*. Geneva, United Nations, 2002 (<http://www.ohchr.org/EN/PublicationsResources/Pages/SpecialIssues.aspx>, accessed 2 July 2009).
21. *CBR guidelines*. Geneva, World Health Organization, 2010.
22. *The employment situation of people with disabilities: towards improved statistical information*. Geneva, International Labour Organization, 2007.
23. Brandolini A, Cipollone P, Viviano E. *Does the ILO definition capture all employment?* [Temi de discussione del Servizio Studi No. 529]. Rome, Banca d'Italia, 2004 (http://www.bancaditalia.it/pubblicazioni/econo/temidi/td04/td529_04/td529/tema_529.pdf, accessed 18 March 2008).
24. Yeo R, Moore K. Including disabled people in poverty reduction work: "nothing about us, without us" *World Development*, 2003,31:571-590. doi:10.1016/S0305-750X(02)00218-8
25. Fujiura GT, Yamaki K, Czechowicz S. Disability among ethnic and racial minorities in the United States. *Journal of Disability Policy Studies*, 1998,9:111-130. doi:10.1177/104420739800900207
26. Harriss-White B. On to a loser: disability in India. In: Harriss-White B, Subramanian S, eds. *Essays on India's social sector in honour of S. Guhan*. New Delhi, Sage Publications, 1999:135–163.
27. Roberts S et al. *Disability in the workplace: employers' and service providers' responses to the Disability Discrimination Act in 2003 and preparation for 2004 changes*. London, Department of Work and Pensions Research Summary, 2004.
28. *Ready, willing, and disabled: survey of UK employers*. London, Scope, 2003 (<http://www.scope.org.uk/work/>, accessed 17 March 2008).
29. Bagshaw M. *Ignoring disability: a wasted opportunity*. Wellington, National Equal Opportunities Network, 2006 (<http://www.neon.org.nz/newsarchive/bagshawplusfour/>, accessed 18 June 2009).
30. Unger D. Employers' attitudes toward persons with disabilities in the workforce: myths or realities? *Focus on Autism and Other Developmental Disabilities*, 2002,17:2-10. doi:10.1177/108835760201700101
31. Backup S. *The price of exclusion: the economic consequences of excluding people with disabilities from the world of work*. Geneva, International Labour Organization, 2009.
32. McDaid D, Knapp M, Raja S. Barriers in the mind: promoting an economic case for mental health in low- and middle-income countries. *World Psychiatry: official journal of the World Psychiatric Association (WPA)*, 2008,7:79-86. PMID:18560485
33. Becker D et al. Long-term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services (Washington, D.C.)*, 2007,58:922-928. PMID:17602007
34. Stapleton D et al. *Exploratory study of health care coverage and employment of people with disabilities: literature review*. Washington, United States Department of Health and Human Services, 1997 (<http://aspe.hhs.gov/daltcp/Reports/eshc-clit.htm>, accessed 3 July 2009).
35. Kemp PA, Sundén A, Bakker Tauritz B, eds. *Sick societies? Trends in disability benefits in post-industrial welfare states*. Geneva, International Social Security Association, 2006.
36. Baldwin ML, Johnson WG. Labor market discrimination against men with disabilities. *The Journal of Human Resources*, 1994,29:1-19. doi:10.2307/146053
37. Montes A, Massiah E. *Disability data: survey and methods issues in Latin America and the Caribbean*. Washington, Inter-American Development Bank, 2002.
38. *Transforming disability into ability: policies to promote work and income security for disabled people*. Paris, Organisation for Economic Co-Operation and Development, 2003.
39. Maldonado Zambrano S. *Trabajo y discapacidad en el Perú: mercado laboral, políticas públicas e inclusión social (Work and disability in Peru: labour market, public policies and social inclusion)*. Lima, Fodo Editorial del Congreso del Perú, 2006.
40. Houtenville AJ, Erickson WA, Lee CG. *Disability statistics from the American Community Survey (ACS)*. Ithaca, Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics, 2007.
41. Loeb ME, Eide AH. *Living conditions among people with activity limitations in Malawi: a national representative study*. Oslo, SINTEF, 2004.
42. Eide AH, Loeb ME. *Living conditions among people with activity limitations in Zambia: a national representative study*. Oslo, SINTEF, 2006.

World report on disability

43. *World Health Survey*. Geneva, World Health Organization, 2002–2004 (<http://www.who.int/healthinfo/survey/en/>, accessed 2 February 2011).
44. Thornicroft G. *Shunned: discrimination against people with mental illness*. London, Oxford University Press, 2006.
45. Jones MK, Latreille PL, Sloane PJ. Disability, gender and the British labour market. *Oxford Economic Papers*, 2006,58:407-449. doi:10.1093/oep/gpl004
46. Verdonschot MM et al. Community participation of people with an intellectual disability: a review of empirical findings. *Journal of Intellectual Disability Research: JIDR*, 2009,53:303-318. doi:10.1111/j.1365-2788.2008.01144.x PMID:19087215
47. Mitra S, Sambamoorthi U. Government programmes to promote employment among persons with disabilities in India. *Indian Journal of Social Development*, 2006,b6:195-213.
48. Schur L. Barriers or opportunities? The causes of contingent and part-time work among people with disabilities. *Industrial Relations*, 2003,42:589-622.
49. *Microfinance and people with disabilities* [Social Finance Highlight 1]. Geneva, International Labour Organization, 2007.
50. Mitra S, Sambamoorthi U. Disability and the rural labour market in India: evidence for males in Tamil Nadu. *World Development*, 2008,36:934-952. doi:10.1016/j.worlddev.2007.04.022
51. Mitra S, Sambamoorthi U. Wage differential by disability status in an agrarian labour market in India. *Applied Economics Letters*, 2009,16:1393-1398. doi:10.1080/13504850802047011
52. *Skills development through community-based rehabilitation*. Geneva, International Labour Organization, 2008.
53. *Vocational rehabilitation and employment of people with disabilities* [Report of a European conference, Warsaw–Konstancin Jeziorna, Poland, 23–25 October 2003]. Geneva, International Labour Organization, 2004 (http://www.ilo.org/skills/what/pubs/lang—en/docName—WCMS_106627/index.htm, accessed 23 June 2009).
54. *Strategies for skills acquisition and work for people with disabilities: a report submitted to the International Labour Organization*. Geneva, International Labour Organization, 2006 (http://www.hsarc.ac.za/research/output/outputDocuments/4388_Schneider_Strategiesforskills.pdf, accessed 23 June 2009).
55. Russell C. *Education, employment and training policies and programmes for youth with disabilities in four European countries*. Geneva, International Labour Organization, 1999.
56. Burchardt T. *The education and employment of disabled young people*. York, Joseph Rowntree Foundation, 2004.
57. Eide AH, et al. *Living conditions among people with activity limitations in Zimbabwe: a national representative study*. Oslo, SINTEF, 2003.
58. *Policy recommendations*. Measuring Health and Disability in Europe, 2008 (<http://www.mhadie.it/home3.aspx>, accessed 24 June 2009).
59. Roberts P, Babinard J. *Transport strategy to improve accessibility in developing countries*. Washington, World Bank, 2004 (<http://siteresources.worldbank.org/INTTSR/Resources/accessibility-strategy.pdf>, accessed 17 January 2011).
60. Butler SE et al. Employment barriers: access to assistive technology and research needs. *Journal of Visual Impairment & Blindness*, 2002,96:664-667.
61. Shier M, Graham J, Jones M. Barriers to employment as experienced by disabled people: a qualitative analysis in Calgary and Regina, Canada. *Disability & Society*, 2009,24:63-75. doi:10.1080/09687590802535485
62. Gartrell A. 'A frog in a well': the exclusion of disabled people from work in Cambodia. *Disability & Society*, 2010,25:289-301. doi:10.1080/09687591003701207
63. Waghorn G, Lloyd C. The employment of people with mental illness. *Australian e-Journal for the Advancement of Mental Health*, 2005, 4 (<http://www.auseinet.com/journal/vol4iss2suppl/waghornlloyd.pdf>, accessed 3 July 2009).
64. Baldwin ML, Marcus SC. Perceived and measured stigma among workers with serious mental illness. *Psychiatric Services (Washington, D.C.)*, 2006,57:388-392. PMID:16524998
65. Thornicroft G et al. INDIGO Study Group Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *Lancet*, 2009,373:408-415. doi:10.1016/S0140-6736(08)61817-6 PMID:19162314
66. Kuddo A. *Labor Laws in Eastern European and Central Asian Countries: minimum norms and practices* [SP Discussion Paper 0920]. Washington, World Bank, 2009
67. Acemoglu D, Angrist J. Consequences of employment protection? The case of the Americans with Disabilities Act. *The Journal of Political Economy*, 2001,109:915-957. doi:10.1086/322836
68. Mitra S, Stapleton D. Disability, work and return to work. In: Lewin D, ed. *Contemporary issues in industrial relations, labor and employment relations*. Ithaca, Cornell University Press, 2006:251–284.
69. Houtenville AJ, Burkhauser RV. *Did the employment of people with disabilities decline in the 1990s, and was the ADA responsible? A replication and robustness check of Acemoglu and Angrist (2001)* [Research brief]. Ithaca, Cornell University, Employment and Disability Institute, 2004 (<http://digitalcommons.ilr.cornell.edu/edicollect/91>, accessed 15 May 2009).
70. Bell D, Heitmueller A. The Disability Discrimination Act in the UK: helping or hindering employment among the disabled? *Journal of Health Economics*, 2009,28:465-480. doi:10.1016/j.jhealeco.2008.10.006 PMID:19091434

71. Degener T. Disability discrimination law: a global comparative approach. In: Lawson A Gooding C, eds. *Disability rights in Europe: from theory to practice*. Portland, Hart Publishing, 2005.
72. Opini BM. A review of the participation of disabled persons in the labour force: the Kenyan context *Disability & Society*, 2010,25:271-287. doi:10.1080/09687591003701181
73. Mont D. *Disability employment policy* [SP Discussion Paper 0413]. Washington, World Bank, 2004.
74. *Enforcement guidance on reasonable accommodation and undue hardship under the Americans with Disabilities Act*. Washington, Equal Employment Opportunity Commission, 2002 (<http://www.eeoc.gov/policy/docs/accommodation.html>, accessed 3 June 2009).
75. Stapleton DC, Burkhauser RV, eds. *The decline in employment of people with disabilities: a policy puzzle*. Kalamazoo, UpJohn Institute, 2003.
76. Jones MK. Is there employment discrimination against the disabled? *Economics Letters*, 2006,92:32-37. doi:10.1016/j.econlet.2006.01.008
77. *Council Directive 2000/78/EC of 27 November 2000, establishing a general framework for equal treatment in employment and occupation*. Brussels, European Union, 2000 (http://ec.europa.eu/employment_social/news/2001/jul/directive78ec_en.pdf, accessed 15 June 2009).
78. Pereira de Melo H. *Article 13 network of disability discrimination law experts. Country: Portugal*. Oporto, Department of Bioethics and Ethical Medics, Oporto University, 2004.
79. *Israel: 2003 IDR (International Disability Rights Compendium) Compendium Report*. Chicago, Center for International Rehabilitation, 2003 (<http://www.idea.net.org/content.cfm?id=5B5C76>, accessed 22 June 2009).
80. Waldschmidt A, Lingnau K. *Report on the employment of disabled people in European countries: Germany*. Academic Network of European Disability Experts, 2007 (<http://www.disability-europe.net/content/pdf/DE%20Employment%20report.pdf>, accessed 15 June 2009).
81. Commission for Employment Equity. *Annual report 2007–2008*. Pretoria, Department of Labour, 2008 (<http://www.info.gov.za/view/DownloadFileAction?id=90058>, accessed 2 February 2009).
82. Thornton P. *Employment quotas, levies, and national rehabilitation funds for persons with disabilities: pointers for policy and practice*. Geneva, International Labour Organization, 1998 (<http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1083&context=gladnetcollect>, accessed 17 March 2008).
83. Heyer K. From special needs to equal rights: Japanese disability law. *Asian-Pacific Law and Policy Journal*, 2000, 7.
84. Waddington L, Diller M. Tensions and coherence in disability policy: the uneasy relationship between social welfare and civil rights models of disability in American, European and international employment law. In: Breslin ML, Yee S, eds. *Disability rights law and policy*. Ardsley, Transnational Publishers, 2002.
85. *Tax incentives*. Job Accommodation Network, ADA Library (online), undated (<http://www.jan.wvu.edu/media/tax.html>, accessed 7 December 2008).
86. *Funding assistive technology and accommodations*. Boston, National Center on Workforce and Disability, 2008 (http://www.onestops.info/article.php?article_id=22, accessed 7 December 2008).
87. Mungovan A et al. *Education to employment package: a website for graduates with disabilities and employers*. Sydney, Workplace Modification Scheme, New South Wales Department of Education and Training, University of Western Sydney, 1998 (http://pubsites.uws.edu.au/rdlo/employment/tafe/services/T_S_work_mod.htm, accessed 7 December 2008).
88. *What is supported employment?* Washington, United States Department of Labor, Office of Disability Employment Policy, 1993 (<http://www.dol.gov/odep/archives/fact/supportd.htm>, accessed 18 October 2007).
89. *Handbook: supported employment*. Willemstad, World Organization for Supported Employment (<http://www.wase.net/handbookSE.pdf>, accessed 17 March 2008).
90. Crowther RE et al. Helping people with severe mental illness to obtain work: systematic review. *BMJ (Clinical Research Ed.)*, 2001,322:204-208. doi:10.1136/bmj.322.7280.204 PMID:11159616
91. Wehman P, Revell G, Kregel J.. Supported employment: a decade of rapid growth and impact. *American Rehabilitation*, 1998,
92. Cook JA et al. Integration of psychiatric and vocational services: a multisite randomized, controlled trial of supported employment. *The American Journal of Psychiatry*, 2005,162:1948-1956. doi:10.1176/appi.ajp.162.10.1948 PMID:16199843
93. Secker J, Dass S, Grove B. Developing social firms in the UK: a contribution to identifying good practice. *Disability & Society*, 2003,18:659-674. doi:10.1080/0968759032000097870
94. Warner R, Mandiberg J. An update on affirmative businesses or social firms for people with mental illness. *Psychiatric Services (Washington, D.C.)*, 2006,57:1488-1492. PMID:17035570
95. Social Firms Europe CEFEC [web site]. (<http://www.socialfirmseurope.org/>, accessed 18 March 2011).
96. Durie S, Wilson L. *Six Mary's place: social return on investment report*. Edinburgh, Forth Sector, 2007 (Series Report No. 1). (<http://www.socialfirms.org.uk/FileLibrary/Resources/Quality%20&%20Impact/SROI%20report%20-%20Six%20Marys%20Place.pdf>, accessed 19 January 2011).

World report on disability

97. Schneider J. Is supported employment cost effective? A review. *International Journal of Psychosocial Rehabilitation*, 2003,7:145-156.
98. Hyde M. Sheltered and supported employment in the 1990s: the experiences of disabled workers in the UK. *Disability & Society*, 1998,13:199-215. doi:10.1080/09687599826786
99. *Pathways to inclusion: improving vocational services for people with disabilities*. Wellington, New Zealand Department of Labour, 2001 (<http://www.odi.govt.nz/documents/publications/pathways.pdf>, accessed 17 July 2009).
100. *Pathways to inclusion: strategy evaluation* [Final evaluation report]. Wellington, New Zealand Ministry of Social Development, 2008 (<http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/pathways-inclusion/pathways-to-inclusion-strategy-evaluation.html>, accessed 20 July 2009).
101. Thornton P, Lunt N. *Employment policies for disabled people in eighteen countries: a review*. York, Social Policy Research Unit, University of York, 1997.
102. Bizlink: Employment for People with Disabilities [web site].(<http://www.bizlink.org.sg/>, accessed 18 March 2011).
103. Guozhong EZ. Inclusion of persons with disabilities in China. *Asia Pacific Rehabilitation Journal*, 2006, 17. (<http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/v172006/index.html>, accessed 2 February 2011).
104. O'Brien C, O'Brien J. *A little book about person-centered planning*. Toronto, Canada, Inclusion Press, 1998.
105. Moxley DP, Finch JR, eds. *Sourcebook of rehabilitation and mental health practice*. Amsterdam, Kluwer, 2003.
106. Burns T et al. The Effectiveness of Supported Employment for People with Severe Mental Illness: A Randomised Control Trial. *Lancet*, 2007,370:1146-1152. doi:10.1016/S0140-6736(07)61516-5 PMID:17905167
107. Corrigan PW, McCracken SG. Place first, then train: an alternative to the medical model of psychiatric rehabilitation. *Social Work*, 2005,50:31-39. PMID:15688678
108. Bieler RB. Independent living in Latin America: progress in adapting a "First World" philosophy to the realities of the "Third World". *Disability World*, 2003, 21 (http://www.disabilityworld.org/11-12_03/il/latinamerica.shtml, accessed 8 June 2009).
109. Fundación ONCE [web site]. (<http://www.fundaciononce.es/EN/Pages/Portada.aspx>, accessed 18 March 2011).
110. Gradwell L. Missing pieces: the voluntary sector and community sector's potential for inclusive employment. In: Roulstone A, Barnes C, eds. *Working futures? Disabled people, policy and social inclusion*. Bristol, Policy Press, 2005.
111. Rowland W. *Nothing about us without us: inside the disability rights movement of South Africa*. Pretoria, UNISA Press, 2004.
112. Disability Empowerment Concerns [web site]. (<http://www.dctrust.co.za/>, accessed 18 March 2011).
113. National Centre for Promotion of Employment of Disabled People [web site]. (<http://www.ncpedp.org/>, accessed 18 March 2011).
114. *Managing disability in the workplace: ILO code of practice*. Geneva, International Labour Organization, 2002.
115. National Institute of Disability Management and Research [web site]. (<http://www.nidmar.ca/index.asp>, accessed 18 March 2011).
116. Bewley H, Dorsett R, Haile G. *The impact of Pathways to Work* [DWP research report 435]. Leeds, Corporate Document Services, 2007.
117. Harris J, Thornton P. Barriers to labour market participation: the experience of Deaf and hard of hearing people. In: Barnes C, Roulstone A, eds. *Working futures: disabled people, policy and social inclusion*. Bristol, Policy Press, 2005.
118. Simkiss P. Work matters: visual impairment, disabling barriers and employment options. In: Barnes C, Roulstone A, eds. *Working futures: disabled people, policy and social inclusion*. Bristol, Policy Press, 2005.
119. Bloch FS, Prins R, eds. *Who returns to work and why? A six-country study on work incapacity and reintegration*. Geneva, International Social Security Association, 2001.
120. Buys N. Editorial to the first issue. *International Journal of Disability Management Research*, 2006,1:1-2.
121. The Redemptorist Vocational School for People with Disabilities [web site]. (www.rvsvd.ac.th, accessed 18 March 2011).
122. *OECD Thematic review on sickness, disability and work: Issues paper and progress report*. Paris, Organisation for Economic Co-operation and Development, 2008.
123. Metts RL. *Disability issues, trends, and recommendations for the World Bank (full text and annexes)*. Washington, World Bank, 2000 (<http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityIssuesMetts.pdf>, accessed 2 February 2011).
124. Guzman CZ et al. *The Philippines disability survey: a collaborative survey*. Manila, Department of Health and the University of the Philippines, 2002.
125. Alade EB. Community-based vocational rehabilitation (CBVR) for people with disabilities: experiences from a pilot project in Nigeria. *British Journal of Special Education*, 2004,31:143-149. doi:10.1111/j.0952-3383.2004.00345.x
126. Kalimullah NA, de Klerk T. *Encompassing all: impact study of the PSID program of BPKS*. Dhaka, Protibandhi Kallyan Somity, 2008.
127. Coleridge P. Economic empowerment. In: Barron T, Amerena P, eds. *Disability and inclusive development*. London, Leonard Cheshire International, 2007.
128. *Replicating success: a handbook and manual on alleviating poverty through peer training*. Geneva, International Labour Organization, 2007.

129. *Evaluation of the Spinal Cord Injury Project*. East Balmain, WestWoodSpice Human Services Consultants, 2002, (<http://www.bvet.nsw.gov.au/pdf/SpinalCordProjectFinalReport2302.pdf>, accessed 14 June 2010)
130. Timmons J et al. *Paving the way to work: a guide to career-focused mentoring for youth with disabilities*. Washington, National Collaborative on Workforce and Disability for Youth, Institute for Educational Leadership, 2006.
131. Harris C. Self-employment of disabled people in developing countries. *Disability World* 2003, 21 (http://www.disability-world.org/11-12_03/employment/selfemployment.shtml, accessed 7 January 2011)
132. *Good practices for the economic inclusion of people with disabilities in developing countries: funding mechanisms for self-employment*. Woking, Handicap International, 2006.
133. Perry DA, ed. *Moving forward: toward decent work for people with disabilities. Examples of good practice in vocational training and employment from Asia and the Pacific*. Geneva, International Labour Organization, 2003.
134. Neufeldt AH. Self-directed employment and economic independence in low-income countries. In: O'Toole B, McConkey R, eds. *Innovations in Developing Countries for People with Disabilities*. London, Lisieux Hall, 1995 (<http://www.aifo.it/english/resources/online/books/cbr/innovations/11neufeldt.pdf>, accessed 7 January 2011).
135. *Doing business in Tigray: case studies of women entrepreneurs with disabilities in Ethiopia*. Geneva, International Labour Organization, 2006 (<http://www.ilo.org/public/english/region/afpro/addisababa/publ/tigraycasestudy.pdf>, accessed 18 February 2008).
136. Dyer S. Credit is a need and a right: inclusive policy and practice in micro finance. In: Heinicke-Motsch K, Sygall S, eds. *Building an inclusive development community: a manual on including people with disabilities in international development programs*. Bloomfield, Kumarian Press, 2004.
137. Cramm JM, Finkelflügel H. Exclusion of disabled people from microcredit in Africa and Asia: a literature study. *Asia Pacific Disability Rehabilitation Journal*, 2008,19:15-33.
138. Marin B, Prinz C, Queisser M, eds. *Transforming disability welfare policies: towards work and equal opportunities*. Aldershot, Ashgate, 2004.
139. Corden A. Benefits and tax credits: enabling systems or constraints? In: Barnes C, Roulstone A, eds. *Working futures: disabled people, policy and social inclusion*. Bristol, Policy Press, 2005.
140. Pearson M, Prinz C. Challenging the disability benefit trap across the OECD. In: Barnes C, Roulstone A, eds. *Working futures: disabled people, policy and social inclusion*. Bristol, Policy Press, 2005.
141. *Is informal normal? Toward more and better jobs in developing countries*. Paris, Organisation for Economic Co-Operation and Development, 2009.
142. The International Classification of Functioning. *Disability and Health*. Geneva, World Health Organization, 2001.
143. Mitra S. Temporary and partial disability programs in nine countries: what can the United States learn from other countries? *Journal of Disability Policy Studies*, 2009,20:14-27. doi:10.1177/1044207308315283
144. Mulheim I, Pisani M. *The labour supply effect of the working tax credit: a quasi-experimental evaluation*. London, Her Majesty's Treasury, 2006 (<http://wpeg.group.shef.ac.uk/refereeing2006/papers20006/Pisani.pdf>, accessed 18 March 2008).
145. *We count*. Leamington Spa, BasicNeeds UK Trust, 2009 (<http://www.basicneeds.org/download/We%20Count%20-%20Issue%207.pdf>, accessed 3 June 2009).
146. Henderson C, Thornicroft G. Stigma and discrimination in mental illness: Time to Change. *Lancet*, 2009,373:1928-1930. doi:10.1016/S0140-6736(09)61046-1 PMID:19501729
147. *Reducing HIV stigma and discrimination: a critical part of national AIDS programmes*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007.
148. *Light abre 90 vagas para deficientes (Ninety openings for people with disabilities at Light)*. São José do Rio Preto, Excelência Educação, Carreira & Concursos, 2008 (<http://www.excelenciaglobal.com.br/noticias/?nt=9848>, accessed 3 July 2009).
149. Employers' Forum on Disability [website]. (<http://www.efd.org.uk/>, accessed 2 February 2011).
150. Disability Standard [website]. (<http://www.disabilitystandard.com/>, accessed 2 February 2011).
151. Realising Potential [website]. (<http://www.realising-potential.org/>, accessed 2 February 2011).
152. Shah S. *Career success of disabled high-flyers*. London, Jessica Kingsley, 2005.
153. Shakespeare T, Thompson S, Wright M. No laughing matter: medical and social experiences of restricted growth. *Scandinavian Journal of Disability Research*, 2010,12:19-31. doi:10.1080/15017410902909118
154. Hernandez B, Keys C, Balcazar F. Employer attitudes toward workers with disabilities and their ADA employment rights: a literature review. *Journal of Rehabilitation*, 2000,66:4-16.
155. Shrey D et al. Disability management best practices and joint labour-management collaboration. *International Journal of Disability Management Research*, 2006,1:52-63. doi:10.1375/jdmr.1.1.52
156. Jodoin S, Harder H. Strategies to enhance labour-management cooperation in the development of disability management programs. *International Journal of Disability, Community, and Rehabilitation*, 2004, 3 (http://www.ijdc.ca/VOL03_04_CAN/articles/jodoin.shtml, accessed 23 June 2009).