The Palgrave Handbook of Disability at Work

Edited by
Sandra L. Fielden
Mark E. Moore
Gemma L. Bend

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This book is dedicated:
Sandra L. Fielden
To Kay, Adelina and Lynn—I am so lucky to have you in my life, and to my co-editors, you have been a pure joy to work with.

Mark E. Moore
This book is dedicated to my late parents, Edward and June Moore. Your love, assistance, dedication and encouragement have made this book as well as my success as a scholar-teacher possible. Thank you for everything!

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Joyce Bender is an international disability leader, a business woman and advocate, living with epilepsy, who has impacted disability inclusion, employment, empowerment and digital accessibility, for over two decades. As founder and CEO of Bender Consulting, Joyce has built models and methods to scale and sustain training and employment programs; two signature programs include iDisability, an eLearning software product with nearly two million business users on platform, and Careers2B, a workforce development program, focused on growing a pipeline of people with disabilities, while meeting today's business needs for talent.

Joyce has impacted national policies and programs through her board leadership and stakeholder engagement with the American Association of People with Disabilities, the Epilepsy Association, and her advisory board efforts with the National Technical Institute for the Deaf. She has shared best employment practices with members of Congress and US government officials to promote the development of sensible policies and programs. Joyce has served as a disability employment expert for the U.S. State Department in Japan, South Korea, Indonesia, Panama and Kazakhstan and has been featured in periodicals including *Reader's Digest*, *New York Times*, *Investor's Business Daily*, *Pittsburgh Post-Gazette*, and *Chicago Tribune*. She holds a Bachelor of Science degree in Psychology from Geneva College and hosts the radio show, *Disability Matters with Joyce Bender* on www.voiceamerica.com.

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Katherine Breward is an associate professor at the University of Winnipeg. Her work focuses on disability accommodation and labour market outcomes of historically marginalized workers. Katherine's research has appeared in the *Canadian Journal of Disability Studies; Equality, Diversity, and Inclusion: An International Journal; the British Journal of Management; and the Journal of Immigrant and Minority Health.* Her teaching cases featuring disability accommodation issues appear in the *Case Research Journal*.

Adelina Broadbridge is a senior lecturer in the Division of Management, Work and Organisation, Stirling Management School. Her main research interests, and focus of her PhD, are around the broad area of management careers, particularly in the UK retail industry. She has also researched issues connected with stress, age and work–life balance. She additionally has conducted various research with Generation Y undergraduates and graduates and their perceptions and experiences of the initial stages of their careers. Adelina is the editor of *Gender in Management: An International Journal*, an editorial board member of *Equality, Diversity and Inclusion: An International Journal* and track chair of the Gender in Management stream at the British Academy of Management Conference. She founded the Gender in Management Special Interest Group, which has membership from around the world. She has devised and delivered programmes on personal and professional development of women working in the higher education sector and is an Aurora role model.

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Jillian Cavanagh is a senior lecturer in the School of Management at RMIT University. Cavanagh's commitment to research is predominantly in the areas of management and organisations that employ workers with disability, and Men's Sheds and Aboriginal and Torres Strait Islander Men's Groups. Her works have been published in top tier peer-reviewed journals including *Personnel Review*, *International Journal of Human Resource Management*, *Journal of Vocational Education and Training* and the *Journal of Business Ethics*. Cavanagh is currently on the editorial board of the *Asia Pacific Journal of Human Resources*.

Valerie Critten has worked as a teacher both in mainstream and in special schools. She has taught children with moderate-to-severe learning difficulties, children on the autistic spectrum and children with physical disabilities. Many of the children had communication disabilities. Her interest in IT led to her becoming an IT subject coordinator and enabled her to use IT as a facilitator for children who were unable to communicate. Valerie taught many children with cerebral palsy who had unexpected difficulties with learning to read. Her thesis examined the cognitive difficulties which coordinated with the children's reading abilities including a new finding of the influence of specific areas of visual and spatial perception. After gaining a doctorate in education (Open University), Valerie has worked on published research projects involving an app to help people with communication difficulties to express their thoughts and ideas. Her interest in the visual and spatial perceptions of children with cerebral palsy has led to research (under review) on the children's difficulties with learning mathematical skills. Her interest on helping people to communicate their thoughts and ideas and her work with young people with cerebral palsy have led to this research on transitions into employment.

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Deborah Foster is Professor of Employment Relations and Diversity at Cardiff Business School, Wales, UK. She has a disciplinary background in sociology and an interest in trade unions, employment relations and equality and diversity in organizations. Deborah has been a regular member of the editorial team of the *British Sociological Association* journal and *Work, Employment & Society,* has held grants from the ESRC, European Union, and is leading a DRILL (Disability Research into independent Living and

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Lauren Lindstrom is a professor and dean of the School of Education at University of California Davis. Lindstrom has focused her career on developing innovative career development programs and improving post-school employment outcomes for young adults with disabilities. Her research examines the interplay of individual factors such as gender, socioeconomic status, disability and family expectations, with system-level factors such as school services, educational policies and barriers in the workplace. She has developed school- and community-based interventions and disseminated findings through publications, products and conference presentations. Her most recent work focuses on intersections of gender and disability. In 2017, she received the Zero Project Innovative Practice award in recognition of her work focused on improving employment outcomes for young women with disabilities.

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Jannine Williams is Lecturer in Human Resource Management at QUT, Australia. From her background in working with D/deaf and disabled people, research on disabled academics' career experiences and gender projects, Jannine has developed research interests in the development and organization of socially responsible work which is developed through a concern for the meaning and experiences of work and how work practices can be developed to be inclusive. Her research encompasses processes of organizing; categories of social relations and constructions of difference, particularly disability and gender. She has co-edited two books: *Deaf Students in Higher Education: Current Research and Practice*, and *Gender, Media and Organization: Challenging Mis(s)Representations of Women Leaders and Managers*. Her work has appeared in *Work, Employment & Society*, *British Journal of Management*, *Studies in Higher Education*, the *International Journal of Management Reviews, Disability & Society*, *Human Resource Development Review* and *Gender in Management: An International Journal.*

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1

Introduction

Sandra L. Fielden, Mark E. Moore, and Gemma L. Bend

Disability is a dynamic and evolving construct that requires ongoing discussion of emergent perspectives from different academic disciplines. Yet, despite international and national guarantees of equal rights, there remains a great deal to be done to achieve global employment equality for people with disabilities. However, just focusing on the rights of individuals does not provide an adequate understanding of the actual experiences of people with disabilities in the workplace (Nyanjom et al. 2018). Research has, to some degree, provided an understanding of stigmatized identities and the self-esteem of people with disabilities, as well as how organizations accommodate the specific problems of employees with disabilities (Oliver and Barnes 2012). While this approach is valuable and interesting it does not really consider the experiences of people with disabilities in the workplace, and for many of these

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individuals their career progress is a far more complex interaction between disability (and other intersectional variables such as gender, ethnicity and race), work and the workplace. In contrast to other publications that have focused on one element of disability in the workplace, for example legal aspects, the approach we take is to follow and analyse the encounters of those with disabilities throughout the work process.

Regardless of the route taken into employment the journey to enter, secure and maintain employment for people with disabilities is fraught with challenges, both good and bad, that has a significant impact on individual's well-being (UK: Baumberg 2015; USA: Dunn and Burcaw 2013). Despite advancements in legislation and policies in western societies that should give people with disabilities equal opportunities and rights on par with people without disabilities in employment, research still finds that people with disabilities remain in a disadvantaged position (Baumberg 2015). In the UK 22 per cent (7.5 million) of the population report having disabilities, specific to employment 51.3 per cent (3.9 million) are in employment compared to 81.4 per cent of people without disabilities; 9.3 per cent of people with disabilities are unemployed compared to 3.7 per cent of people without disabilities; and 44 per cent (3.3 million) are economically inactive (Office of National Statistics 2018). In addition, employment rates for people with disabilities by different characteristics were as follows:

Age: highest for those aged 25–49 (56.4 per cent), lowest for those aged 16–24 (38.2 per cent),
Education: highest rates for those with a degree (or equivalent) (71.7 per cent) and lowest for those without a qualification (17.0 per cent),
Gender: women (50.8 per cent) and men (51.9) have similar rates,
Part-time: 24.1 per cent aged 16–64 were working part-time compared to 36.0 per cent of people without disabilities of the same age.

When you further investigate these statistics, it becomes evident that there is a disparity of employment rates across the disability spectrum when comparing the gap in employment rates for specific people with disabilities against figures for those without.

As can be seen in Fig. 1.1 there is a huge 56.2 per cent employment gap between those with a learning difficulty (23.9 per cent) and those with no disability; comparatively there is a much smaller gap, 19.8 per cent, for individuals with a hearing disability, such as hard of hearing or deafness, and those without (60.3 per cent employment rate). Furthermore, employment rates were 61 per cent for those with one health condition, 52 per cent for two

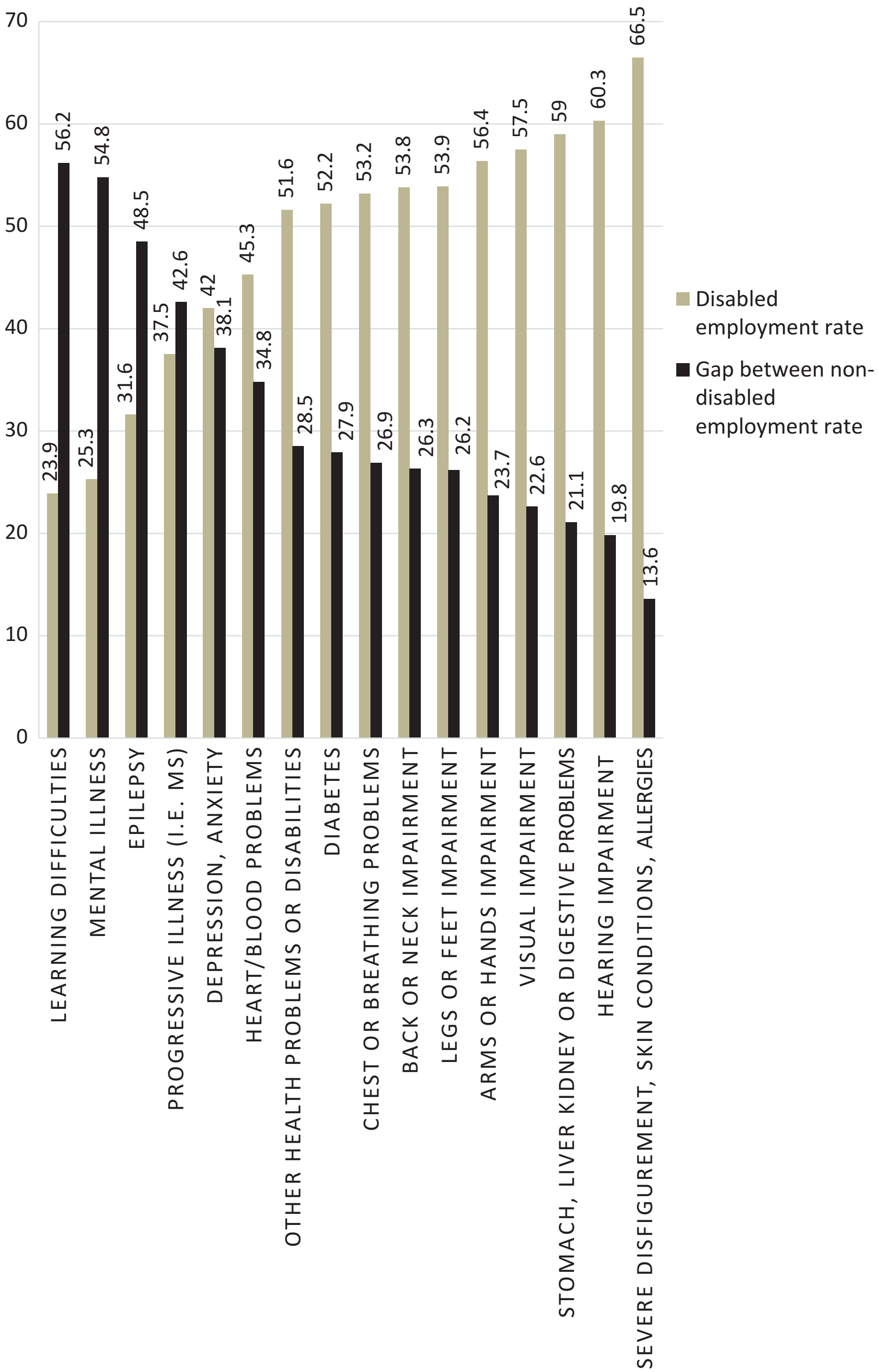

Fig. 1.1 Rates of employment across disability variants. (Adapted from Mirza-Davies and Brown, 2016, p. 4)

conditions, 44 per cent for three conditions, 38 per cent for four conditions and 23 per cent for five or more conditions. Although this book is not specifically aimed at increasing the numbers of people with disabilities in the workplace, by providing an in-depth understanding of the benefits, barriers and difficulties they encounter as they enter and progress through work, we hope that employers, employees, policymakers and all relevant individuals and organizations will contribute to increasing the number of people with disabilities entering and remaining in paid work.

Definitions

The concept of disability is complex, and there are historical, social, legal and philosophical influences on its interpretation. The experience of disability is unique to each person but there are common barriers and issues in terms of peoples' rights to access specific disability services, provided directly or indirectly by governments. The need for some agreed definitions, largely to ensure that disability support programmes are fair about who is to receive benefits and why, has prompted much discussion and debate. However, here are a few definitions that are widely accepted:

The World Health Organization (WHO)

Disability is an umbrella term, covering impairments, activity limitations and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers (WHO 2018).

United Nations (UN)

The convention protects all persons with disabilities, who are defined in Article 1 as including "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (UN 2012). This broad definition adopts what is known as the social model of disability. It recognizes that disability is an evolving concept, and that we are often prevented from exercising all of our human rights and fundamental freedoms by barriers of attitude and environment which have been placed in our way.

The International Classification of Impairments, Disabilities and Handicaps

The current version of the international classification of impairments, disabilities and handicaps (ICIDH) (Wood 1980) contains definitions and examples that are highly culture-specific (e.g. references to 'pouring tea') or that are inappropriately characterized according to sex. Consequently a new version of the ICIDH is now being drafted to embrace developments since 1980 and address criticism of the first ICIDH. One of the major developments is the more specific recognition of the social construction of the third dimension of disability. It is being proposed that this third dimension be renamed 'participation', and that its definition recognize the critical role played by environmental or contextual factors in restricting full participation. The draft definition is as follows:

- *Impairment:* is a loss or abnormality in body structure or of a physiological or psychological function.
- *Activity:* is the nature and extent of functioning at the level of the person. Activities may be limited in nature, duration and quality.
- *Participation:* is the nature and extent of a person's involvement in life situations in relationship to impairments, activities, health conditions and contextual factors. Participation may be restricted in nature, duration and quality. Participation is considered within seven broad domains: personal maintenance; mobility; exchange of information; social relationships; education, work, leisure and spirituality; economic life and civic and community life.
- *Context:* includes the features, aspects, attributes of, or objects, structures, human-made organizations, service provision and agencies in, the physical, social and attitudinal environment in which people live and conduct their lives.

Americans with Disabilities Act (ADA—USA)

The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability (ADA 2018). It is important to remember that in the context of the ADA, 'disability' is a legal term rather than a medical one. Because it has a legal definition, the ADA's definition of disability is different from how disability is defined under some other laws, such as for Social Security Disability related benefits.

The Equality Act 2010 (UK)

You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

The Disability Discrimination Act 1992 (Australia)

To be deemed a disability, the impairment or condition must impact daily activities, communication and/or mobility, and has lasted or is likely to last six months or more. This includes:

- total or partial loss of the person's bodily or mental functions
- total or partial loss of a part of the body
- the presence in the body of organisms causing disease or illness
- the malfunction, malformation or disfigurement of a part of the person's body
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment, or that results in disturbed behaviour;

including disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future
- is imputed to a person (meaning it is thought or implied that the person has disability but does not).

The breadth of impairments and medical conditions covered by the DDA are:

- Physical—affects a person's mobility or dexterity
- Intellectual—affects a person's abilities to learn
- Mental Illness—affects a person's thinking processes
- Sensory—affects a person's ability to hear or see
- Neurological—affects the person's brain and central nervous system
- Learning disability
- Physical disfigurement or
- Immunological—the presence of organisms causing disease in the body

Definitions of disability reflect the historic, social and legal background in relation to physical, mental and psychological disability, and have traditionally been constructed as an assumed opposite of ableism, that is the normative expectation of non-disability (Williams and Mavin 2012). Disability can come about in various ways: it may be congenital or arise later in life through sickness or injury, and for some their disability has little or no effect on their ability to work (Williams 2006). For others some form of workplace accommodation is required, whereas some are precluded from working at all in mainstream employment. For those people, definitions rarely acknowledge the complexity of disabilities, as many people with disabilities must deal with multiple health or disability issues with pain and mobility being the top impediments when engaging with the workforce (Williams 2006).

There are many more definitions which are country dependent but, as with the definitions above, there is a general consensus of what constitutes a disability for legal purposes, as well as for medical, treatment and benefit applications and so on. For the purpose of this publication we respect the individual author's preference for the actual definition they use, depending on the context within which their research is set, for example legal or medical. Definitions not only act to separate out people with disabilities from those without but they also influence the terminology that surrounds disability and, as a contentious issue, when presenting chapters on disability it is a topic that requires explanation.

Terminology

> Over the years a large amount of terminology concerning disability has evolved which denies the social construction of disability and is now considered offensive by many people in the British Disabled People's civil rights movement. These terms have originated and been perpetuated by the likes of the medical, religious and welfare professions. Many are patriarchal in nature, evoking the notion that Disabled People need looking after. Others are based on false premises that have since been rejected as norms. The language that people use reflects what they think and can influence how they deal with situations. If they behave as if the problem is with the individual, they will take a different approach than if they regard the problem as being with the attitudes, systems and practices that create disabling barriers. ('The Language of Disability', by Clark and Marsh 2002)

Terminology relating to disability has changed radically over the last two decades and is a highly sensitive subject, both for researchers and for those who live with disabilities. For example, where it was once deemed acceptable to use the term 'mental retardation' the preferred term now is 'intellectual disability'. This term has superseded 'mental retardation' in accordance with terminology used by the International Association for the Scientific Study of Intellectual Disabilities, as the word 'retardation' has historically negative connotations. This is linked to changing definitions as well, for example, the Australian Institute of Health and Welfare explains intellectual disability as difficulty learning, applying knowledge and making decisions, with individuals having difficulty adjusting to a change and interacting with unfamiliar people (Meacham et al. 2017). The definition of the term 'mental retardation' is less explicit in its description of the condition, just calling it "a condition, usually present from birth, characterized by intellectual functioning that is below average" (Collins Dictionary 2018), which is both unhelpful and derogative.

In some languages there appears to be no single suitable term. The official French-language version, for example, uses 'handicap' as an umbrella term, stressing that it does not cover a monolithic reality, but is the result of different levels of experience; this version also uses a term signifying 'disadvantage' for the third level of experience in the classification (as do the Italian, Japanese, and Portuguese versions). French-speaking Canadians, on the other hand, appear to prefer the word 'handicap' for this third level and do not make use of an umbrella term (WHO 2018). Producing a publication that has contributors from around the globe we are conscious of the different terminology that is used in different countries, especially as the struggles around language are not merely semantic. A major bone of contention is the continued use of the term ‘handicap’ by the WHO schema, which is an anathema to many individuals with disabilities because of its connections to ‘cap in hand’ and the degrading role that charity and charitable institutions played in our lives of disabled people (Oliver 2017). The continued use of such terms contributes significantly to the negative self-image of disabled people, while at the same time perpetuating discriminatory attitudes and practices among the general public.

The UK government advocates the use of the term ‘disabled people’ (Department of Work and Pensions 2014) and, according to SPECTRUM (2018), the term ‘Disabled People’ has been redefined to mean people with impairments who are disabled by socially constructed barriers. The word ‘Disabled’ before ‘People’ or ‘Person’ has come to signify identification with a collective cultural identity and SPECTRUM claim that writing Disabled People with a capital ‘D’ and ‘P’ is now commonplace as a way of emphasizing the term’s political significance (SPECTRUM 2018). More recently some groups have chosen to adopt ‘people-first’ or ‘person-first’ language as a way of describing disability that involves putting the word ‘person’ or ‘people’ before the word ‘disability’—as in ‘people with disabilities’. This term is used by many of the authors in this publication, as it is the idea that disability is just a label and not the defining characteristic of the individual, as well as not being a political label. In other chapters authors use the terminology that is current in their geographical location, which we believe increases our understanding of the way in which people with disabilities are viewed in different countries.

One key issue in the use of terminology is that the term ‘people with disabilities’ describes membership to a specific social group, which in turn gives a social identity. It has been argued that the current literature seems to treat disability identity as a social identity that conveys membership of a socially stigmatized group (Bogart 2014). Indeed this social model has been favoured over a biological or medical model because social and cultural factors are believed to create universal challenges that people with disabilities face regardless of differences in biological features of impartments, or congenital compared to acquired disability (Barnes and Mercer 2001; Bogart 2014). In an attempt to personalize the way in which we look at people with disabilities at work, the majority of chapters include at least one case study of the experiences of individuals in order to provide a real-life lens over the subject being discussed. A short summary of the history of disability in the workplace from both a global north and global south perspective, followed by an outline of the models of disability that are drawn upon in this handbook will be presented next.

The Historical Context of Disability and Employment

Whilst is it not possible to give a detailed historical overview on the conceptualization of 'disability', as it would be a book in itself, it is important to include an overview of key events to situate the current framing of a disability discussed in the chapters within this handbook. The term 'disability' has not always been used, for instance the terms cripple, handicap, and imbecile have been used throughout history, and even today the terms used to refer to people with disabilities are also subject to countries or regional language differences.

Global North

Disability scholars from the global north have historically conceptualized disability employment experiences in three phases: (1) pre-industrialization, (2) the rise of capitalism/industrial revolution and (3) technological advancement/s (see Finkelstein 1980; Stone 1984). It has been argued that during pre-industrialization many individuals with a disability were able to work in their communities, such as within the domestic home, and even where they could not participate fully, they were still able to make a contribution. Oliver and Barnes (2012) suggest that although having a disability was seen to be 'individually unfortunate' individuals were not segregated from the rest of society. This claim, however, is too reductive and Borsay's (1998), for example, contests the argument that an impairment did not hinder economic participation prior to industrialization. Nonetheless, it is widely accepted that the industrial revolution was a major influence in the reframing of organizational performativity, which consequently led to the exclusion of those with a bodily/cognitive difference. This was gleaned from the primary data on men and women with a disability who were admitted into institutional care, especially for those suffering from mental health conditions. However, it was context specific; those who had a work opportunity and could participate in some form would not be segregated. In contrast, those who did not have a viable work opportunity, or could not perform the work task, would not only be excluded from the work environment but placed in institutions.

The technological developments in the nineteenth and twentieth century, across many northern countries, began an industrial revolution where work transitioned from self-employment in or around the home to working in a factory, which controlled the wages and rules of employment. Oliver (1990), the key initiator of the social model of disability, argued that, "[c]hanges in the organisation of work from a rural based, cooperative system where individuals contributed what they could to the production process, to an urban, factory-based one organised around the individual waged labourer, had profound consequences". When factory work became the main source of employment, individuals with a disability were scrutinized when factory owners compared their bodily performance to other workers (Connell 2011): these observations showcased their inabilities in adhering to the rigid and regulatory work environments (Slorach 2016). Within these new factories, in a new age of capitalism, human beings became a commodity to be controlled like machines for profit which benefited the business owners (Russell and Malhotra 2002). The treatment of individuals with disabilities and the capitalist age imposed systemic and invariable performative expectations, which led to treating "mentally distressed human beings as malfunctioning machines" (Slorach 2016, p. 81). As a consequence of these changes in the early twentieth century, many individuals with a disability were excluded from mainstream society and often placed in rehabilitative or state institutions (e.g. workhouses, asylums, special schools or colonies) (Oliver 1990). By historian's approximation there were around 10,000 individuals with a disability in workhouses in the UK in the early 1900s (Jarrett 2012). Thus, there is a direct link between the rise of capitalism thus contributed to the current conceptualization and exclusion of disability from the workplace.

We are currently situated within a technological phase of development, although capitalist norms are still deeply entrenched in global organizational contexts. Importantly, "as capitalism becomes more sophisticated in its productions methods, so the impairments it creates becomes more diverse … In every field of industry, employers push workers harder to keep pace with competitors" (Slorach 2016, p. 238). Foster (2018) claims that:

> If the ideal worker in contemporary capitalism is to now be defined according to their aesthetic value, how resilient they are and as self-managing able-bodied entrepreneurial subjects, the logical outcome is that many more people will fall short of this, with the consequence that they will potentially be socially constructed as dis-abled.

The impact of entrenched capitalist, organizational and societal cultural norms underpins many of the chapters in this handbook; therefore, we urge the reader to critically consider the wider discourses that impact their own and others' lives.

Global South

The majority of the chapters for this handbook are considered from a global north position; however, it is important to consider the historical and cultural differences that affect the conceptualization and experiences of disability in the global south. Scholars have criticized research from the global north that places stereotypical and homogenous assumptions on the experiences of disability in the global south: "these generalisations operate through a discourse that simplifies the disability experience in line with the social model as one of disproportionate oppression, intensified by a homogenised 'third world' constructed as backward, undeveloped and often brutal towards its weaker members" (Grech 2011).

It is important to remember that the experiences of individuals with a disability are embedded in their geographical location, cultural and social norms and the political system in place at a specific time. For example, in India, a historical analysis has shown that experiences of disability are entangled with gender, religion, cultural, political (local and national) norms and socioeconomic status. Disabled women have been found to experience the most social and economic exclusion throughout the recent history in India and, although changes are being made, instilled gender cultural norms that prioritize boys and men prevail (Buckingham 2011). Buckingham's (2011) historical analysis concludes that: "those with disabilities in India and their advocates increasingly understand the historical and contemporary marginalisation of disabled persons as socially constructed and redeemable by a just distribution of appropriate resources". Similarly for authoritarian regimes such as China, there has been a lack of research that explores the lived experiences of those with a disability, both from a historical and current perspective (Zhang 2017).

Not only is it important to consider the internal geographical and socio-political context of the global south, but also the impact of militarized conflicts between western and developing countries. Connell (2011) aptly states that: "one of the key dynamics in the construction of world society was the social embodiment of power—a deployment of force that, in addition to leaving disabled individuals, collectively disabled whole populations". Individuals who are disabled as a result of war and other conflicts are then subjected to social and economic exclusion for the rest of their lives. The rise of capitalism has also had a significant impact (i.e. neo-colonial-colonial relations of power) in creating and excluding disability in the global south. For example, there are many Asian countries which are exploited to supply cheap clothing to meet the demands of the global north capitalist consumer market and the increasing trend of people wanting more product for less money. The impact of this exploitation is precarious and unsafe working conditions for those in factories that have resulted in death and injury (as well as resulting disability (Chouinard 2015). Likewise in Africa, the British colonial influence on African employment practices has had an impact on determining who is 'fit' or 'unfit' for industrial employment:

> From the 1930s onward, men who sought work in the South African mines—a virtually ubiquitous experience among African men in south eastern Bechuanaland, due in part to colonial policies—faced a medical examination to determine their 'fitness' for work. Those whose bodies were deemed 'unfit' for industrial employment by virtue of their age, weight, perceived impairments, or other criteria were economically and thereby to some extent socially marginalized. Bodily differences that had previously seemed economically inconsequential began to take on greater social and economic valence and to remake particular hierarchies. (Livingston 2006)

Although it is not possible to give a more detailed analysis of the global south there are other handbooks and sources that provide a detailed analysis of the topic (e.g. Watermeyer et al. 2019; Grech 2015). However, it is therefore important for readers, researchers and activists to consider the reach of their research, and to consider the differences in experiences of disability according to the global region and the national and international history of events that have contributed towards these experiences.

Models of Disability

There are three main models of disability which are referred to throughout this handbook that offer different definitions of a disability: the medical model, the social model and the social-relational model (Goodley 2014; Palmer and Harley 2012). These models at different times and in different regions have been challenged and developed. Often the main criticism from political and human right activists is that 'disability' is far more complex than the models conceptualize (Anderson and Carden-Coyne 2007). Each of these models will now be summarized in turn to briefly situate the reader.

The Medical Model

Those who draw upon the medical model of disability argue that a disability is bio-medical in origin and is the consequence of an individual's functional impairment (e.g. the result of injury, health condition, or disease), which causes a loss of bodily functionality and social participation (Grue 2011), implying that the responsibilities of a disability reside within an individual's "own personal misfortune—devoid of social cause or responsibility" (Areheart 2008). A consequence of the dominance of the medical model of disability is the establishment of the normative categories of 'disabled' and 'non-disabled', which have become deeply entrenched globally (Areheart 2008). Although the ways in which we understand disability has changed over the last few decades, due to legislation and education, medicalization of disability continues to dominate in some important contexts, for example benefit systems (Beresford 2016).

Researchers drawing on the medical model of disability in the 1950s described illness and impairments as "deviant" behaviour when individuals could not "fulfil (sic) the institutionally defined expectations of one or more of the roles in which the individual is implicated in the society" (Parsons 1951): a reflection of the current socio-political climate. Historians, who have explored the experiences of those with a disability, stress that the voices and day-to-day lives of the 'disabled' were often not recorded. Instead, scholars have found evidence available was from professionals and institutions that "disabled people only existed in the sphere of the doctors' examination room, in records in institutions or in the propaganda of charities" (Anderson and Carden-Coyne 2007). One of the main critiques of the medical model, however, is the failure to consider or recognize the impact of society (e.g. social discourses, architecture, design etc.) on the ability to perform a societal role (Oliver 1990). Furthermore, the presumption that those with a disability or ill health are 'unable' to live 'normal' lives has been widely challenged (see Morris 1991; Jammaers et al. 2016).

The Social Model

The social model's fundamental belief is that it is society, and not an impairment, which is disabling (Oliver and Barnes 2012). Those who adhere to this model view 'disability' as a social construct and critically assess "the ways in which disability is socially produced" (Hughes and Paterson 1997) and, in comparison to the medical model, the debates shift from biomedically dominated agendas to discourses about politics and citizenship. Activists, for example, stress that it is society's fault when an individual in a wheelchair cannot access a public building or use public transport because of a lack of elevators and ramps (Poria et al. 2011). Although the social model is the dominant model adopted by academics and activists in western society (e.g. UK, USA and Canada) there are parts of the medical model remain in use across a number of societal practices such as welfare provisions and accessing benefits. In the USA the Americans with Disabilities Act reproduces the medical definition by defining disability as an inability to perform a "'normal' life activity" (Donoghue 2003) and, equally in the UK, the Equality Act (2010) defines disability as an inability to perform 'normal' day-to-day activities. In many countries an individual's physical and mental health are reassessed in regular intervals to (re)confirm if they are (un)fit for work and the welfare benefit systems in the UK also supports an individualized medial model of disability. Those who have a physical or psychological impairment(s) have to undergo a clinical assessment, providing medical evidence in order to receive disability and/or employment benefits, a system that has been severely criticized in the last decade (Bloom 2019). There have been many reports of individuals being declared 'fit for work', despite evidence to the contrary, and appeals of these decision to withdraw benefits in independent tribunals are often successful (e.g. Fricker 2016; Siddique 2019). In the UK the Department for Work and Pensions (DWP) has been scrutinized by Parliament and activists for their continual dehumanizing approach, which fails to account for the lived experiences of a 'disability', and the impact of their decisions on the psychological health of claimants (McNiell et al. 2017). In some cases this has even resulted in suicide.

The Social Relational Model

Those who favour the social relational model argue that disability is the effect of individual impairments (functional limitations) *and* socially imposed exclusions (Shakespeare 2014), encapsulating the personal *and* the social experience of disability. Thomas (1999), positioning her argument within a social relational model, defined disability as "a form of oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being". Although there is agreement that the causes of disability should be firmly located in the social environment, rather than with the individual, it has been suggested that to define disability entirely in terms of oppression risks overlooking the positive dimension of social relations, which enable as opposed to [dis]able people with impairments (Nyanjom et al. 2018). Instead disability is defined as "the outcome of the interaction between individual and contextual factors, which includes impairment, personality, individual attitudes, environment, policy and culture" (Shakespeare 2014). For example, providing ramps, lifts and disabled toilets does not reduce functional impairment but it does make individuals less disabled than if those facilities were not in place impairments (Nyanjom et al. 2018). Yet people with functional impairments continue to experience higher levels of disability than necessary, simply because organizations do not provide satisfactory access facilities (Poria et al. 2011).

The different definitions of disability demonstrate the tensions that surround identity and research has shown that a conflict exists between an individual's self-identity and the projected norms of a social identity. As will be discussed in multiple chapters throughout this handbook binary identity labels, such as disabled/non-disabled and women/men, are imbued with historical and cultural normative discourses. It has been argued, however, that that binary "[d]istinctions are in themselves not problematic and are indeed fundamental to analysis. It is only when the distinctions are *reified* and reflect and reinforce discriminatory and hierarchical judgments that they can be classed as binary in structure and content" (Knights 2015, original emphasis). Feely (2016) suggests that when an individual is ascribed an identity label, such as disabled (or a type of disability), the body is 'over-coded' and this prevents us from thinking creatively about the infinite number of things a body could do in different contexts. It is also important to recognize the historical and cultural development of 'disability' identity across different global regions and historians have shown the instability and the changeable 'boundaries' in which bodily and behavioural characteristics are viewed as the norm:

> Elites will always generate outgroups, as modern elites do around ethnicity, gender and sexuality, and the anxieties that go with them. However, alongside these will be an extreme example that is not just inferior by degree but is seen as contradicting the very essence of what that particular era considers to be human. Their very species membership is in question—hence the belief that they contravene natural and biological norms. Once intelligence or cognitive ability came to be the chief marker of the individual's natural human status, replacing earlier markers such as medieval 'honour' or, in religious terms, divine 'grace', only then did people with intellectual and learning disabilities become the extreme outgroup. The long historical perspective shows them to be not just the target of an enduring social phobia, but also, in historical terms, the temporary product of it. (Goodey 2015)

Outline of the Book

This publication endeavours to address the current gap in the market and has a number of important features, in that it looks at a wide range of the workplace aspects that impact on the experiences of people with disabilities. It follows them through each aspect of the workplace, and provides case studies to highlight the actual experiences of people with disabilities. In doing so the book examines the experiences of people with disabilities in diverse contexts within the workplace. As people with disabilities have historically been excluded from discussions about disability (Oliver and Barnes 2012), each chapter includes at least one case study to give a voice to people with disabilities and highlight their lived experiences of the issues under discussion. Beginning by looking at the legislation pertaining to the placement and support of people with disabilities in the workplace from a global perspective it goes on to consider where the work experience begins, with the transition between non-work and work, and the subsequent acts of people with disabilities depend on the industry sector an individual enters, the type of work they undertake, their specific disability and other elements of diversity which can lead to further disadvantage, bias and/or discrimination, for example gender. The book comprises 28 chapters, with 4 chapters in each of 7 sections, with a final summary chapter of the key issues raised in the book, identification of the gaps in the research and recommendations for future research, organizational interventions and legislation. The seven key sections are:

- *Legal Aspects*—considering the impact of the law on assisting individuals with disabilities in to work and supporting those in work;
- *Transitions*—between education and employment, between careers, between employment and non-work, promotion/demotion;
- *Types of Employment*—looking at people with disabilities employed within specific industry sectors, for example private, public, mainstream, sheltered, volunteers, self-employed and underemployment;
- *Levels of Employment*—exploring low, mid and high levels (including blue/white collar, supervisory, professional and managerial);
- *Disabilities*—looking at the impact of certain disabilities, for example congenital, acquired, physical and mental;
- *Intersections*—between disability and other identity characteristics, for example gender, race and age;
- *Dynamics*—investigating the relationship between organizational dynamics and disability.

We have endeavoured to present chapters from researchers who are renowned in their field around the globe, representing: Australia, Canada, Czech Republic, India, Italy, Switzerland, UK and the USA, and would like to offer our sincere gratitude for their time, dedication and effort. We would also like to thank all of those who took part in the case study aspect of the chapters for their openness and their generosity in giving their time. The production of this book has been a hard but enjoyable experience for us all and we hope that you as the reader find this unique collection of chapters interesting, informative and thought-provoking.

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Part I

Legal Aspects

2

Generating Interdisciplinary Insights to Regulate for Inclusive Employment

Liz Oliver

A socio-legal approach to research about work and employment allows questions and issues, from outside the discipline of law, to be brought to an understanding of what the law is and how it operates. This chapter considers key provisions of the UK Equality Act (2010), through the lens of an action research project, in order to co-create jobs that bring the knowledge and experiences of learning disabled people into the provision of services used by learning disabled people. Each section will assess the purpose and design of a specific regulatory tool from within the Equality Act (2010), before identifying the issues and questions that are raised by a project such as ours. It goes without saying that this is not legal advice. It raises pertinent issues and questions but organizations considering creating, or advocating, similar posts should consider how the legal issues relate to their specific contexts and seek their own legal advice. The first part of the chapter constitutes the author's personal reflection on the project.

It draws on academic sources to describe and explain, in a particular way, the processes of this ongoing area of work. These are not the co-produced findings of our project; they are the thoughts and reflections of one member of a project team. Nevertheless these ideas have been generated within and between the collaborative spaces of a research team. This chapter has been

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written by the author but the other members of the team are acknowledged as co-authors because their perspectives have informed this piece. The generation of further co-produced project outputs is part of an ongoing collaborative process and is still in progress. Throughout the chapter the author uses the term 'learning disabled person', even when referring to the scope of the project and people within the scope of the project. Nevertheless, this says less about the project than it does about the intellectual baggage that she brings to it (Goodley 2001). This is not a term that is shared amongst all the participants in the team. Catherine Carter, for example, uses the term 'people with learning disabilities'. The author is using particular language here to signal her subjectivity as an academic engaging with disability research and bringing a certain kind of 'propositional' knowledge to the table (Reason 2006). In using the term 'learning disabled person' she wants to signal an epistemological commitment to the objectives of the social model of disability concerning barrier removal and transformative change (Oliver 1990). Nevertheless, her ontological orientation embraces insights developed beyond a materialist perspective that challenge biological assumptions underpinning the notion of impairment (Goodley 2001). The following sections introduce the underlying imperative of this action research project and then move on to some reflections on how the author responds to them as a socio-legal scholar with research interests in work and employment. As will be seen, the use of labels such as learning disabled has limitations in the context of practices that seek to promote transformative change.

The Imperative

The study that underpins this chapter is an inclusive participatory action research project organized as a community-university partnership called 'Learning by Doing'. It is funded by DRILL (Disability Research on Independent Living & Learning), which describes itself as "the world's first major research programme led by disabled people" (DRILL 2019). The project responds to an idea proposed during an event run by our partner organization CHANGE to reflect on the Winterbourne View scandal (Bubb 2014), which uncovered the systematic abuse of learning disabled people within a private institutional care setting (Panorama 2011). The event, 'Our Voices, Our Choices, Our Freedom', was co-hosted with Lumos and brought 100 learning disabled people together from 35 self-advocacy organizations, with the specific objective of exploring and campaigning for the closure of institutions (CHANGE 2014). The event contained a mixture of activities including workshops through which groups made proposals. One of the workshops entitled ‘Closing Institutions. Why is this important? How can People with Learning Disabilities get involved?’ proposed that “people with learning disabilities MUST be properly employed to work in care settings” (CHANGE 2014, p. 23). The idea was that this may contribute to shifting the power imbalances between service providers and service users.

CHANGE is an organization that is led by disabled people and staffed on a co-worker model whereby learning disabled people and people who are not learning disabled work together on the same job. The research team based at CHANGE proposed that a peer support model might provide the flexibility to incorporate expertise by experience onto the staff within disability services. In the words of Shaun Webster, European Project Co-ordinator for CHANGE who took part in the question and answer panel at the 2014 event, “[p]eople with learning disabilities have a lot of skills to support each other” (CHANGE 2014, p. 19). This idea has the potential to serve several purposes: to tackle the gaping employment gap experienced by learning disabled people, to contribute to cultural change within service provision and to offer a different kind of support for use by those who use services.

Reflecting on This Imperative to Employ People Within the Services They Use

The imperative described above demands careful consideration. The climate that gives rise to the institutionalized abuse of learning disabled people reminds us that, simply encouraging providers to consider recruiting learning disabled people to deliver their services, is not going to deliver the transformative potential of this bold idea. The words ‘properly employed’ within the workshop group’s demand acknowledge this. It is the author’s view that any response to this imperative must also acknowledge and respond to the twin processes of precarity at play within (a) the adult social care sector and (b) the lives of learning disabled people. Bates et al. (2017, p. 172) caution that “[l]abour has the potential to deconstruct intellectual disability. Labouring shows you are doing something: you are able. Work is enabling. But work also debilitates and exploits (Puar 2009). We must always treat work with caution”.

Academic accounts of employment in the adult social care sector in Western capitalist countries characterize the sector as precarious Baines et al. (2019, citing Alberti et al. 2018) note the role of management and the State within the drivers and patterns of precarisation within the adult social care sector. They argue that the State plays multiple roles as a driver of the marketization of disability services and as a defender of minimum work standards and human rights. The tensions and synergies between these drivers shape the landscape in which the services that learning disabled people use are shifting. The recent litigation on the application of the national minimum wage to care workers during 'sleep in shifts' for example (Royal Mencap Society v Tomlinson-Blake and Shannon v Rampersand [2018] EWCA civ 1641) demonstrates a trade-off between applying and maintaining one of the key minimum standards imposed by British employment law (i.e., the national minimum wage) and the affordability of a service in the context of severe funding constraints and the imposition of cuts (Hayes 2018). The concern raised by Baines et al. is that the role of the state as a driver of the market process subsumes its role in regulating employment and defending minimum standards.

The State has played a key role in the creation of a market for adult social care (Rubery et al. 2015) and creating a labour market that is now dominated by independent employers. In England in 2017, there were 1.6 million jobs in adult social care across 41,000 establishments. It is estimated that 1.47 million people were working across the sector (some working multiple jobs) (Skills for Care 2018). The majority of these positions were found within independent employers whilst 7 per cent of these jobs were located within local authorities and 6 per cent within the NHS (Skills for Care 2018). In addition an estimated 8–10 per cent of the jobs in adult social care were provided by individual employers who are the recipients of direct payments (Skills for Care 2018). The market logic has changed the landscape of employment, particularly in the last ten years, and sets up complex dynamics around the distribution and management of jobs within the sector. Moreover, the last ten years has seen the implementation of a brand of austerity policies that have demanded cuts to the spending of local authorities (Bates et al. 2017). So that at a time when the demand for workers within the sector has been increasing, the funding available to local authorities to spend on commissioning adult social care has contracted quite dramatically (Care Quality Commission 2018).

Here we see employment legislation, in interaction with government policy, playing a dual role in (a) providing a level of protection for workers and (b) of constituting a labour market (Fudge 2017). The challenge in the context of the former is that the protective norms of employment legislation are ill-tuned to the practices and processes that disable people. Moreover, the logic of the labour market poses particular challenges to the project of making space for learning disabled people to work within the sector. As Goodley (2014) noted in a reflection on the creation of a right to work, "this appeal to the market and a place within capitalist modes of production threatens to be recuperated by rather than disrupt the neoliberal economic order" (p. 10).

How then to respond to the idea of employing learning disabled people in the services they use? Bates et al. (2017, p. 162) use the concept of Dis/ability to shed light on the ways in which people with learning disabilities, their representative organizations and their supporters "have developed many imaginative ways of resisting precarity and working austerity". Our strategies must therefore begin with learning disabled people, their representative organizations and their supporters. In our project the organization that committed to employing learning disabled people within its service delivery team is KeyRing, a supported living provider. KeyRing operates a network model of service delivery that is designed to draw in the 'assets' of the people who use the services (members) and others in the community. An inquiry group made up of five KeyRing members (who use KeyRing services), a service manager, a co-worker research team from CHANGE and two university researchers, from the University of Leeds, worked together to design a 'peer worker' role to be created within the organization.

'Start with What We Can Do': The Concept of Community Job Crafting

The theory and research of job crafting has made an important impact on the theory of job design and has captured the interest of scholars of "job quality" (Shantz 2018). It shifts the emphasis away from the top-down role of organizational managers in designing jobs and it places emphasis on job design from the 'bottom up'. The concept, as captured by Wrzesniewski and Dutton (2001), describes the role of employees in adapting their jobs so that tasks and social interactions better suit their needs, abilities and preferences (Niessen et al. 2016). The concept has been used by social scientists who are interested in job quality and who seek to challenge the dominant theories of job design and has proved flexible in its application (being used to describe the crafting of leisure time and of career) (Petrou and Bakker 2016). The author proposes to stretch the concept a little further to capture the role of service users in designing the jobs of those who deliver the services they use. This takes the focus of analysis away from an existing employee and moves it towards a service user. It allows for the 'bottom up' perspective of service users to inform the design of front-line service provision functions. Whilst there has been a move back towards engagement and co-production in the design and delivery of adult social care (Needham and Carr 2009), there has been less research into the role of service users in the design of the jobs of front-line staff. Research by Hatton et al. (2009) found that when asked to create job performance measures for support-workers within community-based housing, service users and their family members identified competencies that were different to those identified by existing support staff and by managers: they called for more research in the area of user-defined staff competencies.

The process of imagining a learning disabled person in these roles pushes the concept another step further. Here the use of Goodley's split term Dis/ability is helpful to think about the proactive imagining of how learning disabled people's 'work abilities' can be fostered through the process of job design (Bates et al. 2017, p. 172). The process of imagining a learning disabled person as the 'ideal worker' within an organization in turn disrupts established thinking about how services are delivered (Scholz 2017). This shift highlights the transformative potential of bringing the perspective of learning disabled people into the process of job design, which makes the process of 'job crafting' different to the existing process of 'job carving'. The process that we embarked on did not take a pre-existing job role and ask what needed to be changed for a learning disabled person to succeed in *this* role (reasonable adjustment) nor did it take established jobs and ask which duties could be packaged out to learning disabled people (job carving). Rather the process asked, how can the skills and abilities of learning disabled people be used to improve our services for members? The starting point, as neatly captured by a member of our inquiry group, was '"what we can do, not what we can't"'. This approach can be distinguished from 'job carving' because the starting point is an entirely new role rather than an existing job.

The final way in which the concept of 'job crafting' is borrowed and extended acknowledges the practice as a collective one. It would be wrong to suggest that the process was conducted entirely by service users, rather it was a collaborative effort involving service users, a manager, an external disabled people's organization and university researchers. The term 'community job crafting' captures this collective endeavour. Community job crafting then is a 'bottom up' approach to job design that involves service users, including learning disabled people and others in the design of jobs that capture and promote the paid use of learning disabled people's 'work abilities' within organizations that provide services to learning disabled people.

The 'Resistant Possibilities' of Community Job Crafting

Feminist scholars have long asserted that jobs are not neutral spaces waiting to be filled but are constructed by capital according to the kind of workers that are exploitable within a particular setting (see McDowell 2014). Within this frame the 'ideal worker' is understood as a "template of sought-after labour" (Granberg 2015: 795) and precarious work is constructed around a feminised workforce (Fudge and Owens 2006). In the adult social care sector, where in 2017/2018 82 per cent of workers were women, 25 per cent of the workforce was employed on a zero hours contract and the median hourly pay was £7.89 (in 2017 the national minimum wage rate for those over 25 was £7.50 and in 2018 it was £7.83) (Skills for Care 2018), who is the 'ideal worker'? Turnover within the sector is high, in 2017/2018 around 30 per cent of workers left their post during the previous 12 months and yet 67 per cent of leavers remained within the sector (Skills for Care 2018). This would suggest the 'ideal worker' is a highly flexible, non-disabled (Foster and Wass 2013; Scholz 2017) woman who tolerates low pay. Moreover, this construct of a care worker is not only underpinned by organizational practices but, within employment law itself (Fredman 2006). Hayes (2017, p. 82), for example, posits that both judge made law and statute characterizes care workers as inferior participants in a labour market that is structured by laws that protect employment "according to male standards". As already discussed, simply recruiting learning disabled people to existing jobs is not going to create the kind of space that can readily be considered inclusive or conducive to cultural change within the sector, since ableist as well as gendered norms underpin the organization of care work (Scholz 2017; Foster and Wass 2013). The process of job design must acknowledge and seek to disrupt the norms that serve to render work in-accessible and services unsuitable.

Challenging the current paradigm of commissioning and providing adult social care is a major undertaking (Hudson 2018). Our expectations of the immediate transformative potential of community job crafting at the sectoral level must therefore be tempered. Nevertheless, given the staffing and recruitment challenges facing the sector, questions are being raised about the efficacy of existing approaches. The 2018 CQC report (CQC 2018, p. 38) noted that 'challenges in recruiting and retaining care workers and nursing staff were common, and were affecting systems' ability to meet people's care needs in care homes and in the community. The picture painted above was a broad-brush vista of a landscape inhabited by a heterogeneous mix of providers. Examples of approaches and practices that resist and rethink the taken for granted assumptions around the delivery of adult social care and about the role of employees and service providers in organizational decision making can be found (e.g., see, Voluntary Organisations Disability Group 2018). The process of committing to and conducting community job crafting creates a space, at the level of the employer, to think through the lens of learning Dis/ability about how work within certain adult social care settings could be done differently. Through this process organizations draw on their communities to begin to re-think work and service provision by designing new posts. This 'bottom up' approach does not directly address the pressures associated with the funding and commissioning of care that shape the wider labour market within the sector, yet it could inform organizational responses to these pressures and generate, experiences and evidence to feed into wider calls to reform the provision of adult social care.

Using the Concept of 'Community Job Crafting' to Explore the Possibilities and Limitations of Employment Legislation

The following analysis of the Equality Act (2010) is used as a case study of how legislation, designed to create and enforce certain minimum standards and shared norms within the employment sphere, creates possibilities or limitations for learning disabled people and their communities to reimagine work through the process of community job crafting. The focus of the following sections is on one piece of legislation, the Equality Act (2010), which operates in the employment sphere and beyond (e.g., in the provision of services). As it applies to employers, the Equality Act (2010) is a major part of the British employment law landscape (Hepple 2011).

As will be seen, the "community job crafting" concept does not interact with the Equality Act (2010) in a straightforward way, because it seeks to subvert the norms that are left unchecked by the Act's prevailing equal treatment and equal opportunities approaches. Moreover, since the intention behind the process is to promote th employment of members of a particular group it is at risk of being rendered unlawful by the anti-discrimination provisions of the Act. This places the idea on the back foot and makes it necessary to show that the practice falls within the narrowly construed exceptions to anti-discrimination law. Finally the theory of learning disability that underpins the idea of community job crafting complicates accepted notions of impairment and rejects a medical model of disability and thus sits very uneasily indeed with the Equality Act's definition of learning disability as mental impairment.

The Limits of Equal Treatment

The Equality Act (2010) does not require employers to employ workers from groups that are underrepresented in the labour market. In fact, its core provisions could render such attempts unlawful. The Act has been described as a "hybrid" tool (Malleson 2018; Hepple 2016): it is principally a piece of anti-discrimination legislation onto which some more proactive provisions, in the form of positive action and the public sector equality duty, have been "grafted" (Malleson 2018, p. 615). The Act's core concepts of "prohibited conduct" and "protected characteristic" inform an individualized, grounds-based equal treatment approach designed to tackle the unfair treatment of a person based on their "immutable" status (Malleson 2018; Hepple 2016). The concept of "prohibited conduct" creates a negative duty on employers to refrain from discriminating, harassing or victimizing employees and applicants rather than a positive duty to advance equality (Hepple 2016). The normative underpinning of these provisions is informed to a greater extent by notions of 'equal treatment' (treating like with like) and 'equality of opportunity' (creating a level playing field) than 'equality of outcome' (redistribution of resources). Distributive inequalities, by contrast, tend to be dealt with via policy means rather than legal obligation (Connolly 2013; Fredman 2007). Nevertheless, the concept of indirect discrimination which, prior to the Equality Act (2010), did not apply to disability, brings a mechanism to challenge group based disadvantage associated with seemingly neutral employer provisions, criteria and practices that cannot be objectively justified (Hepple 2016; Lawson 2011; Foster and Wass 2013). The main enforcement mechanism for the anti-discrimination provisions is a "retrospective, individualized victim-centred complaints approach" (Dickens 2007, p. 473). Given that learning disabled people experience marginalization and oppression within society, enforcement mechanisms that largely rely on those who experience discrimination to complain about it are unlikely to catalyse employer responses. Many of the anti-discrimination provisions that are now found within the Equality Act (2010) have been criticized for failing to adequately address the structural foundations of inequality.

Thus, Anti-discrimination law is a tool that is better suited to challenging the processes of recruiting and selecting workers to existing jobs than the design of the jobs or organizational practices themselves (Dickens 2007). Employers are prevented from directly or indirectly discriminating against applicants in the arrangements they make for deciding who to offer employment to, in the terms upon which employment is offered or by not employing people (Equality Act 2010, s.39). The equal treatment approach raises the question 'equal to what'? As discussed above concerns have been raised about the quality of jobs and levels of pay in the adult social care sector (Waddington 2015) and an anti-discrimination approach to recruiting learning disabled people within such services does little to unsettle established practices. The assumption here is that a job is a neutral entity and access to it should be determined according to criteria that are fair. As discussed above the job crafting approach rejects and indeed resists the assumption that jobs are neutral entities; it acknowledges that the 'work abilities' of learning disabled people are in the main absent from the design of jobs and it seeks to resist some of the market forces that usurp the imperative to design them in.

Adjusting, Carving or Crafting?

As noted above more proactive provisions are grafted into the framework of the Equality Act (2010). Disability discrimination legislation contains a duty on the part of employers to make ‘reasonable adjustments’. This legal tool was introduced through the Disability Discrimination Act (1995) and is now found within the Equality Act (2010) (s.20). As a positive duty to make adjustments it begins to address the structural aspects of work and work places by acknowledging the barriers that are created for disabled people in a range of ways, including practices (Dickens 2007). Nevertheless, the focus of this provision is on the disadvantages experienced by a specific disabled person rather than disabled people more generally. Thus it is responsive rather than anticipatory (Lawson 2011) and requires an employer to consider how an individual person would work within a pre-existing job, rather than re-thinking the organization of a workplace to make it more inclusive (Scholz 2017). The emphasis that it places on the organization rather than the individual to adapt shifts thinking in the direction of the social model (Dickens 2007; Fraser Butlin 2011). It does have the potential to address some of the barriers associated with the organization of care work, at the individual level, if embraced creatively by organizations and individual managers (Foster and Wass 2013). Nevertheless, the application of reasonable adjustments within the context of work is focussed on applicants and employees and does not readily interact with the process of job design in an anticipatory way.

One common approach to adapting workplaces to the needs and abilities of a learning disabled person is to conduct “job carving” (Beyer and Beyer 2017). At the heart of this process is the redistribution of existing duties (Nietupski and Hamre-Nietupski 2000). The process typically takes the lower skilled elements of other jobs to create a new role for a learning disabled person. The approach to redistribution can differ. Three broad approaches have been identified in the literature: ‘cut and paste’ (taking duties from a current position and assigning them to a new one), ‘fission’ (dividing the duties of a single job between two or more others) and ‘fusion’ (reassigning similar functions from multiple existing job roles to create a new role) (DiLeo 1993 cited by Nietupski and Hamre-Nietupski 2000). The practice, in conjunction with supported employment, has been criticized as not creating “real” jobs (Wilson 2013 cited in Bates et al. 2017) and yet it is a key source of employment (Bates et al. 2017). Proponents of the process note the potential to ‘combin[e] the human service competencies of tailoring jobs to consumer capabilities, interests and support needs with the sales and marketing principles needed to partner with employers’ (Nietupski and Hamre-Nietupski 2000, p. 118). Job carving goes further than reasonable adjustments since it entails the creation of new positions rather then the adaption of a pre-existing one. Moreover, it need not be an entirely individualized process (Nietupski and Hamre-Nietupski 2000). Nevertheless, the route to efficiency and productivity seems to leave underpinning organizational norms intact.

The job crafting approach on the other hand is intentionally transformative and takes as its starting point the potentiality of learning disabled people. It is apt to adopt this approach within the services used by learning disabled people because, in this domain, their experiential knowledge is directly applicable and particularly valuable. Whilst this approach could equally be criticized for creating a job that could be viewed as not a 'real' job, its starting point is the 'work abilities' of learning disabled people (Bates et al. 2017). The process is anticipatory and collective in its approach and is designed to disrupt the 'taken for granted' assumptions that underpin service delivery. Like job carving, the practice is proactive, starts at the job design stage and thus goes further than reasonable adjustment. Unlike job carving, the practice of job crafting is alert to the relational dynamics of job design. As a proactive measure that goes beyond reasonable adjustment, it is important to establish whether it falls within the Act's model of positive action.

Dancing with the Devil? Provisions That Permit Positive Action and the Medicalized Definition of Disability

British equality law remains hostile to positive discrimination and limited in its promotion of positive action. Some aspects of the practice of community job crafting could be described as positive action (Barmes 2009). The imperative to re-think jobs according to the potentiality of learning disabled people is a deliberate step, designed to improve the position of learning disabled people vis a vis a) the services they use and b) the labour market. Nevertheless the selection of job applicants on the basis of the 'label', 'status', 'identity' of learning disability would constitute positive discrimination (Barmes 2009). Fortunately the disability discrimination provisions of the Equality Act 2010 provide greater scope to experiment with positive discrimination.

There are three key ways in which to respond to the imperative to employ learning disabled people within care settings and they each interact with the more proactive provisions of the Equality Act 2010 in different ways. The first is simply to operate positive discrimination. Here the 'label', 'status', 'identity' of 'learning disability' becomes a selection criterion. The second response is to make the case that being ‘learning disabled’ is a ‘genuine occupational requirement’ (that it is integral to the job). The third response is to cast the net wider by creating a role that is designed to respond to exclusion and to draw on a wider range of knowledge, skills and experiences but with reference to substantive experience rather than a signifier (Barmes 2009). Thus the post would be open to anyone to apply, but a learning disabled person might be well placed to succeed. The following sections consider these in turn.

By and large practices of positive discrimination (treating a person or group more favourably on the basis of a protected characteristic) constitute direct discrimination and are rendered unlawful by the Equality Act 2010, however, there are prescribed circumstances in which some forms of preferential treatment (positive action) are permitted, as an exception to the anti-discrimination principle (Hepple 2016). Additionally, where the protected characteristic is disability there is greater scope for employers to lawfully treat disabled people more favourably than non-disabled people. This is because the anti-discrimination provisions apply asymmetrically where the protected characteristic is disability.

This feature of disability discrimination law makes it possible for employers to treat disabled people more favourably than non-disabled people without creating the risk of a claim, by a non-disabled person, that they have been treated less favourably than a disabled comparator (Lawson 2011). Thus an employer who treats a disabled person more favourably than a non-disabled person does not have to justify the legitimacy of their actions, the non-disabled person simply falls outside of the scope of the legislation (Waddington 2015). This asymmetry is underpinned by the definition of the protected characteristic of disability which refers to “a person who has a particular disability” (s.6(3)(a)) and does not include a person who does not have a disability. The exception is also expressly provided for within the definition of direct discrimination (s.13) which discounts discrimination where disabled persons are or would be treated more favourably than a non-disabled person (s.13(3)). Nevertheless the exception does not create a carte blanche to employ people on the basis of learning disability. Even though a non-disabled person would fall outside of the scope of anti-discrimination law, a disabled person with a different kind of impairment (for example a physical impairment) would not. It would be possible for a disabled person to claim that they had been discriminated against by a recruitment process that selects people on the basis of learning disability (Waddington 2015).

The Equality Act 2010 does provide a mechanism to select people on the basis of a protected characteristic. This is sometimes referred to as the ‘tie-breaker’ provision (s.159). It allows for a person with a particular characteristic to be treated more favourably in recruitment or promotion because of that protected characteristic. The technique can only be used in narrowly defined circumstances such as where "participation in an activity by persons who share a protected characteristic is disproportionately low" (s.159(1)(b)). This could readily be satisfied since employment rates of learning disabled people are the lowest of any disability group (Beyer et al. 2016). The exception is only triggered where the candidate is 'as well qualified' as the other candidate and where the employer does not have a blanket approach to treating people with a particular protected characteristic more favourably (each case has to be considered on its merits). To rely on this exception, the approach of community job crafting would need to be broadened to genuinely encompass a range of potential recruits beyond learning disabled people. Thus reliance on the asymmetrical application of the anti-discrimination provisions allows for creative thinking based around the goal of purposeful job creation with disabled people in mind and adds legitimacy to a process of community job crafting that treats disabled people equally, however a specific focus on learning disabled people does create some risk.

Another exception to the anti-discrimination provisions of the Equality Act 2010 arises where having a particular protected characteristic is a requirement of the job. Schedule 9 of the Act creates an exception to key anti-discrimination provisions where an employer applies a requirement to have a particular protected characteristic. The requirement will only trigger the exception as long as the employer can show that, having regard to the nature or the context of the work: it is an occupational requirement and the application of the requirement is a proportionate means of achieving a legitimate aim. The explanatory notes to the Act indicate that the 'occupational requirement' must be at the heart of the job design. They state that "the requirement must be crucial to the post, and not merely one of several important factors" they add that the requirement must not be a "sham or a pretext" (EA 2010 explanatory notes para 787). It is arguable that a peer support role designed to draw on shared experiences to provide a form of empathic support for use by learning disabled people, would constitute an occupational requirement. One of the examples given within the Act's explanatory notes includes: "An organization for deaf people might legitimately employ a deaf person who uses British Sign Language to work as a counsellor to other deaf people whose first or preferred language is BSL" (Equality Act 2010 explanatory notes). This example seems to suggest that linguistic competence combined with a level of shared experience is crucial to role of counsellor. An analogy could be drawn with the role of peer worker. The question then is whether the requirement would be proportionate means of achieving a legitimate aim. The objective of improving the quality of the services provided to learning disabled people might well be a legitimate aim. The question of proportionality would then require consideration of whether it would be possible to achieve the aim in ways that didn't have a discriminatory impact. This analysis would require a close consideration of the nature of experiential knowledge and whether a person who is not learning disabled would have the knowledge required to provide peer support. This approach aligns best with the initial imperative.

Before moving on to consider the third approach it is important to note that engaging the exceptions set out within the Equality Act 2010 entails engaging and applying the definition of disability contained within the Equality Act 2010. This is problematic. There are two key issues here 1) the definition of disability is inherently medical and deficit oriented and 2) the definition of impairment is based on biological assumptions and does not acknowledge the cultural and experiential aspects of impairment that the field of disability studies has unpacked in recent years.

Unlike the UN Convention on the Rights of Persons with Disabilities, the Equality Act adopts a model of disability that is "overwhelmingly medical" (Fraser Butlin 2011: 432). It equates disability with impairment rather than acknowledging the social model's view of disability as the interaction of impairment with society (Lawson 2011). Not only does the definition fail to take into account the widely accepted social model of disability; it also fails to keep pace with more critical understandings of the notion of impairment. In the context of learning disability in particular this failure to reflect "the variety and complexity of human experience" (Malleson 2018: 602) is particularly restrictive since in recent years the cultural and socially constructed nature of impairment has been highlighted as an important way to understand and to challenge disabling practices (Goodley 2001). Malleson is critical of the grounds-based approach of the Equality Act 2010 noting that "[i]f impairment is increasingly located in the interactions between an individual and their social environment, the law's conception of impairment as an inherent feature of an individual claimant's identity will be increasingly at odds with people's perceptions of their lived experiences" (Malleson 2018: 608). The disconnect between basing the practice of community job crafting on the experiences of learning disabled people on the one hand and the use of a medical notion of disability and biological concept of impairment within the approach to allocating the material resource of a paid job on the other is limiting in the extreme.

A third approach is to cast the net wider and, in the process to move the basis for action outside of the scope of the Equality Act (2010). This approach moves away from using a 'protected characteristic' as the starting point and aims to create a person specification based on more boundary spanning and intersectional notions of both exclusion and talent. The underpinning analysis would serve to identify the "pockets of disadvantage" (and conversely of potentiality) that intersect with and cross identity boundaries and serve to exclude learning disabled people from the labour market (Barmes 2009, p. 650). It would thus entail the contested and necessarily inconclusive endeavour of opening up the 'black box' of the label of 'learning disability' (Graham 2013). Casting the net wider would necessarily draw a wider range of applicants within the scope of the endeavour. The pool of potential applicants might encompass people who have experienced multiple disadvantages and severe power imbalances but who have not been labelled or associated with the labels of learning disability. Thus it does away with the labels that draw people back to biological notions of impairment. However a limitation is that the basis for the role may well be quite diffuse, the move away from learning disability as a signifier risks underemphasising aspects of shared experience and identity that form an important aspect of peer support.

Public Sector Equality Duty and Other Drivers

The Equality Act's public sector equality duty (PSED) is the key tool within the bundle of provisions that are devised to advance equality. Its potential should therefore be briefly discussed. The PSED requires English, Welsh and Scottish public authorities and those exercising public functions to have 'due regard' to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between groups, in the exercise of their functions (Hepple 2016). Similarly, in Northern Ireland, s.75 of the Northern Ireland Act 1998 places a statutory duty on public authorities. The idea is to mainstream the promotion of equality within the context of public functions (such as adult social care) so that it becomes embedded within the work of policy-making, service delivery, employment, and other practices (Manfredi et al. 2018).

The PESD has been seen as an important tool to challenge the effects of austerity policies and funding cuts within services used by disabled people and other groups (Carr 2014; Silverstone 2011; Hepple 2016). Nevertheless, it has not delivered on its promise to deliver 'transformative equality' (Hepple 2016; Fredman 2011; Manfredi et al. 2018). Thus, as it stands it is a weak tool to tackle precarity in the delivery of adult social care. Hepple (2016) describes the three interlocking mechanisms required for a regulatory tool such as the PSED to function. These include the internal scrutiny of the organization, the involvement of interest groups (such as managers, employees and service users) and an enforcement agency to support and potentially enforce the process. For Hepple (2016, p. 56), "[p]erhaps the most important function of positive duties is to ensure that internal scrutiny involving all the stakeholders takes place". Yet whilst the Disability Discrimination provisions that predated the Equality Act (2010) required the involvement of disabled people in the development of an equality scheme, the specific regulations based on the Equality Act (2010) in England at least do not entail such a requirement. In Scotland and Wales a degree of engagement is still built in, and in Northern Ireland consultation is required (Hepple 2016).

Within the care sector the PSED sits along other regulatory drivers and Manfredi et al. (2018) note that some bodies defer to other standards than the PSED, for example that of the Care Quality Commission (CQC). The recent CQC report 'The State of Health Care' (CQC 2018, p. 33) noted the "benefits of adopting a collaborative approach between community groups and health sector organizations to try to understand and meet the needs of the local population". Regulatory drivers to involve interest groups could be key mechanisms through which to involve learning disabled people in the design of their services and, if they so wish, for activist or representative groups to propose strategies for the employment of learning disabled people.

Conclusions

This chapter has considered the imperative that 'people with learning disabilities MUST be properly employed to work in care settings'. By developing the concept of 'community job crafting' the project seeks to develop a response to this imperative that goes beyond the positive discrimination of learning disabled people in recruitment to existing roles. The notion of community job crafting is devised to acknowledge and find ways to resist the processes of precarity within the adult social care sector and within the lives of learning disabled people. It is acknowledged that the productive role of employment law can be at tension with its protective function (Fudge 2017). Moreover the protective provisions of employment law are underpinned by norms that are at tension with the goal of promoting the employment of learning disabled people. An analysis of the Equality Act 2010 demonstrated the limitations and contradictions within the current legal framework. The general message is that the legal framework places a proactive endeavour on the back-foot. The analysis highlighted the limitations of an anti-discrimination framework underpinned by an equal treatment approach to equality and the vast distance between the legal definition of disability and the rich contribution of disability studies and critical disability studies to understanding the experiences and potentialities of disabled people. It pinpointed the public sector equality duty and other regulatory drivers as potential sites to engage providers in conversations around the potential of community job crafting.

This chapter, though based on an empirical project, is largely conceptual. It identifies and tests some of the assumptions within the law; nevertheless, it does not provide evidence of the practical working of the community job crafting approach nor of its success within a specific context. The empirical aspects of this study are ongoing and future work will fill that gap.

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3

Confronting Episodic Disability in the Workplace: The Canadian Experience

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In this chapter, we consider the case of Professor X as an opportunity to discuss the legal accommodation of episodic disabilities in the Canadian workplace. Professor X was hired in 2003 as a full professor at a Canadian university (Laurentian University 2015), receiving tenure approximately six years later. He has a bipolar condition and, since 2005, has been alternating periods of medical leave and accommodation at work. As a full professor he is required to teach two to three courses each semester, engage in scholarly research, and participate in various university committees. After each period of leave, the university had willingly accommodated Professor X by partially reducing his teaching load; however, following his last period of leave his union and doctors requested a much more gradual return to work, a plan that would see him very slowly reacclimatize to his teaching, research, and service duties. The university was not prepared to have him back based on past return-to-work attempts and claimed that accommodating Professor X in that way would result in undue hardship for the institution. They argued that this gradual plan indicated that Professor X is not fit to work as a professor, as he was not actually performing the essential duties of the job for which he was hired, and that his pattern of absences and the attempts to accommodate him had been disruptive to students, potentially harming their studies.

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The broad aims of the chapter are twofold. First, we introduce readers to the system of human rights laws, concepts, and protections in Canada which are aimed at promoting and protecting the rights of persons with disabilities from discrimination in employment (n.b. we use both person-first and identity-first language interchangeably). Second, the chapter discusses and illustrates the specific circumstances and challenges of persons with episodic disabilities who seek workplace accommodations (also see Chap. 19). We examine some of the common arguments that employers make when claiming that continuing to employ a person with an episodic disability is simply too difficult—in legal terms, that the accommodation necessary would result in undue hardship. We also examine some of the key responses to these arguments that have been accepted by courts and tribunals when considering the duty to accommodate. We focus on episodic disabilities because of the unique challenges they present to both employees and employers when aiming to ensure effective workplace accommodation.

Disabilities are considered to be episodic when they are characterized by unpredictable or intermittent periods of wellness and impairment, although we avoid medicalizing terminology such as 'illness' or 'wellness' we do include a reference to 'wellness' here because episodic disability is often associated with popular understandings of chronic illness. These episodes of impairment may impact on a person's capacity to work as they usually do for brief or extended periods of time depending on the condition and the circumstances. And many episodic disabilities are invisible, meaning that the impairments are not easily evident to others without disclosure. Examples of conditions that may result in episodic disability include diagnoses such as fibromyalgia, lupus, some forms of cancer, and many mental health conditions, including bipolar mood conditions and depression (for a full list see The Episodic Disabilities Network 2016). While these examples are illustrative, Canadian human rights law is impairment-focused and a diagnosis is not usually required, determinative, or even appropriate when addressing accommodation needs (Canadian Human Rights Act 1985). It is estimated that 82.4 per cent of adult Canadians who report a disability may have an episodic disability (Furrie et al. 2016, p. 8). Of this population, more than three quarters of those who work—or 77 per cent—say their disability impacts their ability to do their job (Furrie 2017, p. 22). Accommodating episodic disability in the workplace may be perceived as difficult. Certainly, the often unpredictable and inconsistent nature of these disabilities can present some unique challenges for workplace accommodation. However, people who have an episodic disability can be effectively accommodated at work and are entitled to such protections under Canadian law. As we demonstrate below, we take a hopeful approach and show how Canadian human rights law provides substantial protections for the accommodation of people with episodic disabilities at work (Canadian Human Rights Act 1985).

The chapter begins by providing a brief overview of Canadian human rights law as it applies to disability in general and episodic disability in particular, outlining the legal definition of 'disability' in an anti-discrimination context and then we cover an employer's duty to accommodate disability in the workplace. It then examines three categories of common arguments made by employers for not accommodating employees with episodic disabilities, providing possible responses to these arguments as supported by Canadian human rights law, then returning to the case study of Professor X.

Canadian Human Rights Law and Episodic Disability in the Workplace

Employment discrimination based on disability is illegal in all Canadian jurisdictions regardless of whether the applicable code lists disability as a protected ground or defines disability in the statute (Vriend 1998), although not all provinces have detailed statutory definitions of disability. The Canadian Human Rights Act (1985) covers federal employers and contains a very general definition of disability and our reading of that law explores its ability to respond to the employment accommodation needs of people with episodic disabilities, with particular attention to the legal duty to accommodate. Our perspective is informed by two defining aspects of Canadian human rights law: first, anti-discrimination law provides a very broad definition of disability that incorporates the social model of disablement and distinguishes between impairments and disability; second, the duty to accommodate doctrine is capable of fostering a culture of social responsibility amongst employers. It succeeds in doing so by promoting a conception of non-discrimination that includes positive obligations on employers to accommodate employees and implement measures that are individually-tailored to a person's unique and particular needs. What follows is an overview of the relevant Canadian law with a particular focus on the implications for people with an episodic disability.

The concept of episodic disability as a specific sub-category of disability is relatively new in Canada (Fowler 2011, p. 19), that said, the Canadian legal understanding of disability is quite broad and clearly covers episodic conditions. The Supreme Court of Canada clarified the 'broad definition' of disability nearly twenty years ago in a case that dealt with the meaning of the word 'handicap' in Quebec's provincial human rights statute (Quebec v Montréal 2000, para. 71), a word that still appears in Quebec's legislation. The case concerned complaints made by three people who were all denied public sector employment following medical examinations because their prospective employers believed they would be unable to do the jobs required of them as a result of perceived disability. Two of the people had spinal abnormalities and one was diagnosed with Crohn's Disease; none of them experienced any symptoms at the time they were turned away from employment (para. 3). Although these people had episodic disabilities they did not experience impairments, yet they still faced discrimination.

As part of its decision in *Quebec v Montréal*, the Court explicitly adopted the social model of disablement and articulates the important distinction between disability and impairment (para. 77). It is a point they return to two weeks later in another episodic disability case; this time, the disability was due to 'intermittent' back pain (Granovsky 2000, paras. 1 and 4). The *Granovsky* decision explains the social model as follows:

> A proper analysis necessitates unbundling the impairment from the reaction of society *to* the impairment, and a recognition that much discrimination is socially constructed. … Exclusion and marginalization are generally not created by the individual with disabilities but are created by the economic and social environment and, unfortunately, by the state itself. (para. 30)

Both decisions also make it clear that it is the functional limitations, or perceptions of such limitations, that are important in a discrimination context and not the fact that a person does or does not have any particular 'biomedical condition' (Quebec v Montréal 2000, para. 81; Granovsky 2000, para. 39). An employer, while entitled to sufficient information to make a determination about implementing an accommodation, does not generally have a right to confidential medical information including details about a diagnosis (Cristiano 2012, para. 20; Ontario Human Rights Commission [OHRC] 2016, p. 47).

As noted above, Canada's highest court has accepted the social model of disability which locates the problem of disablement with society (Oliver 1990). The corollary is that the responsibility to find solutions rests with society, including employers. The accommodation of disabled employees is regarded as, "a core and transcendent human rights principle" (Quebec v Caron 2018, para. 20). Canadian human rights law requires employers to accommodate an employee up to the point of undue hardship and the duty to accommodate applies to all people who are protected by human rights legislation. This is significant because it means the law regards disability in the same way as any other protected ground or minority status from a rights perspective. It also reflects the fact that Canadian society views participation in employment as very important and places a responsibility on employers to foster inclusivity. Canadian anti-discrimination law is impact-focused. This means that intent is not required to make out a violation of human rights and no distinction is made between direct- and adverse-impact discrimination (Andrews 1989; Meiorin 1999, paras. 50–53). Canadian law, therefore, deliberately conflates a failure to accommodate with discrimination requiring employers to be proactive.

The duty to accommodate has both substantive and procedural elements (Meiorin 1999, para. 66) and, while the end result is important, so is the process of getting there. It has been found that "[t]he failure to meet the procedural dimensions of the duty to accommodate is a form of discrimination" itself (Lane 2007, para. 150). The procedural component includes a duty to inquire into an employee's need for accommodation. This duty is triggered whenever an employer learns something about an employee that is sufficient to form constructive notice of a need, or even a potential need, for accommodation (Trask et al. 2016). An example of this might be a situation in which an employer notices a significant change in an employee's behaviour. This aspect of the procedural component is especially significant for episodic disabilities as an employer may be under a legal duty to inquire about disability before an employee has requested any accommodation; perhaps before the employee is even aware of their own disability or comprehends what kinds of workplace accommodations might be helpful. For example, in *Gordy* (2004), an employer was found to have owed a duty to accommodate an employee following a change in behaviour but before any actual diagnosis, while *Lane* (2007), upheld on appeal (ADGA Group Consultants 2008), involved an employee who did not know what kind of accommodations to request. But see the recent Supreme Court decision in *Stewart* (2017), in which the complainant's own denial about his drug addiction did not lead to a circumstance of employer discrimination when he was terminated for failing a policy-mandated drug test.

Procedural obligations also apply to employees and, where relevant, to their unions (Renaud 1992). An employee in need of accommodation has a duty to disclose information that is relevant and sufficient to enable the employer to fulfil its accommodation duty (Trask et al. 2016), the process is "a two-way street" (Tweten 2005). Employees who fail to provide documentation in response to reasonable requests may find themselves without recourse to securing the workplace modifications they need (Rodgers 2010). Any inability to take part appropriately in the accommodation process should not be attributable to a disability or a violation of human rights law (OHRC 2016, p. 58). In some cases, it has been determined that even though a person may be unable to provide information related to their accommodation needs due to disability, the obstacles that result make it impossible for the employer to accommodate the employee. For an illustration, see the *Hamilton-Wentworth District School Board* case (2015).

Substantively, the duty requires that the accommodation plan actually address the individual's particular needs (Grismer 1999; Meiorin 1999; Quebec v Montréal 2000). Regarding episodic disability, this means accounting for unstable impairments and accommodations must respond to the unpredictable patterns of wellness and impairment that characterize episodic disability. For some employees, impairments will accompany periodic flare ups or episodes, for others they will be ongoing perhaps improving or worsening overtime: this means that solutions may be short-term or long-term; ongoing or reoccurring. Often, reasonable accommodations can be found with a little ingenuity and flexibility, with accommodation being about how, when, or where a person does their job. The expectation is that accommodations will be reasonable. An employee is not entitled to holdout for preference or perfection (Renaud 1992).

Just as different accommodations may be needed at different times to address evolving impairments, the duty to accommodate may vary at different points in the employment process. Anti-discrimination protections extend to prospective, current, and, in some circumstances, former employees. In practical terms, this means that employers must not screen job applicants on the basis of disability through job ads or interview questions (see Ontario's Human Rights Code 1990, s.23; Canadian Human Rights Act 1985, s.10(b)). If someone develops an episodic disability, their employer must work with them to find suitable accommodations. This could mean finding alternative work in the form of job restructuring or reassignment on either a temporary or permanent basis (OHRC 2016, pp. 36–37). People who take a leave from work are protected by human rights law while they are absent and when they return either to their original position or to another with the same employer (e.g. see Hamilton-Wentworth District School Board 2016). Accommodations are often an important part of a return to work plan (OHRC 2016, pp. 37–38). If a person has been fired for reasons related to an episodic disability, it may be found that the employer failed to meet its duty to accommodate. For example, see *Gordy* (2004) and *Lane* (2007), both cited above, as well as *North Simcoe Muskoka Community Care Access Centre* (2014) in which an arbitrator allowed post-termination evidence that absenteeism was related to migraines thus putting into question the employer's decision to dismiss the employee. In the context of labour law grievances, employers have been ordered to reinstate employees, for example see *Canada Safeway Ltd* (1992) which was affirmed on appeal (1993, 1995).

There is no bright line to determine when an employer has reached the point of undue hardship and, although case law and human rights codes do offer some guidance, the determination is always on a case-by-case basis. It is anticipated that employers may endure some hardship in finding a workable solution (Renaud 1992, p. 984) and nearly thirty years ago, the Supreme Court set out a number of possible factors for consideration of undue hardship in employment (Central Alberta Dairy Pool 1990, p. 521). These factors, in cases concerning disability, have since been further curtailed by some provincial human rights codes. In Ontario, for example, the Code (1990) specifies that in the case of accommodation for disability, only costs—along with potential "outside sources of funding" for such costs—and health and safety may be considered (s.17(2)). An employer, however, is not expected to have to change working conditions in a "fundamental way" (Hydro-Québec 2008, para. 16), nor are they expected to create a new, permanent position to accommodate an employee (Canadian Human Rights Commission 2005, p. 5). The assessment of employer hardship is 'global', meaning that determinations of undue hardship will consider past accommodation attempts and so on (McGill 2007). This line of case law is especially significant for those with episodic disabilities. Fortunately, some adjudicators have recognized the intermittent and unpredictable nature of episodic disabilities (e.g. Shuswap Lake 2002).

While Canadian human rights law covers a wide range of circumstances and even requires employers to take proactive steps to accommodate employees with disabilities, problems remain. The flexibility required to meet a variety of needs and situations also means that there are no clear ways to demarcate what is reasonable accommodation versus undue hardship. An employee who is seeking accommodation faces uncertainty and is subject to their employer's knowledge, or lack thereof, about both the law and available options (Stone et al. 2014). Human rights legal doctrine develops as a result of people taking formal steps to challenge the status quo and is an adversarial, complaints-driven process that can be time consuming and expensive. The response to this has been a push for accessibility legislation which is slowly taking shape across Canada with only three Canadian provinces having currently accessibility legislation (Ontario, Manitoba, and Nova Scotia, although recently, the federal government of Canada and province of British Columbia have also introduced accessibility legislation (Accessibility Act 2017). While these laws may require some employers to create accommodation plans that make the steps clearer for all parties, many small employers are exempt and there is widespread concern about the strength of these laws. In Ontario, for example, only employers with 50 or more employees are required to create policies and accessibility plans under AODA regulations (Accessibility for Ontarians and Disabilities Act 2005).

Undue Hardship and Accommodating Episodic Disability

> [A]t the heart of the accommodation duty is the recognition that employment is central to the aspirations and self-esteem of Canadians; that disability is in part a social construct that can be significantly alleviated with political will; and that the social and economic value of an inclusive workplace substantially outweighs the actual costs of accommodation for all parties. Michael Lynk (1999)

Given that 80 per cent of Canadians reporting a disability have an episodic disability, with the vast majority saying that their disability impacts them at work, it may be assumed that employees with episodic disabilities make plenty of requests for workplace accommodation. Although many of their needs are met either formally or informally, we do not tend to hear about these cases. As legal researchers, what we find are the decisions that arise out of conflicts; issues that could not be resolved easily and end up forming our body of case law. While every case has its own unique set of facts, there are a limited number of acceptable reasons as to why accommodation may not be possible, as noted above, this is because of how undue hardship is defined and statutory limits on the factors that may be considered. Arguments often relate to an employer's financial burden but sometimes extend to questions about the feasibility of accommodation or the fundamental nature of the employment contract. Other arguments concern the well-being of people within the particular workplace environment and include issues related to health and safety or conflicts of rights. The responses to these arguments take their cues from the motivations underlying human rights law and the principles of accommodation, ideals such as dignity, individualization, full social participation, and self-respect (OHRC 2016, pp. 29–31, 34). Below, we outline some of the more common arguments employers provide for their inability to accommodate an employee with an episodic disability and set out possible human rights law responses in favour of the accommodation.

Financial Costs to Employer of Accommodations

In these cases, an employer is stating that the cost of creating and maintaining accommodation is too expensive for them to justify the accommodation. Expenses may include capital costs for new technology or physical modifications to the workspace, operating costs for personal attendants or additional administration, restructuring costs, or other costs related to the accommodation (OHRC 2016, p. 92). In cases of episodic disability, employers may also try to link cost concerns to issues like reduced productivity or excessive absenteeism. Employers seeking to demonstrate undue hardship on the basis of financial costs are expected to meet a very high bar. According to the Supreme Court of Canada, “[O]ne must be wary of putting too low a value on accommodating the disabled. It is all too easy to cite increased cost as a reason for refusing to accord the disabled equal treatment” (Grismer 1999, para. 41). Generally, the costs must be quantifiable and linked to the actual accommodation, that is not speculative, and “so substantial that they would alter the essential nature of the enterprise, or so significant that they would substantially affect its viability” (OHRC 2016, p. 51). As noted above, potential outside sources of funding will also be considered, this means that an employer must take responsibility for canvasing available programmes and governmental support and take any necessary steps to minimize undue hardship for themselves (OHRC 2016, p. 54).

Costs to an employer are weighted against the overarching equality interests a disabled employee has in being able to maintain employment free of discrimination (Central Alberta Dairy Pool 1990, p. 521): this weighing of interests has been described as a kind of proportionality analysis (MacNeill 2018). Employers must also ask whether any standards they have regarding “skills, capabilities and potential contributions” are truly necessary or if “individual capabilities may be accommodated” (Meiorin 1999, paras. 64–65). This analysis may apply to aspects such as efficiency or productivity standards.

Health and Safety Risks

An employer may argue that it is unable to accommodate an employee with an episodic disability because of risks to health or safety, either for the employee or for others. Health and safety, along with costs, are acknowledged as reasons for possible undue hardship under human rights legislation in a number of Canadian jurisdictions. There are two basic scenarios in which these arguments may be made. The first, and more common, are instances in which the disability-related impairments themselves are regarded as the source of a health and safety risk that cannot be resolved through accommodations. The second are situations in which an employer argues that the necessary accommodation creates a danger (see e.g. Williams v Hudson's Bay Company/Zellers 2009).

Again, human rights law requires a balancing of interests and a weighing of potential risks; on the one hand, employers are responsible for ensuring a safe environment, on the other, people with disabilities are entitled to work free from discrimination. As with costs, the bar is set high regarding what an employer must demonstrate. The risk must generally be 'significant' or 'serious' to constitute undue hardship (OHRC 2016, p. 52; Grismer 1999, para. 32). The nature, severity, and probability of any potential danger must be considered within the context of existing social expectations of health and safety risks (Dhillon 1999). In addition, the threshold for acceptable risk changes in relation to whose wellbeing is at stake with public safety at the top of the list (OHRC 2016, pp. 53–54).

Some human rights case law recognizes that people with episodic disabilities should be able to make decisions about their own willingness to assume risk. The following excerpt is from a decision involving a factory worker with epilepsy who had very infrequent but unpredictable seizures (TCC Bottling 1993). The arbitrator ruled that the employee must be accommodated through modified duties to eliminate the risks to co-workers and reduce risks to himself:

> I have concluded that the griever must, in the end, be the one who decides whether to run the risks associated with even the safest jobs that he is qualified to do in the employer's plant. … The effect of the collective agreement and the New Brunswick *Human Rights Act* is that the employer does not have just cause to dismiss him because of his disability, if doing so denies him the right to make those same choices about his work, provided that by choosing to work he will not endanger his fellow workers significantly or cause his employer undue expense. (para. 82)

In another case concerning an episodic disability, this time a nurse diagnosed with a bi-polar mood condition, the arbitrator ruled that the employer's standard of "no risk to patient safety" and requirement for an accurate prediction of future relapses was not justified (Shuswap Lake 2002). Unpredictability was recognized as a feature of the griever's episodic condition and it was possible to accommodate her so as to reduce risks to an acceptable level (para. 141). Determinations of risk must not be based on "discriminatory assumptions founded on stereotypes of disability" and must also include the most recent assessments of disability-related impairments (Grismer 1999, para. 1; Gordy 2004).

Conflicting Rights and Other Employees

Occasionally, employers argue that they cannot accommodate someone because of resulting inequity or perceived impact on workplace morale. In some cases, they have said that granting an accommodation would prompt others to demand the same treatment thus creating a situation of undue hardship (see e.g. Decision No. 968/90 1991, p. 23). In other cases, they have argued that differential treatment would be unfair for other employees (e.g. syndicat des travailleurs des Estampages ISE (CSN) 2007). From a human rights perspective, these types of arguments usually fail because most Canadian jurisdictions set legislative limits concerning acceptable undue hardship arguments. In addition, it may very well be that the morale issues raised by employers or others are actually expressions of the very kinds of prejudice and stereotyping that human rights law seeks to eliminate (MacNeill 2018, p. 12; Renaud 1992, p. 988).

An argument about the impact of an accommodation on others might succeed in circumstances where the only available option for reasonable accommodation conflicts with the employment interests or human rights of someone else: these are known as competing rights cases. Accommodations sometimes require alternative work arrangements that include job restructuring or reassignment for the employee with the disability, where accommodation measures could impact on other employees who might experience changes to their own job duties. Significant interference with the employment duties and roles of others, however, is not required and employers are not expected to displace or bump another employee from their job to accommodate an employee with a disability (see e.g. Carter 2014).

In other cases, the human rights and related accommodations for one employee might conflict with the human rights of another employee. In a disability context, the classic example of a conflict would be a workplace in which one employee requires the assistance of a service dog while another employee is allergic to dogs (OHRC 2012, pp. 10–15). These kinds of instances are rare and, again, are dealt with on a case-by-case basis: when they do arise, an employer must show that there are indeed conflicting human rights and not simply operational concerns (OHRC 2016, p. 59). Employers are also expected to proactively prevent and respond to situations of competing rights (ORHC 2012, pp. 10–11). It is worth noting here that while a worker with an episodic disability may lose out in these rare instances, the results would still be consistent with Canadian human rights principles and would supersede an employer's business interests.

Fundamental Nature of the Employment Contract

Under this last category, employers may advance arguments related to aspects of the employment relationship such as essential or core job duties, or the fundamental nature of the employment contract. Core job duties are those that are "'vital' or 'indispensable' aspects of someone's job" (OHRC 2016, p. 34). In some jurisdictions, like Ontario, the *Code* (1990) offers a defence for employers by stipulating that refusing employment to a person with a disability if they are "incapable of preforming or fulfilling the essential duties or requirements … because of disability" is not discrimination under the law (s.17(1)). The caveat is that for an employer to argue that a person is 'incapable', they must also demonstrate an inability to accommodate without undue hardship (s.17(2)(3)).

The criteria for core job duties seem similar to the test for a *bona fida* occupational requirement as set forth by the Supreme Court of Canada in *Meiorin* (1999), the authoritative case on the main principles of human rights and the duty to accommodate. Under that test, an employer may justify a discriminatory standard of employment—that is a policy, job qualification and so on—if it can show that the standard was adopted for a rational job-related purpose, in good faith, and that it is 'reasonably necessary' to accomplish that legitimate purpose (para. 54). The last part of the test requires an employer to show that it is "impossible" to make any necessary accommodations without undue hardship (para. 54).

Arguments concerning the fundamental nature of an employment contract extend this kind of analysis to issues of absenteeism. In *Hydro-Québec* (2008) the employer terminated an employee who had a number of physical and mental health conditions following several years of accommodation attempts. The employee had a considerable record of absences: 960 days over 7 years (para. 3). The employer had made numerous attempts to accommodate her, including assigning her to a new position that she was not owed (para. 3). In addition, medical evidence from the employee's own doctor indicated that the large number of absences would continue (para. 3). In elaborating on what "impossible" accommodation means, the Supreme Court said that the employer's duty to accommodate does not include "a duty to change working conditions in a fundamental way" (para. 16). And further, that "[t]he employer's duty to accommodate ends where the employee is no longer able to fulfill the basic obligations associated with the employment relationship for the foreseeable future" (para. 19). Squarely related to episodic disability, these were the Court's examples:

> If the characteristics of an illness are such that the proper operation of the business is hampered excessively or if an employee with such an illness remains unable to work for the reasonably foreseeable future even though the employer has tried to accommodate him or her, the employer will have satisfied the test. (para. 17)

Case law demonstrates that an employer will have a stronger argument if the accommodation is needed on a permanent, as opposed to temporary, basis (Communications, Energy and Paperworkers Union of Canada 2012). The human rights counter arguments appear challenging and the framework for determining which workplace conditions are fundamental—and perhaps core duties too—seems inexorably linked to employment contracts and not human rights principles (Mosoff 2009, p. 147). As such, the arguments seem to lean towards deference to employers, something the architects of Canadian anti-discrimination law have long warned against for its potential to provide "an undeserved shield behind which attitudes of intolerance or insensitivity, and inadequate efforts at accommodation could all be conveniently and effectively sheltered" (Lepofsky 1992, p. 11).

It is also worth noting that the unusual facts in *Hydro-Québec* have been characterized as 'extreme', and so the standard needed to demonstrate undue

Case Study: Professor X

Academics work in the 'knowledge industry' and their ideas form the basis of their productive output (Laurentian University 2015, para. 127; Crooks et al. 2014, p. 197) and the job duties of a professor can be intellectually demanding, as well as physically and emotionally taxing. Academics are often expected to take on heavy teaching loads, complete research projects, and actively participate in an institution's governance and administration. Despite the fact that Canadian universities are generally large, sophisticated institutions where accommodations are regularly discussed and addressed, albeit, usually in terms of accommodating students, they are also regarded as 'disabling' environments in which individual employees must advocate for themselves amongst ever increasing demands for productivity (Waterfield et al. 2018). Many professors prefer to arrange their accommodations informally, that is through the 'back door', as opposed to making official requests (Stone et al. 2013) as a recent Canadian study of professors with multiple sclerosis demonstrated. It was found that formal mechanisms for accommodation were avoided because of perceived risks of stigmatization and discrimination, uncertainty about the actual extent of the employer's duty to accommodate, and the emotional labour involved in ongoing advocacy for their accommodation needs (Stone et al. 2013).

The case of Professor X (Laurentian University 2015), described in the introduction, is an illustration of some of the undue hardship arguments employers make and the responses human rights law provides. As mentioned, these cases are often very fact-driven and outcomes may differ depending on the legal arguments made and which of these are accepted by the decision-maker. Professor X, supported by his doctors and his union, sought to return to work following a period of sick leave, although the proposed return to work plan was unusual in two ways: first, it focused on a much more gradual reintegration than the previous attempts, that is a few days a week over a period of six months; second, the university would only pay for the portion of work performed by Professor X, while insurance benefits covered the rest of his income. The university opposed the plan and asked the arbitrator to consider the "entire period of [Professor X's] employment and the full scope of attempted accommodations" (para. 19). They argued that Professor X had been absent from his job about 50 per cent of the time since he was hired and put forward three main arguments: fitness to work, harm to students, and the need to create a new job. The employer argued that the evidence had not demonstrated that Professor X was fit to return to work and that the return to work plan was so gradual it appeared as if Professor X could not perform his job duties as a university professor. They also pointed to the potential for harm to others that might result from Professor X's return, as accommodating Professor X would lead to 'dislocation and disturbance' for his students and a mess for the administration to manage (paras. 7 and 122). Finally, the employer submitted that Professor X would not be performing his core duties as a professor, claiming that in the first two semesters he would only be doing about 8 per cent of a professor's regular workload (para. 124). This, the university argued, would mean that it would be left with an unproductive employee and be forced to create a new job, resulting in a fundamental change to working conditions (paras. 129, 131). The arbitrator upheld the grievance in Professor X's favour and ordered the university to accommodate him. It appears the most significant consideration for the arbitrator was the fact that the accommodation was 'transitional' and not permanent (para. 141), pointing out that the increased costs to the employer were expected to be minimal and that no additional position was actually being created at the university (para. 141). By far, the arbitrator's biggest concern was the risk of 'negative and detrimental effects' for students (para. 142) but what tipped the balance was the fact that the planned accommodation was different from past attempts, with no medical evidence to counter the opinions of Professor X's physicians that he was ready to return to work (para. 143).

hardship still remains very high (Mosoff 2009, p. 148). In the next section, we examine how these and similar arguments played out in the case of Professor X.

The most disturbing element about the Professor X case is the heavy reliance on countering patterns of disability. Episodic disabilities are, as the term implies, subject to repeated and unpredictable episodes of impairment. However, it seems that Professor X's periods of leave were viewed simply as absences from work for the purpose of the global analysis, an approach that is problematic and potentially muddies the case law. In *Hydro-Québec* (2008) the griever had a considerable record of absences but, and this is an important distinction, she was not on leave from her job. In our view, a sanctioned leave of absence is usually not an accommodation and taking a leave from work is actually antithetical to the social model: rather than placing the responsibility for the response to disablement with society and the employer, the 'problem' of disability remains solely with the individual who is essentially excluded from society. Moreover, that the employer was not responsible for Professor X's salary during his gradual return to work is also concerning, as it suggests that one of the costs of accommodations for which employers are not responsible is time. By implication, people requiring accommodations must bear the brunt of the loss or find someone else to do so. If this is the case, similar accommodation measures become unattainable for many people with episodic disabilities who may not have access to comparable insurance coverage or be able to afford such a significant reduction in pay. Employment contracts cannot be allowed to take priority over human rights. More positively, there is a clear recognition of the unpredictability of episodic disability and of the employer's responsibility for taking steps to minimize risks. Citing *Shuswap Lake*, the arbitrator wrote, "an employer cannot require an absolute standard of successful performance … when complying with its duty to seek a reasonable accommodation" (para. 145).

Conclusion

The legal principles and case law described in this chapter generally apply to all disabled employees, although we chose to focus our case study on episodic disabilities because of their ubiquity among workers and because of the challenges that these people often have in achieving their rights in the workplace, due to discrimination and the lack of, or inappropriate, accommodations. While the legal principles of accommodating persons with disabilities in the workplace are relatively clear, as our case study suggests, their application to the real lives of individuals with fluctuating and intermittent patterns of impairment can be open to interpretation. To avoid conflict and uncertainty, it is imperative that employers anticipate and plan for a range of employees with a broad set of employment needs. Both employers and employees with episodic disabilities need to be creative and flexible about finding suitable workplace accommodations. As a society, Canadians still have work to do in terms of understanding what episodic disability entails and reflecting these understandings in our employment laws and policies.

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Determining Work Capacity

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For many people who experience disability one of the first steps towards meaningful work involves undergoing an administrative determination (or evaluation), often by a panel of physicians, of the extent of their capacity to fulfil the requirements of a job. A person who has acquired impairments, either through injury or through the onset of a disease or other health condition, may in many local jurisdictions be able to benefit from a worker's compensation scheme, a public social protection or social security provision, or some form of private insurance that sets out the terms and conditions for 'return to work'. To avoid confusion, the term 'impairment' will be used here to refer to decrements in functioning across domains of basic body functions and structures, as well as the resulting limitations in an individual's intrinsic capacity to perform actions. Impairments are limitations caused by the intrinsic biological and psychological state of individuals. In contrast, the term 'disability' will be used to identify decrements in the actual achievement of participation in major life activities—family, home and community life, education and employment, social and political participation, among others—in the way, and to the degree, that the individual wishes. Disability so understood is the result of physical, human-built, attitudinal and social

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environmental barriers that limit participation by a person with impairments (cf. Stucki et al. 2017; World Health Organization [WHO] 2001). If the individual has a congenital sensory, cognitive or developmental impairment, she or he may benefit from relevant employment supports and services to enter the workforce. In all these examples, at some point the person will undergo both a preliminary (often purely medical) assessment of disability followed by a determination of their 'capacity to work'. Most commonly, disability assessment is linked to social security benefits, but it also is the opening step in a series of processes that determine eligibility for a wide range of entitlements—from social pensions and income support, to social assistance in cash and in kind, as well as to specific services such as vocational rehabilitation services, home care and the provision of assistive devices and technology.

When disability assessment is the first step towards a work capacity determination the process is primarily a legal and administrative matter, governed by the eligibility requirements under legislation or the contractual provisions of the insurance policy. But increasingly disability assessment and the determination of capacity to work have been seen as human rights issues (WHO/World Bank 2015). If the assessment procedure violates standards of procedural fairness, or if the decision is made on evidence that does not truly reflect the person's capacity to work, then the procedure may not satisfy the normative standards set out in the United Nations' *Convention on the Rights of Persons with Disabilities* (CRPD) (United Nations [UN] 2007). Article 27 of this treaty mandates that persons with disabilities have 'a right to work, on an equal basis with others'.

This chapter will make the case for why it is appropriate and necessary for these somewhat arcane matters of administrative law and practice to undergo the scrutiny of international human rights law. Beginning with an epidemiological and socio-economic background, the chapter highlights the significance of disability assessment in the context of the larger project of achieving global employment equality for individuals with disabilities. The aim is to make clear that the need for disability employment equality is not just a minority issue but, soon enough, will become a near-universal social necessity. Reviewing three basic approaches to disability assessment and determination found globally, the chapter makes an argument that only one of these approaches satisfies five intuitive normative, procedural and substantive requirements of disability assessment and work capacity determination, as explicitly or implicitly mandated by the CRPD. The chapter concludes with a case study from Taiwan to provide a concrete picture of one country's attempt, over several years, to satisfy these requirements.

Population Trends and Disability Benefits

Both the proportion and absolute number of people over the age of 60 are increasing dramatically worldwide (WHO 2015). Population ageing will result in the most significant social transformation of the twenty-first century, with profound implications for health and social policy, not to mention the structure of families and intergenerational ties. High-income countries, such as Japan, Germany and Finland, have the highest prevalence of older people in the world, but in 30 years a full 80 per cent of the world population aged 60 years or older will live in low- and middle-income countries (Chatterji et al. 2015; UN 2015). These population trends are not only unprecedented in human history, they affect all global regions. At the same time, epidemiologically, we are experiencing a transition from communicable to non-communicable diseases, most prominently cardiovascular and chronic respiratory diseases, cancer, diabetes, obesity, musculoskeletal conditions and mental health disorders (WHO 2005). These diseases characteristically are either chronic or of long duration and slow progress, and though acquired across the life course, they are the major cause of adult mortality and morbidity worldwide (WHO 2012). This shift has also had a profound impact on health and social policy: in the United States for example, almost all spending in the primary fundamentally funded medical care programme (Medicare) spending is related to chronic conditions (Institute of Medicine 2012).

The rapid increase in prevalence of non-communicable diseases and population ageing are bi-directionally related. The longer people live the more likely they will acquire such a condition, and these conditions, when well-managed, kill less quickly than infectious diseases. But the combined effect of these two phenomena is a dramatic increase in the prevalence of moderate to severe impairments across all domains (Chatterji et al. 2015). As an increasingly larger proportion of the world's population live longer with one or more limitation in functioning, the proportion of people at risk of experiencing disability will also dramatically increase. Given the nature of disability, moreover, this increase depends also on the prevalence of environmental determinants—namely physical, attitudinal and social barriers to participation in major life areas, such as employment (WHO 2001).

Although health conditions and impairments are an unavoidable feature of the human condition, environmental barriers to full participation are, to various degrees, remedial. Direct and indirect discrimination against people with impairments is a socially created barrier to participation that is ours to remedy. So too are the barriers to work participation traceable to the lack of workplace accommodations or work performance-enhancing assistive technology. As the prevalence of impairments approaches near universality in the population, so does the prevalence of disability about work participation, but so too does the urgency to develop a coherent and effective social response to the environmental risk factors for work disability. And this is, at least in part, a matter of reforming the administrative procedures of disability assessment and work capacity determination.

There are more specific drivers of the need to reform disability assessment procedures. The outcomes of these procedures have a major impact on a country's labour supply, especially when millions of working age adults leave the labour market and move onto some form of disability benefit. It was estimated that on average in 2007 around 6 per cent of the working age population in Organization for Economic Co-operation and Development (OECD) countries were out of the labour market and on long-term disability benefits (going as high as 10–12 per cent in some European countries) (OECD 2010). As Börsch-Supan (2005) in Europe and Burkhauser et al. (2014) in the United States have documented, the steady and rapid growth in the disability recipiency rate (disability caseloads as a share of the working age population) over the past 40 years cannot be explained in terms of either population growth or changes in real or self-perceived health. Rather they are the result of two socio-economic factors. First, the individual decision to seek disability benefits depends on the availability and generosity of disability benefit programmes; secondly, and more significantly, the strain on disability benefits depends on the overall economic situation of a country. When the prospects for finding a well-paid job are reasonable, people with poor but manageable states of health will stay on the job if reasonable workplace adjustments are made. But with high unemployment and no jobs, the demand for disability benefits increases (Börsch-Supan 2005; Burkhauser et al. 2014).

Given that working age adults tend to stay on disability benefits until they reach retirement age and become eligible for age-related entitlements many OECD countries have recognized for at least two decades that having a significant fraction of the working age population out of the labour force because of disability is financially unsustainable (Autor and Duggan 2006; Geurts et al. 2000). In its highly influential 2010 study 'Sickness, Disability and Work: Breaking the Barriers', the OECD documents the increasing financial burden of rapidly growing disability benefits and stresses the equal importance of the steady decrease in employment rates for people with impairments (with employment rates roughly 40 per cent below the averages across OECD countries) (OECD 2010). This is not only a hardship for individuals, but it comes with a substantial social cost of wasted human capital.

Disability policy has always faced the challenge of balancing the need to provide a secure income for those who cannot work and their families, with the need to provide incentives and support for those who can work. Until the mid-1990, however, policies of OECD countries have tended to be biased towards generous and easily accessible disability benefits, while little emphasis on increasing employment opportunities has been given. Since then, this bias has become unsustainable and countries have focused on policies designed to recruit and keep people at work, by giving them the support and opportunities needed to return to work or for those with no previous work experience to enter the workforce (Brage et al. 2015; Livermore et al. 2014). To achieve this fundamental policy shift towards higher work participation, the OECD report makes several fundamental recommendations:

- making disability benefits a transitory payment,
- improving access to employment support,
- improving the incentives to remain at work,
- putting more responsibility on the employers to promote job retention,
- new hiring of persons with disabilities and making necessary workplace accommodations.

However, the report's first recommendation is to reform the disability assessment process so that work capacity determination no longer focuses on whether the individual cannot work, rather than on the potential capacity of the individual, augmented by support and services, to stay at work, return to work or enter the workforce for the first time. As they are the gateway to all subsequent steps on the path to employment, disability assessment and work capacity determination must, the OECD argued, be the priority for reform.

What Are Disability Assessment and Disability Evaluation?

Although there is no agreed standard terminology, it is helpful to distinguish 'disability assessment' and 'disability determination' (also called 'evaluation'). Disability assessment is the administrative determination that an applicant (to a public or private programme) has an impairment or health condition recognized as being of the kind and severity that the public programme or private insurance covers. In some low- and medium-resource countries, disability assessment is the only procedure used and the sole precondition to all benefits the country provides. Often the procedure is based entirely on the discretionary judgement of a medical officer—with or without formal guidelines—who places applicants into three or four categories, from no recognized disability to some level of disability that entitles the person to financial, social and/or material support. In some countries, the outcome of disability assessment entitles the applicant to a legally recognized status and the issuance of a disability certificate or card that gives the person direct access to benefits, services, tax exemption, disabled parking spaces and so on.

If the country or private insurance employs a second step of disability determination it is only because a wider range of supports and services are available—publicly or privately—and a more comprehensive determination of needs is required. During a disability determination process one or more assessors review the nature and severity of the health condition and impairments to determine which support or service the applicant requires or would benefit from. Here it is important whether, along the way, a judgement has been made on whether working is a plausible outcome or goal of the support and services provided. If it is not, then this step will turn to the support and services the applicant requires for independent living or long-term care.

The distinction between those applicants with congenital health problems or impairments and those who have acquired impairments through injury or health condition is of considerable practical significance. People with congenital or early onset conditions, such as autism, spina bifida, blindness or deafness, may never have been eligible for work-related programming. In many countries, the congenital/acquired distinction also determines what basic social security programme is applicable. For example, the United States has two federal programmes of cash and medical benefits for persons with impairments: Social Security Disability Insurance (SSDI), which is contributory and requires the recipient to have worked before their impairments prevented it; and the broader Social Security Supplemental Insurance (SSI) for those of limited income who need not have worked before. This is a common programming distinction across high-resources countries.

Disability assessment for children and adults with congenital conditions tends to be pro forma, and especially for the intellectual and developmental impairment population, the next step is a comprehensive determination for programmes specifically designed for this population's needs—from assistive housing, daily living support, family and caregiver respite care and behaviour support. In recent years, in part because of the impact of the CRPD, reforms designed to expand these supports to include highly specialized employment supports (life and basic work skills training, work preparation, job coaching and mentoring) have been added (see Ontario Ministry of Community and

Social Services 2006; Ontario 2008). For adult applicants who acquired health conditions or impairments after having worked, the disability assessment step has traditionally played the screening role of determining if the applicant can no longer work and is directly eligible for income support or other benefits. Applicants assessed as able to return to work then move on to the disability determination step, comprised of the preliminary determination of general eligibility structured by the eligibility rules of the programme or insurance policy. This is then followed by a disability determination designed to provide the individual with specific work-related support and services (vocational rehabilitation, work-related skills training, job coaching and job-matching services). Since return to work is a longer-term goal, this step also determines eligibility for transitional income replacement.

Approaches to Disability Assessment and Work Capacity Determination

Given that Article 27 of the CRPD mandates that persons with disabilities have 'a right to work, on an equal basis with others', these procedures (and not just their outcomes) are subject to human rights scrutiny. A human rights analysis of administrative procedures thus involves both (a) issues of natural or procedural justice and (b) issues of the substantive fairness of the outcome of the procedures, assessed against the CRPD standard 'on an equal basis with others'.

There is substantial literature that outlines in detail how, in practice in many countries, the procedures of disability assessment and work capacity determination routinely fail to satisfy both standards of natural justice and scientific credibility (e.g. Dal Pozzo et al. 2002; de Boer et al. 2007; Rudbeck and Fonager 2011; Schwegler et al. 2012; Stobo et al. 2007). Decisions that are unfair and arbitrary because the decision-maker is unaccountable, or the process is a 'black box' lacking transparency, are decisions that are neither evidence-based nor reliable. Decisions that are prejudicial or discriminatory are from a scientific perspective invalid (and also unreliable). There is no point adding to this literature.

To evaluate the second set of human rights concerns—substantive justice—it is helpful to follow a recent WHO and World Bank (2015) study on worldwide approaches to disability assessment and work capacity determination for working age populations. Here it is argued that there are only three basic strategies or designs underlying these administrative procedures. These can be labelled the Impairment approach, the Functional Capacity approach and the Disability approach.

Impairment Approach

Assessing work capacity on this approach is entirely a matter of categorizing and measuring the severity of an underlying health condition and associated impairments. The Impairment approach is the oldest and by far the most commonly used approach and can be traced to the seventeenth-century Baremas table that created percentage values of levels of disability based on impairments of body parts. It is still widely used for workers' compensation and other purposes today, such as the American Medical Association (AMA) 'Guidelines to the Evaluation of Permanent Impairment' now in its sixth edition (Rondinelli et al. 2008). Despite its simplicity and medical basis, the AMA Guidelines have only a moderate degree of inter-rater reliability (Forst et al. 2010).

Functional Limitation Approach

This approach arose in the 1970s in response to criticism from rehabilitation professionals who argued that physical examination and medical history-taking do not provide a satisfactory evidentiary basis for assessing work capacity (Harten 1998). They argued that a person's work capacity depended on the extent to which he or she could perform very basic actions such as lifting, standing, walking, sitting, carrying, pushing, pulling, climbing, balancing, and so on. To assess these capacities a range of 'Functional Capacity Evaluation' (FCE) tools, mostly health condition specific, were developed and recommended for disability determination (Wunderlich 1999). This has led to a transformation in disability determination in most high-resource countries. Where it is still the primary assessment tool, the Baremic chart tends to be limited to rough calculations of earning capacity, while a two-step approach is used for most social security programmes: a biomedical disability assessment—based on a list of qualifying health conditions and impairments, and severity; and a work capacity determination based on a FCE-style tool, such as a clinical interview or self-report questionnaire.

Although commonly used, the Functional approach has been plagued by the inability to develop reliable FCEs valid across health conditions and internationally. There is also the concern that FCEs tend to focus on a person's deficits—the capacities that the individual has lost—when, intuitively, knowing a person's physical and mental assets and strengths is equally relevant to determining capacity to work. The challenge of developing a valid tool based on capacity to perform basic activities is that, given the enormous variety of work requirements and employment situations, it is extremely different, in one standardized tool, to come up with a list of activities required for any job, especially in order to accommodate shifting patterns of work skills and expectations, or take into account individual differences in personality, motivation or vocational interest (see generally, Granger et al. 2010).

At a deeper level, however, both the Impairment and Functional Capacity approaches share the same fundamental weakness. First, they are essentially proxy assessments that, as in the case of Bareme table, infer from specific bodily impairments the extent of whole person disability. These judgements are not only arbitrary, but they ignore all differences between people and their circumstances that might make a huge difference in how we assess their capacity to work. The second problem is that both approaches ignore information about features of the person's environment that affect his or her capacity to work.

To appreciate the significance of these two problems it is useful to take a step back and ask what information would be relevant to assess the work capacity of a person, with or without impairments. Surely it would not make sense to infer from the absence of impairments that a worker has a complete capacity to work, in any job. Nor would it make sense to assess their level of capacity to enter the workplace without any consideration of the nature of the work or the characteristics of the work environment. To assess the capacity of anyone to work, it is essential to know the person's background—education, language skills, work experience and home care responsibilities—psychological and other personal characteristics—life goals, temperament and ambition—as well as features of the work and the work environment. Matching a person to a job, in short, is only possible when we know relevant facts about the person and his or her circumstances, and the job and its requirements and environment. The presence of health conditions and impairments may make the assessment more complex, but it does not in any way changes the reasoning and the evidence that is needed. Assessing work capacity is a universal challenge for everyone. Because it has been popular for political and other reasons to view disability as a minority issue (Stucki et al. 2016), we forget that everyone has or is at risk of having health problems and impairments. It is this universalist insight that has motivated interest in the last approach to disability work capacity assessment.

Disability Approach

The Disability approach aims to directly assess work-related disability rather than indirectly infer it from a proxy impairment or functional capacity assessment. Direct assessment, in principle, gives equal consideration to all determinants of disability—medical, functional, environmental and personal. The Disability approach, in its purest form, would be fully individualized and based on direct evidence, both clinical and self-report. It would strive to provide valid assessment directly on this evidence, on the assumption that the true object of assessment must be the person-environment, interactive outcome rather than any inherent feature of the person (whether it be health condition, impairment, functional capacity or in some combination of all three).

In the past couple of years in high-income countries such as the Netherlands, Germany, France, Sweden, Taiwan, United Kingdom, Canada and the United States, steps have been taken to move beyond the Impairment and Functional Limitation approaches towards a fuller Disability approach (see the case study of Taiwan below). Even lower-resource countries like Cyprus have found it possible to adapt this approach (Symeonidou 2014). The academic literature has consistently supported this move, explicitly both for return-to-work applications and eligibility for vocational rehabilitation (Anner et al. 2012; de Croon et al. 2004; Escorpizo et al. 2015; Marfeo et al. 2013; Muijzer et al. 2010; Slebus et al. 2007). Since the World Health Organization's *International Classification for Functioning, Disability and Health* (ICF) (WHO 2001) embodies the interactional model of disability that brings in both health and environmental determinants of disability, much of the academic literature in support of the Disability approach tends to focus on the benefits of applying ICF to disability determination (see WHO/World Bank 2015). One of the few countries of the world that has taken this suggestion seriously and put it into practice is Taiwan, as can be seen from the case study below.

Case Study: Taiwan

The Taiwanese government began in 1980 to enact legislation that created categories of disabilities for social welfare eligibility criteria financial and in-kind disability benefits (Chiu et al. 2013). The eligibility criteria were entirely medical, with physicians identifying successful applicants for disability benefits based mainly on their severity of body impairment. In 2007, Taiwan passed a constitutional amendment known as the *People with Disabilities Rights Protection Act* in line with the United Nations CRPD, and for the next two years a taskforce surveyed existing measurement tools, using the WHO's ICF framework as the basis. The group agreed to adopt the 36-item version of the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0), that was field tested (Teng et al. 2013). The aim was to develop an ICF-based 'core set' of the items required for disability evaluation from all ICF dimensions (body functions and structures, activities and participation, environmental and personal factors).

From 2010 to 2012, based on the field testing, focus groups and a nationwide study collecting data using the WHODAS, two Taiwan-specific tools were developed, one assessing a core set of body functions and structures (developed after a Delphi exercise) and a selection of ICF activities and participation items, with specific scales designed for the Taiwanese population (Yen et al. 2014). The results were the adult and child versions of FUNDES, a 94-item tool focusing on the performance dimension of these domains and explicitly taking environmental barriers and facilitators into account. FUNDES was extensively tested for feasibility of use and psychometric properties throughout 2011 and 2012. The administrative procedure based around a three-step, multi-professional assessment structure was scaled up across the country and a training process for 6000 assessors nationwide was initiated (Liao et al. 2013). The final component of the Taiwanese scheme was a needs assessment tool developed during 2012, based on the same ICF items from core set, but specifically linked to the supports and services that are available across Taiwan. This tool has now been implemented and nationwide testing of psychometric properties is ongoing.

The product of a ten-year development period—using an extensive multimethod approach combining qualitative and quantitative research, field testing and a nationwide piloting of each tool (Chi et al. 2013; Chiu et al. 2014)—is a two-stage disability assessment procedure: disability assessment to determine the type and grade of disability (for all social service programming) based on a medical evaluation and the multidimensional disability tool, FUNDES, and a needs assessment to determine eligibility to specific disability supports and services, including work-related programming and supports. The overall procedure is ICF-compatible as all information is directly linked to ICF codes. The procedure clearly exemplifies the Disability approach as the two stages accumulate information about the entire disability experience, including information relevant to work-related programming across Taiwan.

Conclusion

Despite a few national success stories, like Taiwan, the recognition that both the Impairment and Functional Limitations approaches are inadequate for work capacity determination, and the general academic approval of the Disability approach, has been slow in coming. Countries are highly resistant to make this move. Entrenched policy traditions, the easy availability and professional endorsement of impairment and functional limitation assessment tools, and the understandable nervousness of making a radical shift in policy and practice are all obstacles to reform in an area that is already highly contentious. But the more likely reason is that the Disability approach raises the cost of disability determination because of the greatly increased evidentiary burden.

Since health condition and impairment information tends to be more readily available, it is environmental or contextual data that adds costs to the Disability approach. The sheer range and volume of potentially relevant work environmental information is daunting: it would include at a minimal information about work requirements and physical and mental demands (including the level of stress and other work pressures a worker will experience), information about the physical work environment—buildings, equipment, furniture, air and sound quality—the interpersonal environment—co-workers and employers, customers and clients, and other work parameters—time and scheduling demands. The case might even be made that the scope of information about the environmental determinants of work capacity creates theoretical obstacles in the sense that there may be no knowable 'saturation' point where we can be confident we knew enough to come to an evidence-based judgement about what in the person's work environment matters and what does not. In principle any feature of the physical, human-built, interpersonal, attitudinal, social, political, economic and cultural context that shapes the work situation can be a potential determinant of the individual's experience of work disability. But if so, there may be no point in information collection in which we can be confident that we knew enough to sufficiently understand that experience for work disability assessment.

Feasibility—especially human, time and financial resource demands—is the true downside of the Disability approach, and undoubtedly the major reason why countries have shied away from reforming their disability determination procedures on this model. Thus despite the academic literature that demonstrates the unreliability and invalidity of the impairment and functional limitation approaches as well as the consensus amongst vocational rehabilitation and employment-related disciplines that work, environmental factors have a substantial impact on work disability (Escorpizo et al. 2015). Yet, from the human rights perspective the message is clear. On several occasions when ratifying countries have reported to the United Nations' Committee on the Rights of Persons with Disabilities—a body of independent experts that monitor the implementation of the CRPD—the Committee has made a point of criticizing country's disability assessment procedures when they are 'too medical' and fail to adequately assess the experience of disability. The Committee's comments are surprisingly similar to published recommendations of rehabilitation therapists. In 2009, for example, one group of therapists stated that a country's disability assessment procedure must

> move far beyond the purely medical and impairment-based approach to capture more fully the complex disability experience and so relies on a multi-disciplinary team of assessors that may include rehabilitation professionals, community health workers and social workers … [it must] incorporate information about the work place environment—both administrative, social and physical—in order to identify potential barriers to work as well as potential environmental facilitators (e.g. assistive technology, workplace modifications). (Anema et al. 2009)

It is true to say that a fundamental shift in how work disability and its assessment is understood involves a tremendous shift in our perception of what disability is and what people with disabilities are capable of—a shift that might be very difficult for policy-makers to comprehend and accept. Yet, confronting the epidemiological and demographic trends mentioned above, policy-makers may be able to learn from the example of countries like Taiwan who are now showing that incorporating into disability determination for work capacity a more complete description of the disability experience, though challenging, is both feasible and more fully aligned with our highest human rights aspirations.

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5

Laws for the Right to Work of Disabled People: The Italian Experience

Massimiliano Agovino and Agnese Rapposelli

In Europe, people with disabilities face very low employment rates and are strongly linked to disability pension, with the overall effect of an increased risk of poverty (European Commission 2007a). Parodi and Sciulli (2008) show, for Italian data, that disability pensions do not compensate the potential incomes of people with disabilities; consequently, the risk of poverty for families with a person with a disability is higher than for families without a family member with a disability. People with disabilities, compared to ones without impairments, incur a higher probability of becoming poor and of encountering social exclusion and this probability increases if they are not employed (Shima et al. 2008). Hence, an important question to address is: how to increase the probability of finding employment for an individual with a disability?

In Italy, Law 68 of March 12, 1999, aims at the regulation and promotion of the employment of persons with disabilities and has contributed significantly to the employment of people with disabilities and hence to their social inclusion (Orlando and Patrizio 2006). Law 68/1999 specifies that regions have the greatest responsibility in its application and, consequently, its successful implementation depends almost exclusively on regions' actions and ability

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to efficiently coordinate the various actors (e.g., people with disabilities, employers, job centres, etc.) involved in the employment of individuals with disabilities in order to reach the matching between demand and supply of jobs for this group (Agovino and Rapposelli 2014). However, even if this law represents an important tool for the employment of people with disabilities, it is not enough. The unemployment problem for some people with disabilities is especially linked to their inability to allay health problems in the workplace.

Italian data highlight the limits of Law 68/99 in guaranteeing jobs for people with disabilities especially in Southern Italy (Agovino and Rapposelli 2012). Therefore, measures are needed to support the economic policy of this law to reach the matching between demand and supply of jobs for those with disabilities. Flexicurity, used to refer to combinations of both labour market flexibility and high levels of social security, could be a valid measure to improve the degree of inclusion of disabled people in the labour market. Flexicurity represents a 'third way' strategy between the flexibility generally attributed to the Anglo-Saxon labour market and the strict job security characterizing Southern European countries, or between the flexibility of liberal market economies and the social safety nets of the traditional Scandinavian welfare states (Madsen 2004, 2007; Organization for Economic Co-operation and Development [OECD] 2004).

It is important to promote a balance between flexibility and social security, because a high level of social security may result in an increased risk for individuals in the disability populations, with partial work capacity to get trapped in the disability pensions system (Eichorst et al. 2010). In addition, it is likely that the current economic crisis and the high unemployment rate will increase the use of disability pensions to control for the labour supply. At European Union (EU) level, flexicurity is integrated in the European Employment Strategy, which is aimed at increasing employment and reducing unemployment in EU countries. In line with Lisbon agenda, flexicurity has been proposed as a promising reform concept for enhancing Europe's economic growth and social cohesion (European Commission 2006a, 2007a, b; Boeri et al. 2007). On the one hand, more flexible labour markets would reduce the costs of firms to adjust to the dynamics of the highly integrated global economy, improving Europe's competitiveness. In contrast, increased labour participation and higher income security would contribute to higher levels of social inclusion. As described in the Disability Action Plan, the EU strategy for promoting flexicurity systems in Member States to achieve the goals of the Lisbon Strategy seems to be valid.

To this purpose, to evaluate the effects that could be achieved if active and passive measures could act in a synergistic way, in this chapter we deal with the construction of three flexicurity indicators for people with disabilities by means of the weighted arithmetic mean method, where weights associated with the two policies (active measures—Active Labour Market Policies [ALMPs]—and passive measures—Civilian Disability Pensions [CDPs])—are chosen in a subjective way. The possibility of considering different weights associated with each of the measures, used for the construction of the indicators, can help us to understand what kind of combination is useful in order to get a better result in terms of the number of people with disabilities placed in employment. Secondly, to evaluate both the separated effect of active (ALMP) and passive (CDP) measures in influencing the matching process of disabled people, and the ability of the three flexicurity indicators (then the combined effect of ALMP and CDP) to influence the probability of employment for disabled people, we estimate an augmented matching function. The matching function, explicated in the Cobb-Douglas specification, is widespread in studies with macro data (e.g., Fahr and Sunde 2004, 2009; Lottman 2012).

More recently, further studies have been conducted in this field and Agovino and Rapposelli contributions (2012, 2013, 2014) have provided useful information to policymakers for economic policy action to promote the integration of disabled people in the labour market. However, these analyses have been conducted by using a linear programming technique, Data Envelopment Analysis (DEA) and their results show that environmental and social capital variables ought to be included as policy instruments within the context of Law 68/99. Efficient enforcement of Law 68/99 will require more investment in social capital for some regions, whilst it will require attention to the socio-economic environment in others (Agovino and Rapposelli 2012, 2013, 2014). Hence, this analysis allows us to analyse both the impact of individual measures and their joint impact (by distinguishing the three different indicators that assign different weights to the two policies) on the employment process of people with disabilities. Besides, under the hypothesis of synergistic interaction between passive and active measures, this analysis allows us to verify whether flexicurity could produce a positive effect on Italian regions' ability in finding employment for disabled people and, consequently, if it is better for the government to invest more in ALMP or in CDP.

Measuring Flexicurity for Disabled People

There is no agreement in the literature on the definition of flexicurity (Viebrock and Clasen 2009), and Bekker and Wilthagen (2008) suggest that each country has to find its own concept of flexicurity by using a distinct combination of instruments that fit the national, institutional, social and civil contexts. In the Westernized context, for example, Denmark was highlighted as a best-practice example after its disability scheme reform in 2003, which has led to a fundamental conceptual shift towards focusing on work ability (OECD 2004). In the case of disabled workers, it seems appropriate to consider Bekker and Wilthagen's definition that connects the term flexicurity with a form of public policy aimed at disadvantaged workers groups. We refer to a political strategy that combines both the flexibility of the labour market and workers' well-being, with the emphasis on the most underserved groups inside and outside the labour market (Wilthagen and Rogoswski 2002; Wilthagen and Tros 2004). Both theoretical models (Boone and Van Ours 2004; Coe and Snower 1997) and empirical results (European Commission 2006a) suggest that it is important to consider the interaction between active and passive labour market policies to increase the effectiveness of active policies (European Commission 2006b; Martin and Grubb 2001).

The approaches followed can be divided into two types of measures: the contributory benefits transfer programmes (passive measures, such as Civilian Disability Pensions [CDPs]) and employability and integration of persons with disabilities in the labour market (active measures, such as Active Labour Market Policies). More explicitly, the movement away from passive measures (such as CDPs, that may have disincentive effects on job search) to active measures has been achieved by the implementation of legislative instruments (such as obligatory employment quota schemes, anti-discrimination legislation and job protection rights) and targeted Active Labour Market Policies, which aim to support the participation of people with disabilities. In this case, the flexicurity approach, involving the combination of Active Labour Market Policies and social protection systems, is likely to have the effect of increasing the probability of finding employment for disabled people (European Commission 2007b). More specifically, Active Labour Market Policy (ALMP) represents a core aspect of the European Employment Strategy and its aim is to transfer the use of passive support to active help for the integration of people into the labour market (European Commission 2006b). Looking at equality in society for those with disabilities, the implementation of an effective ALMP for disabled people (*Assunzione agevolata dei disabili—Facilitated employment for people with disabilities*) is thus extremely important, as ALMPs make it easier for disabled people to enter or remain in the labour market, thus help achieve the goals of the European Employment Strategy.

On the other hand, the objective of the European Union is to reduce the impact of contributory benefits transfer programmes (as in EU-15 the expenditure on disability pensions has increased by 18.6 per cent in the past decade) that are part of passive labour market policies, in favour of ALMPs (European

Commission 2007b). The main objective of the benefits system is the protection of people who are sick or injured; however, another aim is to help people who can work and want to stay in the workforce, even if they have lost part of their ability to work. Consequently, the use of disability pensions must allow for the return to work where there are residual abilities to avoid social exclusion. OECD (2004) points out that disability pensions still contain incentives that make the possibility to return to work unattractive, also in the case of people with partial disability. Disability pensions are not a flexible instrument; once granted, they are very rarely withdrawn, even though such withdrawal is technically possible. Consequently, granting a disability pension makes it difficult to reintegrate the recipient in social and working life.

By focusing on Italy, we observed that during the period 2006–2011 the percentage of recipients of CDPs is constantly twice the percentage of disabled people who participate in ALMPs (Agovino and Rapposelli 2014). In addition, we registered the presence of significant differences among Italian regions in terms of distribution of CDPs and ALMPs, observing high participation in active measures by disabled people residents in Northern Italy, while we register the highest percentage of CDPs in Southern Italy.

Methods

Flexicurity Indices (FIs)

Flexicurity indicators are computed by using the weighted arithmetic mean method that subjectively assigns different weights to its component factors (active and passive measures), according to the following steps (Agovino and Rapposelli 2015).

Normalization

Let $\mathbf{X} = \{x_{ij}\}$ be the matrix with n rows (regions) and 2 columns (indicators, i.e., ALMP and CDP). Thus, the normalized matrix $Z = \{z_{ij}\}$ when the jth indicator is a good ALMP is computed as follows:

$$z_{ij} = \frac{z_{ij} - \min\left(z_j\right)}{\max\left(z_j\right) - \min\left(z_j\right)} \tag{1}$$

Alternatively, if the *j*th indicator is a bad CDP, we have

$$z_{ij} = \frac{\max\left(z_j\right) - z_{ij}}{\max\left(z_j\right) - \min\left(z_j\right)} \tag{2}$$

The normalized CDP variable provides a measure for the reduction of dependence on disability pensions by working age people. An increase will mean that fewer people aged 15–64 receive Civilian Disability Pensions (CDPs); this indicates, therefore, a reduction in both dependency and welfare degree. Broadly, it is a proxy of both the degree of autonomy of disabled people and their participation in overall society specifically in the labour market. In both cases, the values of the normalized indicators vary between 0 and 1, where 0 corresponds to the worst (cross-section) performance and 1 corresponds to the best performance in the sample in terms of flexicurity.

Aggregation

The FI is given by:

$$A: \quad \frac{1}{2} z_{i1} + \frac{1}{2} z_{i2} \quad \forall i = 1, \ldots, 20 \tag{3}$$

$$B: \quad \frac{2}{3} z_{i1} + \frac{1}{3} z_{i2} \quad \forall i = 1, \ldots, 20 \tag{4}$$

$$C: \quad \frac{1}{3} z_{i1} + \frac{2}{3} z_{i2} \quad \forall i = 1, \ldots, 20 \tag{5}$$

where z_{i1} is normalized ALMP and z_{i2} is normalized CDP. The flexicurity indicators are computed as arithmetic means of the two dimension indices, as follows:

- flexicurity index A assigns equal weight to passive and active measures;
- flexicurity index B assigns greater weight to active measures;
- flexicurity index C assigns greater weight to passive measures.

The Augmented Matching Function

We analyse the separate effect of active and passive measures (respectively, Active Labour Market Policies and Civilian Disability Pensions), as well as their combined effect, on the matching process of disabled people by estimating a matching function first augmented by ALMPs and CDPs (Lehmann 1995; Puhani 1999) and then by the three flexicurity indices (Agovino and Rapposelli 2015). By using a Cobb-Douglas specification we write the augmented matching function as follows:

$$M = A\left(cU\right)^{\beta_1} V^{\beta_2} \tag{6}$$

where M is the ($NTx1$) vector of the flow of matches and A describes the augmented matching productivity (Fahr and Sunde 2004); changes in the value of A can capture changes in the geographic and skill characteristics of employers and jobs, or other differences between them, as well as differences in the behaviour among job searchers (Broersma and Van Ours 1999). U and V denote the ($NTx1$) vectors of unemployment and vacancies stocks. Generally, c represents a search effectiveness index of the unemployed people in the absence of search enhancing labour market schemes which takes a value between 0 and 1 (Hujer and Zeiss 2003; Lehmann 1995). In the case of people with disabilities, c represents an index that directly (indirectly) measures the ability of regions to implement Law 68/99. Generally, cU defines the search effective stock of unemployed persons. In our case, it represents the proportion of people with disabilities who find a job thanks to the ability of the region in the employment process for disabled people; hence, greater is c, the greater is the number of disabled people who find work through an efficient implementation of Law 68/99. In the case of people with disabilities, we cannot speak of unemployed 'effective' stock who are seeking work, because the unemployed people with disabilities stock only include persons who are seeking employment, therefore they are all effective. Law 68/99 provides that people with disabilities who want to work must enrol in lists maintained by employment centres. Consequently, we will find in these lists only persons who actively seek a job and not all unemployed persons.

We assume that c is affected by ALMP and CDP. The basic idea is that ALMP helps regions in the process of finding employment for people with disabilities and allows, therefore, to better implement Law 68/99. On the contrary, we expect a negative effect of CDP on this process. To introduce ALMP and CDP into the matching function we define the parameter c as follows:

$$c = \sigma\left(1 + \tau\right) \quad \text{with} \quad \tau = \sum\nolimits_{j=1}^{J} \pi_j p_j \tag{7}$$

The parameter σ denotes the search effectiveness of the region in the absence of ALMP and CDP, and τ is the impact of ALMP and CDP programmes on the search effectiveness. The general effect τ can be decomposed into the several effects π_j of ALMP and CDP measures p_j. τ can be seen as a linear combination of the two measures, under the following assumptions: $0 \leq \pi_j \leq 1$ and $\sum\nolimits_{j=1}^{J} \pi_j = 1$. For this purpose, in addition to considering a version of Eq. (6) with disjoint effects of the two measures (active and passive), we also consider a version with their combined effect, which includes flexicurity indicators, introduced above, computed from the combination of the two policies. The log-linearized form of Eq. (6)

$$\ln M = \ln A + \ln U\beta_1 + \ln V\beta_2 + \ln\left(\sigma\left(1 + \tau\right)\right)\beta_1 \tag{8}$$

can be approximate for small τ as follows:

$$\ln M = A^* + \ln U\beta_1 + \ln V\beta + \sum\nolimits_{j=1}^{J} \pi_j p_j \beta_1 \tag{9}$$

Where

$$A^* = \ln A + \beta_1 \ln \sigma \tag{10}$$

The augmented matching function we estimate is given by

$$\begin{aligned} &\ln M = \ln U\beta_1 + \ln V\beta_2 + \ln ALMP\beta_3 + \ln CDP\beta_4 + \ln NETL\beta_5 + A^* \\ &A^* = A + \mu_i + v_t + \varepsilon \end{aligned} \tag{11}$$

where ALMP is the percentage of disabled people who benefit of active measures at regional level, CDP is the percentage of recipients of Civilian Disability Pensions in working age and NETL denotes the number of employees in temporary layoff hours (NETL) that acts as an indicator of the state of the local labour market (we also remind that Law 68/99 provides that companies with employees in temporary layoff hours are not enforced to employ disabled people). The variable A^* captures the remaining explanatory variables for M. In particular, A is a constant, μ_i is a regional fixed effect, ν_t is the time fixed effect and ε represents the ($NTx1$) vector of errors which are assumed to be i.i.d. across i and t with zero mean and constant variance σ^2. By considering the flexicurity indices, the matching function we estimate is given by

$$\begin{aligned} \ln M &= \ln U\beta_1 + \ln V\beta_2 + \ln FI\beta_3 + \ln NETL\beta_4 + A^* \\ A^* &= A + \mu_i + v_t + \varepsilon \end{aligned} \tag{12}$$

where FI is the flexicurity indicator. Furthermore, Eqs. (11) and (12) introduce endogeneity problems. The effects of ALMPs may be biased because the resources used to finance active policies are not randomly assigned across regions and for this reason they cannot be considered as an exogenous variable (Boeri 1997; Boeri and Burda 1996). This endogeneity problem can be dealt by using instrumental variables, that is variables correlated with ALMPs measures but not with the error term. In particular, we use the lag of unemployment and vacancy rate of disabled people and GDP per capita. Because the instruments listed are very general, we insert a more specific and highly correlated instrument with the ALMP for disabled people, the regional fund for employment of people with disabilities (RFEPD). This fund, established by article 13, paragraph 4, of Law 68/1999, is an instrument of incentive for employers who hire disabled workers through agreements, as provided by article 11 of Law 68. In this case, we use the amount of the fund allocated to each region.

We have the same endogeneity problem in the passive measures (CDP). In particular, CDPs are not homogeneously distributed in Italy. Agovino and Parodi (2012) show that socio-economic variables, such as poverty and unemployment rate, are significantly correlated with the attribution of Civilian Disability Pensions in Southern Italy. In the case of CDP, we use instruments that allow us to capture the socio-economic aspects, such as the lag of unemployment and vacancy rate of disabled people and GDP per capita. As flexicurity indicators are a combination of ALMP and CDP, we use the same tools. Hence, by considering the endogeneity problem introduced by ALMP and CDP, we run a two-stage least squares regressions (2SLS) of the following form:

$$\begin{aligned}
&First\,stage: \quad \ln ALMP_{i,t} = \beta + \sum\nolimits_{j=1}^{2} \beta_1 \ln X_{i,t-j} + \beta_2 RFEPD_{i,t} + \eta_{i,t} \\
&\ln CDP_{i,t} = \beta + \sum\nolimits_{j=1}^{2} \beta_1 \ln X_{i,t-j} + \eta_{i,t} \\
&\sec ond\,stage: \quad \ln M_{i,t} = \beta_1 \ln U_{i,t} + \beta_2 \ln V_{i,t} + \beta_3 \ln ALMP_{i,t} \\
&\qquad\qquad\qquad\qquad + \beta_4 \ln CDP_{i,t} + \beta_5 \ln NETL_{i,t} + A + \mu_i + v_i + \varepsilon_{i,t}
\end{aligned} \tag{13}$$

We instrument our ALMP and CDP variable to extract their exogenous component. The instruments are the temporal lag of first and second orders of unemployment and vacancy rate for disabled people and GDP per capita, denoted by X. In addition, we consider an additional instrument for the ALMP, that is the regional fund for employment of people with disabilities, denoted by RFEPD.

Case Study

The present case study focuses on the 20 Italian regions, corresponding to the European NUTS-2 level in the official classification of the European Union (Nomenclature of territorial units for statistics), for the period 2006–2011. The variables observe for the identification of active and passive measures in the case of disabled people are the following ones: the percentage of disabled people who benefit of Active Labour Market Policies (ALMPs) at the regional level. Data on ALMPs for disabled workers were obtained in compliance with article 13 of Law 68/1999 (source ISTAT, https://www.istat.it/).

The percentage of recipients of Civilian Disability Pensions (CDPs) in working age are not connected with national insurance contributions, but they are paid to people with disabilities in working age on the basis of their physical characteristics (e.g., people affected by blindness, deafness or other types of impairments) (Agovino and Parodi 2012). In order to estimate the augmented matching function we introduce the following variables (source Institute for the Development of Vocational Training for Workers [ISFOL], http://www.isfol.it/): (1) the match variable, defined based on job placement as defined by article 7 of Law 68/99 (rules on compulsory recruitment) (n.b. ISFOL does not specify whether the match variable includes also employed disabled people who are looking for a job, in addition to the unemployed disabled people who find a job). The match variable also includes disabled people hired by firms which are not obliged, via the agreement, a tool signed by the interested parties (employers, provincial offices for the employment of disabled workers and authorities that promote labour integration), that allows to define a personalized programme of interventions in order to overcome barriers related to the inclusion in the workplace (art. 11, paragraphs 1 and 4); (2) the unemployment variable, that is the number of people with disabilities enrolled in employment centres as of December 31; (3) the vacancies variable, defined by article 3 of Law 68/99 (compulsory recruitment, reserve shares) which states that public and private employers are obliged, in proportion to their size, to have disabled people among their employees. The employer is obliged to have a reserve share of one disabled worker if the firm has a number of employees ranging from 15 to 35, two disabled workers if the number of employees ranges from 36 to 50 and 7 per cent of workers if the number of employees is more than 50. The reserve share that is not filled (vacancies) allows to determine the stock of vacancies; (4) the number of employees in temporary layoffs hours.

The three flexicurity indices results show the presence of two clusters. We may note that Northern regions register the highest indices with values well above the average value, showing a high degree of flexicurity, while Southern regions show a very low degree of flexicurity with values well below the average value (Table 5.1).

Table 5.2 shows the estimated results of the matching function augmented with ALMP and CDP (column 1) and with the three FIs (columns 2, 3 and 4). As suggested by the matching theory, the estimated elasticities of both unemployment and vacancies variables are positive. In particular, the elasticity of matches on unemployment (vacancy) is about 0.46 (0.34), and this means that an increase of unemployment (vacancy) stock by 1 per cent results in an increase of matching by 0.46 (0.30). With regard to the specification which includes ALMP and CDP in a disjoint way, we can observe that ALMP shows a negative sign but it is not significant, while CDP have the expected negative sign, with an impact of about 0.58 per cent. Besides the expected sign of the number of persons in temporary layoff hours is negative with an

Table 5.1 Flexicurity indices, annual average values (2006–2011)

Regions	A_FI	B_FI	C_FI
Northern Italy	Range 0.40–0.98	Range 0.31–0.97	Range 0.52–0.98
(*n* = 8)	Mean 0.61	Mean 0.52	Mean 0.71
Central Italy	Range 0.31–0.52	Range 0.24–0.40	Range 0.38–0.63
(*n* = 4)	Mean 0.41	Mean 0.33	Mean 0.50
Southern Italy	Range 0.03–0.38	Range 0.03–0.32	Range 0.03–0.45
(*n* = 8)	Mean 0.14	Mean 0.12	Mean 0.16
Mean (SD)	0.38 (0.25)	0.32 (0.23)	0.45 (0.27)

Table 5.2 Estimates of augmented matching functions

Dependent variable: lnM	Estimate (1) with ALMP and CDP	Estimate (2) with FI_A	Estimate (3) with FI_B	Estimate (4) with FI_C
lnU	0.4612^{***} (5.03)	0.4584^{***} (4.23)	0.4113^{***} (3.47)	0.4861^{***} (4.95)
lnV	0.3436^{***} (3.44)	0.4125^{***} (3.18)	0.4530^{***} (3.25)	0.3929^{***} (3.34)
lnALMP	−0.2042 (−1.29)			
lnCDP	-0.5786^{***} (−3.49)			
lnNETL	-0.2152^{**} (−2.62)	-0.2101^{**} (−2.11)	-0.2101^{**} (−2.15)	-0.2150^{**} (−2.14)
lnA_FI		0.3288^{**} (2.19)		
lnB_FI			0.2823 (1.67)	
lnC_FI				0.3337^{**} (2.65)
Constant	2.1180^{***} (3.49)	0.6094 (1.67)	0.7769^{**} (2.18)	0.4552 (1.18)
Regional fixed effects	Yes	Yes	Yes	Yes
Year fixed effects	Yes	Yes	Yes	Yes
# observations	80	80	80	80
First-stage F statistic	24.25^{***}	26.55^{***}	34.67^{***}	21.36^{***}
Hansen J statistic	[0.330]	[0.257]	[0.304]	[0.266]

Notes: Standard errors are corrected for heteroskedasticity; t-statistics are in parentheses; *p*-values are reported in brackets; ***, ** and * indicate coefficients that are significant at 1 per cent, 5 per cent and 10 per cent, respectively

impact of about 0.21 per cent for both estimates. With regard to the specification which considers the synergistic action of ALMP and CDP by including the three flexicurity indices, we can observe that all of the three indicators show an expected positive sign, but only flexicurity indices A and C (that has a slightly greater impact than A), are significant at the 5 per cent. This means that the synergistic action of both measures has positive effects on the matching process of regions for the employment of disabled people.

Discussion and Conclusions

The key challenges that European Union countries are facing with respect to disabled people are low employment rates and high dependency on entitlements as well as an increased poverty risk. Hence, in the last decade, an increasing emphasis has been placed to reinforce the social and labour market inclusion of people with disabilities. The flexicurity approach, that involves the combination of Active Labour Market Policies and social protection systems, could be a valid measure to reach this objective (Agovino and Rapposelli 2017). For this purpose, in this chapter we have examined the impact of flexicurity on the employment process of disabled people, by focusing on Italian regional labour market for the period 2006–2011. First of all, by means of three flexicurity indices, computed by using the percentage of recipients of Civilian Disability Pensions in working age (passive measure) and the percentage of disabled people who benefit of ALMP at a regional level (active measure), we have verified that Northern and Central regions show a higher degree of flexicurity than Southern regions. Then, by estimating an augmented matching function we have verified that the disjoint use of active (ALMP) and passive (CDP) measures generates a locking-in effect (Van Ours 2004). More specifically, we show that ALMPs (which show a negative but not significant sign) do not have an effect on the matching process for the employment of disabled people. The failure of active measures is justified by the so-called training trap, that is generated by the growing number of unemployed disabled people involved in long-term training experiences (the maximum duration of internships for disabled people is 24 months) of low quality and not oriented towards employment, as shown in Caroleo and Pastore (2003, 2005), instead of apprenticeships oriented to recruitment.

About the CDP, we observe that it registers a negative and significant sign; hence, an increase of the recipients of Civilian Disability Pensions as well as reducing the matching process also increases the probability of social exclusion. It is well known that the aim of disability pensions is to assure a decent standard of living for people who cannot work. This scheme should be changed to ensure flexibility so that people with a partial incapacity to work are not excluded from the labour market. In fact, it is observed that only 2 per cent of people who receive disability pensions can reintegrate within the labour market; accordingly, pensions become an absorbing state, that is the probability of the individual subsequently exiting that state is close to zero.

It could also be that people who receive a disability pension are not able to participate in the labour market. However, it appears that many of those who benefit from disability pensions could have a part-time job. Nevertheless, due to the inflexibility of the benefits system many people remain trapped in the entanglement of disability pensions and do not ever enter the labour market. Another important problem associated with the lack of flexibility of the benefits system, as well as the social exclusion of people with a partial incapacity, is the increasing public spending weight, that is unsustainable in a period of economic crisis. On the contrary, by estimating an augmented matching function which includes the three flexicurity indices, we have verified that the synergistic action of active (ALMP) and passive (CDP) measures has positive effects on the matching process of regions for the employment of disabled people. More specifically, we observe that all the three indicators register an expected positive sign, but only flexicurity indices A and C (that has a slightly greater impact than A) are significant at the 5 per cent. The indicator that gives greater weight to the development of the economic independence of people with disabilities is one that most favours the probability of finding employment for the disabled. Hence, in terms of policy it seems appropriate to reduce the use of CDP for disabled people, as it represents an income support instrument not very flexible. One way to reduce CDP is represented by public social expenditure, which is characterized by less distortion and greater flexibility.

These results provide two important economic policy suggestions in order to improve the effects of Law 68/99 and thus make more effective the action of the regions in the employment process we suggest:

1. A synergistic action characterized by an equal combination (i.e., equal weight) of passive (CDPs) and active (ALMPs) measures. In summary, an increase in ALMP for disabled people must match an equal reduction of CDP that ensures increased independence to people with disabilities from the welfare state.
2. A synergistic action characterized by a combination of the two measures which gives greater weight to the formation of autonomy, thereby reducing the degree of dependency and welfare of the disabled. But how to increase the autonomy of disabled people from the welfare state? One way would be to use an alternative tool of income support not characterized by being an absorbing state that is public social expenditures (different from pension expenditure) in favour of disadvantaged groups, that has the characteristic of temporariness. The public social expenditure is still a burden to the government but, unlike CDP, appears to be a more flexible instrument (the allocation is reviewed from time to time). The flexibility of this tool would ensure the reduction of the degree of dependence of disabled people, thus reducing the risk of poverty and encouraging the process of social and economic integration of the disabled people.

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Part II

Transitions

6

Career Management: The Transition Process for Workers with Disability

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The contemporary global job market is volatile and unstable, with workers' career transitions becoming more frequent, career paths becoming unpredictable (Savickas et al. 2009; Tladinyane et al. 2013) and changes in economic stability advance the perception of insecurity in the workforce, especially for unrepresentative groups such as workers with a disability (Boehm and Dwertmann 2015). Over 1 billion people globally experience disability and 785 million are of working age (Officer and Posarac 2011). In 2015, the Australian Census recorded 4.3 million (18.3 per cent) of the population with a disability, of whom 53.4 per cent were of working age (Australian Bureau of Statistics 2016). Therefore, this chapter focuses on workers with disability.

Management teams and organizations have limited understanding on how to support and integrate workers with disabilities in their job roles (Houtenville and Kalargyrou 2012) and how to sustain this support to allow them to transition through job roles as part of career development (Boehm and Dwertmann 2015). Human resource (HR) and management practices, such as mentoring and training, are crucial to support workers with disabilities transition through jobs in their careers (Houtenville and Kalargyrou 2012). However,

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organizations rarely ensure efficient processes are in place to accommodate workers with disabilities (Scheid 2005). Employers can often neglect to design and implement developmental policies that assist in job transition and career management for workers with disabilities (Lysaght et al. 2012).

Work constitutes a key part of how most individuals construct, define and transform their roles in society (Riach and Loretto 2009; Bain 2005). For workers with a disability work plays a vital role in career development, as a means of building a professional identity through work experience (Shrogen et al. 2015). Although it can be much more complex for workers with disabilities, compared to workers from the general population, to transition between jobs and create a natural progression within their careers due to their support needs (Wehmeyer et al. 2018). Support from managers and the workplace is important for workers with disabilities to be able to perform their job roles and increase their knowledge and understanding to be able to transition between jobs (Kulkarni and Scullion 2015). Factors of inclusion, for workers with disabilities, have an impact on how they perceive and evaluate themselves and how they interact with their peers (Bain 2005; Fujimoto et al. 2014), which may further influence their career-related outcomes (Santilli et al. 2014). This chapter details the concepts surrounding job transition support for workers with disabilities, taking a social inclusion perspective to explain the support required for workers with disabilities to develop career calling and adaptability. Within these concepts a career management strategy will explain the job transition process.

HRM for Career Transitions

Human resource (HR) professionals and managers do not always know how to manage the needs of workers with a disability (Kaye et al. 2011). Moreover, HR policies and practices do not always align with the accepted practices within an organization, particularly in relation to meeting the needs of employees with a disability (Kulkarni and Scullion 2015). There is a general fear that workers with a disability will become a liability to an organization and that costs concomitant to organizational accommodations will be exorbitant. This is evidenced by a lack of job-specific training (Lewis et al. 2013) and is reflected in lower wages, benefits and compensation for employees with a disability compared to those without (Schur et al. 2009). These kinds of issues promote job uncertainty, low job satisfaction, high turnover rates and impact on the likelihood of an employee with a disability being loyal to an employer. In order to counteract this situation, formal and effective HRM policies and practices need to include socialization activities (e.g. mentoring) and company-sponsored training and development that support employees with disabilities.

HR managers, practices and organizational management systems can support the inclusion processes through the development of belongingness and uniqueness of workers with disabilities, thereby enabling career calling, adaptability and career management (Villanueva-Flores et al. 2014). Career calling and the development of career adaptability for people with disabilities can be dependent on HR practices and management support in forms such as training, mentorship and buddy systems (Meacham et al. 2017b). These practices may enable workers with disabilities to identify with teams and colleagues to perceive a sense of inclusion within the workplace (Fillary and Pernice 2006). This perception of inclusion may foster self-confidence, which can develop career calling and adaptability (Villanueva-Flores et al. 2014), allowing workers with disabilities to manage their careers and to cope with possible job transitions (Tolentino et al. 2014).

Career Calling

There is no one accepted definition of 'career calling' within the literature (Duffy et al. 2013; Hall and Chandler 2005). Despite this, the concept of career calling has a developmental construct (Praskova et al. 2015a; Hunter et al. 2010), with career transition being of great importance (Douglass and Duffy 2015; Villanueva-Flores et al. 2014). The developmental construct of career calling can give workers with disabilities goals to attain, giving them a purpose to manage their career (Beatty 2012). There are two main conceptual approaches to career calling: neoclassical and modern (Duffy et al. 2013). The neoclassical approach emphasizes religious, sense of destiny and altruistic tendencies (Hunter et al. 2010): for workers with disabilities this may mean achieving a childhood dream of a certain job or working for a certain company. The modern approach emphasizes self-fulfilment, personal happiness and an internal drive to achieve (Bunderson and Thompson 2009): for workers with disabilities this may be obtaining self-sufficiency. The concept of 'career calling' has progressed to an employment perspective in recent years (Praskova et al. 2015b), concentrating on understanding the reasons workers search for more meaningful ways to engage with their job roles (Weiss et al. 2003) and concerns related to career development and transition, job satisfaction and well-being (Hall and Chandler 2005; Elangovan et al. 2010).

Three components of a career calling can be found in the workplace domain (Dik and Duffy 2009). The first component refers to when individuals experience a 'call' originating externally beyond the self: for workers with disabilities this could mean developing a career in medicine to support wider society. The second focuses on an individuals' approach to work that aligns to a personal sense of purpose and meaningfulness: for workers with disabilities, this may be as simple as finding a job they enjoy and feel included within. The third component happens when the career of an individual is oriented towards helping others (directly or indirectly) (Duffy et al. 2013): for workers with disabilities this may include developing a career in supporting others with impairments to assist their local community. In addition, career calling has been found to be positively correlated with occupational self-efficacy and career outcome expectations (Domene 2012), with social support influencing the smoothness of any job transition. Consequently, it is important to understand how social support is provided by managers to assist workers with disabilities in their career transitions (Santilli et al. 2014).

Career Transitions for Workers with Disabilities

Career transitions are detailed as changes in employment status or context (Forrier et al. 2015) and occur within organizations (internal) or across organizations (external) (Raemdonck et al. 2012). Securing a career is challenging for people with disabilities, but career transitions bring even greater challenges, both internal (between job roles) and external (between employers) can be daunting for workers with disabilities (Luecking 2011; Lysaght et al. 2012). Perhaps surprisingly, career transitions have been shown to be sources of stress for individuals (Forrier et al. 2015) due to new situational demands (Kinnunen et al. 2016) and adapting to new settings (Forrier and Sels 2003). Workers with disabilities often report experiencing higher levels of career insecurity and unemployment compared to workers without disabilities (Konrad et al. 2013), particularly when going through an external career transition. Internal job transitions may induce stress for workers with disabilities as they involve uncertainty and change (Fujimoto et al. 2014; Wehmeyer et al. 2011), which may reduce employee well-being, having a further health implications for workers with disabilities (Schur et al. 2009).

Issues Impacting on Career Transitions for Workers with Disabilities

There are numerous issues that impact on workers with disabilities that make potential career transitions more complex than for the general worker population. In the first instance, workers with disability often struggle to find employment (Donelly and Given 2010). Hamner et al. (2008) contend that the initial phase of recruitment is challenging as managers often fail to work closely with employment agencies to ensure workers with disabilities are provided with effective services when searching for employment. Whilst there is no documented evidence of discrimination from mainstream recruitment agencies, people with disabilities often feel discouraged to use such services for fear of discrimination (Beyer 2001). However, supported employment agencies, specifically set up to support workers with disabilities into work, increase their opportunities of finding employment (Rose et al. 2005). Incidences of discrimination in the workplace include failure to appoint due to the disability (Shier et al. 2009), more stringent standards of performance (Graffam et al. 2002) and the rejection or delay of employee promotion (Schur et al. 2009). Jones and Schmidt (2004) postulate that many company policies, underpinning organizational approaches to employing workers with disabilities, do not provide adequate disability strategies to support workers.

Management support for workers with disabilities is often lacking when workplace structural adjustments are not made, and unfair work conditions are imposed on them, such as not allowing extra time to complete a task and overtime (Nota et al. 2014). Workers may also perceive negativity towards them from colleagues who have unrealistic expectations of them (Flores et al. 2011), which may reduce their sense of inclusion within an organization (Lysaght et al. 2012; Fillary and Pernice 2006). Therefore, inclusion for workers with disabilities may be threatened in situations where the manager or supervisor is not supportive (McConkey and Collins 2010) or HR practices are not inclusive (Meacham et al. 2017b). A lack of support may then affect the self-confidence of workers with disabilities influencing the development of their career adaptability, which may cause further issues for workers with disabilities during a transitional period in their work life.

Enhancing Career Transitions for Workers with Disability

Career adaptability is denoted as a set of resources obtained by workers to assist with participation in the workplace and the ability to adapt to unexpected internal and external conditions (Savickas and Porfeli 2012; Tolentino et al. 2014). These resources may be task experience and role transitions that allow workers to cope with changing circumstances that may arise (Santilli et al. 2014). Utilizing these resources allows workers to construct their careers whilst dealing with internal (workplace) and external (social/home life) situations (Karaevli and Hall 2006). For workers with disabilities this could include utilizing the skills they have learnt in their job role to assist them with social situations within their local community (Blick et al. 2016). Career adaptability may assist in making career transitions easier for workers with disabilities as they learn to cope with unpredictable situations (Santilli et al. 2014). Furthermore, workers with increased career adaptability have been found to display higher levels of life satisfaction (Hirschi et al. 2017) which may assist workers with disabilities in successfully transitioning through job roles and managing their career.

Adaptability can be divided into four approaches and applied by workers (Savickas et al. 2009). First, by utilizing past experiences and connecting these to present situations to positively project to achieve future career aspirations. This type of adaptability can support the transition process for workers with disabilities as they can draw on past experiences to solve present issues. Second, control where individuals perceive the notion that it is important not to abandon a career calling, as effective management can obtain any future calling (Tolentino et al. 2014). For workers with disabilities this may mean obtaining perseverance as a key competency when social/home/disability issues may impact on career management. Third, by connecting with the desire to explore the environment and be inquisitive, which can give workers with disabilities the curiosity to transition from one job role to another. Fourth, self-confidence in the ability to handle any challenges that may arise in achieving career goals (Hirschi et al. 2017; Savickas and Porfeli 2012). However, self-confidence may be an issue for workers with disabilities due to their exclusion within the workplace (Winn and Hay 2009). Therefore, inclusive work practices such as teamwork and leadership mentoring may assist with the self-confidence of workers with disabilities. In addition, providing support in the form of job re-design and flexible working may also make it easier for workers with disabilities to achieve any performance targets set, thereby improving self-confidence (Cavanagh et al. 2017; Meacham et al. 2017b). It is crucial that HRM and supervisors of workers with disabilities are aware of these adaptability competencies and train and mentor workers with disabilities to develop these traits (Santilli et al. 2014). This may be achieved through consultation with the worker, additional training for themselves, awareness training for able-bodied colleagues and the use of a buddy system (Fujimoto et al. 2014; Meacham et al. 2017b).

Career adaptability not only assists with transitions between jobs but also applies to situations from unemployment to employment (Sortheix et al. 2015; Wehman et al. 2015). Job loss can be one of the most pressurized times for all workers, often leading to stress and anxiety (Maggiori et al. 2013), and can be especially heightened for workers with disabilities due to their high unemployment rate (Cavanagh et al. 2017). Therefore, by developing career adaptability for workers with disabilities through the areas addressed, these workers can not only increase their self-confidence and inclusion within the workplace but also adopt coping mechanisms to adjust to job role transitions and unemployment—reemployment transitions (Santilli et al. 2014; Wehman et al. 2015).

Inclusion and Optimal Distinctiveness

Optimal Distinctiveness Theory (ODT) (Brewer 2011) offers a framework to understand inclusion (Shore et al. 2011), from which we can investigate the positive effects of inclusion on career calling and career adaptability to support workers with disabilities through the job transition process (Santilli et al. 2014; Wehmeyer et al. 2018). *Inclusion* is about how an individual perceives themselves as part of a group (belonging), whilst maintaining a distinct personality (uniqueness) (Shore et al. 2011). Therefore, the framework identifies ways of belongingness and uniqueness that can contribute to a worker's perception of inclusion (Brewer 2011; Leonardelli et al. 2010). This perceived inclusion may then initiate self-confidence leading to increased career calling and adaptability for job transition (Raffo and Reeves 2000; Sheldon and Bettencourt 2002).

Belongingness can be perceived as the extent to which an individual believes they are an essential part of the workplace and may offer workers with disabilities a sense of inclusion within the workplace (Hochschild 2010). This will enhance self-confidence for workers with disabilities when they identify with a particular group (Shore et al. 2011). Career calling and adaptability may be negatively affected if workers with disabilities do not perceive belongingness to a work group (Kober and Eggleton 2005), thus negatively effecting future job transition (Leonardelli et al. 2010).

Uniqueness is explained as the need to be different to others and may be essential to workers' self-confidence (Brewer 2011; Konrad et al. 2013), thus impacting on career calling and adaptability. Literature suggests that perceiving a unique sense of self for workers with disabilities can be complex and difficult to achieve due to discrimination, job role challenges and exclusion from workplace teams (Barnes and Mercer 2005). If a sense of inclusion is not perceived by workers with disabilities, through the support of supervisors and HR practices (Meacham et al. 2017b), this may impact on their self-confidence and their ability to achieve career calling and adaptability, limiting the tools available to cope with possible job transitions (Winn and Hay 2009).

Recognizing Unique Skills

ODT recognizes that certain individuals will have characteristics that make them distinct from others, such as workers with disabilities (Shore et al. 2011). These characteristics allow group members to identify shared characteristics with other group members to develop a sense of belongingness (Leonardelli et al. 2010). People with disabilities have traditionally been seen as part of an 'out group' within society (Haslam et al. 2003; Gilson and Depoy 2015). ODT suggests that these distinctions can be advantageous for workers with disabilities for workplace inclusion and development of career calling and adaptability (Shore et al. 2011). For example, individuals with Asperger's syndrome can exhibit high functioning maths, technology and engineering skills (Baron-Cohen 2002). Therefore workers with disabilities may have increased skills that can distinguish them from other group members, allowing them to be included within the group due to these skills being required by the group (Schur et al. 2009). Identifying and cultivating these unique abilities may assist with the development of career calling and adaptability, making job transition more efficient Emilliani and Stephanidis 2005; Lysaght et al. 2012).

Implications for HR Management Practice

Organizations need to consider workers with disabilities beyond recruitment and discrimination to include their perception of inclusion as part of developing successful job transitions as part of their career management. Managers should seek to improve the experiences for workers with disabilities through more employment opportunities and building their sense of inclusion and purposeful job role, social support and the use of organizational and management practices. Managers have the opportunity to advance the knowledge base on the inclusion of workers with disabilities and find ways to improve work experiences for these workers, and thereby support the development of career management practices. Colleagues, with the support of management and awareness training, also have some responsibility to include workers with disabilities. Colleagues can play a role in increasing the inclusion of workers with disabilities not only through job support, such as a 'buddy' system, but also socially outside the workplace. This social inclusion not only supports workplace inclusion but may assist workers with disabilities to become integrated into the local community.

The process of career management begins with workers with disabilities search for employment and, in the process, to be treated equally. We suggest it is through management systems and training and development support provided by organizations that workers with disabilities will be able to engage in career management and successfully transition between job roles. It is important for HR managers to understand the processes by which workers with disabilities find their career calling so that they are informed about practices and interventions that may enhance the performance and well-being of workers with disabilities. Organizational resources and specific interventions, in conjunction with supportive and dedicated mentors, may enable workers with disabilities to smoothly transition to new jobs throughout their chosen career.

Recommendations for Worldwide Transferability

HR practitioners and supervisors should focus on the abilities of the worker, rather than any limitations they may have (Wehman et al. 2015). Accommodations need to be given to ensure workers with disabilities can perform their job role (Cavanagh et al. 2017; Kaye et al. 2011). Focusing on their abilities will not only encourage belongingness and uniqueness to foster inclusion (Meacham et al. 2017a; Lysaght et al. 2012), it can also encourage workers to begin to manage their own careers and promote career calling and adaptability.

Training and professional development for workers with disabilities on career management may assist in increasing career calling and adaptability, developing positive self-confidence to defuse any possible job transition issues (Villanueva-Flores et al. 2014). This training could involve analysing knowledge, skills and abilities in relation to career goals (Koen et al. 2012). Training exercises to develop decision-making process may be presented to identify more advantageous strategies for achieving own career goals. For example, role-play for job interviews and management roles may also enhance self-confidence for workers with disabilities. The utilization of mentors, or buddy systems, may facilitate the inclusion process for workers with disabilities. Workers are paired with a colleague, for either a limited or an unlimited amount of time to assist in team inclusion, workplace induction and job challenges (Meacham et al. 2017b). This may facilitate information gathering regarding job opportunities, job skills and a better understanding of career management to support any future job transition processes (Tolentino et al. 2014). An example of good practice can be found below in the case study.

Case Study: The Australian Hotel

HotelAus, based in Victoria, Australia, is a subsidiary of an internationally renowned five-star hotel chain; the hotel brand is based in Asia with locations throughout Europe, the USA and Australasia. HotelAus employs circa 400 individuals, of those only 10 have a registered disability. These workers are employed in various departments, including, but not limited to Housekeeping, Front Office and Finance. HotelAus has a long-established employment ethic towards workers with disabilities and actively seeks to employ workers with disabilities where possible. The hotel utilizes a range of techniques to support workers with disabilities within their job role, as well as socially including workers. Supervisors provide workers with disabilities initial job training, in tasks such as cleaning and bed making, to ensure they feel confident to perform their day-to-day job role. Workers are then given a 'buddy' to assist them in their job tasks. The 'buddy' is a designated colleague, on step up duties, who has been established in the job role for some time and has received 'buddy' supervision training. One worker explained, '*We did training for about a week. After that my buddy looked after me. We cleaned the same rooms for about a month before I was let loose on my own.'* The 'buddy' system enables workers with disabilities to engage in continuous on-the-job learning through close guidance and supervision with a colleague. Having a 'buddy' also allows for social inclusion, as 'buddies' will have the same lunch hour and will introduce workers with disabilities to other colleagues in a social setting. The 'buddy' system is reviewed regularly by both managers and workers with disabilities and workers are given the choice to maintain the relationship with their 'buddy' or work entirely on their own.

Regular performance reviews are conducted for workers with disabilities to report any concerns, review performance and establish career plans. This approach gives confidence to workers with disabilities, allowing them to take an interest in their own careers. The HR Manager told us this transition happens when '*[w]e talk to them about what they would like to be doing in the future in their performance reviews, I think they appreciate that we take interest*'. The biggest area of interest is the confidence that has been ensured within workers with disabilities at HotelAus. The Department Manager noted, '*They're all confident now, their personalities have come out more which is nice to see*', as one worker with a disability noted, '*I'm more confident in talking to people and doing things myself*'.

Conclusion

One of the key themes of this chapter is that workers with a disability must be treated as individuals and for the skills and abilities they bring to the workplace. They must be included as members of a work team for them to develop as confident and independent workers, as demonstrated in the case study of HotelAus where workers are integrated into the team using a 'buddy' system. Moreover, we contend that workers with disabilities find their purpose or 'calling' through management support practices that encourage confidence and independence, fostering a career calling and career adaptability. Hence, career calling and adaptability becomes part of work and life (Dik and Duffy 2009) for workers with disabilities, giving these workers the tools to cope with career management and job transitions. From this, it can be construed that workers who are supported by management through effective HR policies will be more capable of integrating within the workplace, thus increasing inclusion. For example, regular performance reviews at HotelAus allow workers to report any issues and establish clear career plans. Subsequently, this contributes to developing a career calling, engage with career transitions and adapt to their careers (Villanueva-Flores et al. 2014). Thus, workers with disabilities, with the support of inclusive HR practices, may be better able to connect with career calling and adaptability, to enhance the process of career transition. Therefore, we pose three questions for reflection:

- How does the concept of inclusion assist in supporting career transitions?
- In what ways can organizations support career calling for workers with disabilities?
- Why is it important to develop carer adaptability for workers with disabilities?

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7

From Education to Employment: A Transition Story

Valerie Critten

Transition is a change from one state to another, and in the context of this chapter it is the period between being a student with a disability, in a Post-16 class in a school or college, and starting employment. Post-16 students are over the age of 16 and follow a different curriculum to that of younger students whose studies are usually guided by the national curriculum in the UK. Often there are many other changes at this time such as becoming an adult in the eyes of the law and all that entails, changes to the daily environment of being in a classroom and changes from being in a child-centred support service into that of an adult-centred service (Bagatell et al. 2017). This can result in a period of instability, which is quite stressful, but it can also be a time of great opportunities for young people with a positive attitude (Arnold and Reicherts 2000).

This chapter outlines some of the employment services provided in the UK, which are often underpinned by policies and legislation, and developed by governments to ensure that people with a disability are able to enter into employment (Department of Work and Pensions 2013a). There is a description of programmes utilized by schools and colleges, such as by the Connections Service and in job centres, which enable a successful transition from the education of a student with a disability into employment. The chapter also includes a case study of Nick, a young man with cerebral palsy, who describes

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his transition between education at his special school and the difficulties he encountered in his search for competitive employment. The discussion focuses on the implications of some of the issues raised: the legislation in place to support people with a disability to find work and the practicalities as found by Nick.

Government Support and Legislation

Previous and current UK governments were and are committed to reducing the level of disability entitlements and encourage as many of the population as possible into full employment (Roulstone 2015). To ensure that as many people with disabilities are facilitated into work as possible, employment rights have been enacted in law (Her Majesties [HM] Government 2010) and these laws give guidance to employers regarding their responsibilities when employing people with a disability. For example, it is against the law for employers to discriminate against people with a disability, and the Equality Act (2010) legislates on areas such as job applications, interview arrangements and terms of employment which could otherwise lead to people with disabilities being socially or physically excluded (HM Government 2010).

Employers are encouraged to employ people with a disability and to advertise their willingness with the 'disability confident' symbol and the 'positive about persons with disabilities' symbol (with two ticks) (gov.uk 2017a). If a job advertisement shows either of these symbols, then a person with a disability is guaranteed an interview if their skills and abilities meet the criteria of the post. Local Job Centres offer different services to help people with disabilities to find work including Work Choice to help with finding work and giving support; Access to Work, which can fund a support worker, the cost of equipment or the cost of travelling to work; and Specialist Employment Support, for help to get ready for employment or to become self-employed (gov.uk 2017b). The Department for Work and Pensions (DWP) sponsors projects such as Beyond Words which are picture books designed to help young people with learning difficulties and autism to understand the four steps towards finding and keeping a job, including leaving school or college, volunteering, finding work and staying in a job (DWP 2013b).

The guidance for transition arrangements is communicated by the Department for Education and the Department for Health and it outlines that there should be strategic planning by local authorities and health services to prepare the transition for young people into adult life, including adult services such as health and social care. Schools and colleges should help and encourage their students to gain skills, knowledge and information to enable them to lead independent lives. This includes designing programmes to aid the transition from their school classes into Post-16 classes or colleges, and afterwards the transition into higher education or employment (Dept. for Education, Dept. for Health, [DfE, DfH] 2015, p. 120).

Although legislation is in place in the UK to enable access to the workplace, there does not appear to be any systematic process or scheme to support or guide students with a disability into work and to enable them to stay in work (see DWP 2013b). Other countries appear to have a similar lack of overall arrangements for employment of young people with a disability. There has been much research into services with resulting policy reforms and guidance in the United States leading to improvements in transition practices (Beamish et al. 2012), yet students with disabilities in higher education often fail to find permanent jobs (LoGiudice 2016). There are also specific schemes and placements for pre-vocational training in Germany for students with learning difficulties or physical disabilities to gain skills before applying for an apprenticeship (Gebhardt et al. 2011), but these are considered to be of poor quality and only 30–40 per cent of students gain a work placement after 3–4 years of training. In addition, there appears to be a lack of policies or guidelines specific to the transition of young people with disabilities in Australia (Beamish et al. 2012). Bagatell et al. (2017) report that there is a lack of coordinated transition services for young people with cerebral palsy in other countries such as Canada and Sweden and that there is a need for self-advocacy.

Thus, the legislation and guidance put in place by UK governments appear to support the employment of people with a disability, but, in common with other countries, there are many difficulties and barriers which prevent them from staying in those jobs. Policies and guidelines for the careers service and job centres have been updated to ensure that they provide additional support (also see Taylor et al. 2004) to enable people to find suitable work.

Government Services to Support the Transition into Work

To further maintain the government's commitment to access to employment, services such as Connexions were set up to provide support for young people leaving education and entering into the world of work (Sheehy et al. 2011). Connexions was started in 2001 and created upon the structures of the previous careers service but had the added 'mission' of providing services to young people between the ages of 13 and 19 years who might otherwise be socially excluded (Hudson 2003). Moreover, there was a recognition that young people with disabilities were more likely to have additional difficulties in finding suitable employment and faced considerable barriers such as a lack of suitable guidance and insufficient knowledge of the law (Burchardt 2004). Consequently, the Connexions service was further designed to assist people with disabilities up to the age of 25 years (currently all young people are supported up to the age of 25).

Connexions advisers are often assigned to mainstream and special schools and have become experienced in giving advice and support for particular children with special educational needs and disability (SEND), although this is not always the case (Artaraz 2008). The difference in support and advice given by local authorities on their websites suggests that there is no regulated standard for the Connexions service and what they provide. Although government guidelines promote high aspirations for those with disabilities, results from one study (Burchardt 2004) indicate that young people with disabilities often felt disenchanted by advice and support services, after they either failed to find employment or were unable to keep a job. However, services between authorities can differ extensively, and young people can sometimes find that advisers in the Connexions service are more helpful to them than their teachers (Lewis et al. 2013; Sheehy et al. 2011).

Despite the legislation in place in the UK for people with a disability, there does not appear to be a joined-up approach to the provision of training or support given to young people with a disability, which also seems to vary from county to county. For example, Connexions in Hertfordshire have several initiatives to help people with SEND, which are outlined on their website under YC Hertfordshire (2018). Some of the services include supported internships, services from employment advisers for young people, accessing welfare to work funding and inclusive apprenticeships. Counties such as Oxfordshire utilize a number of charity services which are outlined in a document What Next? Post-16 Choices in Oxfordshire on their website (Oxfordshire County Council 2018). Websites of county boroughs such as Merthyr Tydfil (2018) in Wales report services such as a community services daytime opportunity programme which offers individual support. The Scottish Government (2018) includes a fact sheet for people with disabilities including links to government websites and telephone numbers for further information. A number of different projects to help young people with disabilities in Northern Ireland have been implemented such as Vocational Opportunities in Training for Employment (Taylor et al. 2004). However, many websites for the Connexions service, such as Career Connect in Manchester, do not specify what help they give to young people with a disability on their webpages, but the kind of services generally advertised consist of careers advice, for example exploring and assessing interests and skills; job search skills, for example creating a curriculum vitae (CV); interview tips; assessment tests; work experience; seasonal or part-time work; and self-assessment, for example qualifications and reviewing your skills, abilities and interests (Career Connect 2020).

Rights for Students with a Disability

To ensure that the academic, social and care needs of children and young people with a disability are met, whatever or wherever their school setting, UK governments have put in place codes of practice which are designed to deliver the best educational practices. Families or carers of children and young people up to the age of 16 with SEND have the right to apply for an Education, Health and Care (EHC) plan, which identifies any extra support required for that child, for example physical access to classrooms, extra support with teaching and learning and support for care needs (DfE, DfH 2015). From Year 9 (students aged 14 years) local authorities, schools, colleges and other interested entities must ensure that young people have the information and necessary skills to help them prepare for their future lives including Post-16 provision, future and higher education and pathways to employment (DfE, DfH 2015). There is an emphasis in the statutory guidance that "[h]igh aspirations about employment, independent living and community participation should be developed through the curriculum and extra-curricular provision" (DfE, DfH 2015, p. 124).

From the age of 16 years, young people in the UK have the right to determine their own support needs, and decisions about their future devolve from their parents to themselves, although they can still be supported by their parents and carers if they wish.

Transition Study Programmes and Creating Pathways to Employment

Although the UK government has introduced guidance for schools, colleges and local authorities on the need for transition from education to work (DfE, DfH 2015), there appears to be very little specification in the way programmes can be structured. Courses for functional and work-related skills are provided by some colleges, in situ, such as Pathway to Independent Living at Bradford College (2017). There is also a GCSE qualification called preparation for work planned by the Welsh Exam Board (2017) that can be broken down into entry pathways which are more accessible for young people with a disability who are unable to write or type large amounts of course work. Entry pathways programmes, such as provided by the Welsh Exam Board and the Award Scheme Development and Accreditation Network (ASDAN 2018), are often used in special schools and young people can gain functional (or foundation) skills towards independent living (Feiler 2013). Table 7.1 shows examples of the activities and skills that are needed to complete an entry pathway course in preparation for work:

In order for students to gain an entry pathway qualification, teachers have to organize and manage a structured programme of study, which covers all the criteria of the course. Photographs, DVDs and folders of work are collected by, or for, each student which shows proof that they have covered the course of the programme and that appropriate work has been completed. These folders of work are sent to the exam board to be scrutinized, marked and moderated, before giving out appropriate qualifications. Thus, the GCSE qualification, the entry pathways programme of study (see Table 7.1) and the Connexions services broadly disseminate similar information, knowledge and skills that are considered to be important if you want to apply for and be considered for a job (Feiler 2013). However, while completing entry pathway qualifications will aid in providing functional skills for the students, the Connexions service and/or job centres are more likely to be able to provide further opportunities, such as internships and apprenticeships, than special schools.

Table 7.1 Entry pathways programme of study: preparation for work (Welsh Exam Board 2017)

Tasks	Description
1	Produce a record of an interview with an employer explaining what skills and qualities they look for when employing someone
2	Complete a survey of several local employers, enquiring what skills and qualities they look for when employing someone
3	Produce a personal profile detailing their own skills and qualities
4	Produce a spider diagram of general skills and/or qualities needed to suit a number of different jobs
5	Prepare a power point presentation/leaflet on a specific job
6	Produce a personal CV
7	Write a letter of application for a specific job
8	Fill in a basic application form to apply for a particular job

Case Study

Nick (not his real name) is a young man, now in his middle twenties, who has cerebral palsy. Although he uses a power wheelchair for mobility, his hands are both quite dextrous and he is able to write and use a computer keyboard with ease. Nick attended a special school for children with physical disabilities, which had a Post-16 provision, where pupils were able to either attend local schools for inclusion or take formal examinations, such as GCSE or A levels, or go to appropriate local colleges for specific courses. A representative from the local Connexions service, who knew the school well, attended regularly to help the students with their transition to after-school provision.

Post-16 studies at Nick's school included lessons/activities from the preparations for work entry pathway (see Table 1), which was studied as part of their personal and social education. Nick was asked about what activities and lessons were delivered, and by whom, to help him with the transition process. He first spoke about preparation for work by doing interviews, but although the examination board asked for a record of an interview with a potential employer, Nick said that they were not asked to produce records, and they did not take place with an employer.

> I call them mock because they were jokey with very simple questions. My class had people with learning difficulties and the questions were geared towards them. We didn't have individual interviews, only group ones. We interviewed each other in groups. The sessions were often led by the nursery nurses, and sometimes by someone from Connexions.

This is surprising as one of the key components described by studies to promote good transition is networking with potential employers (Taylor et al. 2004). It is possible that because of the number of students with learning difficulties, it was felt by the school staff that potential employers were not likely to be needed and there was an under-expectation of the abilities of the students to be able to work (Burchardt 2004). Although Nick wanted to work after he left school he was not supported in this decision. While self-advocacy is considered important for students over the age of 16 (DfE, DfH 2015), Nick's experience was more complicated because he was trying to negotiate what he wanted as opposed to that of his teacher (Li et al. 2017): *Our Connexions rep and our teacher were more geared towards college. They said to me to go to college or you would achieve nothing. There were no visits from anyone about employment, it was college or nothing.*

One of the main reasons for continuing with education is to gain more qualifications, as this is important for job searches (Taylor et al. 2004; Feiler 2013). However, schools also have to consider the practical and functional needs of their students, which are part of the requirements of their EHC plans. Burchardt (2004) reported that concentration on these needs could be at the expense of academic work, even though gaining qualifications was an important route into employment. Nick felt that going to his local college had not been useful to him both during and after leaving school:

> The most likely choice would have been the local college which I went to each week for IT. The teacher spent a lot of time with others in the group who were very good at IT, whereas I wasn't that good. There wasn't enough 1-1 (support) to help you progress. I was always put with people with disabilities who had additional learning difficulties rather than mixed groups, and I felt it was a waste of time.

One of the other possibilities was for Nick to go to a residential college for three years, where he would be given further opportunities to gain qualifications and to experience additional transition activities (see Feiler 2013). He visited residential colleges both nearby and a distance away but felt they were not for him, as they were too much like being at school: *I asked the member of staff who showed us round, "How many people get a job after being here for three years?", and she said, "Not many". For me it felt that I would be put in a holding pen for three years with not much after.*

Nick decided that he wanted to go to work when he left school but felt he was not supported in the right type of transition programme geared to his requirements (see Bagatell et al. 2017). Because he felt he was not encouraged by his teacher and the representative from Connexions, he began to explore possibilities by himself and used the internet to find out what might be open to him. He decided that work experience might be of benefit to him (see Georgiou et al. 2012):

> I rang my local hospital and asked if I could do a week's work experience. They were really helpful, and I did a week which was great. I learnt so much and I knew work experience was the way for me to go. I went to the assistant head and told her that I thought doing work experience one day a week would benefit me more than being in school, and she agreed so I went every Friday for nearly two years.

Nick's positive attitude and aspirations to work are echoed by many young people with disabilities (Burchardt 2004; Lewis et al. 2013), and work experience can enable many young people to develop skills applicable to the workplace and enhance their employability prospects (Georgiou et al. 2012). Nick perceived that working in a hospital would be a perfect job-fit for him as the environment was suited to his being in a wheelchair, and he wanted to help people (Hirschi and Valero 2017). However, the difference between his expectations and the reality of the situation were two different things (Critten 2016):

> It was a huge shock and there was a period of adjustment. In school, you are told that you can do what you like, the world is your oyster, but it isn't like that. You have to learn what you can and cannot do. It wasn't as easy as I thought it would be.

Sometimes work experience can lead directly into the possibility of a permanent post and Nick saw there was an opportunity for a post that might suit him (see Hirschi and Valero 2017). He applied for the post of a ward clerk at the hospital but had to have help with the application from the assistant head at his school, as he had no experience of applying for jobs, although it should have been part of his preparation for work. One of the tasks in the entry pathway programme of study was to write a letter of application for a job (Welsh Exam Board 2017). Nick said that he was not helped to do this in class although he was perfectly capable of either handwriting or typing one. Nick was successful in his application and was asked to go for an interview, however:

> It was a disaster. It was probably illegal as I should have had reasonable adjustments made for me. I was given a box of blood results and told to sort them out and was given ten minutes. I couldn't do it, so I didn't get the job. They are supposed to accommodate you but that doesn't happen in real life.

Nick's experiences at his interview are echoed by those of Allison (described by Bagatell et al. 2017), who said she felt overwhelmed by the responsibility of going for an interview so much so that she was sick afterwards. She felt under-prepared going to an interview by herself and thought the transition between being given help as a child and being expected to do things by yourself as an adult was very difficult. Other students have reported that they have concerns about the attitudes of their interviewers and are worried about discrimination because of their disabilities (Georgiou et al. 2012).

Nick applied for other jobs where employers advertise that they accept applications from people with a disability and was asked for interviews, although after each interview he was constantly turned down and was unsuccessful in his applications. This affected his confidence and his belief that he would be able to find work:

> I think the disability act has been a disadvantage to people with a disability. Employers would ask you for an interview knowing that they wouldn't employ you, and you were just there so that they could say that they had interviewed people with disabilities. The law doesn't help; they (employers) look like they support you. The figures look good, but it is not fair emotionally on a person.

Nick decided to seek help from his local employment office and was given guidance from a member of staff who was experienced in helping people with disabilities into work. The member of staff had a constructivist career counselling approach (Kang et al. 2017) and focused on Nick as an individual subject who had to develop a sense of his own identity:

> We did mock interviews. He taught me how to answer questions before they were even asked, e.g. how I could be an asset to the team. I talked about the cost of employing me, in that the firm would not have to pay an ergonomics company to look at issues such as access, and that any improvements necessary would be free of charge. I dangled the carrot!

The employment officer gave Nick advice on how to sell himself as an asset to an organization (see Critten 2016) and helped him by attending one of his interviews at a large hospital, "*It was the biggest nugget of usefulness that I got!*". Afterwards he gave him a debriefing on all the things that had gone well and how he could improve in other ways. The focus promoted by the employment officer was that Nick should see himself as an actor who has constructed a particular identity to gear himself towards a particular kind of job (see Kang et al. 2017):

> There are two elements that you as a person with a disability have to do: prove that you are not retarded and prove that you can do the job. If you have a disability you have to be a showman. You have to show that you are not a vegetable. You have to show you have a personality. It is very tiring having to sell yourself at these times.

The employment officer and Nick also looked for potential employers, particularly those organizations that advertised that they would employ people with disabilities, although his experiences of working in a hospital and his employment training, when he was taken on for a post, left him feeling dissatisfied with the attitudes of some of the staff with whom he came into contact (Georgiou et al. 2012; Critten 2016):

> I had always focused on hospitals and the patients in hospitals as I thought that would be a good place to work. In actual fact the NHS is the hardest route to work—you live and learn! The NHS is geared to think that anyone in a wheelchair is a patient, and there is no room for anyone who is different. I wasn't the norm in the NHS.

Nick went through a difficult process in his transition from school to work which lasted over five years before he found his present position, part of which time he was ill and in hospital. He went back to the careers advice service but unfortunately his former adviser had left, and he felt the new adviser was too young and inexperienced and that he was not able to help him. Consequently, he decided to return to voluntary work and Nick presently works for a charity on a voluntary basis. Nick has taken further training in ICT and has qualifications in the use of ICT software and he is looking for work opportunities on a local website but feels his present employment uses all his skills and qualifications. He at last feels that his disability has been an asset to him. Reflecting on his situation Nick was asked about his decision to go to work straight from school rather than going to college:

> Did I make the right decision? Now, after hard knocks, tough decisions, really cocked up, but since doing this job I know I made the right decision. I stick up for myself, stick with it. I knew I could do something special, but I had to find out what it was. It's a nice feeling to know that my disability is not a hindrance.

Implications and Recommendations

There are a number of issues that have become apparent through Nick's experiences in the transition period before leaving school and in the aftermath when he was still trying to find employment through his local careers advisers. Despite self-advocacy being promoted in law (DfE, DfH 2015), Nick felt he was not listened to by some of his teachers and the Connections service adviser (see Artaraz 2008), although he was fully supported by his headteacher and assistant headteacher who helped him to find a work placement and helped with a job application. This suggests that there was not a policy in place in the school, at that time, which advocated a student-centred approach to transition. It also suggests that teachers in Post-16 need to attend up-to-date training on new legislation to ensure that are abiding within government guidelines. Nick's positive approach ensured that he was able to manage his transition by organizing his own work placement, but because of his limited experiences and the lack of a structured and informative approach in his Post-16 class, and no visits by potential employers, he may have made an uninformed choice when looking for a job.

There is no legislated support for the care needs of a person with a disability once they have left school. Throughout the educational process, there has been a code of practice wherein they have to be provided by a statement of special needs, or latterly an education, health and care plan. However, as an adult there is no such support unless you are in a residential care facility or go to a day centre where your care needs may be recorded. There is no support or document outlining your care needs or any kind of document or legislation ensuring that any future employer should use guidance when employing a person with a disability. This puts both parties at a disadvantage, the employer who may not understand or know what is needed to successfully employ someone with a disability and the person with a disability who may not have all of her/his care or physical needs met in the workplace, resulting in their becoming ill or unable to work (see Taylor et al. 2004).

The legislation prevents employers from asking specifics about the disabilities a person may have during a job interview (HM Government 2010). Nick was so keen to get a job that he did not consider the number of hours he would have to work in a day (12-hour shift) or the effect that this would have on his health. His lack of awareness of his own needs within the workplace could have been addressed in his Post-16 education. An example of this could have been covered by a task on the course by the Welsh Exam Board in their entry pathway/GCSE programme. He knew that employers must make reasonable adjustments and had thought about physical access to his workplace (see Critten 2016), but he had not thought about the hours he would have to work and the effect this would have on him physically (see LoGiudice 2016). Many people with disabilities may not be able to find full-time employment or their condition stops them from being permanently employed (Roulstone 2015). There is much pressure given to young people with a disability to find paid work (Barnes and Mercer 2005) but it is possible that this is unrealistic. Governments should conceive of more flexible arrangements for people with disabilities that do not cause huge difficulties when claiming benefits.

Although the legislation seems to be helpful and supportive to providing work for a person with a disability (DWP 2013b), Nick felt that the fact that employers have to give people with disabilities an interview (gov.uk 2017b) meant that he often felt the token disabled person, where there was no intention on the part of the employer to give him a job. The Equality Act states that reasonable allowances must be made for a person with a disability to maintain their ability to work (Equality Act 2010); however, the fact that employers are not allowed to ask for specifics about a disability means that that person may be totally unsuitable for a job because of misinformation or lack of knowledge (Cole and Bragman 1985; Lewis et al. 2013).

Disability is now a much wider concept than it has been previously. While there is recognition that people with a physical impairment or a wheelchair user might be considered to be disabled, the term disability has been expanded to include other impairments such as those with a "learning difficulty (and variant terms), mental health issues, sensory impairment and latterly autism … (and) the development of anti-discrimination law has led to the widening of the disability category to include in many jurisdictions AIDS, HIV and cancer" (Roulstone 2015, p. 674). Employers might feel that this adds to the pressure of employing a person with a disability and how it might affect their businesses, especially if they are only a small establishment (see Taylor et al. 2004). In addition, because the legislation in the UK is now quite stringent, it could mean that many employers are put off giving a job to a person with a disability because of the lack of understanding about what constitutes 'reasonable adjustments to the workplace' (HM Government 2010).

There are financial implications for both parties—employers and the person with a disability. Employers can be financially poorer because of having the cost of advertising a job and going through an interview process again. For the person with a disability it is the problem of claiming benefits while being in work, having to take time off because of sickness or fatigue, or losing or leaving a job and having to claim benefits again. All of this is extremely tiring and worrying for anybody, let alone for someone with a disability (Bagatell et al. 2017).

Conclusion

This chapter has described the guidelines and legislation of former and current UK governments which ensure that people with disabilities are able to find employment. Legislation and policy reforms in the UK, as well as other countries, promote employment opportunities for people with disabilities, but often it is difficult to find suitable work or to find permanent placements. Services are patchy or non-existent in many countries leaving people with disabilities to feel disenchanted and disappointed. Services in the UK such as Connexions provide guidance on the pathway to employment, but there does not appear to be an overall structure or programme, and counties provide different services for people with disabilities. Post-16 classes or establishments are required to provide appropriate transition education for their students, but the diversity of the disabilities of the students might make suitable provision difficult or challenging. The case study of Nick illustrated the differences in the guidance given throughout his transition into employment, and he questioned aspects of government legislation which he felt were unhelpful to people with disabilities. Consequently, although Nick was able to find voluntary work, which complemented his skills and experiences and fulfilled his aspirations to lead a useful and rewarding life, it was not paid full-time employment, which is what the legislation is designed to achieve. No matter how well intentioned, if the legislation does not facilitate the transition from education to employment, it is failing to meet the needs of individuals with disabilities.

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8

Innovative Strategies: Successful Transition to Work for People with Disabilities

Joyce Bender

People with disabilities face many barriers to achieving competitive employment; these barriers include a lack of work experience, stigma and bias of others, inability to meet educational requirements, absence of employer-provided accommodations, transportation, affordable housing and other impediments (Beatty 2012; Burchardt 2004; Shier et al. 2009; Lindsay et al. 2019). Transition to work can be defined in many forms such as moving from education to post-secondary education, from education to employment, from one career opportunity to another opportunity and sometimes from unemployment due to layoff or personal issue to employment (Pedersen et al. 2012). Innovative strategies for successful transition to work for people with disabilities have one common theme, commitment and participation from the employer community (Kulkarni and Scullion 2015). The results of innovative transition strategies are sometimes impacted by a specific job role, by industry and by type of disability; the more severe the disability is, the more challenging it is for a person with a disability to achieve competitive employment (Schur et al. 2009). As research by the author has highlighted, 'People with disabilities want Paychecks, not Pity' (Bender 2016), consequently this chapter will outline key factors to innovative transition strategies and the key factors required for people with disabilities to successfully transition to work. Specifically it will examine stigma and the misguided perception for people

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with disabilities, the key components of transition programs and how employers and academic partners can be engaged effectively.

People with disabilities including high school students and adults face many employment hurdles, including discrimination and, given that we live in a 'civilized society', it is unconscionable that people with disabilities are unemployed at twice the rate of their non-disabled counterparts (Stewart and Schwartz 2018). This war for wages represents the fight people with disabilities have been trying to gain ground with and count positive results in, for decades. Moreover, economies with low unemployment often have high disability rates, what Bratsberg et al. (2010) refer to as 'unemployment in disguise'. The Americans with Disabilities Act was signed into law by President George H.W. Bush in 1990 (Americans with Disabilities Act 1990); since then, so many barriers have come down (Coelho 2000), such as: people with mobility disabilities using sidewalks and entering buildings and theatres; people with hearing disabilities having access to captioning; people who are blind using JAWs software and other screen readers to consume content on computers, tablets and mobile devices; and in general people with disabilities having the opportunity to buy an accessible home, ride on the bus, and not having to answer the illegal question, such as 'what is your disability?' versus the question, 'when can you start working?', within the context of an interview.

In 1999, the author received the President's Award, at the White House from President Clinton, for her success in finding competitive employment for people with disabilities. However, since then, the employment outlook for people with disabilities has not significantly improved and according to the Office of Disability Employment Policy (2019), part of the US Department of Labor, the labour force participation rate for people with disabilities was reported at 21.5 per cent and for people without disabilities was 68.5 per cent. In addition, the unemployment rate for people with disabilities was 7.9 per cent and the unemployment rate for people without disabilities was 3.8 per cent. It is clear that thoughtful action is required to reset this inequitable employment situation and the most profound way to increase this abysmal employment rate, for high school students and adults with disabilities, is to invest in and deliver quality transition programs that build self-esteem, and create and confirm work competencies that break down stigma (Quintini and Martin 2014). The most effective transition programs are centred within active employer participation, including corporate America, government agencies and social services employers. To gain employment, students and adults with disabilities must understand the world of work: understand how to dress, understand how to present professionally, and understand what it takes to be employed, stay employed and advance in a successful career (see, e.g., Viscardi Center Programs 2019). Although there are similarities and differences in transition programs for high school students and adults with disabilities, there are also common barriers such as stigma.

Foundational Issues: Stigma

Stigma means 'a mark burned into the skin to signify disgrace' (Scher 2006) and in Haiti, the main religion is Voodoo where many with epilepsy have a mark burned into their forehead. Throughout the world, there is pervasive shame, if a family has a child with a disability and the child may be seen to be demon-possessed, or the child's disability may be perceived by others to signify the parents are being punished by God (Otieno 2009). The author has travelled throughout the world, from Panama and South Korea to Kazakhstan, and from Japan to Indonesia. She has witnessed first-hand the shame felt by family members, of having a child with a disability. This shame and stigma results in exclusion and discrimination and, in some cases, abuse (Rüsch et al. 2010). This stigma is based in shame and fear (Hinshaw 2007). In these countries people with disabilities, whether a child or an adult, are often viewed as inferior or almost sub-human. This arises from the general view of the Old Testament, which has been interpreted as that God brings disability as punishment for transgressions for sin or as an expression of God's wrath for people's disobedience (Otieno 2009). In South Korea, the author was told to not even use the word epilepsy, even though she herself is a person who is living with epilepsy. To many, epilepsy is disgraceful and the stigma results in situations, such as husbands leaving their wives when they learn their wife is living with epilepsy (De Boer et al. 2008). In Asia, stigma is so much worse than it is in the United States, although stigma still does exist in Westernized countries (WHO 2011). Stigma is a major barrier that must be addressed. A recent study by the World Health Organization (2018) listed the major barriers to the employment for people with disabilities and it was not a surprise that one of the barriers listed was an attitudinal barrier—stigma which remains the hallmark reason of why people with disabilities are unemployed (Hinshaw 2007). Although America has made great progress over time, deep-seeded fear and ignorance have maintained the attitudinal barrier of stigma. President Bush, at the signing of the Americans with Disabilities Act on July 26, 1990, said, 'Let the shameful wall of exclusion finally come tumbling down' (Bush 1990). However, while many architectural barriers have come down, competitive employment remains a challenge due to stigma; this attitudinal barrier must also come down.

Stigma is the evil hound that follows people with disabilities from youth through adulthood and impedes the ability to gain competitive employment; it has existed and has followed people with disabilities throughout the ages (Vornholt et al. 2018). Years ago, the 'freak shows' at fairs and carnivals, showing people with disabilities as 'scary' and 'shocking to see' were made famous by P.T. Barnum's Circus (Smithsonian 2017). People with disabilities, many of whom were 'little people' found the only job they could find working as an object, on stage at a Freak Show. Barnum even had a museum to present 'freakishness' in the form of 'living curiosities'. In 1960, the author went with her family to the Canfield Fair in Ohio. As we walked through the fairground, I heard a person speaking loudly and telling everyone to come over and see the wonders and mysteries and monsters of the world. I was afraid, but I looked. I looked and saw people gasp or laugh at the freaks, who were 'people living with disabilities'. There was a boy born with 'stumps' as arms, who was known as 'Seal Boy'. There was the fat man, the tall man, the Siamese twins and lobster boy, a young man who had two fingers on each hand. Many people with different types of disabilities were exploited and people flocked to see them (Smithsonian 2017). Today, we do not have freak shows, but we still do have ridiculous games, such as 'dwarf tossing'. Dwarf tossing, also called 'midget-tossing', is a pub/bar attraction in which people with dwarfism, wearing special padded clothing or Velcro costumes, are thrown onto mattresses or at Velcro-coated walls (Gruen 2014). The activity of dwarf tossing has not been readily accepted by domestic law in various countries including Ireland, the United States and France. It was outlawed in the state of Florida in 1989 and subsequently there was an attempt to repeal this prohibition which failed (Sommer 2011).

Even more deeply rooted in history are the 'ugly laws'; they were laws in place in America until the 1970s that fined or jailed people with disabilities (Schweik 2009). Under the law, municipalities had beggar ordinances known colloquially as ugly laws. These laws deemed it illegal for 'any person, who is diseased, maimed, mutilated or deformed in any way, so as to be an unsightly or disgusting object, to expose himself to public view' (Sommer 2011). The history of the disability community came from stigma; that stigma exists today in a hidden form, defining the attitudinal barrier to employment of people with disabilities. We can change it and we can be an example for other parts of the world where the freak shows still exist.

Transition Program Key Components

Transition is defined as the process of a period of changing from one state to another and one synonym for Transition is Passage (Pacheco et al. 2018). Passage is a pathway to freedom and people with disabilities want to move from being unable to work at the same level as their non-disabled counterparts, moving to their dream of competitive employment (Taylor 2000). We must construct educational transition programs that help break down barriers and result in employers hiring people with disabilities at the same rate as non-disabled workers. These programs should teach work success competencies through the methods of classroom learning and work-based learning experiences (Kohler and Field 2003). We have come a long way since the days of freak shows and ugly laws, but without employment, we are still only a show—we need to work. Years into the future, people will write about the time when unemployment for people with disabilities was so low; we had to write text books and have national programs and conferences talking about why we should hire people with disabilities.

We know from the high unemployment and low workforce participation rates that stigma and attitudinal barriers exist (Hinshaw 2007), but how can we change them? We need innovative transition programs that are a great offensive plan of preparation and competency-building success and education is the key. We need innovative training for people with disabilities to arm them with what it takes, beyond an academic education, to gain employment (Kohler and Field 2003). We need a transition program based on business models and a no pity culture, with innovative programs that raise the bar for people with disabilities and build self-esteem. Soft skills, known within the workplace as essential career skills, play a significant factor in finding employment (Robles 2012), indeed without good essential career skills a student or adult with a disability will fail in gaining, keeping and advancing in work. When Bender Consulting Services Inc. was founded in 1995, the corporation saw success early in finding competitive employment for adults with disabilities (Bender 2019). The soft-skills training that Bender Consulting Services deliver to people with disabilities prior to starting work has been a critical success factor for its employees with disabilities integrating well, into the workforce (Brubaker 2000). Thus, we need to provide prospective hires with the ability to see what the employers need and want.

Students with disabilities have been historically marginalized in educational settings, and adults with disabilities are oftentimes excluded; pity is the basis for this exclusion (Broderick et al. 2005). If it is decided at an early age that a student is not capable of a successful career or an adult with a disability is thought of as 'less than', they will not succeed at work. Students and adults with disabilities do not want pity; they want equality. One way of achieving this is through self-efficacy, which is defined as an individual's beliefs regarding their capabilities to produce a level of performance (Bandura 2010). An individual's self-efficacy beliefs will determine how they think, feel, behave and motivate themselves and a strong sense of self-efficacy can have positive affect on an individual's level of accomplishment and personal well-being. Individuals who have strong self-efficacy beliefs are more likely to approach difficult tasks in a positive way and to recover more quickly from set-backs and failures, whereas a lack of self-efficacy can create a belief that one will fail; self-efficacy, therefore, is paramount to a successful transition to work for students and adults (Bandura and Locke 2003).

Competency-Based Approach

A critical success component of securing and succeeding in employment is impacted by several key competencies, including high self-esteem, good communication, social engagement, business acumen and interviewing skills. These competencies, for both adult and student transition programs, provide the foundation for convincing an interviewer about future success, based on past competency growth, and for success in job role, resulting in retention and promotional opportunities. Five of the core competencies will be discussed in turn.

Self-Esteem

Young people with disabilities have experienced the brunt of stigma by classmates, families, and even some educators, which has left a high percentage of students with disabilities with low self-esteem (Kowalski et al. 2016). Many have fallen through the cracks and live in poverty or have moved on to homelessness, crime or addiction and sometimes even death—suicide is not uncommon. The Centre for Disease Control and Prevention in the United States found that the suicide rate with teens aged 10–17 increased 70 per cent from 2006 to 2016 (CDCP 2018). Many of these students live with mental health issues and/or learning disabilities and high school students living with disabilities also experience a high degree of bullying. In 2012, Disability Scoop stated that roughly 50 per cent of students with autism, learning disabilities, intellectual disabilities and speech difficulties were bullied at school (Diament 2012). This all contributes to that population of students who do not graduate, have poor grades or drop out. It contributes to low self-esteem. The bar must be raised, and students must be taught how to deal with, and challenge, negative attitudes and an environment that includes bullying; no matter where those attitudes and negative actions come from, it is now time to teach our students that they can succeed, and they are winners, not losers. Successful transition programs must include a focus on building a positive self-esteem competency.

Communication

To be successful in life and in work, students and adults with disabilities need to develop communication competencies, including verbal and written skills, listening and reading (Embregts et al. 2018). Of course, some individuals with disabilities use alternate methods of communication, as a result of their disability. These skills may be honed through a series of exercises including journaling, practising key conversations with friends and family, and through public speaking. Public speaking includes, preparing content prior to the event, practising to gain confidence and staying within a designated time period. In addition, communicating a message that compels listeners to take action provides the foundation for gaining confidence, employment and credibility.

Social Engagement

High school students and adults with disabilities are often not socialized and have a very limited group of friends (Kavale and Mostert 2004). In, addition, people with disabilities are often not included in sporting or other social events. All of these conditions, in addition to lack of work experience, result in poor social skills, that is low social capital. Sometimes it is necessary to teach students and adults with disabilities very basic social skills, as basic as, why you must be clean, brush your teeth and have other good hygiene habits. They are building blocks of social skills that lead to employment: learning these basics will help with getting a job, keeping a job and building additional friendships, thereby increasing social capital (Stephens et al. 2005).

Business Acumen

Otherwise known as 'business savvy' and 'business sense', business acumen is keenness and quickness in understanding and dealing with a 'business situation' (i.e., risks and opportunities) in a manner that is likely to lead to a good outcome (Garavan et al. 2012). Students and adults with disabilities must be taught to understand the power of every single step as it all relates to success in business. This includes the value of planning, goal setting and evaluating progress towards achieving goals. Using a 'think like a manager' exercise teaches the value of perceiving and rewarding a winning attitude and set of actions. 'Think like a manager' exercises relate to topic areas such as appearance, social media, interpersonal skills, communications methods and reliability.

Interviewing

Landing a career opportunity and a chance for advancement requires sharing concise content about other work competencies and experience to convince an interviewer to extend an offer of employment (Bobroff and Sax 2010). This key skillset should be taught to apply to multiple interview settings including; in-person, using technology, and facing a panel of interviewers. Key areas of focus include researching the company and job role, dressing for the interview, eliminating the mobile phone distraction, arriving 20 minutes early and other basics, including not chewing gum and thanking the interviewer for their time. Preparation activities for a successful interview are based on an understanding of that industry. For example, if a candidate is interviewing for a position in Silicon Valley at a start-up technology company, wearing a business suit could be viewed negatively; however, if interviewing at a bank, jeans would end the interview. Being prepared for an interview is based on understanding what companies look for and using that knowledge to build questions and architect and practice responses. When you know the company, interviewer or industry, the preparation will win every time. In addition, a relevant professional resume should lead the application process and be available for reference, during the interview. Mock interviews and resume preparation are a must to ensure full preparation for an interview that will lead to the opportunity to work (Alwell and Cobb 2009). Successful interviewing also requires having permission from trusted colleagues to provide a favourable reference when requested. Whether preparing someone for an interview or helping them write a resume, it is critical to understand the corporate world. Once you understand this one fact, outcomes will be more successful.

Youth and Student Specific Transition Considerations

Youth and students with disabilities build competencies to transition successfully in the following stages:

- From school to additional education
- From school to work

Successful transition begins with the right mindset. The bar cannot be lowered by parents, counsellors, teachers or transition coordinators; the bar for students with disabilities must be equal to other students. We have seen great successes for high school students with disabilities making the transition to self-efficacy and employment, if they receive the support from family, educators and the 'system'. Successful student transition programs (i.e., the Bender Leadership Academy Programs) include: goal setting, career readiness training, competency development and work-based learning. These programs also understand that students with disabilities encounter much input that impacts their self-efficacy. Socialization begins at a young age; it drives how we learn values, habits and social skills from family, educators, friends, society, media and more. We know first-hand that with the right training, and work-based learning experiences, students with disabilities can be transitioned to competitive employment.

High School Students with Disabilities and Transition Programs

Compared to non-disabled students, students with disabilities are likely to face higher unemployment or underemployment (Schur et al. 2009). Also, in many cases, it isn't a vocational plan that results in students with disabilities landing a job; it is a chance find, the influence of someone else or sometimes it is simply all that is available at that time. The lack of vocational plans with effective results leads to frustration and job dissatisfaction. The author has met many high school students with disabilities over the past 20 years who were unemployed or underemployed. When the author served on the board of the US President's Committee on People with Disabilities in 1996–2000, under Congressman Tony Coelho, co-author of the Americans with Disabilities Act, it was determined that people with disabilities were unemployed, underemployed or 'employed in the industry'. 'Employed in the industry' means people with disabilities who are blind working at the School for the Blind, people with disabilities working at an independent living centre or people who are deaf teaching at a school or college for the deaf. Over the years, high school students with disabilities were mainstreamed at schools and began going to colleges and universities, but still faced very high unemployment. Today, things have improved, but the employment landscape for high school students with disabilities still lags the employment landscape for those without disabilities (Bender 2016). High school students with disabilities are some of the best talent in America and many have been damaged by families and/or educational systems—the bar has been lowered. The expectations for employment are not high. It is a major hurdle to graduate.

> About 16 percent of 25- to 64-year-olds who had not completed high school had one or more disabilities in 2015, compared to 11 percent of those who had completed high school, 10 percent of those who had completed some college, 8 percent of those who had completed an associate's degree, 4 percent of those who had completed a bachelor's degree, and 3 percent of those who had completed a master's or higher degree. Differences in the employment and not-in-labor-force percentages between persons with and without disabilities were substantial, amounting to about 50 percentage points each. Among those who had obtained higher levels of education, the differences were smaller. (Cameto 2019)

Work Force Innovation and Opportunity Act became law in 2014; this federal mandate significantly increases the opportunity for high school students with disabilities to gain employment and incents companies to hire students with disabilities (Americans with Disabilities Act 1990). This law requires state vocational rehabilitation (VR) agencies to set aside at least 15 per cent of their program funds to provide pre-employment transition services (Pre-ETS) to help high school students with disabilities make the transition to postsecondary education and employment.

Pre-employment Transition Services

The best way to identify pre-employment transition services is by sharing an example. Bender Consulting Services, Inc. is a for-profit company, which provides disability employment expertise in the areas of recruitment, workplace mentoring, strategic planning, training and digital accessibility to drive innovation and realize business value for customers. Since 1999, Bender Leadership Academy, 'The Academy', has become known nationally as a premier transition to work training program for high school students with disabilities. The program was designed at the request of transition coordinators from several school districts in the Newark, DE area. These interested educators approached DXC Technology (formerly known as CSC and a multi-billion-dollar global technology organization), a customer of Bender Consulting Services, Inc. and DXC asked Bender to partner to deliver this program to high school students with disabilities.

Over that time, the Bender Leadership Academy grew to work with three other school districts in the Pittsburgh, PA area, and has been conducted as a pro bono program prior to incorporating a not-for-profit organization and building a partnership with the PA Office of Vocational Rehabilitation to provide an important funding stream for the program. Over 1000 high school students with disabilities have graduated from the Academy and many have moved on to successful employment or college—the majority, transition to work. Through those years, the Academy has gained incredible expertise in transition to work and continues to maintain long-term relationships with many of the graduates. This program has many parts in the paradigm of success. It is all about breaking down attitudinal barriers that those students deal with every day and building core work competencies through strong programs, solid partnerships and real work, as the following case study demonstrates.

Case Study: Bender Leadership Academy—Pre-employment Transition Services Best Practice

Each Academy class focuses on developing many work-based competencies. The following are examples of those competencies that provide the foundation for career success.

Self-esteem: The Academy raises the bar and reminds students in every class how awesome they are and how they need to believe that they will find employment. Each student is treated as a young adult; there is no pity in the Academy class.

Communication: Every class, the students are required to share a 2-minute speech in front of the class. The assignment is given in a prior class and is based on a subject they have already been taught, such as initiative, independence, team work, interviewing and other career readiness topics; this experience builds self-esteem and confidence in the participants. Graduates are selected to speak at events in the community and performed better than other business leaders who spoke. The keynote speaker for the Academy's graduation is a student participant who is selected by their classmates. When employers attended and saw these students speak about what they learned in the Business Leadership Academy, they were so impressed.

Social engagement: The Academy curriculum includes students joining a team to work on projects that teach work skills, teamwork and comradery. One school created a Bender Leadership Academy Club that meets weekly to support each other and to prepare for the next class. In the class, there is a mantra shared by one of the founding transition coordinators in Delaware, Joyce Kaufmann, ‘Show me your friends and I’ll show you your future’. There is an emphasis on teaching the class the importance of choosing the right friends and avoiding the wrong friends. Students are also taught to volunteer for activities to build work competencies.

Business acumen: People are often surprised that in the Academy, the students are taught the Investor’s Business Daily, Ten Secrets to Success. The first secret is, ‘How you think is everything’ the last secret is Integrity or Numbers one through 9 do not matter; when I am asked ‘Why?’ I say, ‘Why not?’ In every class, we remind the students how important initiative is in the business world; we distribute $5.00 gift certificates when a student answers a question first or volunteers to give their speech. The idea is to teach students that when you show initiative at work, you receive a reward: a promotion or increase in salary.

The Academy’s partnership success factors follow:

Employer partners: Big business hosts the Academy, provides breakfast and lunch, includes an engaging kick off speaker, and allows students to learn in a work environment.

Academic partners: School system partners understand the demands of the program, select students for the program, set expectations, ensure between sessions assignments are completed, and provide needed feedback for quality program delivery and accountability.

Student example: David, a student participant in the Bender Leadership Academy class, attended his first class; he was not happy and he did not communicate. He questioned comments made by me and was not confident that his employment outcome would be affected by my advice. As the program progressed, he became more confident and more affable. He actually looked forward to coming to class and was an engaged participant and he was excited to invite his father to the graduation ceremony, a mid-day luncheon event that provided the students the opportunity to receive a graduation certificate in front of the class. David’s father walked several miles to attend the graduation; he and his son were both so proud. Since then, David got a job after he graduated from high school, was promoted and got married. He told me he learned more in the four classes at the Academy than he did in 4 years in high school. It is all about raising the bar.

Adult Specific Transition Considerations

Adults with disabilities build competencies to transition successfully in the following stages:

- Promotion: transition to more responsibility and opportunity,
- Job disruption: transition from lay off to work,
- Disability: transition from one field to the next.

With adults, while it is sometimes harder to achieve successful transition, due to the years of poor socialization and isolation; it is not impossible to celebrate career success with training and education. So often, people underestimate the power of a good transition program. Many adults with disabilities do not know the basics of interviewing, or have lost hope due to rejections, but, this can be changed. Through building and following a good transition program not everyone realizes a competitive employment result, but many do. Freedom through competitive employment provides the basis for living with dignity. We know, the first question you are asked in any social situation is 'what is your name?' and the next is 'what do you do?' We all have the right to have a work answer to that question.

Adults Transitioning to Work

With 70 per cent of Americans with disabilities not counted in the workforce and having twice the unemployment rate of those without disabilities, people with disabilities need to learn how to land a competitive job and how to advance their position—how to build a career. Adults with disabilities need the same type of competency-based career readiness training programs and work-based learning, to transition to work and maintain work.

Bender Career Reality Training Program

Bender Consulting Services designed the Bender Career Reality Training Program in 1995, which is taught to this day for all new Bender employees and Bender candidates hired by Bender customers in the private and public sectors. This program has been so successful that it has been requested, by corporate America, to be provided to all employees. Over the years, thousands of articles have been written about transition to work for adults with disabilities. Some articles include very scholarly content and well-researched work and, though the product is comprehensive, it is not business oriented. Jobs and employment opportunities are located at private and public sector employers, not with researchers and successful programs should be based on work and business acumen, not only on theory. As I often say about transition success, 'Where the rubber meets the road is employment'.

Partnership Imperatives

Partnerships are important for successful transition programs. There are three key partnerships which will be explored in this section: employer partners, business partnerships and academic partnerships.

Employer Partners

Employer partners drive the demand for hiring, the job roles of interest and the curriculum and competencies required for success: as a result, they represent the ‘tip of the spear’ for successful transition. Successful transition programs begin with including and promoting employer participation, gaining employer participation and long-term commitment starting at the top. The higher the business executive connected to the transition program, the more successful the program will be. You need a corporate leader that will provide access to the company leaders, and everything else falls into play. Adults with disabilities successfully gain competitive employment with understanding the needs, culture and expectations of employers who are engaged in your training. In addition, important social and business skills become evident.

An example of a customer we have been successful with is a company that has had a long-standing commitment to student and adult transition programs; they are Highmark, Inc., headquartered in Pittsburgh, PA. In 1995, Bill Lowry the Chief Executive Officer (CEO) of Highmark (then Blue Cross of Western PA), believed in the author’s vision to build a company focused on advancing the employment of people with disabilities, in professional positions, competitive, integrated employment. Since then, Bender has assisted thousands of students and adults in transitioning to competitive employment across the United States and has influenced disability employment, inclusion and accessibility globally. Highmark has since then continued to provide access to all leaders and continues to stress the importance of the Bender Career Reality Program and the understanding that soft skills and work ethics are keys to career success.

Business Partnership: Curriculum, Retention and Culture

One of the basics of training adults with disabilities for a successful transition to employment is an understanding of the business world. What happens after the job offer? What happens next? This is where training often falls short.

It is imperative, once again to base this training on what the business world wants and the demands in sustaining employment and advancing in a career. The Bender Career Reality Training Program referenced earlier in this chapter is based on steps to ensure success at work. After meeting with corporate leaders, it is a clear conclusion that training attendance is a hallmark of dependability; this is where people with disabilities shine. When you are left out, you value employment. This is not based on the 'Hero' mentality but based on being designated as a member of a marginalized group, who is finally given a chance to work (Castañeda et al. 2019). Many corporate leaders state that just being there is a prominent factor that drives success. We have a mantra in the Bender Career Reality Training Program, 'Be at work early, every day, with a smile on your face'. We know that when you live this mantra, you beat 70 per cent of the non-disabled associates within the workplace. It really is all about being there every day, developing strong work ethics and delivering value with quality (Burke et al. 2013). Work ethics always win.

When training people with disabilities, employer partners share perspective about the keys of social engagement. How do you act in Corporate America? What are the rules of conduct at meetings? What about sexual harassment training? What about privacy issues? What about teamwork? What is an appropriate e-mail? Should I use my mobile device at work? Should I connect with my colleagues on social media? There are so many areas of training that are key to a successful transition. How can you possibly know which are the most pertinent and how to cover them? This is where partnering with the business community is critical. In the partnership plan, trainers need to meet with the business partner and ask them 'What are the most important traits or keys to success in the workplace? What do you look for in a successful candidate? What are the biggest hurdles?'

Business leaders should review and assist in the development of the training program. There is no greater key to success in a transition to work program than having companies involved in the training (Wehman et al. 2008). Invite them to speak at training classes. Their participation will result in an increase in hires and also in success in building an advocate and mentor to support a life-long career. Employers share a key role serving as a mentor and partner companies are also willing to provide employees to mentor an individual, within a training or workforce development program. Their participation ensures immediate support, a quick way to learn about the culture of the company, and the critical success factors driving the careers of high performing associates.

Getting a job is one thing; successful transition certainly includes sustaining work and being promoted in a career area. Too many training programs do not include a solid partnership with companies, but the success of people with disabilities is about equity and equality; this translates to having an opportunity to celebrate the same life as any other American. The walls of Stigma will never fall until people with disabilities are employed: you cannot change the workface of America without seeing people with disabilities employed in the workforce. A transition or passage to freedom through competitive employment will only happen if the training includes strong partnerships with the world of business.

Academic Partnerships

Partnering with great transition coordinators and teachers who support the mechanics of the transition programs is critical. Academic partners need to understand the time and effort requirements of career success programs; in addition, these partners need to know the expectations of the program and support the belief in raising the bar for students with disabilities and adopting a no pity perspective. Great academic partners have full authority to support successful transition programs and administer the rules of engagement, including student participation, dress attire and rules of conduct. These programs, when delivered well create a culture where students are viewed and treated as young business professionals.

Great examples of forward-looking and supportive academic partnership leaders include those from the Fox Chapel, Beaver County, Pittsburgh Public Schools and Delaware school systems. These great educators have supported me 100 per cent, as I have delivered successful transition programs for their high school students with disabilities. I could not have done it without them. I am grateful for Dr. Stacie Dojonovic, Dionna Harris, Debbie Scott and Diane DuFour-Gaudio; these amazing educators helped me to help their students build self-esteem, independence, business acumen, presentation skills a solid resume, interviewing skills, career readiness and the ability to communicate well.

Summary and Conclusion

On 19 July 1990, Senator Tom Harkin, a Democrat from Iowa and co-author of the Americans with Disabilities Act (ADA), presented his ADA testimony on the Senate floor in American Sign Language; he was a committed supporter of the ADA for many reasons, including the fact that his brother Frank was deaf. After serving in the House of Representatives and Senate for 40 years, Senator Harking retired in January 2015. In his farewell speech on the Senate floor on 19 December 2014, he called the continued unemployment of people with disabilities 'A blot on our character'. To see change occur, it is critical to aggressively implement innovative programs that promote relevant and marketable career competencies for people with disabilities, programs that provide the foundation for career success. In addition, we need to create a work team that includes academic and business partnerships, gaining needed 'buy in' and support for students and opening the doors of opportunities for individuals with disabilities in the workplace. If we do not try—the blot remains.

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9

Supporting Meaningful Employment for Individuals with Autism

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Although typically diagnosed in childhood, autism spectrum disorder (autism) (American Psychiatric Association 2013) is a lifelong condition that is estimated to affect 1–2 per cent of the population (Centers for Disease Control and Prevention 2010; Christensen et al. 2016). Individuals with autism continue to face significant challenges across the lifespan with poor or, at best, highly variable long-term outcomes in adulthood (Howlin 2000). Although meaningful workplace participation is widely recognized as important for people with disabilities (World Health Organization and World Bank 2011), individuals with autism tend to be either unemployed or engaged in low-paying and low-skill jobs, even relative to other disability groups (Cimera and Cowan 2009; Roux et al. 2015). For example, within Australia, it is estimated that the labour force participation rate for people with autism is 40.8 per cent, which is lower than for people with other disabilities (53.4 per cent) and

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people without disabilities (83.2 per cent) (Australian Bureau of Statistics 2017). Although there is a need for more empirical research regarding how to support employment for adults with autism (Westbrook et al. 2012), existing research suggests some support strategies and workplace interventions that may be effective. In this chapter, we first outline the key characteristics of autism, highlighting characteristics that may lead to challenges in acquiring and maintaining employment. We then discuss interventions and strategies that can improve employment outcomes for individuals with autism in competitive or supported employment, which we organize around individual and organizational factors. We also discuss two case studies of successful employment for individuals with autism, one focusing on the information and technology sector and the other focusing on employment in non-technical roles.

Overview of Autism

Autism spectrum disorder refers to a cluster of neuro-developmental disorders characterized by impairments in social interaction and social communication, as well as restricted and repetitive patterns of behaviours, activities, or interests (American Psychiatric Association 2013). For example, individuals with autism may speak in an overly formal and literal manner, may have a flat and monotonous tone of voice, and may use minimal non-verbal cues. Individuals with autism may also be resistant to change and have a limited and intensive focus of interests, although the specific areas of interests can vary substantially (Flower 2017). Individuals with autism may also have impairments in executive function that affect their ability to plan, adapt to unexpected events, demonstrate empathy, and regulate their emotions (Zimmerman et al. 2016). Due to its neuro-developmental nature, autism is often described as an example of neurodiversity, and individuals without autism or other neurological variations, such as attention-deficit-hyperactivity disorder, are referred to as neurotypical (Austin and Pisano 2017; Robison 2013). Up to two-third of individuals with autism may also have an intellectual disability and are either minimally verbal or non-verbal (Vivanti et al. 2013). The term 'high functioning' is often used to describe individuals with autism who are within the normal range of intelligence, though we note that this term can be misleading as these individuals often still have significant adjustment, employment, or mental health difficulties.

Autism is thought to occur around the world and in diverse cultural groups (Grinker et al. 2011). However, diagnosis rates tend to vary across cultural groups, which could reflect different symptomology or different cultural beliefs about autism and disability (Ennis-Cole et al. 2013; Grinker et al.

2011). Males are significantly more likely than females to be diagnosed with autism, though females may exhibit different or more varied symptomology compared to males (van Wijngaarden-Cremers et al. 2014; Werling and Geschwind 2013). To the extent that autism is perceived to be a disorder principally affecting white males, this may further negatively affect outcomes for women or minorities with autism who do not fit the stereotype of a person with autism (Bumiller 2008). Further, Hedley et al. (2017a) note that while autism-specific issues affect employment outcomes, adults with autism are often affected by the same employment biases as adults in the general population (e.g., age, gender, race, and education level).

Many individuals with autism also have symptoms of another disorder or disability (i.e., co-morbid symptoms), with anxiety, depression, and sleep disorders among the most common. The prevalence of anxiety is estimated to be approximately 40 per cent (van Steensel et al. 2011) and sleep disturbances, particularly insomnia, are estimated to affect up to 80 per cent of individuals with autism (Richdale and Schreck 2009). Depressive symptoms and episodes are also common during late adolescence and adulthood (Hedley and Young 2006; Whitehouse et al. 2009), with an estimated lifetime prevalence of 53 per cent (Hofvander et al. 2009). Susceptibility to depression may be exacerbated by feelings of difference from others (Hedley and Young 2006) and repeated experiences with failure (Klin et al. 2013). The co-occurrence of either anxiety or depression is associated with a 50 per cent lower likelihood of employment among males with autism (Sung et al. 2015), and sleep disturbances may contribute to tardiness or difficulty following a consistent work schedule. There is also a significant increased risk of suicidality among individuals with autism (Hedley et al. 2017b), although employment may help to mitigate risk by providing a means of support (Lai et al. 2017). Finally, even without a clinical diagnosis of a mental illness, many individuals with autism have limited social interaction outside of immediate family and often report feelings of loneliness and isolation, few friendships, and few romantic relationships (Levy and Perry 2011; Mazurek 2014).

Individuals with autism often report a strong desire to work, motivated in part by a sense of duty and obligation to contribute to society (Hedley et al. 2017b). However, as noted above, the chances that individuals with autism will obtain meaningful employment appear to be quite slim. Less than half of young people with autism complete secondary school, and less than 40 per cent of those pursue or obtain post-secondary qualifications (Levy and Perry 2011; Shattuck et al. 2012). Underemployment is high, and job retention rates are low (Henninger and Taylor 2013; Shattuck et al. 2012). These poor employment outcomes could be related to the increasing tendency of human resource management (HRM) structures to take a 'person-centred' approach (Townsend 2007), meaning that selection, development, and performance management increasingly focus on matching applicants' personality, adaptability, and teamwork skills to existing job descriptions and the organization's cultural values. This emphasis on high social and teamwork skills, as well as an increasing tendency towards collaborative and open-plan work spaces, may be a significant obstacle for individuals often characterized by difficulty in social interaction and understanding non-verbal communication, as well as sensitivity to sensory stimuli (Donovan 2008).

Individual-Level Interventions and Strategies

Individuals with autism may struggle at all stages of the employment process. For example, individuals with autism often have limited job search or interview skills (Hillier et al. 2007), and once on the job, employees with autism may require additional time to adjust to the workplace and may require longer training time. Thus, individuals with autism are likely to benefit from ongoing support both prior to and during employment, but they frequently report that they are not receiving specific or sufficient workplace accommodations or support (Baldwin et al. 2014). In this section, we focus on interventions and support strategies that primarily focus on the individual with autism, and we discuss the role of general vocational support, social skills training, and interview training.

General vocational support: Vocational support that targets all aspects of the employment process may be critical for helping many individuals with autism to be employed. The number of individuals with autism in vocational rehabilitation programs has been increasing, and research suggests that these programs are effective but also costly relative to similar programs for other disability groups (Cimera and Cowan 2009). Reviews of the literature suggest that vocational skills training for adults with autism tends to focus on improving specific task performance (e.g., steps to perform specific tasks in a restaurant), with less attention to pre-employment skills and job retention (Seaman and Cannella-Malone 2016). In their review, Hedley et al. (2017a) indicate that the limited available research suggests that a range of behavioural and technological interventions can be used to teach workplace skills and improve behavioural responses. However, more research is needed on vocational support across the entire employment life cycle.

Hillier et al. (2007) argue that specialized support and vocational training may be necessary to assist individuals with autism in obtaining and maintaining meaningful work for an extended duration (i.e., six months or longer). Hillier and colleagues described an intensive vocational support program that lasted up to two years and included support in job preparation, job placement, and job coaching. All participants saw an improvement in their work outcomes, with the majority obtaining their first paid placement through the program. The participants also reported strong satisfaction with both the program and their job, although they tended to report that their job became less challenging over time. Employers noted that their employees with autism had many valuable skills including punctuality, following instructions, job knowledge, and dependability; and supervisors noted improvements over time in specific skills such as working independently and asking for help when needed. However, supervisors also noted that the participants continued to struggle with socialization and making friends. Indeed, most problems that arose during placements were associated with socialization issues rather than job performance itself.

Social skills support: Work social skills appear to be a critical factor in job success for individuals with disabilities, with research suggesting that half or more of on-the-job conflicts for employees with developmental or intellectual disabilities derive from difficulty with interpersonal interactions (Hillier et al. 2007; Reitman et al. 1999). Because impairments in social and communication skills are a defining feature of autism, these individuals are likely to struggle with work social skills. It is important to note that individuals with autism often express an interest in social interaction and connection (Turner-Brown et al. 2008) and, as with employees in the general population, the desire for social interaction might occasionally distract from task performance on the job (Hedley et al. 2018). To our knowledge, there is no prior research focused on improving work social skills among individuals with autism, but research does suggest that social skills training can improve social cognitive skills and social functioning (Turner-Brown et al. 2008), as well as autism mannerisms and empathy (Gantman et al. 2012). In a related vein, research trying to improve interview performance has often focused on relevant social skills during the interview, and we discuss this research in the next section.

Interview training: The job interview is one of the most commonly used selection methods (Huffcutt et al. 2011; Macan 2009), and verbal and nonverbal communication skills have long been recognized as critical factors in interviewee success (Hollandsworth et al. 1979). A few studies have focused on improving interview performance for individuals with autism. For example, Morgan et al. (2014) found that training in social-pragmatic skills (i.e., using and changing communication based on the situation and communication partner) over a period of three months contributed to improvements in a mock interview setting.

Using technology to develop interview and job skills may facilitate a shorter training and development cycle. Strickland et al. (2013) adapted a web-based employment training program (JobTIPS) to include additional training focused on developing interview skills (e.g., rehearsing responses to interview questions, greetings, etc.). The training included video models, summaries, graphic organisers, and visual reminder cues, as well as a virtual reality practice session with a clinician. Training took approximately one week, and participants showed significant improvements in response content (e.g., improved verbal content of responses) and a trend towards improved response delivery (e.g., non-verbal behaviours) in an interview simulation. Similarly, Smith et al. (2014) describe an interview simulation program that targeted job relevant interview content (e.g., conveying dependability and ability to work in a team) and interviewee performance (e.g., establishing rapport). Participants who completed up to 10 hours of training with the virtual reality program over a two-week period showed moderate improvements in both job relevant interview content and interviewee performance. There was also some evidence that participating in the virtual reality training improved interviewee self-confidence compared to the control condition. Six-month follow-up surveys also indicated that participants in the training condition were more likely to be in competitive positions (employment or volunteering) compared to participants in the control condition (Smith et al. 2015).

Organization-Level Interventions and Strategies

Although vocational support or interview training may assist specific individuals with autism to achieve more successful employment outcomes, these individual interventions do not address more systemic barriers that may occur within organizations themselves. Even with substantial training and support, individuals with autism may still appear awkward or less socially skilled compared to neurotypical individuals, and organizations may be concerned about expenses or other unknown variables if they employ individuals with autism. Thus, individual interventions need to be accompanied by organization-level changes that encourage employers to hire and retain employees with autism.

In a recent review of interventions to build employer support and capacity to employ individuals with developmental disabilities (including autism), Rashid et al. (2017) found that the use of support workers and disability awareness training were among the most frequently used strategies to build organization-level capacity. In this section, we discuss these strategies, as well as some alternative autism employment models.

Autism support workers: Although support workers (sometimes called job coaches) could be an individual-level strategy, past research has indicated that organizations often use support workers as an organization-level strategy (Rashid et al. 2017). For example, Hagner and Cooney (2005) interviewed supervisors of employees with autism and found that in many cases, supervisors identified support workers as key to a successful employment experience. Support workers were particularly important when the employees with autism were relatively new to their role, but as employees became more independent, support workers often moved into a part-time role or were on hand to ramp up support when required, such as providing training when transitioning to a new job task. Mawhood and Howlin (1999) found a similar pattern of decreasing need for support over time and that the role of the support worker depended on the skills and knowledge of the specific manager. Support workers may also be particularly helpful when they are proactive and knowledgeable about the employee's job role rather than solely focused on autism (Howlin et al. 2005).

Use of support workers may also improve scalability of autism employment programs, as one support worker could potentially work with multiple employees with autism (depending on the level of support needed). As noted in the case study, in the Dandelion Program, DXC Technology employs groups of up to 12 employees with autism to work as a team at a single contracted site, and the same autism consultant supports the entire team at that site. Research on this program indicates that both employees with autism and various stakeholders (including family and co-workers) identified the autism consultant as a critical element in the program's success (Hedley et al. 2018).

Disability awareness training and education: Another key theme that emerged from Rashid et al.'s (2017) review was the value of disability awareness training and education. In the studies that included employees with autism, training included knowledge of diagnostic criteria (Vogeley et al. 2013), with employers noting that awareness of the social and communication difficulties associated with autism was particularly important (Howlin et al. 2005; Vogeley et al. 2013). For example, Hagner and Cooney (2005) found that supervisors employing individuals with autism adjusted their communication to be more direct and specific, and this sometimes extended to helping the employee with autism to read social cues. Some supervisors also observed that employees with autism were often interested in and engaged in social interaction with their colleagues, especially those with whom they worked regularly. Co-worker awareness about autism was important because these interactions tended to be more lively and meaningful when co-workers were willing to adjust their interaction style to the tendencies of the person with autism (e.g., initiating interactions rather than waiting for the person with autism to initiate or assuming that the person with autism was uninterested in social interaction).

Supervisors and co-workers may need to adjust their behaviour or modify work practices to assist employees with autism (Hagner and Cooney 2005), and training and preparation may help supervisors identify potential modifications and understand how to manage impact on co-workers. For example, Hagner and Cooney found that a common form of job modification involved providing more consistency in scheduling and job tasks, which would occasionally affect how co-workers and supervisors completed their own work. Other modifications included providing employees with autism personal organizers or written daily schedules to help them structure their activities. Job modifications might also include changes to reduce idle or downtime, as this might cause anxiety and stress for individuals with autism. Research has shown that these modifications often incur minimal or no additional costs compared to supervising employees without autism (Scott et al. 2017).

Organizational changes: The dandelion principle. A final approach to facilitating inclusion of individuals with autism into the workplace might be to re-think work and organization design altogether. Drawing on the work of Specialisterne in Denmark, Austin and Sonne (2014) discuss the notion of the ‘dandelion principle’ as an alternative approach to traditional HRM thinking. They note that just like people with autism, dandelions have many useful properties (e.g., medicinal and cooking), but they are commonly encountered in contexts (i.e., lawns) where they stick out as a nuisance. As shown in the case study below the ‘dandelion principle’ suggests that rather than a narrow focus on finding the ‘right’ person to fit a job description or within a specific organizational culture, organizations might re-design their jobs in ways that allow people with unique and previously untapped talents to thrive and add value.

Case Study: The Dandelion Program

Autism employment initiatives by large firms, often in the information and computer technology (ICT) sector, provide substantial job opportunities and examples of best practice for other firms. One such example is the *Dandelion Employment Program*, an initiative by DXC Technology (formerly Hewlett Packard Enterprise) in collaboration with the Australian Government Department of Human Services, Department of Defence, and Department of Immigration and Border Protection. This program aims to increase employment opportunities for people with autism, while filling a significant ICT skills gap. The program has a three-year structure that focuses on job awareness and training (year 1), self-advocacy and increasing autonomy (year 2), and transition to an unsupported work environment and career (year 3).

To accommodate the program and provide better support for candidates and employees with autism, DXC revised HRM protocols, such as reducing reliance on candidates' experience and interpersonal skills during recruitment and selection. The overall recruitment and selection process, as well as the workplace environment, were revised based on procedures developed by Specialisterne for assessing individuals with autism in countries such as Denmark, the United States, and Poland. Candidates participate in a four-week assessment and selection program, which allows candidates to be observed in settings and levels of stress similar to what might occur in the workplace. Candidates receive job-related training in technical skills (e.g., test case writing and debugging) and management tools (e.g., Srum, Agile). Successful candidates work in pods (i.e., teams) at contracted sites within Australian government departments. The pod includes other successful candidates from the assessment process, allowing continuity of relationships. Pod members work primarily with staff who have received specialized training from Specialisterne in how to support employees with autism, and team members also have daily access to an autism support specialist; however, they are encouraged to socialize outside of the pod and may have opportunities to transition into a different team when ready.

The Dandelion Program has also recently been extended to include a three-week work experience program for current university students with autism. The participants used an Agile framework to develop robotics applications to be used by children with autism at a local primary school. The Dandelion Program also aims to improve the overall life skills and capabilities of its employees with autism. The company has been working with both academic and industry partners (e.g., SAP, La Trobe University, Cornell University, Adelaide Airport, NAB) to share knowledge about autism employment and develop programs around financial literacy, health and nutrition, mental health support, and travel.

Austin and Sonne (2014) suggest that implementing the ‘dandelion principle’ across the organization would involve changes in job design, recruitment and selection, and training and development. Such changes might include a focus on valuing diversity (especially neurodiversity); being open to individuals who have unique abilities but might otherwise seem odd or out of place in the organization; remaining flexible and open to how organization and job needs will evolve and change; and training and development to further develop unique talents even if there is no immediate and obvious need for that talent. Austin and Sonne argue that companies that have embraced the ‘dandelion principle’, either formally or informally, have benefitted in terms of innovation and flexibility. For example, they note that the technology industry has a long history of supporting quirky and unusual talent, and reaping large rewards. The ‘dandelion principle’ has been further advanced in more recent work suggesting that organizations that embrace neurodiversity benefit from a unique competitive advantage (Austin and Pisano 2017); however, more research is needed to explore how to best implement it.

The success of the ‘dandelion principle’ at the organization level is consistent with the broader idea that corporate or organizational culture can either impede or support employment of people with autism and other disabilities (Schur et al. 2009). For example, organizations that already employ individuals with autism or another disability may have a better understanding of the benefits of a supported work environment (Hedley et al. 2017a) and may be more willing to employ individuals with autism in the future (Scott et al. 2017), whereas organizations without this experience may focus on more traditional indicators of performance. An example of how an organization can re-think work and performance for individuals with autism is seen in case study 2 below. However, Hedley et al. (2017a) note that there is very limited research to suggest that employment support programs change employers’ actual perceptions of employees with autism, suggesting the need for more research in this area.

Case Study: Rising Tide Car Wash

Social enterprises and autism-focused businesses have emerged in a variety of industries, including technology, laundry services, dog walking, food, and hospitality. These ventures often begin after family members of someone with autism observe the difficulties that individuals with autism have in finding work, or they begin to wonder how their relative with autism will support themselves in the absence of family-related assistance. One such example is Rising Tide Car Wash (2019), which was founded by veteran entrepreneur John D'Eri in collaboration with his older son Tom D'Eri. After observing that John's younger son with autism was unable to find employment, they opened the carwash in 2013 in Parkland, Florida. Their aim has been to provide financial security, a sense of purpose, and self-confidence to individuals with autism. The company also aims to transform perceptions of autism as a disability needing sympathy to a valuable form of diversity (ABC News 2018). Thus, Rising Tide showcases the unique abilities and talents of individuals with autism, such as high attention to detail, interest in structured tasks and processes, and loyalty, while providing a high quality product and customer service experience.

Approximately 80 per cent of Rising Tide employees have autism, many of whom work in customer-facing roles. In recruiting, the company specifically seeks individuals with a diagnosis of autism, Asperger's, or pervasive developmental disorder not otherwise specified (PDD-NOS). Rising Tide worked with both experts in autism and the car wash industry to develop their recruiting, training, and business model. They describe an initial recruiting and training process that lasts two weeks and that aims to allow successful trainees to meet rigorous standards. As of December 2015, they reported training 125 individuals with autism, and hiring 85. They also reported that 16 have moved into other jobs or are pursuing higher education, and the majority has demonstrated improvements in social and self-confidence.

Although Rising Tide has roots in social entrepreneurship, it is also concerned with developing a business model that is profitable and scalable. Time will tell if Rising Tide can sustain this model, but short-term indicators suggest that it has been successful as Rising Tide opened a second location in the summer of 2017 and is developing franchising opportunities (Forbes 2017). They have also worked to develop education and support resources for other businesses and entrepreneurs interested in employing individuals with autism. The company also runs an internship program for students, as well as a leadership development program for established professionals, who are interested in learning how to lead and support teams of individuals with autism.

Conclusion

Individuals with autism experience high rates of unemployment and underemployment, but they are often motivated to work and can be excellent employees. Although more research on how to support autism employment is needed, the growing body of research indicates that both individual and organization-level strategies can be implemented to improve employment outcomes. Broad vocational support, coupled with training to improve social skills in key employment contexts (e.g., interviews) can be helpful. However, to improve employment outcomes on a larger scale, organization-level interventions that target the knowledge, attitudes, and even overall organization design and culture may be essential.

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Part III

Types of Employment

10

Supported Employment: A Case Study to Highlight Experiences and to Inform Support Practices

Gemma L. Bend

Regardless of the direction, the journey to enter, secure, and maintain employment for disabled individuals is fraught with challenges, that have a significant impact on their wellbeing (UK: Baumberg 2015; USA: Dunn and Burcaw 2013). Despite advancements in policies and legislation in Western societies, which have attempted to establish a framework of equal opportunities and rights, research still finds that disabled individuals remain in a disadvantaged position (Baumberg 2015). The continued inadequacy of opportunities and support provided to disabled individuals shows that employers are still in need of practical advice and guidance on promoting inclusion, which can be done through generating awareness and individualized support. More specialized knowledge and guidance are needed to bolster the often-inadequate support which is leaving many disabled employees in a disadvantaged position (see Department for Work and Pensions 2017).

There are several pathways into employment for disabled individuals in the UK: mainstream employment, self-employment, volunteering, supported, or sheltered employment. This chapter will focus on sheltered employment, specifically a small charity-based organization that self-defines as a sheltered employment workshop. Sheltered employment is an alternative to mainstream employment if disabled individuals are unable to secure employment

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as a direct result of their disability (Hall and Wilton 2011). The Office of Government Commerce (2009, p. 4) defines sheltered employment as an establishment or service 'where more than 50 per cent of the workers are disabled persons who by the reason of the nature of severity of their disability are unable to take up work in the open labour market'. The support systems and daily workings of this type of employment could be of great help, and a source of knowledge, to mainstream organizations seeking a more inclusive working environment for all present and potential employees.

This chapter takes an interpretive perspective drawing on the body of feminist disability research (Garland-Thomson 2005) to explore the experiences of employees within a sheltered workshop. The feministic orientation aims to disrupt ingrained stereotypical assumptions about disability based on five core tenets (Garland-Thomson 2005, p. 1557):

> First, it understands disability as a system of exclusions that stigmatises human difference. Second, it uncovers communities and identities that the bodies we consider disabled have produced. Third, it revels discriminatory attitudes and practices directed at those bodies. Fourth, it exposes disability as a social category of analysis. Fifth, it frames disability as an effect of power relations.

This theoretical framework listens to voices that are too easily dismissed and present the actual lived experiences of those whom have a disability which have been misrepresented.

Starting with a brief overview of the literature on disability and employment, this chapter explores the core foundation of ableism and the current socio-political context of the UK regarding disability and employment. The chapter then transitions to introduce the research methodology, reports the analysis of the data, and finally discusses the impact of the findings.

Disability and Employment

Although statistics report the rates of employment (see Chap. 1), it is important to consider the wider political and social influences that impact the experiences of individuals who identity, or are identified, as disabled. Since the industrial revolution individuals with disabilities in the UK have increasingly been marginalized in employment through the implementation of rigidly controlled working conditions, for example an inflexible working schedule or an environment that favours an able-bodied workforce (Jammaers et al. 2016). Michael Oliver (1990) argued that the design of buildings and the layout of working environments have resulted in disabling work spaces, that is unsuitable for wheelchairs or those with limited mobility (Newton et al. 2007). Although legislation has led to some improvements in the provision of access to a physical location (i.e. an office) this has not overcome the hurdles of stereotypical societal expectations and the personal experiences of those who have a disability within their working environment (Lindsay et al. 2014; Wilson-Kovacs et al. 2008). Legal scholars, such as Lawson (2011), have critically analysed the Equality Act 2010 on how it has seized or missed opportunities for disabled individuals' rights in employment. Lawson (2011, p. 383) concludes that:

> Its effectiveness is dependent on disabled people, employers and others being aware of its existence and its requirements. Its message that employers are responsible for making adjustments, where reasonable, to place disabled workers on a level playing field with their peers is dependent on positive portrayals of disabled people by government and the media and is undermined by images of them as 'work-shy' or as 'scroungers'

Scholars adopting an interpretivist research epistemology argue that disability, like gender, is a socially constructed identity imbued with hierarchical discourses or binary distinctions. Binary thinking involves attributing values to opposite identities where one is given a higher social status than its binary opposite (see Knights 2015). These are prevalent and widely used in Westernized society, for example: able bodied–disabled bodied; man–woman; white–black; heterosexual–homosexual, bisexual, transsexual, and asexual; working-class–upper-class. Within disability studies, scholars have defined this hierarchical relationship as ableism, whereby disabled individuals are treated unfavourably because of their contrasting span of abilities, compared with able-bodied individuals (Harpur 2014). The term ableism is a widely used in academia and is imbued with numerous discourses of discrimination; scholars have shown how ableist discourses have become mainstreamed in Western society where the ideal worker is seen to be a white, able-bodied, and male and anyone outside of these dominant norms are viewed pejoratively and penalized (i.e. prejudice and discrimination) (Knights 2015). Ableism has a massive impact on the disability community across many societal platforms and, with regards to employment, there is often a lack of understanding or awareness from both the employer and employee in accessing accommodations. This has been described as a complicated and frustrating experience (Kordovski et al. 2015) and one of the main forms of support missing from employment for individuals who have a physical disability is moral support

(Wright 2015), which is needed alongside material support such as desks, software, or access to a building.

As discussed in Chap. 1, disability employment rates illuminate the struggles that individuals with a disability face in gaining employment; however, recent austerity measures in the UK have exacerbated the situation. The cost-cutting measures introduced by central government after the financial crash of 2008 aimed to reduce the overall financial deficit of the country. This included a freeze of public sector pay above £21,000, job losses in the public sector, significant budget cuts for government departments, and the welfare budget. This resulted in higher rates of unemployment and reduction or loss of local council led services (Lowndes and Pratchett 2012). Consequently, many organizations have had to undergo cost-cutting measures that have decreased the number of jobs available, and a cut in supporting services has made the whole process even more challenging for disabled workers (Goodley et al. 2014). As Goodley (2014, p. 10) states:

> disabled people are caught in a catch -22: either to show that they are really disabled (so welfare dependant) or emphasise their readiness for work (where their benefits are reduced as they try to access an ever more competitive, aggressive, flexible, low-paying and as we shall see ableist labour market.

As already indicated it is important to consider that government policies have a major influence on disability, for instance under the coalition government (2010–2015) and the current conservative government term in office (2015 to present day), austerity measures have had a massive effect on funding and services available to those with a disability (Harwood 2014). This has a major impact economically, socially, and psychologically on disabled individuals' wellbeing (Cross 2013; Goodley et al. 2014). For individuals who have a disability that is seen to be more severe, for example a learning disability, they face even more difficulties and, as such, look for alternative opportunities outside of mainstream employment, such as sheltered employment (Hall and Wilton 2011).

Sheltered Employment

Historically sheltered workshops have been created as a safe space for those with a disability, largely for those with a learning disability, to develop practical skills in areas like manufacturing or gardening (Cimera et al. 2012). However, research in this area is contentious with many looking unfavourably at the economic viability and employment success of the individuals who attend them (Cimera 2011a, b; Sayce 2011): reflecting a neoliberalism in the current day capitalist labour market (Lazzarato 2009). Largely Westernized research has been conducted outside of the UK in this area, specifically the USA and Canada. When discussing sheltered employment, it is worth noting that since 2012 there remains only a small number of sheltered workshops in the UK. For example, Remploy Enterprise Businesses, a network of factories, had 54 sheltered employment factories in 2011 prior to Liz Sayce's (2011) independent report on disability employment, subsequently these had all been closed by the government, or sold, by 2013 (Fox 2014). The sheltered employment workshop/factories that remain in the UK are privately owned or charity-based, and are largely supported by multiple sourced funding grants.

The government's current position on employment for disabled individuals focuses primarily on individualized support from agencies, namely the Shaw Trust and the Job Centre Plus that offer support via training and finding work placements in organizations who offer the Work Choice programme, and financial support from the government such as Access to Work (Department for Work and Pensions 2013, 2014). This is due to acting on recommendations made in Liz Sayce's (2011) report indicating how economically ineffective sheltered workshops, namely Remploy, were ran and instead argued that there was a need for more individualized support. Although the government has emphasized the importance for all disabled individuals to be in mainstream employment, this is not occurring in practice. Austerity measures, unyielding neoliberal capitalism, ableism, lack of jobs and increasing competition/requirements perpetuate the difficulties disabled individuals experience in their journey to enter, secure, and maintain employment (Goodley 2014). The research data discussed in this chapter aims to provide a clearer picture of the experiences of those who attend a sheltered workshop and where possible reflect on the employees' current and previous employment history (Gill 2005).

Empirical Study

To explore the workings of a charity-based sheltered workshop (hereafter known as Organization X), data were collected through qualitative ethnographic participant observations and semi-structured interviews in the UK. Participant observations at Organization X were conducted over a period of 11 months from February to December 2016, with the researcher working alongside the shop floor workers for the most part, but also at times working with members of staff in performing some light administrative tasks and taking part in staff training. The organization was a small charity-based manufacturing workshop in the UK, with approximately 50 employees and a core team of five individuals (three managers and two team leaders) who ran the organization. The organization had multiple levels of employees although not all workers were paid employees, for example the board of directors who worked on a voluntary basis. The small management team (Joyce, Diana, and Shaun) all had a disability which allowed them to bring their personal experience and perspectives into the organization. However, the team leaders who work alongside and observe the workers were not disabled. Organization X's employees have a range of disabilities, but the organization had a preference towards individuals with learning disabilities.

Organization X had four schemes which it employed its workers; (1) Work Choice programme (government funded scheme for disabled individuals)—paid minimum wage; (2) social services/local council disability clients—paid £4 daily attendance allowance; (3) non-funded clients—recruited directly by the organization and mostly able-bodied (mainly from ethnic minorities to promote further diversity)—paid minimum wage; and (4) Volunteers: (a) disabled individuals for example those who are not eligible for Work Choice programme—paid £4 daily attendance allowance, and (b) able-bodied volunteers (i.e. directors)—unpaid. All individuals in Organization X were aware of the researcher and had all given their written consent to be observed and interviewed in their working environment. In order to maintain confidentiality all of the research participants' names have been swapped to pseudonyms. In the final two months of participant observations semi-structured interviews were undertaken with 12 members from within the organization with a range of different disabilities and positions within the organization. Two of the women interviewed where management staff and the remaining interviewees were shop floor workers. All interviewees have had a disability and the disability reported varied from physical, cognitive, to sensory impairments (see Table 10.1).

Data analysis was conducted in the six phases: familiarization of data, generate initial codes, search for themes, review of themes, and production of findings (Braun and Clarke 2006). The discussion of the themes of the analysis include: capability and possibility; disability as an asset; support available: assistance or hindrance; and finally transition: moving on from sheltered employment.

Table 10.1 Participant demographics

Pseudonym	Employment status	Employment tenure	Disability	Disability type
Mary	Part-time, unfunded client, paid £4 daily allowance	8 years	Rheumatoid arthritis, cataracts, learning difficulties	Acquired and congenital
Sally	Part-time, work choice, minimum wage	37 years	ADHD, learning difficulties	Congenital
Boris	Part-time, work choice, minimum wage	18 months	Brian injury	Acquired
Haley	Part-time, work choice, minimum wage	10 years	Epilepsy, tuberous sclerosis, heart conditions	Congenital
Adam	Part-time, work choice, minimum wage	23 years	Mild learning difficulties	Congenital
Jason	Part-time, work choice, minimum wage	6 years	Asperger's syndrome	Congenital
Joyce	Manager	6 years	Neuropathy to hands and legs	Acquired
Henry	Part-time, work choice, minimum wage	5 years	Dyslexia	Congenital
Indra	Part-time, work choice, minimum wage	4 years	Deaf	Congenital
Frank	Part-time, work choice, minimum wage	8 years	Deaf	Congenial
Samuel	Part-time, work choice, minimum wage	18 months	Dyslexia	Congenital
Diana	Management team: training officer	4 years	Severe foot damage, heart condition, kidney failure	Acquired

Capability and Possibility

Results repeatedly found that employers with no prior knowledge of disability often draw upon inaccurate assumptions on the abilities of disabled applicants, thus reinforcing stigmatized and stereotypical perceptions of disability (Goffman 1963; Lindsay et al. 2014). Analysis of observations and interview data made it apparent that the management team used their experiences, and those of their predecessors, to implement support that was specific to disabled individuals, overcoming the issues that they themselves and those who were in attendance at the workshop had faced. The general manager explained the usual recruitment process as follows:

> we've had a look at it [C.V.], and we think yes we could support this person, we will ask them to come in, and we generally try and make that just like a chat, we don't make it too formal … we'll talk to them about well why do you want to be a work? … and that's probably one of our main criteria, is … if you want to be here you have to understand that we'll be having you doing is working on the shop floor … and then for us is we see them, me, Shaun and Diana will see them and then we think if we think yes they seem ok, we'll put them on the shop floor. (Joyce)

Importantly, by having a much more relaxed interview that was fluid in its structure, it allowed for the management team to make accommodations to reflect the individual who they were interviewing at that time; thus reducing the amount of pressure to conform to normative expectations. Furthermore, working in this specific environment exposed them to a wide variety of disabilities and personal experiences and, as such, they have obtained a greater understanding of the issues surrounding disability and employment. However, they stress that the organization's specialism is working with individuals who have a learning disability, and who are therefore more likely to experience ableism in the mainstream labour market (Migliore et al. 2008).

Organization X also preferred to offer a working interview alongside an informal discussion to get a feel for how applicants would engage with the working environment. This was achieved by an introduction with the potential employee and the people at Organization X, showing them the types of jobs available and giving them a small work trial: 'I was shown around the place, and I thought yeah I can do that' (Boris). Also before making a decision they invited applicants for a more rigorous work trial:

> when I came to the interview here I got asked by the manager at the time who was in charge … to a basic weeks free work trial … see if you like it and you also get paid for that week. … I felt comfortable working here. … I liked this place. (Jason)

This highlights the importance of flexible procedures during the recruitment process to help overcome applicants' fears and to assess the candidate in a way that was fair and inclusive. A working interview or a work trial, although more widely practiced now, allows for both the management team and the disabled individual to get the best out of the situation; the applicant can visually show their capability and the management team can assess the possibility for skills development where appropriate. Further to this, the management team assesses how they might move this individual on to either mainstream employment or a work programme such as Work Choice. This type of organization is more open-minded about the capabilities of and possibilities for potential employees who have a disability, which is not always seen in mainstream employment (Vedeler 2014).

One of the main challenges that disabled workers report is pressure to perform to an unsustainable level, that is on par with their non-disabled colleagues, which for many leads to further ill health namely stress, fatigue, and pain (Baumberg 2015). Making the decision to work in a sheltered workshop could be argued to be the direct result of ableism and perpetuates ableism by working in a segregated work environment (Gill 2005). However, many individuals at Organization X saw it as overcoming their experiences of ableism, for example in navigating the process of claiming benefits and using services offered at the job centre to find work. This resulted in a positive sense of self (Dunn and Burcaw 2013) and being able to contribute to society like their able-bodied peers: 'I did find it very hard in the community to work. … I find it a lot better here, you do get some pressure here, but not as much as you do outside' (Mary). Working at Organization X allows individuals to be valuable workers who are accepted as working to the best of their ability, whatever that may be. Albeit, there are times that particular jobs or events brought to the fore difficulties such as managing personal finances or needing time off due to the symptoms of their impairment.

Disability as an Asset

The core management team's previous experience of working in large organizations with high levels of responsibility and seniority, coupled with their experiences of disability (psychologically, socially, and economically) has placed them in a unique position to have an impact on the process and workings at Organization X:

> how you would work together as a team … is far more important than if you've got a degree … and especially if you've got an affinity with people who have learning difficulties or … physical difficulties … and I think it's quite a rare

> thing, I don't know if I've ever felt as empowered that … I had something to say. (Diana)

The level of personal investment discussed above has a positive effect in the working environment. During my observations, it was clear that Diana has a very good relationship with those on the shop floor. Whenever she entered the shop floor she was very animated trying to engage with many people at once. This was responded to with loud greetings accompanied with broad smiles and laughter if she provided some comic effects, such as cheering for the local football team and pretending to kick a ball with her arms in the air. This demonstrates the impact that positive interpersonal relationships can have within a working environment.

However, on spending time with individuals on the shop floor it was discussed that not all previous management staff have positively engaged with the shop floor workers. Sally and Haley reflect on their experience of working at Organization X and how previous management styles were not as positive:

> she didn't treat a lot of people very nice, and there were times … where she wouldn't have time for us … she wasn't very nice and she did use to have a go at Sally. … I don't think she understood particularly the way people are, their conditions … but other times she could be ok. (Haley)

> Many years ago down here we had a Scottish lady and she was a right bully … unlike Diana she wasn't very nice … she was quite spiteful actually. (Sally)

This demonstrates the importance of awareness, acceptance, and patience needed when working with individuals who have a disability; this is arguably one of the most important considerations for employers who work with employees that have a disability. When this knowledge is not present or the personality involved is not receptive to personal needs and abilities of those around them, it reinforces ableism (Lindsay et al. 2014). This is not to say that those who have a disability should be given different liberties to their able-bodied colleagues, which was observed on numerous occasions. For example, employees were brought up on numerous issues such as; unacceptable workspaces, unacceptable behaviours, lateness, and parking issues.

Research has shown those with more severe or unknown disabilities such as learning difficulties or mental health conditions, and more serious physical conditions that deteriorate for example multiple sclerosis, are less likely to be employed due to their ability being viewed more critically (Burke et al. 2013). Joyce supports these previous findings in that potential employers underestimate the employability of disabled individuals, especially those with learning difficulties:

> all they're [employers] looking at is the people that can work … extremely fast … and what there not looking at is that people with learning difficulties actually have some really good skills. … I mean attention to detail is unbelievable, you know when we have problems with our jobs is when we've put able-bodied people on it … cos our guys will spot the tiniest defect on something and they'll say oh that's not right … they will be happy doing the same job over and over again and not be fed up or bored. (Joyce)

One of the main reasons cited for this discrimination from employers is the worry of potential liability issues and uncertainly on accommodation costs (Burke et al. 2013). Therefore, ableism is of a major concern for disabled individuals as most employment opportunities are designed to fit a specific able-bodied/minded individual and, as such, those who do not fit these normative assumptions and expectations are in a disadvantaged position, albeit consciously or not (Lindsay et al. 2014). Having an awareness and knowledge of the working capabilities of applicants would help overcome these biases; this can be overcome by allowing applicants to have a work trial to assess the fit for both the individual and the organization.

Support: Assistance or Hindrance

Joyce, the general manager, and Diana, the training officer, stated they were often frustrated with how central government policies, since Sayce's 2011 report, have impacted access to the workshop (Department for Work and Pensions 2013):

> a lot of the clients that we see are very much controlled by government views. So at the moment the government view is that everybody can be in mainstream employment … so what happens is when people get to the job centre, they're often not referred to us because they're either deemed 'right you can get a job' and the job centre will help them find a job … or it's deemed 'you're not really going to get a job so we won't put you through the system', because the system is all geared up now to people getting jobs … so it's actually quite awful that the type of clients we would normally see … which are the people who … often won't leave from here … we don't see because they don't fit the criteria. (Joyce)

This demonstrates the social impact that changes made by central government had, which were implemented without serious consideration or consultation from the disabled community who were directly affected by the procedural changes (Cross 2013). Although the system has been designed to try and help disabled individuals, Joyce argues that disabled workers are treated as a 'commodity'. This insinuates a lack of agency and suggests that disabled workers are being controlled by external forces, such as the Work Choice programme and government views, and fails to take into account the personal views and experiences of disabled individuals. Organization X challenges this system by allowing various routes into the organization to try and accommodate as many disabled individuals as possible as discussed above.

Rigid procedures are also something that affected both the management team and the shop floor workers. Whilst the management team recognized that there is a need to be audited on what they do at the organization, current procedures are described as too '*prescriptive*'. The current Work Choice programme imposed on Organization X wanted and needed everyone to fit the same style of programme, which often was not the case and resulted in additional stress for both the management team and shop floor workers. This pressure and stress was the result of having multiple appraisals throughout the year assessing their ability in the work space:

> I keep having the appraisals … and they say 'how do you get on here'? … and at the end of it they say 'well what have you done to find a job?' and all that, so I tell em' looking in the paper you know all that sort of thing … well he would say … the worst thing that could happen … [was]if the place did close down, I don't think it would, but … they work as a charity here so … [maybe] they're thinking on something that might happen. … I mean they're just sort of … preparing you for it I think. (Adam)

This demonstrates a lack of agency for both the staff and shop floor workers as, regardless of performance the management, staff are under constant pressure from outside agencies, namely the Shaw Trust and the Job Centre Plus, who are expecting the employees they send to be ready for mainstream employment after a set period of time. Whilst this process is meant to be beneficial for the individual in being able to progress to mainstream employment, it can put individuals under strain by causing additional worries and stress. However, this is not to say that all individuals experience stress during this process as will be discussed next (Blick et al. 2016).

Transition: Moving on from Sheltered Employment

As indicated above most scholars examine the economic success, or lack of, and employment transferability for those who attend sheltered workshops. However there is very little data that draws upon the personal experiences of disabled individuals who have worked, or are working, in a sheltered environment. An exception to this is Michael Gill (2005) who draws on his own experiences of working in a sheltered workshop. Although his account of his experience is largely negative he does draw on the personal experiences of a sheltered environment which has currently been lacking. Gill (2005, p. 616) like many others claims that 'the entire system is faulty' as the workshop held on to the most capable of the workers to ensure ideal working conditions, hence why no one transitioned onto mainstream employment. This suggests that sheltered workshops reinforce ableism rather than challenge it. However, the voices of those who work in that environment are not heard and there is an assumption that sheltered employment is a negative working space which can be detrimental as shown by the resulting closure of the sheltered employment workshops in the UK.

Although labelled as sheltered employment, the organization in this case study goes beyond their duty of care of its current employees to continue support for employees who have been successfully transitioned in another job, usually in the mainstream labour market. On asking Diana and Joyce what contributes to a successful transition from sheltered to mainstream employment, they both explained that building a relationship with the new employer/organization was key:

> I think that's the common thing that we don't just leave them down where ever we've put them … we go down and talk to people, we explain what the issues will be … where the problem will be, and we always say to the people who are employing them, if there is a problem ring us … and we can talk to you about the best ways to deal with that problem … a lot of time when people are going into places the organisation themselves think things too confused … you try and make it complicated when often it's actually just a little fix that does it. (Joyce)

Unlike Gill's (2005) experience of working in a sheltered workshop in the USA, this workshop has succeeded in facilitating the progress of its employees to make the transition from sheltered to mainstream employment. Furthermore, as can be seen in the above quote the management's continued involvement with their previous employees' progress can prove to be integral to their success in mainstream employment. The synergistic relationship and continued communication between the managers from both Organization X and the mainstream organization has resulted in a successful alliance, which provides continued support and successful employment transitions for all parties involved.

Conclusion and Recommendations

With reference to a case study of a small charity-based organization this chapter has discussed the experiences of disabled employees in a sheltered workshop. As discussed, there is a need to provide more guidance and support to employers to enhance their knowledge of disability. This chapter has provided some evidence as to how Organization X provides such support and, with the suggestions highlighted both above, how to positively engage with disabled individuals in the workplace for other organizations. Furthermore, the case study analysis has demonstrated, a lack of communication, understanding, or awareness of issues is the major barrier for successfully implementing changes in the workplace.

Based on the data, there are many recommendations that employers should consider when thinking about disability in the workplace:

1. Being open to the capabilities of disabled employees in the workplace.
2. Being flexible in the recruitment procedures to avoid excluding potential employees during both the application and interview stages.
3. Engaging with practical training to improve awareness and knowledge of the different types of disabilities and how they might have an impact in the workplace.
4. Considering establishing a synergistic relationship with a disability charity or supported employment service.

However, as discussed elsewhere in this book the recommendations do not exclusively apply to employees with a disability but apply to other employees, by creating a more inclusive space for all. For organizations who are looking to further their knowledge of disability in the workplace having access to a charity or organization, where possible, who deal with disability daily. This would be a great opportunity for mainstream organizations to get involved to see the everyday experiences for individuals who have a disability, and work towards gaining a thorough understanding on the issues; which as Joyce states on many occasions, for the most part, it 'is actually just a little fix that does it'. As discussed elsewhere in this book it is well documented that many employers fear the uncertainties of employing disabled workers which can affect how upfront their employees are about their disability, thus creating a vicious circle. Not disclosing a disability affects an employee's ability to gain access to accommodations which employers have a legal obligation to provide unless certain criteria (similar to those discussed in Chap. 3) excludes them from doing so. Therefore, generating awareness and knowledge on what a disability is and how it is managed in the workplace will help many organizations fulfil their legal obligations of the Equality Act 2010, or equivalent legislation, thus allowing more people with disabilities to enter and maintain employment with the use of accommodations (where needed).

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11

Strategic Planning for the Inclusion of People with Disabilities into Work Organizations

Mark E. Moore and Lana L. Huberty

People with disabilities face stern challenges when seeking competitive employment. US employment statistics from 2016 revealed that 78.3 per cent of people without disabilities between the age of 18 and 64 were employed. In comparison, only 35.2 per cent of working age adults with disabilities were employed during this same time period (Erickson et al. 2016) and people with disabilities who were classified as employed often found themselves underutilized in work organizations. Markel and Barclay (2009) highlighted underemployment as a significant problem facing this working population that is having a negative effect on employees with disabilities in attaining job satisfaction. Findings indicate that individuals with disabilities possess a high level of life satisfaction when fully utilized in the workplace, but experience low level of satisfaction when being a non-participant or having their skills underutilized in the workplace (Konrad et al. 2012). Underemployment also causes low job stability, low job mobility, poverty, and limited opportunities for gainful employment among workers with disabilities (Pagan 2017). This underemployment creates an issue for people with disabilities as well as society in general, with unemployment and underemployment of people with

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disabilities representing a lack of internal optimization in a work organization.

Diversity is viewed as a factor that influences the structural configuration within an organization and De Toni et al. (2016) identified diversity as a salient determinant of internal organizational complexity. Top managers must consider how diversity is perceived in creating the organization's mission as well as the related strategic fabrics, although the response to creating an identity for employing people with disability can be a daunting but yet integral task for organizational leaders (Cole and Salimath 2013). In a work organization, the strategic fabric cannot be underestimated in deciding the degree of commitment in making a disability-friendly identity and leaders believe that internal diversity is generally structured to support the organizational mission (Groves 2007). From this perspective, the mission informs whether the internal stakeholders perceive the recruitment, hiring, and advancement of people with disabilities as positive social responsibility or a case of good business to increase the bottom line through acquiring quality talent.

Strategic human resource management (HRM) is the function of identifying future workforce needs and the protocol for the treatment of employees and from a strategic perspective, workplace diversity is a formidable challenge for managers aspiring to hire the best available talent that will permit organizational effectiveness to be optimized (Alcázar et al. 2013). As strategic change is initiated into the work structure, it is imperative that the initiative receives the commitment of top management for effectual transformation to occur (Carswell 2004). If the diversity infusion into the work structure is to be properly aligned with the organizational mission, then the value in securing support at the top level cannot be underestimated: this is necessary if real change in the human resource structure is to become a reality (Moore et al. 2010b). To expand opportunities in work organizations for people with disabilities, upper management must have a strategic outlook on how to engender a culture of opportunity for this population. Top management vision has been found to moderate the association between top management support and practices and to augment job mobility for those with mental and physical impairments (Moore et al. 2010a). By envisioning which work structures would optimally recruit, hire, and advance individuals from the disability populations, upper managers can become skilled planners for broadening their organizational successes.

For strategic planning to help meet the talent demand, work organizations' upper managers should be competent to lead the preparation for the inclusion of employees with disabilities. In this strategic process, these leaders need to understand the strategy formulation and whether adjustments should be implemented that best assist with disability employment inclusion. As an agent of change, top leaders should have an inquisitive mindset to assure thought-provoking probes are conducted so that strategic initiatives will evolve as expected to increase employment opportunities for those with impairments (Melville 1981). Melville (1981) emphasized that leaders should be proactive in guiding, interpreting, and making difficult inquiries during the planning process, with those at the top-level need to allocate considerable effort to this activity. To establish a strategic position through disability diversity, organizational leaders are advised to adopt a systematic planning approach. Below is a case study on the successful integration of employees with severe disabilities into a work organization.

Case Study: Bitty and Beau's Coffee

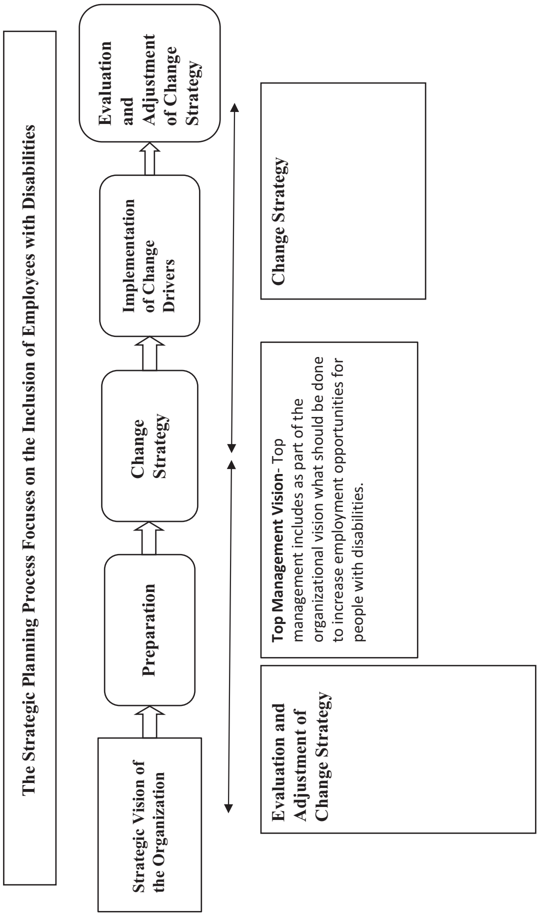
Bitty and Beau's Coffee, a Wilmington, North Carolina US organization, was founded in January 2016, to create employment opportunities for people with intellectual disabilities (Ashley and Staff 2017). However, the strategic intent of this venture transcends the vocational aspect. The vision is really to change the perceptions of people with severe disabilities as societal members. The organizational slogan is 'it's more than a cup of coffee' and the Bitty and Beau organization is truly that (Ashley and Staff 2017). Bitty and Beau's is the creation of Amy and Ben Wright, parents of two children with Down's syndrome named Bitty and Beau. The underlining organizational objective is two-fold. First, Bitty and Beau's aims to reduce the high underemployment rate of individuals with severe disabilities. Secondly, this company seeks to change attitudes and reduce stigmatization towards those with severe impairments (The Bitty and Beau's Coffee Story 2017). Currently, this coffee enterprise employees 40 staff members with intellectual impairments and offers an assortment of products. The menu includes coffee products, tea, hot chocolate, soda, milk, water, juice, biscuits, breakfast burritos, sandwiches, ice cream, and danishes. A variety of online merchandise is also available including ground coffee, apparel, mugs/cups, and other novelties. Bitty and Beau's accepts financial donations to help in achieving their purposes (The Bitty and Beau's Coffee Story 2017). Strategic plans call for Bitty and Beau's to expand to the Charleston, South Carolina area in the fall of 2017. Charleston is an appealing tourist market in relatively close proximity to Wilmington. The Wrights have intent to expand to other locations and embrace the franchising concept as strategic. As a future manager, how would strategically position Bitty and Beau's for long-term success? It is your call!

Strategic planning myopicness is hypothesized to result in weak diversity compositions among work organizations (Friday and Friday 2003). If this shortsightedness exists when attempting to infuse a disability-diversity focus into the work structure, conflicts may result between people with disabilities and their work peers without disabilities. These conflicts could result in raising tensions over important matters such as work accommodations, cost of disability inclusion, and whether the nature of the inclusivity is in reaction to comply with a legal dictum or a proactive strategy designed to strength the bottom line. Either way, poor strategic planning manifests as the result from a lack of vision, which is a major concern for a work organization that is strategically preparing to hire people with disabilities. Moore et al. (2010a) emphasized that a strategic vision is imperative in the process of broadening disability inclusion and this vision can secure top management's commitment to structure effective HRM programmes to increase the representation of workers with impairments. Strategic planning failures occur when there are bottom-up approaches rather than top-down initiatives (Lauenstein 1986). When considering the pitfalls to initiatives of disability inclusion, failures often arise because leadership does not envision future developments that advance the full potential of employees with disabilities.

Successful ventures surrounding initiatives of disability inclusion have prerequisites such as the full engagement of the upper leadership (Gutoff 1980). In this regard, top management is required to be strategic thinkers who are adept to have a long-range outlook of the direction required to achieve disability inclusion. Effective planning involves an organization optimally responding to change whether it be legal or social in nature, and those at the top management rung have a significant role in crafting the response (Hussey 1984). The employment of people from disability populations leads to significant changes and responsibilities for a work organization, thus there must be effective communication on the change initiative. Such initiatives are developed and advanced by the strategic thinkers and must be coordinated by the organization's upper echelon if the transition to a disability-friendly culture is going to becoming reality (Huseman et al. 1980). To enforce effective communication, workers from all levels within the organization must be involved in the strategic endeavour to increase disability diversity practices within the work structure (Huseman et al. 1980). Figure 11.1 outlines a strategic planning model for integrating individuals with disabilities into the workforce.

Presentation of Theory and Concepts

During the preceding section, the travails people with disabilities face in acquiring competitive employment were described. Strategic planning highlighted a plausible pathway for expanding career opportunities for this



Top Management Vision- Top management includes as part of the organizational vision what should be done to increase employment opportunities for people with disabilities.

Fig. 11.1 Strategic planning model as it relates to preparation for the inclusion of individuals with disabilities population through offering direction and a mindset for broadening access to work for those with disabilities. However, the caveat in the introduction of this chapter was to call attention to the strengths and weaknesses of the planning process as they relate to disability integration. As such, the objective of this section is to further examine strategic planning as a way to increase the representation of employees with disabilities from theoretical and conceptual perspectives. In this discourse, planning is viewed as a systemic process to augment disability inclusion into work organizations needs to be multifaceted prescribed process for gaining strategic position.

In this analysis, the conceptualization from Dreachslin and Saunders (1999) was applied to gain a better understanding of disability diversity through utilizing a systematic strategic planning approach. It was theorized that organizational diversity involves a five-phase approach that includes discovery; assessment; exploration; transformation; and revitalization. Although Dreachslin and Saunders' (1999) planning strategy was designed for racial and ethnical diversity, it was extrapolated to the inclusion of people with disabilities in work settings. When considering strategic planning for expanding disability diversity in the work organization, the discovery stage provides situation analysis that communicates current perceptions of disability in the work realm. In Dreachslin and Saunders' (1999) work, assessment involved the systematic review of the organizational climate to identify how well it is prepared for inclusion. From this conceptualization, the assessment protocol for disability inclusion defined how an organization can strategically positioned itself in order to broaden its commitment and orientation for improving the representation of individuals with disabilities in the employment structure.

There is indication that systemic planning cannot realistically foster a climate of change without a planned strategy for this change. According to Friday and Friday (2003), a diversity effort cannot be successful without preparing for the transformation required to complete the inclusion process. They went on to emphasize that top-level managers need to formulate a diversity strategy that encompasses a three-pronged planning process, conceptualized that these stages consist of acknowledging diversity, valuing diversity, and managing diversity. In terms of the disability diversity, the acknowledgement stage involves considering people with disabilities from a competitive perspective. Friday and Friday (2003) perceived the second stage, 'valuing of diversity,' as a passive rather than active transformation as, in this stage, employers highlight the utility of having a work staff that has diverse abilities. The benefit of ability differences should be considered across functional areas, including marketing, leadership, customer service, and operations. In the final stage of the diversity planning process, management is recognized as the focus through its basic functions, with Friday and Friday (2003) indicating these functions to be planning, organizing, and leading various diversity elements in order to carry out the organizational diversity strategy. For employers this mean preparing for a disability identity, creating initiatives to implement the identity, and adopting leadership to enable the implemented plans to transform to disability-friendly cultures. To achieve diversity-conscious goals, Friday and Friday (2003) advised leadership to invest in its respective organizational cultures; consequently, organizations must prioritize cultural mechanisms to create a disability-friendly environment to promote the value of diverse abilities in the workforce and to the bottom line. When contemplating the matrix for broadening the inclusion of employees with disabilities through the lens of Friday and Friday's (2003) conceptualization, work organization's stakeholders need to consider an investment portfolio that includes a clear vision, top management commitment, and well-orchestrated disability employment practices. As Moore et al. (2010a) discovered, vision impacts how well top management and inclusive work practices are aligned to create jobs for individuals with disabilities in competitive employment.

Another framework adopted in this discussion was a human resource management (HRM) configuration formulated by Shen et al. (2009). The main focus of this paradigm is to better comprehend how well disability diversity is valued through a three-pronged approach. In the initial part, a strategic framework is created for valuing disability inclusion in the work organization by crafting a clever strategic management function that includes a vision, mission, and strategic course of action that values disability inclusion. In addition, formalized policies that are conscious of varied abilities and their importance to the strategic intent of the work organization are developed. The first part of Shen et al.'s (2009) theoretical depiction ends with an assessment component designed to track disability integration in the work structure. In part two of this strategic framework, Shen et al. (2009) highlighted HRM structures to emphasize the staffing, professional development, performance evaluation, and compensation of workers with disabilities. The final part of this conceptual structure consists of operational procedures designated to broaden knowledge about disability issues in work environment. According to Shen et al. (2009), these tasks include educating prospective employers on the benefits of disability diversity as a business case, networking with individuals with disabilities and their advocates, and providing support for flexibility job scheduling that not only enhance work-life balance, which enables effectual work accommodations to occur. In sum, the basis of Shen et al.'s (2009) framework is to achieve multiple objectives related to legal compliance, creativity, hiring and retention, marketing innovation, and expanded levels of organizational performance.

Lastly, a managing diversity framework formulated by Dass and Parker (1999) was linked to the examination of the status of individuals with disabilities in work organizations. The premise of this framework is that there is not a single tactic for managing diversity, since organizational reaction to diversity depends on internal and external pressures. This supposition fits the concept of disability diversity well because disability in the employment environment is a heterogeneous characteristic: disability diversity consists of various conditions and onset types even though it is frequently perceived to involve homogeneous attributes. Proceeding forward, Dass and Parker's (1999) framework further posited that the tactics for responding to diversity are aligned with managerial attitudes towards, and have relatedness to, disability diversity initiatives. Top managements vision and commitment were found to be linked to the inclusion of employees with disabilities in the workforce. Research by Moore et al. (2010b) and Dass and Parker (1999) crafted strategic responses to diversity management that included an array of proactive, accommodative, defensive, and reactive modes. Each of these approaches has applicability to work aspects for individuals with disabilities.

When viewed in strategic planning terms, proactivity can be realized through a downward focus, where upper management vision and commitment can lay the underpinning for full inclusion of people with disabilities in the organizational workforce. By integrating proactive strategic planning into the work function, leadership connotes strategy rather than social responsibility for broadening disability inclusion into the organizational culture. In other words, being proactive enables disability characteristics to serve as variables positively impacting the bottom line. Further exploration of Dass and Parker's (1999) strategic responsiveness modes reveal that accommodation is another strategic planning element applicable to disability diversity in work organizations. One of the most common characteristics among disability employment law is a reasonable accommodation that enables people with disabilities to perform essential job functions that would otherwise not be feasible. Reasonable accommodations are an area of disability law that continues to evolve because of the linkage of reasonable accommodations to the essential job functions. Given its fluid nature, upper leadership (especially human resource management) should know the importance of providing accommodations to applicants and workers with disabilities (Smith and Harris 2012).

According to Dass and Parker (1999), employers are often defensive in their approach to diversity initiatives that prompt the target and inclusion of historical groups into the workforce, emphasizing that a defence strategic response emphasized a balance between groups rather than adopting full organizational inclusion. A defensive orientation is strategically applicable to individuals with disabilities in the workplace and, according to Dass and Parker's (1999) theorem, employers protect themselves by catering to certain organizations such as shelter workshops and social service agencies to recruit token employees with disabilities without clear and rational strategic objectives. The defensive approach uses projects with industry coordinated by third-party non-profits as Goodwill industries and Easter Seals (Lawrence 1982); while proponents of the industry partnerships vow that they are not incidents of social responsibility, these projects are not strongly linked to the strategic fabric of work organizations. Moreover, the defensive response to recruiting and hiring individuals with disabilities is not focused on the bottom line of work organizations, nor is it supported of perceiving and developing people with disabilities as valuable human capital. When a defensive strategy is implemented, employers are not allocating proper consideration to prioritizing the talents of those with disabilities and their contributions to the organizational mission.

The last of Dass and Parker's (1999) strategic responses is reactive in nature and is viewed as a form of resistance to workplace inclusion: for this reason, this strategic response has applicability to the status of those with physical and mental impairments in work organizations. When organizational leadership is in a reactionary mode, employers have the tendency to raise 'red flags' regarding the abilities of individuals with disabilities to perform the essential functions of the job. In a study of employees with disabilities in the hospitality industry, Jasper and Waldhart (2013) found that employers possessed salient concerns about the competencies of candidates with disabilities to be able to effectively perform the job. Beside reservations on job performance, Dass and Parker (1999) stressed that employers resist an inclusive workforce based on the premise that it is too costly and therefore negatively impacts the 'bottom line.' Such trepidations over financials prompt negative reactions towards accommodating disability diversity in the competitive employment realm. Jasper and Waldhart (2013) discovered that the resistance to hiring workers with disabilities in the hospitality industry was predicated on the mindset that work accommodations are too expensive. However, employers tend to use cost to facilitate their resistance to organizational change that would enable persons with disabilities to become valuable human resources. According to Schartz et al. (2006), work accommodations for employees with disabilities are typically inexpensive and effective in mainstreaming individuals into employment situations.

In the preceding paragraphs, strategic responses to disability diversity through the lens of Dass and Parker's (1999) conceptualization for managing of diversity in work organizations were analysed. The underpinning of this paradigm suggests that strategic retorts to complex issues do exist, such as the employment of people with disabilities, requiring strategic planning and management. Consequently, an adroit organization utilizes its strategic mean to expand diverse abilities within the realm of work. However, ambiguity and the lack of consensus on the utility offered by an inclusive work unit are commonly facilitated by an inadequate strategic approach (Dass and Parker 1999). A lack of a comprehensive strategy for integrating people with disabilities into the workplace leads to a misunderstanding of disability in work structures and, in particular, disability is perceived as a homogeneous term rather than the varied impairments that actually comprise the concept. At the organizational level, Nafukho et al. (2010) emphasized that there is a lack of awareness of disability types and inadequate management initiatives in place to mould these ideas into the mainstreamed work culture, with insufficient knowledge leading to conflicts and jealousy. To circumvent these situations from manifesting, organizational leadership needs to be proactive in considering disability diversity from a strategic intent, which can be accomplished by perceiving disability as a strategic goal and through using strategic thinking to manage this diversity type in an efficacious way. In this context, organizational stakeholders are proffered opportunities to better comprehend that disability is presented in various conditions (emotional, mobility, mental, sensory, and/or visual). These conditions offer a multitude of effects on the work structure including job requirements and skill set, attitudes of co-workers on disability work issues, and how the workers with disabilities perceive their self-worth and capabilities (Nafukho et al. 2010).

Summary of Key Points

Since the inception of the twenty-first century, there has been increasing effort to mainstream people with disabilities across societal areas. One of the most salient areas of integration is employment and the acceptance of those with disabilities at work is still a nebulous area to organizational stakeholders (Vornholt et al. 2013) because their full integration in the workplace is still a common barrier (Bučiūnienė and Kazlauskaitė 2010). In the first part of this chapter, the low incidence of employment for person with disabilities was underscored with only 3.5 per cent of the working age population with disabilities being employed (Erickson et al. 2016). In addition, significant challenges face leaders in work organizations with the underemployment of those with physical and mental impairments (Markel and Barclay 2009). Employers contribute to the skill underutilization and the reduced quality of life of persons with disabilities by segregating them in to lower-level jobs with limited career mobility (Konrad et al. 2012). The salient unemployment and underemployment travails of individuals with disabilities imply that employers are not considering this population with a strategic intent that would be mutually beneficial to the individuals and the organization.

Recommendations for improvement include consideration of the talents of workers with disabilities to be sought and optimally utilized through a strategic lens. Organizational leaders must establish parameters to recruit and retain these worker types that align with their strategic directives. The job performance of those with disabilities should be assessed through an evaluative protocol that has a linkage to organizational goals. In considering people as strategic assets, Crain (2009) exhorted that the selection and retention of human resources be supported through organizational values, and performance management needs to be brought into lined with measurement of organizational strategic goals.

Strategic planning allows for risk taking among organizational leadership that can evolve into greater innovative activity (Arend et al. 2017): in this regard, management has broader utilization of skilful planning prompting employees to focus on strategic directives (Shipton et al. 2017). As highlighted in the first part of this chapter, employment prospects for those with disabilities could be augmented if prospective employers consider the labour contribution from a strategic perspective (Johnson 1992). According to managerial guru, John Kotter (1996), skilful managers lead effective change through possessing a sharp vision carried forth by a rich strategy (Kotter 1996). When change is led properly in terms of disability within work environments, previous research has shown that vision and top management support interact to transform organizational practices for accommodating employees with disabilities (Moore et al. 2010a). Organizational leaders are required to be strategic thinkers in pursuing disability inclusion in the work climate and when examining the practices of strategic leaders, Keelin and Arnold (2002) exhorted that executives struggle with the process of imbuing effective strategic change within the organization.

In giving attention to disability and work opportunities, executives must strategize from an employer's as well as an employee's point of view. Although strategic thought is important to crafting a disability orientation, leaders of work organizations also must be prepared for infusion of inclusion to occur. Effective planning efforts require the support of top managers as they formulate the strategic direction of the specific entity (Ugboro et al. 2011) and the commitment of top management is essential to enhancing employment prospects for persons with disabilities. Top leaders craft the vision and foster the commitment for the mainstreaming that enables a diversity-friendly work climate to evolve; as without a clear outlook, leaders are ill prepared to strategize disability into the work process (Moore et al. 2010b). In addition, unsuccessful planning occurs when adequate support is not received from upper leadership within the organization (Steiner 1965). Top management plays a critical role to bring forth planned change to better accommodate disability issues through linking organizational climatic forces, strategic elements, and employee behaviour (Johnson 1992) and, with a vision to not accept the status quo, these leaders drive change from the upper level through their actions of transformation (Whelan-Berry and Somerville 2010)

Despite the applicability of strategic planning to the ramping-up of employment opportunities for those in the disability population, there are no conceptualizations in the extant literature exclusively oriented to this area. As such, modified theories and concepts on employee diversity to implications involving strategic planning connectivity to the employability of individuals with disabilities were presented. This process included an examination of work by Dreachslin and Saunders (1999), Friday and Friday (2003), Shen et al. (2009), and Dass and Parker (1999).

Conclusion

This chapter builds on the aforementioned conceptualizations to formulate an integrative strategic planning framework for employing people with disabilities in work organizations. The premise of this paradigm is that personnel with disabilities are strategic assets that organizations should invest in order to maximize their operational efficacy. Figure 11.2 proposes that financial investment is the key driver of exclusion of individuals with disabilities in the workforce (see left-hand side of the model) as financial investment is commonly required to adequately accommodate human resources with disabilities.

It is known that financial investment impacts the development of HRM structures and this proposal hypothesizes a relationship between financial support and HRM structures, with a dotted line to exhibit a possible mediation effect. This relationship suggests that financial investment has further influences beyond the HRM structures and indirectly affects the prevalence of employees with disabilities. Further, strategic intent is directly associated with HRM structures beyond financial investment and HRM structures are shown

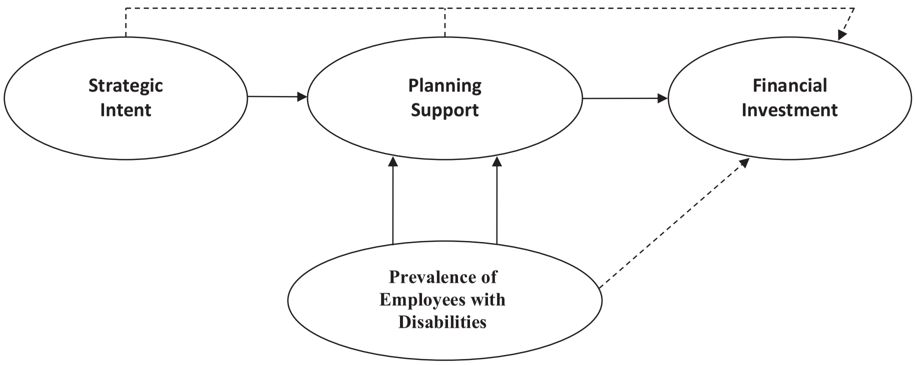


Fig. 11.2 Predictors of the prevalence of employees with disabilities

to have a significant impact on the representation of workers with disabilities. The dotted line suggests a direct path between strategic intent and employment prevalence for those with disabilities, in addition to the impact of HRM structures. Also, this paradigm calls attention to a potential moderating effect of strategic intent in the association between financial investment and the development of HRM structures. It is believed that an investment is more likely to lead to a disability conscious HRM structure formulation when the organization has a strategic intent. In conclusion this proposed strategic planning approach, for strengthening disability inclusion in work organizations, is the basis of this construction, that is that people with disabilities are strategic assets that organizations must invest in order to effectively realize their full potential.

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12

Levels of Employment: Considerations and Interventions for the 21st Century Labour Market

Roy J. Del Valle

For individuals with disabilities, employment is often on the low-skill level of the employment scale, consisting of volunteer, sheltered, subsidized, or entry-level positions that are usually part time. In contrast, individuals without disabilities often find employment in high- or medium-skill levels of employment in occupations that require some level of education, certification, or skill-level attainment. These positions are usually full-time and accompanied by occupation recognition and prestige that supports prevailing wage and benefits. This chapter explores the low-, medium-, and high-skill levels of employment in relation to the experience of disability as a means towards economic self-sufficiency, self-determination, and well-being. For it is the level of employment people with disabilities often undertake that dictates the very nature of their ability to achieve economic self-sufficiency (Strauser 2014). Levels of employment will be reviewed on a global basis, exploring the skills and demands that comprise levels of work, and the need for rehabilitation professionals to rethink their approach to preparing individuals with disabilities for employment in the twenty-first-century economy. The concepts presented in this chapter will assist professionals working with individuals with disabilities seeking employment to move beyond mere application of job placement strategies, to a more in-depth approach with a focus on the changing work environment, skill attainment, and employer-demand side approaches to placement.

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Changes in the World of Work

As people with disabilities struggle to maintain a basic level of subsistence within low-skill levels of employment, likely within the informal economy, they are ill prepared for the "changing patterns in the world of work" described by the International Labor Organization (ILO) (2006), that are shaping labour in the twenty-first century throughout the world. The ILO (2006) describes the changing global economy, and simultaneously the nature of work available, as:

1. *Technological Transformation*. The massive dissemination of information and communications on a global scale presents a two-edged sword for people with disabilities. Foley and Ferri (2012) state technology exclusion for people with disabilities can be in the form of privileges being grounded in normative, social, cultural, and economic practices and in ways that reflect ideas about what constitutes normal.
2. *Intensified Global Competition*. The intensity of global competition pressures workplaces to adapt operations quickly to match the speed, efficiency, and quality of global market leaders. The drive for streamlining operations has led to a fluid work environment where workers must have the skills and abilities to multi-task. In addition, job stress is ever present due to sudden destabilization brought on by mergers, downsizing, re-engineering, and outsourcing (Szymanski and Vancollins 2003). The fluidity of today's workplace and global market stresses emphasis on the 'business case' for employing people with disabilities (Powers 2008, p. 19); however, as Hall and Mirvis (1996, quoted in Szymanski and Vancollins 2003, p. 10) state, "the organization's commitment to the employee extends only to the current need for that person's skills and performance".
3. *Politics and Policies*. As developing markets rely on less government regulation, people with disabilities may inadvertently be exclusive from the labour market due to less regulation including anti-discrimination legislation and affirmation action programmes. This runs counter to the current emphasis on inclusion of people with disabilities in the workforce and incentives to encourage people with disabilities to enter the labour market (Organisation for Economic Co-operation and Development [OECD] 2003).
4. *Productivity*. Attention has been given to the human and fiscal consequences of the exclusion of people with disabilities from the market place. OECD (2003) estimates that measured as a percentage of GDP, public social expenditure on disability benefit programmes range from 11 per

> cent to nearly 20 per cent in high spending countries. If productivity measures how efficiently resources are used, then optimal use made of disabled people as a labour market resource is needed.

Finding employment for people with disabilities presents challenges in terms of adequate education and training required to access employment opportunities: maintaining employment is also challenging due to the fluidity of the market place. Regardless of disability status, workers must be mobile, flexible in meeting job demands, and maintain a high level of skill to remain relevant in the twenty-first-century marketplace. This presents challenges to people with disabilities as they often lack the very prerequisites to access employment opportunities, and therefore struggle to compete in the twenty-first-century labour market.

Levels of Employment

There are many structural and cultural barriers that negatively impact access of individuals with disabilities to high-status employment; this limits many to low-status occupational and social roles, which contributes to a state of disempowerment (Szymanski and Parker 2010). The levels of employment consist of low, medium, and high skills. The levels are categorized by multiple factors such as the education requirements, skills, and training that comprise each level. Each level is defined with examples provided and challenges that individuals with disabilities may encounter when seeking, obtaining, maintaining, and advancing employment within each level of employment. Levels of employment are best described by their characteristics, as each level of employment has unique elements such as education requirements, training, routinization of tasks, and cognitive levels. The levels of employment are described below.

High-Skill Level of Employment

In terms of education, high-skill levels of employment are filled typically by individuals who have acquired forms of higher education (bachelor’s degrees or higher) and Cheremukhin (2014) characterizes high-skill jobs as non-routine and cognitive, intuition, persuasion, and requiring problem-solving skills. Workers who are most adept in these tasks typically have high levels of education and analytical capability (Autor 2010), for example analysts and engineers.

Medium Level of Employment

Medium-skills jobs generally require workers to have some education and training beyond their high school diploma but less than a bachelor's degree and the main defining feature is the routine nature of the work involved. Cheremukhin (2014) identifies these jobs as routine that are cognitive or manual in nature and require one to follow precise procedures; examples include cashiers and telemarketers (cognitive), mail carriers, and cooks (manual).

Low Level of Employment

Low-skills jobs can be filled by those individuals who have no educational requirements or required work experience (Maxwell 2006). Low-skill jobs involve activities that are non-routine and manual, such as food service workers. Low-skill levels of employment can be defined according to education and training requirements, associated cognitive abilities, and the routinization and non-routinization of job tasks.

An understanding of the necessary prerequisites for the different skill levels was at one time sufficient for assisting individuals with disabilities to secure employment. People with disabilities could be provided with appropriate training, supports, and accommodations to match attained or current skills of those with the job. However, this is no longer an option given the fluidity of the labour market and polarization of labour, that is the reduction of medium-skill jobs.

Job Polarization of the Labour Market

As stated earlier, medium- and high-skill jobs are mainly of a routine nature that require some education beyond a high school diploma, according to Autor (2010), the core job tasks of these occupations follow precise, well-understood procedures. Consequently, as computer and communication technologies improve in quality and decline in price, these routine tasks are increasingly codified in computer software and performed by machines or, alternatively, sent electronically to worksites in developing countries to be performed by comparatively high-skilled but low-wage workers. This displacement of jobs that are intensive in routine tasks contributes to the polarization of employment into relatively high-skill, high-wage and low-skill, low-wage jobs, with a concomitant decline in middle-skill jobs (Autor 2010). Goos et al. (2010) describe similar factors leading to job polarization in the EU due to technological change, globalization (partly driven by technology, but perhaps partly also an independent force from declining man-made barriers to trade), and labour market institutions, for example those that alter the relative wages of different types of labour. Beginning in the 1980s and 1990s, the dominant view among labour economists was that technology was more important than trade as a driving force behind changes in the structure of employment (Desjonqueres et al. 1999; Autor and Katz 1999), and that technological change was biased in favour of skilled workers, leading to the hypothesis of skill-biased technological change (SBTC) (Berman et al. 1998; Machin and van Reenen 1998).

In contrast, many of the worst-paying jobs, in housekeeping, hotel and catering, and personal care, are non-routine in nature and therefore have been relatively unaffected by technological change. As a result, the distribution of jobs is ‘polarizing’ with faster employment growth in the highest- and lowest-paying jobs and slower growth in the medium-skill jobs. Empirical work has shown how this has been happening in the US (Autor and Dorn 2009; Acemoglu and Autor 2011) and across European countries (Michaels et al. 2010). Autor et al. (2003) argue persuasively that technology can replace human labour in routine tasks—tasks that can be expressed in step-by-step procedures or rules—but (as of yet) cannot replace human labour in non-routine tasks. The routinization hypothesis is intuitively plausible and provides evidence that industries in which routine tasks were heavily used have seen the most adoption of computers, reducing the usage of labour input of routine tasks in those industries. The important point is that ‘routine’ does not map simply into a one-dimensional definition of skill (Goos and Manning 2007) and although low-skill production-line jobs in manufacturing can be characterized as ‘routine’, so can many more skilled precision jobs as well as many clerical jobs that were better paid jobs in the economy.

Given the polarization of the labour market in the US and EU, rehabilitation professionals will more than ever need to be aware of employer demands for a skilled labour force to meet production and service needs. Rehabilitation professionals will need to recognize and work with employers to meet their demands for skilled employees. In addition, the loss of medium-skill levels of employment leaves people with disabilities without the opportunity for employment or career advancement, thereby relegating them to low-skill level employment.

Demand-Side Employment

Employment demand is projected to shift due to fundamental structural economic changes. Chan et al. (2010), state the traditional supply-side approach of providing vocational services to improve functioning and job skills alone, without considering employer needs, and the changing labour economy, is no longer adequate for achieving meaningful employment outcomes for people with disabilities. This is because the supply-side employment models ignore variables related to employer-demand (and the interaction of employer-demand with the environment) as predictors of employment outcomes for people with disabilities. As such, the need to consider demand-side behaviours and how these employer practice factors interact with personal factors affect the job placement of people with disabilities (Chan et al. 2010).

Having a disability is frequently perceived by employers as an immediate signal of lower productivity (Licona 2001), and in an open labour market acquiring and demonstrating skills to potential employers is necessary if people with disabilities are to send an effective 'counter-signal' and to successfully compete for and succeed in job acquisition. As Sianesi and van Reenan (2002, p. 40) stated, "there is compelling evidence that human capital increases productivity, suggesting that education [including vocational education] really is productivity-enhancing rather than just a device that individuals use to signal their level of ability to the employer". Of course, the skills and productivity of jobseekers with disabilities need to be effectively promoted to employers to overcome the stigma of low productivity. Employers are less risk averse about occupations where the demand is high, and the supply of qualified workers is low and preparing people with disabilities for these occupations will increase their chance of being hired. Organizational charts are now flatter and more team-based, with the emphasis on flexibility, productivity, and workplace socialization skills. Rehabilitation and managerial-related professionals must have a thorough understanding of the real concerns of employers about hiring and retention of persons with disabilities and be able to address their concerns and needs. Further, they can assist people with disabilities by encouraging the development of flexible, versatile, and adaptable work skills to meet employer expectations (Chan et al. 2010).

In addition to developing the skills necessary to secure employment for twenty-first-century jobs, the U.S. Department of Labor-The Office of Disability Employment Policy (USDOL-ODEP 2008) conducted a study with employers in 13 major US metropolitan areas representing a variety of industries, and asked employers what they considered as the most important issue affecting the poor hiring and job retention climate for people with disabilities. The most common answer given was that employers need more accurate and practical information to dispel preconceptions and concerns about hiring and retaining people with disabilities (Grizzard 2005). USDOL-ODEP (2008) conducted a 15-minute telephone survey of a representative sample of senior executives representing 12 industries by company size: small (5–14 employees), medium (15–249 employees), and large companies (250 or more employees). The nature of the work cannot be effectively performed by a person with a disability was cited as a hiring challenge in the recruitment of people with disabilities by 72.6 per cent of all companies. The World Health Organization (2008) also noted potential employer perceptions on the productivity of people with disability in EU countries. 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 (Shier et al. 2009). Such attitudes may stem from prejudice or from the belief that people with disabilities are less productive than their counterparts without disabilities (Gartrell 2010). There may also be ignorance or prejudice about mental health difficulties and about adjustments to work arrangements that can facilitate employment opportunities (Jones et al. 2006).

The world labour market is changing to an employer-demand side market, with employers no longer interested in accessing an adequate supply labour pool. Rather, employers are invested in accessing a qualified, skilled labour pool that meets the needs of their respective businesses. Rehabilitation professionals must, therefore, develop a working knowledge of employer-demand side placement strategies, and the interventions required to prepare people with disabilities for competitive employment. Also, rehabilitation professionals must address the misconception held by employers as a barrier to employment (Powers 2008).

Interventions

People with disabilities in developing countries encounter many of the same barriers as those in more developed countries, such as lack of access to transport, education, training, and essential services, low self-esteem, and low expectations arising from their marginalized position and social condition. In addition, formal sector jobs in developing countries are often scarce and subject to intense competition. This section provides potential interventions for rehabilitation professionals to assist people with disabilities acquire the skills and resources necessary to access the formal sector to obtain competitive integrated employment. In their report on Enhancing Employability prepared for the G20 Employment Working Group, the ILO (2006) provided four actions to increase skill development for people with disabilities to access the formal sector. The four areas are as follows.

Skill Requirements

The speed and nature of globalization, technological change and innovation, changes in work organization, environmental change, and demographic trends are various examples of transformations across G20 countries. But in all of them, they are affecting what kind of work is done, who carries it out and where and how it is carried out. These transformations are affecting many traditional jobs and employment relations and, while creating new job opportunities in emerging economic activities some of these shifts risk widening existing inequalities and marginalizing some groups in the labour market. Labour market policies, as well as policies affecting markets for goods and services, can facilitate the required adaptation, while offering support to the workers directly affected by changes to foster employability, productivity, innovation, and enhanced growth and a better share of its benefits (OECD 2016).

Workforce Employability

Increasing the employability of the workforce in the face of ongoing and future structural changes can help foster innovation and the adoption of new technologies, as well as boost productivity by speeding up the reallocation of labour from less-productive activities to more productive ones and improving the well-being of workers. Technology also provides the opportunity to expand access to new jobs and to make employment more inclusive. At the same time, it also opens opportunities for the creation of new businesses and offers existing firms opportunities to access to new markets, expand sales, and create more jobs (OECD 2016).

Adaptions

ILO (2006) recommended the following systems adaptations to enhance employability for workers and workplaces around the globe: (1) flexibility and incentives of education and training systems and stakeholders need to be enhanced to respond more promptly to emerging skill needs. Plus, the adaptability of the workforce, for both workers and jobseekers, should be encouraged through the development of transferable skills, (2) develop broader vocational profiles and competency-based training delivered through programmes that incorporate work-based learning, including quality apprenticeships, (3) employers need to collaborate with education and training institutions to ensure the provision of relevant skills, including apprenticeship places; on-the-job training to facilitate the upgrading and adaptation of skills; and forms of work organization that make the most of existing skills, and (4) institutional settings and incentives should encourage and support all stakeholders, including the private sector, to co-operate in efforts to assess and anticipate skill needs. This information should then feed into employment and education policies in an effective and timely way to ensure that training decisions and the content of the training offered are responsive to and emerging shortages, with the right incentives in place for training providers to meet these needs.

While the recommendations above are consistent with meeting the employer-demand of the formal sector, this may not be possible in some countries. The ILO (2006) report stated, consideration to developing the informal sector should be a priority as well. The data suggest that in the developing world, the task of competing for formal sector jobs is more difficult and, in all countries, skill deficits are a major barrier even when quota systems are in place to increase formal sector job opportunities for disabled people. It is still desirable to equip all disabled people with the employability skills and technical skills they need to compete for these jobs. However, in developing countries more can potentially benefit from skills development aimed at increasing productivity and earning power in small enterprises in the informal economy. The informal economy employs a significant proportion of the non-agricultural labour force in developing countries and appropriate training can improve the incomes of those earning their livelihoods in it. Disabled people working in the informal economy often have a low level of education and have received little or no training, as the ILO World Employment Report (2005) stated: “The problem is not the absence of work, but of work that is sufficiently productive to yield a decent income, a focus on improving the productivity of the informal economy ought to be a priority policy concern” (p. 11).

Case Study: Job Polarization in the US

U.S. Bureau of Labor Statistics data show that the traditional middle of the job market composed primarily of construction, production and clerical jobs that require minimal education has been declining rapidly. But another set of middle-skill jobs requiring more postsecondary education or training in health care, mechanical maintenance and repair and some services is consistently growing, as are skill needs within traditionally unskilled jobs. These are the jobs that employers have had trouble filling. Across the U.S. there is a movement to develop a new set of education policies and practices to directly expand the numbers of middle-paying jobs might also be needed.

In the U.S. education and training policies and practices are starting to change, with more community colleges are entering into 'partnerships' with employers and industry associations providing in-demand occupational training in health-care, advanced manufacturing, IT and other fields expand training (Conway and Giloth 2014). Many states are encouraging their higher education and workforce policies (National Governors' Association 2013), as is the federal government (White House 2014) to encourage such collaboration. Apprenticeships and work-based learning models are expanding in key states like South Carolina, Georgia and Wisconsin (Holzer 2015), making it easier for students to gain on-the-job training and work experience as well as a general postsecondary credentials.

Partnerships between education and business are becoming more prevalent throughout the U.S. Employers are experiencing a severe shortage of workers where non-routine tasks are the norm but also require a certain level of training such as carpenters, plumbers and electricians. Rehabilitation professionals with an understanding of labor markets and employer demands, can assist their clients with taking advantage of these new partnerships to acquire the necessary training and certifications to obtain employment in in-demand occupations that offer high wages and benefits.

Sources: Holzer (2015); Conway and Giloth (2014); National Governors' Association (2013); White House (2014).

Workplace Accessibility and Flexible Working Hours

Some countries have included in their disability employment legislation a requirement for employers, training providers, and other service providers to make reasonable accommodations for workers with disabilities. The Americans with Disabilities Act (1990) defined this as "any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy equal employment opportunities". Examples include: adjusting work schedules through job sharing, part-time work, or flexible hours; providing assistive devices, or modifying the worksite to enable a person with a disability to perform their job duties more effectively, such as rearranged office furniture and equipment or more accessible routes. Many accommodations are inexpensive and cannot be argued to impose significant cost burdens on businesses. For example, the UK Employers' Forum on Disability research by the firm Marks and Spencer found that two-thirds of accommodations cost nothing (ILO 2007).

Transportation

Some people with disabilities face an even more fundamental barrier to realizing their career potential due to lack of transportation that can prevent them simply getting to and from work or vocational training institutions (ILO 2006). In many countries, public transport systems are not well equipped to meet the needs of people with mobility impairments; thus, governments need to pursue the progressive improvement of these systems to meet the diverse needs of people with different disabilities. For example, in the UK there is a scheme (Access to work) that provides taxis and even chauffeured cars in order to enable people with disabilities to overcome transportation barriers (Department for Work and Pensions 2014)

Communication and Information Technology

The growth of the global knowledge economy in conjunction with developments in communication and information technology has opened up new opportunities for harnessing the productivity of people with disabilities. The physical place of production in the global economy has become less important, a fact that opens 'teleworking' opportunities for people with disabilities with mobility restrictions or other circumstances that make a more individualized working environment desirable. Teleworking, also known as telecommuting, allows people with disabilities to work from home for part or all of their working week. Not all people with disabilities need or want to work in this way as it can be isolating, but the option is increasingly being recognized as a 'reasonable accommodation' in some circumstances (US Equal Opportunity Commission 2005).

Service Integration

In terms of service delivery strategies, there is also an increasing emphasis being placed on service integration to improve the employability and productivity of jobseekers with disabilities (ILO 2006). Various types of assistance are usually needed, some relate to a specific job, some relate to practical issues, such as transport or workplace accommodations, and some relate to personal development, such as building confidence and self-esteem, or working as part of a team. Access to a single point of contact, such as a job coach or mentor, can provide an effective means of coordinating such services (British-Irish Council 2006).

Supported Employment

Supported employment can integrate people with disabilities into the competitive labour market by providing employment coaching, specialized job training, individually tailored supervision, transportation, and assistive technology, to enable people with disabilities to learn and perform better in their jobs (USDOL-ODEP 2008). This success has been documented for people with severe disabilities, including those with psychiatric or intellectual impairment, learning disabilities, and traumatic brain injury (Cook 2005; Crowther et al. 2001; Willemstad 2008). Supported employment can facilitate a 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 (Secker et al. 2003; Warner and Mandiberg 2006).

Conclusion

People with disabilities continue to experience low levels of employment due to cultural, structural, and employer perceptions and are often employed in positions with no meaningful career path, no benefits, are under-employed, and occupy low paying positions (Lustig and Strauser 2007). This results in a reciprocal relationship between disability and poverty, exacerbated by high rates of non-employment (Edgell 2006), which leads to ineligibility to employment-related programmes and further increase social isolation (OECD 2003). In conjunction with these challenges is the changing labour market due to technological changes, employer-demand of skilled workers, globalization of labour markets, and the polarization of levels of employment. Disability-related professionals must recognize these factors and adapt to global labour market changes that drive employer-demand for a skilled labour pool. Additionally, in some areas of the world, expanding skills for participation in the informal sector also warrant consideration. Rehabilitation and allied professionals must move from a supply-side strategy to one of employer-demand strategy to assist people with attaining the skills and/or accommodations required for participation in the competitive, integrated labour market. They must recognize and understand changes in the labour market and move towards skill attainment, employer-demand placement strategies, and implement a range of interventions to assist people with disabilities achieve employment in the twenty-first-century labour market. This includes expanding the concept of work to the informal sector as a viable means of employment of people with disabilities.

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13

Breaking Barriers by Patterning Employment Success

Mukta Kulkarni, W. Scot Atkins, and David C. Baldridge

In this chapter, we outline National Technical Institute for the Deaf's (NTID) initiatives in the context of research on breaking barriers to organizational inclusion, to help bridge and inform future research and practice. We believe that doing so is important for the following reasons. First, most disability research notes barriers to employment success. Specifically, access to employment, changing of employers or jobs, control over earnings (Welsh 1993), overall career advancement (Kelly et al. 2015), and entrepreneurial opportunities and gains (DeMartino et al. 2011) can prove more difficult for those with hearing loss. The same is true of other disability groups (Harcourt et al. 2005; Schur et al. 2009), and with an enabling environment, that is, a focus on skill-building of this collective along with investments in employer awareness and other initiatives, employment success can become a reality (Baldridge

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and Kulkarni 2017; Kulkarni 2016). Outlining of NTID initiatives helps showcase the building of an enabling environment that is transferable to other disabled groups. Second, according to the World Health Organization (2017), 360 million people or 5 per cent of the global population have a disabling hearing loss. Of this population, 328 million are working-age adults who have a higher unemployment rate compared with the population that does not have a disabling condition. NTID initiatives are particularly aimed towards this disabling condition and are also generalizable across nations, given human rights issues, aging issues, functional limitations and as employers encounter various disabilities (Baldridge et al. 2017).

In outlining this case, we desire to further advance not only conversations in disability-specific research but also hope to present generalizable strategies for increasing workplace inclusion worldwide. We outline what we refer to as NTID's three pillars for bolstering employment success: employment readiness (i.e., skill-building initiatives), employability showcasing (i.e., sensitizing stakeholders to the skill base) and post-employment support (i.e., post-employment inclusion and accessibility). NTID, one of nine colleges at the Rochester Institute of Technology (RIT, United States), is the first and largest technological college in the world for students who are deaf or hard of hearing (DHH) with cutting edge programmes aimed at increasing the employability of DHH persons, and at enhancing readiness of employers to utilize this talent. In 1968, with a pilot group of 70 deaf students at RIT, NTID's 'grand experiment' was the first attempt within the United States to bring large numbers of deaf students into a hearing college environment, to help them earn college degrees, gain successful employment, and become productive community members (Lang and Conner 2001). As of 2018, NTID boasts an alumni body of more than 8000 and an active enrolment of 1413 students across NTID's and RIT's Associate, Bachelors, and Graduate programmes (integrated with RIT). NTID students have a higher persistence and graduation rate as compared with the national rates for all students, hearing and otherwise, at two-year and four-year colleges (NTID Annual Report 2015). NTID boasts an employment rate of 94 per cent among its graduates and Associate degree graduates earn 95 per cent more than DHH graduates from other postsecondary institutions, while Bachelor's degree graduates earn 178 per cent more when compared similarly (NTID by the Numbers 2017). Overall, NTID has become an international model for educating and preparing DHH students for technology-related careers.

Data Sources

The material leading to our explication of the three pillars comes from multiple sources. First, data are drawn from archival material, including NTID annual reports, the NTID website, and the NTID Focus magazine from 2001 to 2016. We also had unfettered access to all co-operative education programmes (co-op) visit forms which outline each NTID advisor's visit with the employer and each conversation they have had with employers who have recruited DHH students from NTID. These forms helped us understand what is done to help both employers and employees ensure sustained employment success. Second, we conducted in-depth face-to-face interviews with all seven NTID employment advisors: these advisors have a key role in mentoring students and in liaising between students and employers. These interviews helped us understand NTID initiatives and challenges unique to the employment of current DHH students as well as career management strategies and challenges of DHH alumni. Third, our observations are based on our first-hand experience at NTID.

We discussed how NTID programmes fit together to impact employment success and then looked for overarching patterns. The three pillars emerged as a tool to aid comprehension and generalizability. To confirm and bolster our findings, we shared our results with four NTID experts: a former long-time NTID Dean and current professor, a NTID programme chairperson and long-time professor, the Director of NTID's Center on Employment, and one of NTID's most experienced employment advisors.

NTID's Pillars for Employment Success

Each initiative can be viewed as a stand-alone option for the sake of best practice replication. However, initiatives are all important parts of the machinery that generates long-term employment successes for students and their employers. These initiatives are also generalizable across disabilities.

Pillar I: Employment Readiness

Alliances with Global Networks

The primary aim of NTID's global alliances is to improve and expand post-secondary education and employment opportunities for DHH students globally. The flagship initiative here is the PEN-International partnership, and, from 2001 to 2011, it was funded by the Nippon Foundation in Japan. NTID spearheaded the Postsecondary Education Network. This is a multinational partnership of colleges and universities aimed at improving and expanding postsecondary education for DHH students. Specific activities are aimed at sharing educational technology and conducting faculty development and training, particularly in developing countries (Postsecondary Education Network-International 2011).

Since 2011, NTID has been working with the Nippon Foundation on a new effort to improve the quality of secondary (middle school and high school) education in developing countries. The Pre-College Education Network (P-CEN) is the new iteration of the PEN-International approach to improving deaf education in developing countries through the use of already developed networks of highly motivated and committed faculty and administrators of local and regional programmes. NTID sends faculty members to work with teachers at school programmes for the deaf to strengthen their educational offerings in developing countries. This initiative helps all partners share best practices towards building the human and social capital of those with hearing loss (NTID Projects 2017).

Alliances with National Centres of Excellence

These alliances disseminate best practices in targeted domains like technical education for high schools and community college students. A flagship resource here is the Technological Education Center for Deaf and Hard-of-Hearing Students (DeafTEC) within which NTID serves as a lead partner. This serves as a nationwide resource for high schools and community colleges that educate DHH students in science, technology, engineering, and mathematics programmes (STEM-related programmes) and also for employers who are hiring DHH individuals (DeafTEC Center Overview 2017). Best practice dissemination and building human capital are achieved through ensuring professional development for educators and through job shadowing, field trips, and internships for students. Such activities eventually help employers with successfully bringing DHH persons into the workplace (NTID News 2015).

Alliances with Academic Institutions

NTID has forged ties with education partners in the United States towards targeted human and social capital building in the healthcare and STEM domains. For example, in 2012, NTID partnered with Gallaudet University (a University located in Washington, D.C for the education of DHH individuals), University of Rochester Medical Center, and Rochester General Health Systems to expand healthcare-related career opportunities for DHH students. To capitalize on such alliances and associated opportunities, NTID's actions included the designing of websites that showcase DHH medical professionals and those in training, as well as offering web-links to resources for career preparation, education, advocacy, and law (Murad 2014). Further, a partnership with the University of Rochester has led to the creation of The Rochester Bridges to the Doctorate Program to help address the severe shortage of DHH scientists, specifically in the behavioural and biomedical science disciplines (Rochester Bridges to the Doctorate Program 2017).

NTID also has a large outreach component aimed at preparing students for STEM and healthcare careers through targeted academic competitions and career camps. To achieve this, NTID has forged alliances with high school and middle school programmes for the DHH around the United States. Specifically, the TechGirlz and TechBoyz programme is targeted towards DHH middle school students to expose them to the possibility of technical careers. A mathematics competition is targeted towards the same group to help generate interest in mathematics (NTID News 2014). In addition, a one-week Healthcare Careers Camp was established for DHH high school students who may be interested in healthcare careers. As a final example, NTID houses the Center of Education Research Partnerships which collaborates with researchers globally to study the education process of DHH individuals so that DHH individuals can become effective learners and enjoy better employment opportunities as well as physical and emotional health (Convertino et al. 2009; Marschark et al. 2004).

Alliances with Employers

These are aimed at inculcating multidisciplinary thinking to create disability-specific accessibility solutions. Two specific activities here include creating products and services for the DHH community and producing specific access and instructional technologies for internal and external partners. As an example of the first, NTID coordinates an annual competition called The Next Big

Idea (sponsored by a video relay service company ZVRS) in which cross-disciplinary teams of DHH students work together to create a product, technology, or business useful to DHH people. Winners typically continue to work on their business ideas through entrepreneurship-specific programmes offered at RIT (NTID Competitions and Camps 2017).

As an example of the second activity, The Center on Access Technology (CAT) Lab brings together faculty and students to collaborate on multidisciplinary projects related to developing and producing access and instructional technologies for internal and external partners. Most external partners are organizations that have approached NTID regarding provision of accessibility solutions. For instance, state of the art 911 telephone response systems, the use of avatars to improve direct communication support for DHH users, and video technologies for classroom use have been developed using state of the art video conferencing products. Such applications and products are not only directly beneficial for DHH individuals, but also greatly help students develop technical skills and gain meaningful experience (Center on Access Technology 2017). Another outcome has included development of a flashing light to alert DHH persons to incoming calls, which resulted from collaboration between a video relay services company and the CAT Lab. This also increases NTID's employer network towards jobs for DHH students.

Personalized Mentoring

This is aimed at students' learning of professions, aptitude, soft skills, and advocacy skills. This is achieved through activities such as targeted camps, face-to-face and email-based mentoring sessions, role playing, and student ambassador initiatives. Targeted camps serve as a feeder for enrolment to college programmes, including NTID. For example, the Steps to Success, a one-week camp for under-represented DHH students (e.g., African American, Latino, Native American students), is aimed at exploring technical careers. Explore Your Future camp allows high school juniors to narrow down their career interests. SpiRIT, a national contest in which DHH high school students send writing samples to compete for prizes, allows for language development, a foundational skill for future careers. This is especially noteworthy because traditionally written English has been a challenge for many DHH students (Lederberg et al. 2013).

Employment advisors understand students' hearing constraints, backgrounds, and career aspirations through face-to-face sessions. These sessions, coupled with ongoing email-based support, not only aid career development, but often help uncover non-academic issues that may be holding students back (e.g., transportation and other access issues particular to hearing loss). Students are taught to explain to employers that being DHH is part of human diversity and that while it may be necessary to communicate differently at times, effective communication can be achieved. Employment advisors also engage students in role playing to develop improvisational skills. Overall, with regard to employment readiness, alliances and personalized mentoring not only help directly with skill-building from a young age, but also indirectly through forays into and cementing of networks that potentially lead to employment.

Pillar II: Employability Showcasing

NTID also focuses on showcasing the talent of DHH students to employers. Talent is not only directly showcased through cooperative programmes, targeted job fairs, and connections with employers, but also through Working Together Workshops, designed to sensitize employers about the special needs of the DHH population.

Cooperative Programmes

A cooperative work experience is required for most of NTID majors (roughly 90 per cent) to showcase talent and to prepare DHH students for the competitive working world after graduation. Each year, on average, more than 270 DHH students complete paid cooperative work (co-op) assignments with employers throughout the United States. DHH students are encouraged to discuss communication strategies and needs with their employment advisor. They are also reminded to make the co-op a positive experience for themselves and their employer, since these DHH students represent themselves, NTID, and other DHH persons. To this end, employment specialists are in constant communications with co-op students and their supervisors during the co-op experience.

NTID Job Fair

This unconventional fair is targeted exclusively to DHH students and approximately 40 organizations, whose goal is to target specific populations to support diversity and affirmative action efforts, are invited to attend this event so they can recruit students for co-ops and permanent positions. A unique feature of this job fair is its specialized training sessions for HR professionals and hiring managers. These sessions are aimed at dispelling myths about attributes and expectations of DHH persons, and to showcase this collective as a talent pool. NTID alumni representing their organizations at this job fair are welcomed not only as employer representatives who can scan through employable talent at NTID, but also as role models for job seekers. According to employment advisors, such alumni are also critical in terms of sharing tips and strategies for success in a workplace where most people hear 'normally'. These alumni also serve as encouragement to other employers at the job fair.

Connecting with Employers

To facilitate placement in internships or full-time employment, NTID has a team of seven full-time employment specialists who are charged with developing employer relations, assisting students in their job search, and educating employer representatives. Specialists work with vocational rehabilitation agencies and with their extended networks (e.g., DeafTec) to identify possible opportunities across the United States. Employment advisors also proactively seek to network with HR managers, be it through initial contacts with hiring managers or through attending conferences in the United States where HR leaders are likely to be present. This, we were told, helps ensure that any myths employers have are dispelled. For example, some myths that advisors have refuted included the idea that extra time is needed for training DHH persons, or that accommodation costs are unaffordable. Finally, employment advisors seek connections with employers and also educate employers (e.g., about disability etiquette and effective communication strategies) through national webcasts and forums such as the Society for Human Resource Management (SHRM) Diversity Expo and the United States Business Leadership Network Conferences.

Working Together, Deaf and Hearing People workshop

Working Together is an interactive workshop which helps supervisors, co-workers, HR managers, and diversity and disability hiring professionals integrate DHH employees into their organizations. Hearing participants are given hands-on experience and are sensitized to the needs of DHH employees. The workshop addresses areas of concern expressed by potential employers including safety, accommodation costs, and communication. NTID is celebrating 33 years and 1000 workshop presentations. The 1000th workshop was held at the Portsmouth Naval Shipyard in Maine in March 2017.

An employment advisor specifically noted the importance of these workshops for immediate managers/supervisors of DHH employees because they serve as role models for the entire team. This advisor also noted that inclusion is not only within the confines of the physical workplace, but is about inclusion in other activities, such as picnics and other social events which involve the team. The workshop also covers workplace accommodations such as video relay services and so on. Finally, all stakeholders are made aware of Deaf Culture, etiquette in working with DHH persons, and cultural norms within the deaf community. For example, employers are sensitized to the fact that the term 'hearing impaired' is generally not accepted in the Deaf community. Overall, employability showcasing is aimed at both gaining jobs for DHH students and also at sensitizing stakeholders to students' accommodation and communication needs.

Pillar III: Post-employment Support

Employment specialists continue employment success-related efforts post placement because staff needs change within organizations given turnover and continual hiring. Further, such post-employment engagement ensures that any pre-employment conversations and sensitization are actually making a difference in the organization. One such activity is formalized (the visitation programme) while the other one is engaged on an as-needed basis (custom solutions).

Visitation Programmes

Employment advisors follow up with employees (NTID students on co-ops or alumni working full time), their immediate supervisors, and HR managers. This follow-up is typically conducted after a few weeks of employment and serves as a 360-degree post-employment follow-up. For each case, the advisor writes a comprehensive report detailing the nature of the job, accommodations provided or needed, if the employer is willing to engage further with NTID, and if/how NTID could further help students settle into their new work roles. Doing so not only benefits the employee but also the employer, as both parties understand how talents of the employee can be utilized across different job roles. This follow-up can uncover unexpected issues, for example wherein the visitation programme showed how well-meaning managers were unintentionally isolating a new deaf employee. In this case, the managers were introducing the new employee to others in corridors and other open spaces, in the spirit of making this employee feel welcome. However, the managers failed to explicitly note that the new employee was deaf and consequently co-workers took the newcomer to be rude, not returning small talk and isolated him. The visitation programme led to the resolution of this issue.

Custom Solutions

These can come about as a result of the aforesaid visitation programme or as an ad hoc solution when students or the employer reach out to NTID. In one extreme case, a DHH student who was placed in a school kitchen reached out to NTID employment advisors when co-workers were being rude and throwing things at her (e.g., paper plates and spoons) to get her attention. Co-workers thought it was all in good fun and wondered why the deaf employee was 'always crabby and complaining'. The deaf person felt humiliated and reached out so that NTID could run a sensitization session which eventually led to inclusive behaviours. Oftentimes, solutions are aimed at the employer, where an employer was being proactive in wanting to accommodate a deaf student by wanting to buy an iPad so that the student could type what he wanted to communicate. While the advisor indicated that this was a proactive and helpful idea, the advisor also gently noted that using pen and paper would be equally effective and much less expensive. Sometimes custom solutions are initiated by the employer and taken forward by NTID. For example, NTID helped a multinational financial services firm develop a comprehensive guide that included how to interview, hire, and accommodate DHH individuals across different departments. In each case, advisors ensure that students understand that it is their primary responsibility, not the employers, to take charge of employment-related situations. Overall, enhancement of post-employment experiences is achieved via both formal and informal initiatives and is aimed at ensuring that all stakeholders work towards full inclusion and utilization of talent.

NTID Pillars, Research, and Practice

Here, we discuss how NTID pillars and associated initiatives align with extant disability workplace research, and outline implications for leaders in the spirit of best practice dissemination. We have combined certain NTID initiatives (e.g., alliances with external partners) so as to juxtapose them with extant research and to draw out non-redundant and practicable implications for research and practice.

Pillar I: Employment Readiness

Persons with disabilities face an uphill battle in employment situations (Kulkarni and Lengnick-Hall 2014). Barriers exist in the form of myths about the skill set (Lengnick-Hall et al. 2008), lower level vocational choices given barriers to early educational opportunities (Feldman 2004), lack of job choice (Davis 2018), and overall discrimination (Harcourt et al. 2005; Schur et al. 2009). Those with a disability may also not make efforts to obtain education perceiving lack of choices or because they do not have access to educational opportunities (Feldman 2004). Employment readiness is thus critical to successful employment and early career experiences are especially valuable, as they can set the stage for later career paths and career development (Feldman 2004). Lower aspiration levels, delays in fixing career paths, and lower access to accurate career-related information especially pose direct barriers to eventual vocational choice and success, a set of relationships moderated by the quantity and quality of educational counselling and testing (e.g., co-op work experience; Feldman 2004). Early education-driven readiness can also mean that those with higher education are less likely to perceive later workplace discrimination (Balser 2000) and that such individuals have higher chances of getting required workplace accommodations (Florey and Harrison 2000). Access to employment and post-employment success are also heavily dependent on accommodations, which may be implemented for legal and/or economic reasons (Vornholt et al. 2018). In any case, accommodations can be seen as expensive and hence resisted (Florey and Harrison 2000), or because individuals may themselves not want to ask for reasonable accommodations (Baldridge and Swift 2015). Consequently, NTID students are educated in the different accommodations, allaying employment barriers as more employers understand accommodations and more employees suggest and request reasonable accommodations (Kulkarni 2016).

Juxtaposing past research with NTID initiatives allows us to highlight the following implications for HR leaders regarding employment readiness. To dispel myths and stereotypes about the DHH talent pool and others with disabilities, expand diversity efforts, and engage proactively to build a diverse talent pool, employers can engage with the likes of NTID and/or their global partners. Such engagement can be in the form of helping prepare vocational training materials, participating in targeted camps or competitions, and working with diverse stakeholders (including students) towards building disability-specific technology and accessibility. Employers can also showcase existing talent through their own websites to encourage and sensitize potential employees as well as internal stakeholders, such as potential and current supervisors and co-workers, to skill sets that are relevant within workplaces.

Pillar II: Employability Showcasing

Given the aforesaid barriers to disability-specific hiring, showcasing the merits of this and other talent pools helps in identifying and supporting talented people from these groups. This is because, apart from said barriers, employers do not always recruit from sources that yield more candidates with disabilities, for example, they may recruit only in mainstream educational institutions (Stone and Colella 1996). In addition, employers may screen candidates with disabilities based on certain biases about perceived poor-fit with certain jobs (Louvet 2007), although employability showcasing can help overcome such barriers.

Employability showcasing is aided by disability employment agencies and disability advocates (Hernandez et al. 2008; Tucker et al. 2017). Further, diversity training or sensitization workshops can contribute in the aggregate to employers' economic performance (Armstrong et al. 2010) and is vital as legislation alone may not always have the intended effect on organizational inclusion (Cocchiara et al. 2010). In alignment with such research, NTID's initiatives seem directly helpful. Specifically, NTID's career fairs targeted exclusively for DHH students not only allow for direct showcasing of talent, but also allow for an opportunity to train employers and dispel myths. What we find particularly useful is the fact that NTID also maintains a presence in targeted conferences to proactively meet with HR leaders to showcase talent and dispel myths. An example of this, NTID representatives man an exhibit booth annually at the SHRM Diversity and Inclusion Conference to talk with employer representatives. In addition, presentations are given at these targeted conferences about what NTID may offer to those employers who are seeking to expand their recruitment efforts.

Comparing past research and NTID initiatives highlights how employers, who are interested in hiring from special talent pools, can attend career fairs to not only identify talent but also to learn something about a talent pool they may not know, even if they do not intend to or cannot hire immediately. Such attendance allows employees to craft jobs based on tweaking of essential functions and tasks to accommodate diverse abilities. In enables employers to work with partners, such as vocational rehabilitation agencies, to groom talent in a manner that can lead to eventual jobs. Such engagement could take the form of volunteering time to train students and funding assistive technology initiatives. Finally, employers can pay for sensitization workshops, not only when they have hired someone but also when they plan to do so, so that they know what to expect and how to best utilize and include talent from underutilized groups.

Pillar III: Post-employment Support

Post-employment obstacles make an appearance in the form of accommodation provision (a point noted earlier), organizational integration/isolation, and career management (Kulkarni and Lengnick-Hall 2014). Key barriers to successful integration include unrealistic expectations and associated frustrations on the part of focal employees with disabilities, lack of substantive interaction with co-workers, granting of projects incommensurate with ability, poor managerial expectations of the employee, lack of role models or mentors and poor feedback quality (Jones 1997; Snyder et al. 2010). Again, NTID initiatives seem to help overcome such post-employment obstacles through the unique initiatives which help both employees and employers. For example, the visitation initiative allows all stakeholders to interact regarding the nature of the job, and accommodations required. Custom solutions can help with deeper engagement to directly increase communication amongst all stakeholders, including focal employees with disabilities. Employers can consider both ad hoc as well as pre-decided audits that cover multiple angles, as organizational enablers may help one set of individuals while marginalizing others who may have a disability. Ad hoc or periodic audits can uncover such issues and foster a positive diversity climate in the organization. Finally, as either the likes of NTID or the employer tap into extended networks (as part of custom solutions), they can get access to both human and social capital that has positive ramifications beyond that of a focal employee.

Conclusion and Future Research

Here we outline future research based on each aforesaid pillar. Regarding employment readiness, while research has helped us understand barriers to and outcomes of readiness, analysis of NTID also reinforces the need for additional research. For instance, there is a lack of research which examines exactly how alliances with employers inculcate multidisciplinary thinking aimed at disability-specific technology. Research also needs to consider how technology development enhances accessibility of products and services, and how much business impact such accessibility products create for organizations. Regarding research on employability showcasing, we see the need for future research on how targeted job fairs lead to hiring and the impact on the extent of later organizational inclusion. That is, does hiring at such fairs lead to greater organizational inclusion and career success? The same can be examined for employment attempts through targeted conferences. As another example, future research could examine the efficacy and boundaries of sensitization workshops. This is because while research suggests the importance of sensitization training and employers seem to engage in such, empirical evidence for the effectiveness of sensitization training is equivocal (French 1992) and needs examination.

Finally, regarding post-employment-related research, it is important to understand which visitation programmes (or any kind of follow-up) help, and if so how much and in what way? It is entirely likely that there is diminishing marginal utility of such programmes for individuals as they develop organizational roots. It is also likely that such diminishing utility is true also for employers who may gain expertise in managing diversity. Thus, research is needed to examine the nature and duration of various follow-up initiatives to understand optimal approaches. Research could also examine if custom solutions encourage organizations to build positive diversity climates or if they make employers rely on external help when needed in an ad hoc manner; without addressing the overall diversity climate. Overall, we hope to create bridges between diversity researchers, programmes like NTID, and employers interested in creating inclusionary workplaces. As researchers engage in discussing points we have raised, they may come up with practicable answers to more fully aid workplace inclusion of persons with disabilities.

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Part IV

Levels of Employment

14

The Impact of Pain on Work and Professional Careers

Sandra L. Fielden and Piers J. A. Lesser

Pain is the second commonest reason given for absence from work with an annual loss in the UK of 30.8 million working days (Office for National Statistics 2019); it costs the US $635 billion in lost productivity and medical bills (£470 billion) per year (Esquibel and Borkan 2014); for Sweden it is SEK 87.5 billion (£7.37 billion); and for Australia lost productivity costs AUS$1.4 billion (£0.77 billion) (Phillips 2009). According to the World Health Organization (WHO 2018), musculoskeletal conditions are the second largest contributor to disability worldwide, with the greatest proportion of persistent pain accounted for by musculoskeletal conditions. In addition, the Global Burden of Disease 2016 survey (GBD 2017) highlights the significant disability burden associated with these conditions, being the second highest contributor to global disability. The prevalence of musculoskeletal conditions varies by age and diagnosis, with 20–33 per cent of people across the globe living with a painful musculoskeletal condition. Chronic widespread pain (CWP) is defined as musculoskeletal pain in multiple locations that represents generalized body pain (Okifuji and Hare 2014) and is one of the three most common reasons for long-term illness and disability (Löfgren et al.

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2016). In some individuals these pain symptoms persist indefinitely and develop into a chronic condition (i.e., pain lasting over three months or continuing beyond the duration of expected healing), for which the emphasis is on managing the condition, as opposed to curative measures, for example, Fibromyalgia, rheumatoid arthritis and Parkinson's disease (Magrinelli et al. 2013).

The relationship between the physical, psychological and psychosocial elements of pain is extremely complex, with individual differences playing a crucial part in pain perception and disability (Boersma et al. 2014; Casey et al. 2008). Elements such as negative pain beliefs, pain chronicity, depression, learned helplessness, cognitive distortion and pessimistic beliefs about the future interact to create a state of pain and disability. Chronic musculoskeletal pain, a subset of CWP is known as Fibromyalgia Syndrome (FM). FM is characterized by hyperalgesia (i.e., an increased sensitivity to pain [Okifuji and Hare 2014]); it is a chronic, frequently debilitating illness for which there are no definitively curative treatments, although most generally used approaches focus on an individual's psychological and psychosocial functioning, as well as physical components (Nielson and Jensen 2004). Although technically separate conditions, CWP and FM can be treated as overlapping entities (Okifuji and Hare 2014), consequently we have used case studies of individuals with FM to demonstrate how pain interacts on individual's experiences of work and disability. Interestingly, 80 per cent of those diagnosed with FM are women, thus our case studies are based on the experiences of women (Löfgren et al. 2016; Weir et al. 2006). In order to explore the impact of CWP and FM on experiences of work and disability, this chapter focuses on the mechanisms of these impairments, how they are measured and treated, and how they impact on disability and work.

Fibromyalgia is useful as an exemplar as it is frequently reported to be characterized by women from lower socioeconomic backgrounds, exhibiting behavioural problems (Löfgren et al. 2016). There appears to be a paucity of research that has looked at an educated, skilled population from higher socioeconomic backgrounds, consequently we present two case studies to highlight the differences in the experiences of two professional women (one managerial and one business owner) suffering from FM, relating those experiences to the understanding, measurement and treatment of FM, and the impact that their experiences has had on their ability to work, as well as the consideration of how clinicians and organizations can assist employees with CWP and FM.

Mechanisms of CWP and FM

Pain evolved as a survival mechanism warning of tissue damage and is a combination of external stimuli and pre-existing patterns in our brains built up from previous experience (Cohen and Mao 2014). The IASP (International Association for the Study of Pain) definition of [human] pain is 'an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage'. The transmission of a stimulus to our perception is a series of transmissions from one nerve to the next via synapses, each of which provides an opportunity to modify the transmission (Stucky et al. 2001). In the past, prior to the gate theory (i.e., a mechanism that exists within the dorsal horn of the spinal cord, the connections within which determine when painful stimuli go to the brain) (Melzack and Wall 1965), it was believed that the experience of pain was proportional to the strength of the afferent (incoming) peripheral nociceptive drive in the area perceived to be painful (Harper et al. 2016). However, the perception of pain does not function in this manner, with some individuals experiencing intense pain with no nociceptive stimulation and others with serious injuries reporting minimal pain. The placebo effect demonstrates this phenomenon very graphically. One of the reasons for this is Neuronal Plasticity (NP), which is a term used to refer to rapid or longer term changes in the nervous system (Cramer et al. 2011). Changes in neuronal structure; connections between neurons; and alterations in the quantity and properties of neurotransmitters, receptors and ion channels result in changed functional activity of neurons in the pain pathway. NP can modify the pain inhibitory systems, resulting ultimately in decreased or increased pain. Injury, inflammation and disease can all induce neuronal plasticity and increase pain by means of increased excitatory or decreased inhibitory mechanisms (Stucky et al. 2001). Like memory (the processing of which has similarities to the processing of pain), there are differences in immediate, medium and long-term effects of a painful stimulus, and the ability of the central nervous system to modulate pain signals applies not just to the moment of initiation of pain, it also allows change in pain perception with time. The phenomenon of temporal summation can process an innocuous stimulus to become painful when invoked repetitively. NP can result in short-term changes that last minutes to hours, or long-term changes which may become permanent. Even transient stimuli can induce gene expression in the cell body of the neuron that causes new receptors to form and change the structure of the cell and thus its longer term function. Consequently, there is no known chronic pain condition where the observed extent of peripheral damage engenders a consistent level of pain across individuals (Harper et al. 2016).

In the case of FM, changes in the central nervous system (CNS) of the spinal cord and brain can thus manifest themselves as being structural, functional or metabolic, resulting in a chronic pain syndrome, characterized by widespread muscle pain, tenderness and fatigue (Löfgren et al. 2016). Common symptoms also include: disturbed sleep, cognitive problems, bowel and bladder dysfunction, decreased muscle endurance, mood disturbances, memory problems, vocabulary deficits and anxiety (Dick et al. 2008). The pathophysiological nature of FM is multifactorial and there have been a number of explanations of what occurs in those suffering from FM, for example, a deficient regulation of blood flow in muscle during physical activity (Gerdle et al. 2010), a disturbed function of the central nervous system (Cohen and Mao 2014) and an impaired inhibition of pain (Linder et al. 2014). Depression is often seen as comorbid with FM which is associated with dysregulated inflammation in the CNS (Burke et al. 2015), with a rate of 22 per cent compared to 7 per cent of the general population, and is inversely related to work capacity (Linder et al. 2014). In addition, over and above the effects of depression, FM sufferers can experience: pain-related anxiety; 'fear of pain' and associated avoidance of movement that causes pain (fear-avoidance); catastrophizing (i.e., an exaggerated negative mindset brought to bear during actual or anticipated painful experience) (Sullivan 2009; Westman et al. 2011). These cognitive disrupters play a key role in the pathophysiology of chronic pain, shaping individual differences in both the experience of FM and treatment outcomes (Lee et al. 2018). It is not surprising, given the psychological stress that FM sufferers are under, that they report significantly reduced quality of life and an increased inability to work, with research clearly demonstrating a clear relationship between pain and the other symptoms of FM (e.g., Sullivan et al. 2013).

As CWP can only be really understood from the perspective of the individual, the following case studies explore the experiences of two FM sufferers from two different perspectives. Case Study 1 documents the relationship between Lindsay's declining health, her career and ultimately her ability to work. In contrast, Case Study 2 looks at how Helen has been able to return to her working life since she has received a diagnosis and appropriate medical interventions.

Case Study 1: Lindsay

A 55-year-old woman who suffers debilitating pain and exhaustion due to Fibromyalgia, Crohn's Disease, Irritable Bowel Syndrome, Diabetes, as well as arthritis in her hands and feet. In addition, her medication is restricted due to reactions to morphine-based drugs. She began working in the UK National Health Service (NHS) as a receptionist, progressing via staff training and deputy manager, to the post of practice manager which she held for nine years, although, due to poor employment practices and the need for flexibility, she is now working again as a receptionist. Her previous employment, working for a General Practitioner (GP) practice as Practice Manager, ended badly when, after a period of four weeks ill health, she was accused of working three to four hours below those she was contracted for. Yet when she analysed the sign-in logs she was actually working at least three hours over her contract hours each week and was not paid overtime even when called in on weekends. ACAS (Advisory, Conciliation and Arbitration Service) advised her that they were in fact in breach of contract, had unlawfully deducted wages, which cumulated in constructive dismissal. She had a strong case to take the employer to an Industrial Tribunal but, due to high levels of fatigue and constant pain, could not face going through such a demanding process. Consequently, all she received was the deducted wages.

Lindsay is adversely affected by work pressures, as she does not have the physical reserves to work in the same way as other employees. She has great difficulty climbing stairs, sitting down for more than 20–30 minutes, is limited in how far she walks and is constantly tired and in pain. In a morning she has to get up two hours before she leaves for work in order for her pain medication to take effect and for her to get washed and dressed. As with her previous employer, no attempts have been made by her current employer to investigate the possibility of reasonable adjustments, rather they have pushed her to do things which are detrimental to her well-being. For example, on explaining that she was having substantial difficulty having to repeatedly carry trays full of work and could no longer continue, her manager told her to take a short break and get back to it.

She began in the role of Office Manager at her current employer but after only a few months was told that she was not doing the job and they would not pay her as such. In fact, she could not perform her job because answering the phones to patients took priority and, with a receptionist down, it took most of her time. This was compounded as the impact of pain on her concentration levels made it difficult for her to shift from task to task easily. Consequently, she was offered the post of receptionist at another surgery owned by the same directors, at a reduced rate of pay and no formal contract. Also, when it came to allocating bonuses she received 50 per cent of that received by other staff. It seems that these employers are also guilty of constructive dismissal, discrimination on the grounds of ableism, exploitation and generally poor employment practice.

Lindsay reflects that she has never had any advice or support at work and they do not even accept that she falls within the disability category protected by the Equality Act 2010. Neither employer gave any concessions because of the pain and, in her current job, she has to make up any hours she needs to take off work to attend hospital or clinical appointments. She suffers from bouts of depression, questioning the point of it all. Her sleep is very disturbed by leg and arm pain. Lindsay is very concerned about the effect all of this is going to have on her pension, especially as her previous employer failed to pay the correct pension contributions. Her distress is increased as she works for GPs, who ought to have a grasp of the ramifications of pain on an individual's working life. She feels that that people do not understand the impact of pain on physical and psychological health and how debilitating it is, writing it off as something that people can control.

Case Study 2: Helen

A 60-year-old owner of a hair salon, Helen has suffered from many debilitating issues for the last 20 years, and it is only recently that she has received a diagnosis of Fibromyalgia and pain medication. Over the last ten years her condition began to deteriorate but she was determined to keep on working. However, as the pain increased she was able to do less and less. As she owns the business she was able to make all the necessary accommodations but believes if she had worked for someone else she would have been out of work several years ago.

She had visited the doctors many times and was told that the problem was her weight, so they put her on water tablets to remove the build-up of fluid in her legs. The pain kept on getting worse and the times she could work became more and more unpredictable. Her best friend told her not to be so lazy, and no one understood because they could not see anything wrong with her. She started to fall asleep whenever she sat down, and her physiotherapist admitted that there was nothing more she could do for her. She got the point when she could no longer continue and told her doctor that she 'could not take any more'. Her doctor said that he would 'mend [her]' and 'put [her] back together'; however, when he did not make any progress he 'sacked me off'. She went to see yet another doctor who finally began the process of diagnosis. Helen feels that she has had to fight for everything and that she has had no real help until recently. She was told by a woman from the benefit service that Fibromyalgia is a benefit dodge because you cannot see it, and anyone can say they have it. She still went into the salon everyday but said she "felt like a spare part, like my life was over"; she had become unable to stand, could not cut hair, had given up driving and was reliant on a mobility scooter to get around.

Helen says that now she has a diagnosis and is receiving treatment, she feels like 'I have my life back' and says that this is just the beginning of the treatment. She said it was the support that kept her going, and was sure that if she had not had the support of her co-workers and customers, she would not be here now (i.e., she would have committed suicide), although her relationships have changed. Helen now goes to bed at 7 pm and has had to cancel many social engagements simply because she was not physically able to undertake them. Her best friend gets angry at her for not being able to do the things she did before; however, Helen is an optimist and is sure that she will get her life back.

Measuring and Treating CWP and FM

Pain assessment is a critical prerequisite for pain diagnosis and classification to guide clinicians to determine which treatments may be effective, with the focus on the restoration of function, including health and work ability (Fillingim et al. 2016). Since pain is inherently a subjective sensation, evaluation is also subjective, and the measures in use have significant limitations with no gold standard objective measure of pain at present. Visual analogue scores (VAS) are not linear, so a pain score of six does not mean that the pain is twice as bad as three, anymore than ‘F’ is twice as much as ‘C’ (Klimek et al. 2017). Nevertheless it is accepted that they are treated mathematically, even though in reality they are rank order rating scales. At present the evaluation of pain has much more in common with psychology than that of biochemistry, with the use of psychometric scales, such as VAS, to document subjectively perceived symptoms. Clinicians and researchers must rely on the patient’s self-report of pain severity. As such, the identification of objective markers that could simultaneously validate chronic pain symptoms and be used in elucidating underlying pathologic processes would be of significant benefit (Napadow et al. 2010). This mechanistic variability has made the development of effective clinical interventions and therapies difficult, and it is increasingly recognized that in order to effectively treat pain the individual needs to be treated from their own mechanistic standpoint (Wieckiewicz et al. 2015). For example, in peripheral nociceptive pain such as trauma or surgery, the pain goes away when the nociceptive afferents are no longer stimulated, making treatments such as opioids or anti-inflammatories very successful (Harper et al. 2016). In peripheral neuropathic pain (e.g., neuralgia or diabetic neuropathic pain), the primary nociceptive afferents are damaged or dysfunctional and only respond to some drugs. Pain may resolve with healing or in some cases the pain becomes permanent. Treatment using centrally acting drugs achieves a satisfactory response in no more than 30–50 per cent of individuals (Magrinelli et al. 2013), with non-pharmacological treatments (e.g., physical exercise and cognitive behavioural therapy) also having some evidence for their success. Similarly, interventional medical treatments can be used but are not uniformly successful. This further supports the belief that an eclectic approach can achieve only limited results and only a highly specific approach to the individual’s experiences can be effective.

There is increasing emphasis on the relationship between pain and psychosocial processes, especially in relation to chronic musculoskeletal pain and disability (Boersma et al. 2014), with it being claimed that psychosocial factors are proven predictors of chronic pain and disability in the acute and subacute stages of pain: arguably this has limited application in practice. These factors include emotional factors (e.g., stress, anxiety and depressed mood), cognitive factors (e.g., beliefs, expectations and catastrophic interpretations) and behavioural factors (e.g., avoidance, coping strategies and passivity): those individuals with the highest risk factors show the highest levels of pain. However, they do not distinguish between individuals whose pain results from an injury as opposed to those who acquire the condition through the course of life. Neuropathic pain can be evaluated using scales such as Leeds Assessment of Neuropathic Symptoms and Signs (LANSS) (Bennett 2001) and quantitative sensory testing (QST). For FM there is the Fibromyalgia Severity (FS) score, which is a combination of the Widespread Pain Index (WPI) (i.e., a count of 18 painful sites) and the Symptom Severity (SS) scale (Wolfe et al. 2016). In the FM research there appear to be crucial differences in how the antecedents of FM are viewed. Some research has taken the approach that psychosocial and socioeconomic factors, fatigue and sleep, workplace stress and behaviour problems are predictors of FM (Wolfe et al. 2011), whereas others take the view that these are outcomes of FM which are useful in the diagnosis and treatment of FM but are not a cause of FM (e.g., Dick et al. 2008; Wideman and Sullivan 2011). In addition, while it is claimed that measures such as FS, WPI and SS are objective, they use discrete variables (WPI—yes/no) and four-item rating scales (SS—no problem/severe problem) in order to produce a scale total. As the WPI scale does not allocate a measure of pain experienced by the individual in the region specified and the SS does not cover the key symptoms of FM (see Wolfe et al. 2011 for an argument against this inclusion), the resulting total cannot fully reflect the experiences of FM sufferers. For example, if on a person's personal 1–10 scale of pain they initially experience pain of 6–7 but if this is experienced on a daily basis this then becomes 'normal' and what they measure all future pain against. This can and does fluctuate dependent on a number of physiological, psychological and sociological factors.

Although the above measures are widely used, especially the WPI and the SS, they are all based on self-report and as such are highly subjective: they are as much a reflection of the clinician's ability to administer the measure as they are of the pain suffered by the patient. A recent self-report scale developed by Cook et al. (2013), the Pain Behaviors Self-Report, uses 'behaviours that typically indicate to others that an individual is experiencing pain'. It includes non-verbal displays, sighing, crying, guarding and facial expressions, as well as verbal reports. As opposed to pain itself, pain behaviours are observable and quantifiable, and they can communicate the pain being experienced to others and are often effective in eliciting support from others. It is easier for individuals with chronic pain to recall their behaviours than it is for them to provide an assessment of their pain levels, especially as the way in which individuals describe pain varies depending on age, gender, condition and race (Jensen et al. 2013; Stotts et al. 2007).

Once diagnosed there is a range of treatments available to sufferers of CWP and FM, including pharmacological, physical and psychological, which vary between and within countries (Bicket and Cohen 2018; MacFarlane et al. 2017; Magrinelli et al. 2013). Lindsay was fortunate to get an early diagnosis, but it took Helen years, going between clinicians to finally get a diagnosis.

Helen's case study clearly highlights the relationship between her lack of clinical diagnosis and her quality of life and ability to work, all resulting from a lack of appropriate treatment. It is crucial that individuals are involved in the decisions around their treatment, which strengthens their own resources and can reduce stress through increased self-efficacy (i.e., a person's belief that they can achieve the goals they set themselves) (Glavare et al. 2012; Jones 2016). For some, like Helen, drug interventions worked extremely well, whereas for Lindsay they provided limited efficacy. The benefit of being involved in all aspects of their treatment is possibly even stronger for professionals, such as Helen and Lindsay, who have higher levels of internal locus of control and self-efficacy (Broadbridge and Fielden 2015).

Work, Disability, CWP and FM

Work is a key factor in the physical and psychological well-being of individuals, as well as being an important source of social support, especially for women, and the loss of work through disability can lead to feelings of loneliness, social isolation and economic hardship (Löfgren et al. 2016). Close personal relationships can be placed under greater strain as a result of job loss and if these relationships fail to provide the expected level of support, individuals may withdraw from the relationships (Fielden and Davidson 1999). As Helen pointed out, because there are no visible signs of Fibromyalgia, family and friends can be not just unsupportive but actually uncaring and hurtful. Close relationships that do not survive the impact of a disability through pain will not just deprive individuals of an important source of social support but become an additional source of stress and a potential loss of those who act as carers. This has been found to be particularly deleterious for managers and professionals (Fielden and Davidson 1999), although they are more likely to have an elevated source of self-efficacy, which enables them to adjust better to their situation and reduces the chance of them engaging in inappropriate coping mechanisms, such as fear of movement (Jackson et al. 2014). Work is also significantly related to depression, developing positive coping strategies, higher activity levels and diverting attention, and protecting individual's mental health (Tan et al. 2001).

The more effective an individual's coping strategies the more likely they will be able to retain at least some level of paid employment, although not at full capacity (Beaton et al. 2005). It is claimed that this is particularly relevant to musculoskeletal disorders, as can be seen from Lindsay's experiences, although maintaining some level of work is contingent not only on the individual but on the workplace proving necessary adjustment, receiving a prompt diagnosis and effective treatment. This can be monitored with questionnaires, such as the Work Limitations Questionnaire (WLQ), which assist employers in developing a more objective picture of the individual's capacity for different elements of work (Beaton et al. 2005).

Chronic pain represents a significant indirect cost to employers in terms of lost productivity; although many people continue to work with chronic pain, the focus is on work-related absences (van Leeuwen et al. 2006). Interestingly, there is no shortage of literature looking at the relationship between disabilities from musculoskeletal conditions and how to assist individuals to get off benefits and back to work (for a comprehensive review, see Escorpizo et al. 2015). It is perhaps no wonder that Helen's doctor viewed patients claiming to have Fibromyalgia as benefit dodgers, although there are guidelines set out by the NHS about who can diagnose Fibromyalgia and the criteria for doing so. In addition, there is minimal evidence to support the effectiveness of the rehabilitation programmes on offer, except those which focus on the individual and their specific needs (Löfgren et al. 2016; Suoyrjö et al. 2009). Rehabilitation programmes that involve the individual in every aspect of decision making and support them in their return to work increased the individual's coping ability, with women with chronic pain benefiting more from such an approach than men (Jensen et al. 2005). Lindsay's case study highlights the poor outcomes that occur when individuals do not have access to rehabilitation programmes and/or their organization fails to make accommodations within the working environment that would alleviate the barriers faced by those with chronic pain.

Conclusion

It is really important to recognize that the relationship between the stimulus and the consequence of chronic pain is not deterministic and is extremely variable and the International Association for the Study of Pain's (2019) definition of pain does not tie the experience of pain to the stimulus, considering pain and suffering to be separate matters. The measurement or evaluation of pain is essentially subjective and there is no measure better than a subjective report. The impact of individuals suffering from chronic pain on work performance is related to the level of pain experienced, with higher levels of pain strongly related to disability and the inability to work (Okifuji and Hare 2014). One of the key issues for both Helen and Lindsay was receiving a diagnosis, yet the way in which WCP such as FM is measured is highly subjective and completely reliant on self-report from the individual. What do questions such as on a scale of 1–10 how would you rate your pain accomplish? The answer is relative to what pain an individual has experienced previously and as that is unknown it is simply an abstract concept. Although it is not possible currently to measure pain directly, behaviours that demonstrate if an individual is experiencing pain can be objective, for example, the Pain Behaviors Self-Report (Cook et al. 2013). This tends to provide clinicians with a much more accurate assessment of an individual's condition than more traditional methods (Dixon et al. 2007).

The perception that you cannot easily measure FM appears to lead to the assumption that those from lower socioeconomic backgrounds often 'claim' to be suffering Fibromyalgia, with the assumption being that they are doing so to get out of work and enter the benefit system. Studies rarely consider more than the age and gender of their sample, with characteristics such as education, salary and occupational status generally absent. The lack of this differentiation makes the identification of individual's socioeconomic level impossible, yet this can be a significant factor in work motivation and the ability to cope with the stress resulting from dealing with a disability in the workplace (Jackson et al. 2014). In addition, those in more professional or managerial positions often have greater flexibility and control over their working patterns and working locations. Those from higher socioeconomic groups are likely to be able to afford different approaches to rehabilitation, as Helen commented, if she had not had the flexibility and control over her work-place accommodations, she would not have been able to carry on work as long, or return to work as quickly. Conversely, in cases such as Lindsay's, where such flexibility is denied (often in breach of the Equality Act 2010), it makes it difficult for those with chronic pain to maintain the same level of productivity: they end up having to reduce their hours and occupational position just in order to remain in work.

The support individuals receive from their work colleagues is essential for those with chronic pain to cope effectively on the job which can be difficult when the effects of pain are variable. Those who are faced with little organizational support have to cope with excessive job demands, may feel dominated, abandoned and excluded (Glavare et al. 2012). In some instances where organizations are supportive and provide suitable accommodations, the individual with the disability can face backlash from colleagues who may feel that the individual is receiving the same remuneration but for less productivity (Löfgren et al. 2016). Negative responses from co-workers can include exclusion, not being listened to or being respected and can even lead to the individual being bullied or harassed (Woolnough et al. 2020; Glavare et al. 2012).

The relationship between psychosocial stressors and the development of depression in susceptible individuals, such as those with chronic pain, is well documented (Pittenger and Duman 2008). Thus, organizations who allow such behaviour are directly responsible for the deterioration in their employee's physical and mental well-being. However, as Lindsay reflected, even though she had a case against her employer, she did not have the physical or mental reserves to pursue litigation.

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15

Understanding (Disabled People as) Ghosts in Professional Work: The Contribution of Feminist Research

Deborah Foster and Jannine Williams

The expansion of the professional workforce across developed and developing economies has been accompanied by a concomitant growth in the employment of women and disabled workers (Muzio and Tomlinson 2012). Evidence nonetheless suggests that inequalities, bias, and perceptions of lack of 'fit' continue to endure, particularly within traditional professions such as law, accountancy, and medicine (Heilman et al. 2015; Levin et al. 2015; Muzio and Tomlinson 2012). As such, it is argued, professionalization should be viewed as a political project (Larson 1977) and, while it has long been acknowledged that inequalities stemming from gender and race are as a consequence of the politics of professionalization (MacDonald 1995), the position of disabled people has largely been ignored. This chapter explores why disabled people remain largely absent in debates on professionalization, even though it is acknowledged that diversity and inclusion is now an important part of the contemporary professional discourse (Ashcraft et al. 2012). It will examine what disabled people can learn from the past and current struggles of

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women in professions and the contribution that gender theory can make to the investigation of disability in professional work settings.

Theoretically, the skills and educational qualifications required to work in the professions should afford greater job autonomy, flexibility, control over work and access to, or influence over, organizational decision-making: potentially creating positive work environments and job satisfaction (Levin et al. 2015). Flexibility and autonomy, nonetheless, can mean different things to different people and are often in conflict (i.e. work/life balance and accommodations vs. organizational demands such as overtime or long hours). The UK Health and Safety Executive (HSE) in 2017 reported that professional occupations had 'significantly higher rates of work related stress than the rate for all occupations', suggesting the link between flexibility, autonomy, discretion, job satisfaction, and well-being is somewhat nebulous (Boxall and Macky 2014; Foster 2018). Paradoxically, greater discretion can actually result in higher levels of work intensity, stress, pressure, and fatigue, and some professional work contexts challenge the belief that professional work is flexible. For example, Bate (2000) has argued that health care settings are often constructed around paternalistic and authoritarian hierarchical logics that are inherently unequal in their distribution of power, thus stymying alternative forms of organizing work, such as non-managerialist forms of transformational leadership (Currie and Lockett 2011). Professional jobs can also be characterized by limitless commitment, long working hours, and physical 'face-time': serious obstacles to both women and individuals with a disability (Correll et al. 2014; Perlow 2012; Williams et al. 2013). It is only recently that attention has been paid to the way in which non-disability as an organizing norm shapes assumptions about work (Foster 2018; Foster and Wass 2013; Williams and Mavin 2012). As with feminist debates, there is a real need for scholars and practitioners to better understand how ableism and taken-for-granted norms and attitudes in the workplace, exclude talented disabled individuals. In the same way that feminist scholars question how, and for whom, knowledge is produced, this process needs to also draw on the diverse voices of disabled people to challenge the notion of the neutral organization of work. While professional regulatory bodies such as the UK Solicitors Regulatory Authority (SRA) have commissioned research on disadvantaged groups (Tomlinson et al. 2013), disabled people continue to be conspicuous only by their absence. Research projects on disabled people in professional work are few and where they do exist, consist of small-scale qualitative studies of single professions (Duff and Ferguson 2012; Roulstone and Williams 2013; Williams and Mavin 2012). This chapter argues that disabled professionals need to be made more 'visible' in any analyses of professional labour market disadvantage and is structured around three key themes we identify in the literature on diversity in professional work: social closure strategies that limit access to, and progression in, professions; the implications of the regulation and opportunity of professional work in different sectors; and the importance of the concept of the ideal worker to how the organization of work is shaped.

Status, Class, and Gender in the Professions: Social Closure Strategies

The sociology of professions has, historically, been concerned to explain how social and political elites sustained professional class and status divisions (Larson 1977). More recently attention has shifted to the subtle and informal processes and criteria used by professions to reproduce themselves and shape accepted notions of what constitutes an 'ideal' professional: to the disadvantage of certain groups (Kmec et al. 2014; Muzio and Tomlinson 2012; Sommerlad 2007). Feminists have focused on both the 'absence' of women from professions and on the conditions surrounding their subsequent 'presence', which have perpetuated segregation by gender of jobs and careers, by sustaining a relationship between the perceived value of work and the material, socially categorized body, of those performing it (Bolton and Muzio 2008). Physical capital (having the right body image) and relational capital (cultural and social networks) are both viewed as fundamental to professionalism (Haynes 2012), with significant implications for women, and also disabled people. Furthermore, contemporary pressures for professions to develop more robust equality and diversity policies have resulted in tensions between what Ashcraft et al. (2012) refer to as the 'dialectic of professional inclusivity-exclusivity'. A dialectic that has attracted interest in respect of gender but not disability, despite evidence suggesting that stereotyping, occupational segregation, flexible working practices and identity are equally important to this group. The organization of work is not neutral and the distinct patterns of disadvantage that stem from ableism remain under-researched.

The presence of women in traditional professions such as law and accountancy is relatively recent and has only taken place in significant numbers over the past 20–30 years (Muzio and Tomlinson 2012). In accountancy, Duff and Ferguson (2012) refer to a 'gender explosion' caused by an expanding service sector that drew on women as a reserve army of labour. However, a 'leaky pipeline' in accounting, has resulted in accountancy bearing the costs associated with a high turnover of women in the profession, which has challenged gendered social closure practices and the facilitation of more flexible working arrangements (FWAs) (Levin et al. 2015). Presence alone, nevertheless, has failed to significantly affect enduring vertical gendered occupational segregation, with only 10 per cent of women occupying partner positions in the UK (Duff and Ferguson 2012) and few women in leadership positions in the USA (Levin et al. 2015, p. 366).

A similar picture is to be found in the UK legal profession where women constitute approximately 44 per cent of legal professionals and the majority of graduates, but occupy only 22 per cent of partnerships (Crompton and Lyonette 2011; Walsh 2012) and in the US female partnerships have only risen by 7.5 per cent in 20 years (Levin et al. 2015, p. 367). Eligibility for partnership is often based on attributes such as 'cultural fit' (Wilkins 2007) and 'relational capital' (Dinovitzer et al. 2009; Walsh 2012), determined by male characteristics. Furthermore, partnership status remains dependent upon social networks and activities that take place outside normal working hours, which are aimed at expanding a firm's client base (Wass and McNabb 2006). Adding to this, engineering and construction professions continue to be associated with masculine capacity, skills, and masculinist norms: factors that Powell and Sang (2015) argue operate as a form of misrecognition, rendering the everyday routine masculinist practices invisible and maintaining women as 'Other' and thereby reproducing gendered working practices. Women have been excluded from opportunities gained by informal networking, have experienced restricted task allocation and sexist humour, and have been subjected to assumptions based on their status as mothers (Fielden et al. 2001).

In her analysis of women in the legal profession Walsh (2012) examines Hakim's (2000, 2002, 2006) controversial work that suggests that it is women's own preferences and aspirations that self-limit their careers. Significantly, she disagrees with the prominence Hakim gives to individual as opposed to structural and societal barriers. Instead Walsh (2012) found that women's career aspirations were most affected by organizational factors, such as the availability of flexible working, reduced hours or flexi-time, and whether women in a law firm had already achieved partnership status (role models). Where law firms are active in accommodating women's work-life requirements and particularly where they have embedded such policies into the culture of the organization, she found a positive effect on women's own perceptions of their promotional opportunities. This suggests that the interaction of organizational culture and individual aspirations (what might be possible) is most important.

The relative importance of societal, organizational, and individual factors, we speculate, may differ within and between different groups/communities (e.g. women and disabled people). Thus, for example, workplace adjustments are not usually seen as individual choices or preferences; however, they often fall into the category of flexible working arrangements. Aspirations may also differ between women (particularly women with caring responsibilities) and disabled professionals, because flexible working (those practices that make things possible), not only symbolize different things to each group, but may make a crucial material difference (i.e. be more or less significant in determining actual ability to work). When discussing preferences and choices in relation to flexible working arrangements, we caution against over-emphasizing their individual character. As Walsh's (2012) research illustrates, it is prior existence of flexible organizational practices and a supportive organizational culture that positively influences aspirations, pointing to the important role of policies and practices.

Disability and Professional Work: The Neglected Workforce

There are far fewer studies of disabled people in professional work than there are of gender and very few studies of disabled women. In the accountancy profession, a study by Duff and Ferguson (2012) identified two dominant forms of discrimination against disabled people: 'access' and 'treatment'. Access discrimination is more likely to be experienced by people with visible impairments, with employer attitudes and prejudices identified as being the main contributor (Cunningham et al. 2004; Wilson-Kovacs et al. 2008). It is also the form of discrimination most likely to have contributed to the 'absence' or under-representation of disabled people in professional occupations (see Ashcraft et al. 2012). Treatment discrimination is experienced once entry to accountancy has been achieved and was found to vary according to type of impairment (visible/non-visible) and the point in life when one experienced disability. 'Treatment discrimination', typically includes limited opportunities for promotion, training, and ghettoization in unchallenging work (Duff and Ferguson 2012). Disabled accountants reported both horizontal and vertical segregation, being confined to non-client facing, office-based roles, which lead researchers to conclude that these were the means by which, 'accounting firms mediate and facilitate their unequal treatment' (Duff and Ferguson 2012).

Organizational policies and practices, as well as norms and values, contribute to discrimination (Jobbour et al. 2011). However, like the women in Walsh's (2012) study of the legal profession, it is important to understand how ableist and gendered organizational norms interact with personal career aspirations. Self-limiting (and self-fulfilling) behaviour can often be a consequence of actual or anticipated discrimination, thus the ways in which organizations recognize and seek to address ableist and gendered organizational cultures are, therefore, significant. For example, a disabled person who has struggled to secure workplace adjustments may stay in the same organization for fear that if they leave to secure promotion, this struggle may be reignited. Roulstone and Williams (2013) refer to 'glass partitions', a metaphor used to highlight the precariousness of such horizontal moves which may limit progression opportunities for disabled people. Understanding an individual's reluctance to move and advance may not be possible without an appreciation of the ways in which impairment effects (bodily and cognitive variations) and context are intertwined in complex ways for many disabled people (Williams and Mavin 2012). A distinction needs to be made here with organizational barriers, which reflect ableist assumptions, for example, that work cannot or should not be organized around impairment effects. Although this is a complex picture of the negotiation of work arrangements, we argue that this is often an everyday aspect of work experiences for disabled people.

In Duff and Ferguson's (2012) research, disabled accountants reported being marginalized, under-employed, and struggling to secure adjustments. They cited limited opportunities for professional development or promotion and many preferred to work in small (less attractive career-wise) regional firms, simply because these work environments were more accommodating. The consequences were, however, reflected in inferior pay, job security, and terms and conditions of employment and, as a profession, accountancy has done little to identify potential barriers to improve access for disabled people. Professional identity and socialization, image and appearance, client discourse and rigid accounting practice, have all found to negatively impact disabled people (Duff and Ferguson 2012). Professional embodiment based on white, middle-class, male, and ableist 'ideals' can also act as a closure barrier in traditional professions. Looking professional is seen to be closely associated with 'being' professional (Haynes 2012), which has significant implications for people with visible impairments. Accountants who became disabled while in work report negative effects on their working life, status, and professional identity. Whether a persons' impairment is hidden or visible is also known to be significant in determining concepts of self and treatment by others, including whether colleagues 'believed' them to be genuinely disabled or not. As

Duff and Ferguson (2012) argue ‘the dual identities as disabled people and professional accountants are closely inter-linked, rather than opposed’.

The image of the legal profession in the USA, as in the UK, has historically been masculine and, in the same way that women have been asked to deny their gender identity to succeed, Basas (2008) believes disabled people are expected to conceal their impairment and difference. She found many attorneys reluctant to express their legal rights for workplace adjustments for fear of stigmatization, while ‘co-workers and partners could not stop focusing on their disability’ (ibid., p. 55). To be female, argues Basas (2008, p. 49), is one step away from the ‘male ideal’, to refuse or to be unable to conceal one’s disability, however, is to be ‘perceived as weak by being both female and disabled’. Basas draws on the concept of ‘covering’ to describe how attorneys try to conceal impairment through self-accommodation. This could mean anything from buying adaptive technologies, selecting ‘disability friendly’ and flexible job roles or, as with accountants, becoming self-employed. Covering or self-accommodating strategies reduce the visibility and stigma (especially if an impairment is non-visible). It may also allow them to feel they remain in control (even if they don’t get support they are entitled to), because requests for adjustments can always be refused. As a strategy, ‘covering’ has also been used by women, however, Basas argues that ‘employees with disabilities also suffer from employers silent and stereotype-fuelled perceptions of decreased productivity’ (2008, pp. 70–71).

Covering and self-accommodation were also evident in a study of disabled academics by Williams and Mavin (2015). They found disabled academics often negated their impairment effects from work remits (work patterns, responsibilities, and workloads), as a strategy to negotiate work contexts when impairment related requirements may have necessitated working in ways which differed from normative practices and expectations. Thus, while some disabled academics made their requirements known by requesting changes to working practices, others chose work contexts, or work roles, where standard working practices were easier to meet. The study found that visibility of impairment, or advising colleagues and managers, did not always ensure agreed work arrangements would endure. For example, colleagues would forget or changes in line management would require an ongoing renegotiation of agreements. It is widely recognized that intrapersonal relationships are important in constructing inclusive workplaces, yet the need to renegotiate or remind colleagues of adjustments poses a risk to maintaining positive relationships (Toldrá and Santos 2013).

The Organization and Regulation of Professional Work: The Public, the Private, and the Self-Employed

The importance attributed to the different public/private sector employment context, in part relates to the perception that the former provides more conducive employment to disadvantaged groups in the labour market. It is true that women are represented in large numbers within the public sector and, historically in the UK, quotas were used to encourage the recruitment of disabled staff. The Public Sector Equality Duty (Government Equalities Office 2011) places specific equality responsibilities on public sector employers, not equalled in the private sector; however, the perception that the public sector is a 'model employer' when it comes to equality and diversity has been contested. Often large, formal, and complex bureaucratic public sector organizations can be both inflexible and intolerant of requests for workplace adjustments from disabled people (Foster 2007) and, during times of work intensification and government cuts, they can be targeted (see Cunningham et al. 2004).

Examining the role of equality and diversity policy and practice in organizations that regard themselves as leaders of 'best-practice', Gardiner and Tomlinson (2009) found significant differences between public and private organizations. The influence of Equality and Diversity (E&D) managers was dependent upon their 'positional power' in the organization, which operated differently in public and private organizations because of contrasting market and regulatory contexts. Similarly, Moore et al. (2010) suggest top management team vision is needed to have an impact on the development of supportive practices and inclusive work environments for disabled people in senior roles. However, by failing to anticipate alternative ways of organizing work, it is therefore possible for an organization to comply with legislative responsibilities, while at the same time failing to construct a working environment or culture that enables disabled professionals to flourish (Toldrá and Santos 2013). Below we present a case study interview with 'Susanne', which illustrates the practical implications of some of the themes that have been raised in the chapter.

Case Study: Susanne

Susanne has worked as a civil service specialist for the past two and a half years and her current role draws upon her expertise working with historical materials. This career path developed after a number of attempts to gain access to and remain in work, which were thwarted by a complex interaction between impairment effects (Susanne was vulnerable to infections) and limiting responses from others, including employers.

Susanne's education was disrupted by her impairment effects, which were not treated due to a lack of understanding about her condition at the time. Social expectations also prioritized boys' education and Susanne's family allowed her extended periods away from school. As a young woman Susanne refused an invitation to register as disabled and decided on further education as a mechanism to recover some of the ground lost in her childhood.

After disappointing experiences in finance and administrative roles, Susanne flourished in the oil industry, developing a skill set in records management before leaving to start a family: having a family led to a reoccurrence of impairment effects. Remaining in work became a battle and Susanne noted that despite being successful (when well), over the duration of her career she had been fired twice due to illness, put back in promotions, and had job applications rejected. Susanne took time out to focus on her family before deciding to retrain as a historian, choosing to work for the Civil Service because she believed it would be more inclusive. She also chooses a particular area of the profession in a role where it fitted with her impairment effects, although this path has limited her potential for progression. Work in this area is characterized by short-term employment contracts, and Susanne has had limited opportunities for either horizontal or vertical moves and work in alternative parts of the organization required the movement of heavy historical materials and exposure to dusty environments, which are bad for her health. The current role allows Susanne to work at her own pace, as long as she meets performance standards, although full-time work mean that she has to spend time out of work time to recover from the effects of work. This leaves little time for career enhancement activities, such as research, writing, or developing talks on her area of expertise in order to develop her profile in the sector.

Susanne described a particularly complex issue around declaration. She works hard to maintain an appearance of well-being: maintaining a sun tan in the summer, taking care not to be seen using the disabled parking space. Susanne chose the 'prefer not to say' response on the civil service job application when asked about her impairment and, although she did request assistance for the interview, her HR record holds no information about disability related requirements. Susanne is cautious about involving HR on a formal basis after having been demoted and leaving a previous role after her sickness absence record and impairment related travel requirements were perceived as a problem. She now feels she is unable to involve HR in seeking support to address issues, such as building time for career progression activities into her work day. Susanne reflected that she would love to be able to talk to someone about how she can achieve her aspirations and longer-term prospects, but she is just focused on how she will get through the next week.

Working environments are important for both women and disabled people, and are either enabling or further disabling. Basas's (2008) research into female disabled attorneys, for example, consistently found factors, such as 'job fit', willingness to accommodate needs, flexible work schedules, low stress environments, telecommuting, and disability supportive attitudes, as reasons for choosing an employer. Many disabled women who began their career in the private sector moved into the public sector or self-employment, to find flexibility. It is interesting, however, that only the self-employed entrepreneurs in her study stated they had a workplace that met most of their needs, because they created it for themselves. Self-employment and smaller regional firms were also more attractive to disabled accountants in Duff and Ferguson's (2012) study. Self-employment, if possible, allows for potentially unlimited job redesign and leadership experience that is often denied elsewhere, although the risks associated with self-employment can be problematic. It is the ultimate form of self-accommodation (Basas 2008, p. 43) but costs, particularly of workplace adaptations, can be high. Furthermore, as Boylan and Burchardt's (2003) study for the Small Business Service in the UK suggested, self-employment for disabled people may be 'necessary entrepreneurship' rather than 'opportunity entrepreneurship'.

The Organization of Work and the Concept of the Ideal Professional Worker

If, as Larson (1977) suggested, we view professionalization as a political project aimed at maximizing occupational exclusivity and rewards, it is evident that it has been shaped by dominant elites. Failure to achieve professional status has also been associated with the extent to which 'fit' cannot be achieved with an 'ideal' norm, that has reflected the dominant characteristics of that elite—historically white, male, middle-class and ableist (Davies and Frink 2014; Foster and Wass 2013; Kmec et al. 2014; Williams and Mavin 2012). History provides examples of semi-professions, such as nursing and primary school teaching, which due to feminization have lacked political and economic power and have struggled to achieve full professional status (Bolton and Muzio 2008). Norms surrounding the 'ideal worker' are 'therefore, built into the structure and culture of the workplace' (Kmec et al. 2014).

Elite preferences have shaped working practices within many professions. The long hours cultures and out of hours socializing that characterize many professional practices, including presenteeism ('face time'), were established norms long before women and disabled people entered such professions (Blair-Loy 2003; Cha 2010). Employees who do not or, in the case of disabled people, sometimes cannot fulfil these 'ideals' report experiencing ill-treatment in the workplace (Fevre et al. 2013; Foster 2007; Foster and Scott 2015; Kmec et al. 2014; Williams 2000). This ill-treatment includes a 'flexibility stigma', distinct from the structural flexibility that often characterizes professional work, it applies to workers who seek or it is 'assumed by others to need, workplace accommodations' (Cech and Blair-Loy 2014). Perceived as violating ideal worker norms, such individuals often report stereotyping, labelling them as uncooperative, inflexible and poor organizational citizens, the consequences of which negatively impact upon promotion and remuneration (c.f. Cech and Blair-Loy 2014; Duff and Ferguson 2012; Gardiner and Tomlinson 2009). For example, Foster's (2007) study of the experiences of disabled employee's seeking workplace adjustments reports ill-treatment, including bullying (also see Fevre et al. 2013).

A number of themes of interest to disabled employees have emerged from research that primarily focused on the consequences of parental flexibility and work. Findings by Kmec et al. (2014) that perceived permanence, or continued uncertainty surrounding requirements for flexible working, are important predictors of flexibility stigma and could also apply to disabled employees requesting long-term adjustments. This is particularly important if, as suggested, employers disinvest in employees if their FWA needs are long-term. Similarly, from a disability perspective, Cech and Blair-Loy's (2014) findings that suggest flexibility stigma is more likely to be attributed by employers and co-workers to an employee when it is believed it is 'an individual's choice to utilize work-life policies'. If certain types of FWA are universally stigmatized, one wonders whether co-workers and managers care if these were granted by choice, particularly if they are part of a more general 'cultural schema' around which ideal worker norms operate (Cech and Blair-Loy 2014).

Research on the interrelationship between FWA and equality has predominantly concentrated on the distributional or relative benefits for either employers or employees (Perrons 2000; Sheridan and Conway 2001; Smithson et al. 2004). It is moreover, generally accepted that where flexible working is based on the needs of employers or business, it is strategically 'just' (Fleetwood 2007). An increase in statutory rights to request FWA has led to an equivalent rise in individual workplace bargaining, particularly where union equality bargaining is under-developed or absent (de Vroom 2004, p. 674). This individualization extends to the negotiation of workplace disability adjustments, as illustrated in research by Foster (2007) and Foster and Fosh (2010). One significant consequence of this is that employers present the outcomes of

FWA negotiations as ‘concessions’ to individual employees (Foster and Fosh 2010; Gardiner and Tomlinson 2009), leaving the wider policies and practices of inflexible and sometimes dysfunctional organizations unchanged.

In Gardiner and Tomlinson’s (2009) investigation of ‘leading edge’ diversity management organizations, they examine the extent to which FWA policy initiatives were driven by business strategy or legal compliance. They provide a number of examples of collective FWA developed by organizations, which in most cases were introduced prior to statutory regulation, suggesting that business strategy rather than legislation was the prime influence on policy. Examples of organizations engaged in strategic approaches to equality and diversity (E&D) include, a company that offered FWA to attract and retain older and disabled employees and a media organization that wanted to increase the presence of disabled people through traineeships, by providing support to managers to make adjustments and improving the working environment generally disabled people (Gardiner and Tomlinson 2009). It is of interest that they found a number of organizations attempting to address social group and structural inequalities through job redesign, for example, a bank redesigned the post of area director to make it accessible to people wishing to job share and to encourage more women into management positions; a telecommunications company was actively looking at redesigning work to open up access to employment for disabled people. In each of these cases they observed that the role of E&D managers was central to policy development and job design and that they had acquired ‘positional power to effect progressive organisational change, including addressing structural inequalities’. In contrast, in organizations where statutory regulations were viewed as more important to the development of policies, managers reported that relying on ‘best practice’ arguments to drive FWA was ineffective. Mindful of academic criticism of the business case for equality Gardiner and Tomlinson say that ‘whilst business case rhetoric around flexibility and diversity was pervasive across organisations, this analysis suggests that the rhetoric conceals a range of organisational approaches which do not fit neatly within managing diversity or equal opportunity paradigms’. Perlow and Kelly (2014) suggest a common principle which underpins flexible approaches to work is the ‘accommodation’ of the worker to fit work demands, doing little to challenge exclusionary work practices. This is despite significant changes resulting from globalization and technological advances that should address expectations about when and where work is done.

Conclusion: Towards a Distinctive Disability Research Agenda

This chapter has highlighted many areas that can inform organizations on how to approach gender, disability, and professional work. It is often the case that little consideration is given to the detailed ways in which disabled people negotiate their day-to-day lives around their impairment, in order to limit negative effects and the impact that dominant ableist discourses have on their decision-making. The chapter has also illustrated ways in which the more established literature on gender and professions can facilitate new emerging investigations about disability and ableism. The similarity of some themes in the literature suggest women and disabled people face comparable barriers, which would benefit from further exploration with an intersectional gender lens. Theories of professional labour market differentials and social closure have focused on the influence of three key factors: individual choices, structural barriers and cultural norms or 'fit'. Although future research needs to focus on all three, individual choices for disabled people might be influenced by actual, perceived, and anticipated discrimination and the real fear that this will have negative psychosocial effects (Thomas 2007). A theoretical framework is needed that is able to highlight how 'impairment effects' and ableism interact, and the consequences for the careers of disabled professionals. Research on disabled people's experiences of negotiating workplace adjustments (Foster 2007) has found, too often, essential work-related adjustments are perceived by employers and co-workers as a *choice* rather than a *necessity*. The dominance of gender in debates about FWA has, moreover, obscured the distinctive requirements of disabled people for job redesign. As Foster and Wass (2013) argue, if disability discrimination in the workplace is to be addressed, there needs to be a radical challenge to the organization of work and the taken-for-granted norms and values that underlie it, not least because it is no longer acceptable to try to fit a disabled person into a standard job. The autonomy, discretion, and flexibility that characterize much professional work, in theory, provide more scope for radical job redesign. Understanding the nature of the current limits on this, as experienced by disabled professionals, thus allows for the theorization of future possibilities.

New conceptual and theoretical insights are needed to influence key stakeholders in professions and to effectively engage with professional discourses around equality and inclusion. Recasting this issue as a collective or public concern means that it is less about accommodating the needs of specific groups and is instead about good inclusive job design, work-life balance, professional values and responsiveness, and client care (Foster and Hirst 2018, 2020). By incorporating impairment effects and ableist as well as gendered ideal worker expectations, we also suggest that future research could explore the extent to which disabled professionals are negating impairment effects to 'fit' with professions or organizational expectations. The disability literature suggests disabled people manage their impairments to fit organizing requirements, 'covering', by compensating for the lack of organizational provision or by buying disability related equipment to self-accommodate. Strategies which, in turn, may contribute to limiting the development of alternative forms of organizing work.

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16

Temporary Status in Work Organizations for People with Disabilities: An Opportunity or Barrier

Mark E. Moore and Lana L. Huberty

Due to the travails encountered in finding gainful employment, people with disabilities are commonly required to have other alternatives to make a living (Leiulfsrud et al. 2016). One option for this population is temporary work, which involves a form of an interim work arrangement with a specific completion date (Burgess and Connell 2004). Temporary workers do not have a long-term relationship with an employer. In fact, the hiring organization does not have to make a long-term investment to these resources. However, this worker type can provide vital assistance in heavy work periods that can evolved due to specific or seasonal needs. Some examples of temporary workers are computer personnel creating a management information system for a new firm, a marketing researcher conducting a demographic assessment for a local mall and stadium ushers being hired for the Premier League Football (Soccer) season.

According to Hopp et al. (2016), temporary work positions are learning devices for a new employee that also offer an opportunity for the individual to demonstrate his/her ability and fit to the employer. From this perspective,

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people with disabilities who employed through a temporary work agreement are given an opportunity to showcase their talents and assure employers of their organizational fit through the utilization of non-permanent jobs. Moreover, there is evidence that temporary work assignments are more beneficial to individuals with a record of chronicle unemployment. In studying welfare recipients, Heinrich et al. (2005) found that individuals who had temporary work opportunities experienced a subsequent growth in wages; these non-permanent positions also serve as a bridge for individuals with disabilities transiting from unemployment into the workforce. Temporary arrangements have been perceived as stepping-stones into regular employment (Zijl et al. 2004) and such perceptions have the capability of motivating those with disabilities to accept temporary positions and strive to reach their full vocational potential within these positions. Furthermore, entering the workforce, even in a temporary capacity, enables people to maintain a sense of proactivity in their career readiness despite having a physical or a mental impairment. Kulkarni and Gopakumar (2014) captured these benefits with the belief that emphasized being proactive as an integral career management strategy for people with disabilities.

Disability is measured on a continuum from minor to severe, with disability severity often including multiple disabilities, and disability severity is linked to employment outcomes (Estrada-Hernández et al. 2008). There is reason to believe that individuals with disability severity have more stringent impediments when it comes to securing competitive work. In fact, disability severity has been shown to moderate work participation (Baldridge et al. 2017). Choe and Baldwin (2017) further emphasized that persons who are able to secure job responsibilities that are aligned with their mental or physical limitations tend to have more permanent job tenures. Based on this tenet, disability severity is more likely to lead to job mismatching; thus workers in this classification may have to rely on non-permanent employment to make a living. Furthermore, those with severe disabilities tend to become unemployed or underemployed thus further suggesting that this population has the higher likelihood of being clustered into the non-permanent labour segment (Kurata and Brodwin 2013). As a way of demonstrating the impact of disability severity, the case study describes an employment dilemma facing an individual with disability severity.

Case Study: Dr. Brittney Barker

Dr. Brittney Barker is a dedicated educator. She holds a Bachelor of Science in Business Administration from the University of Wisconsin at Platteville USA, an MBA with a finance specialization from the University of St. Thomas in Minneapolis, Minnesota USA and a PhD in Sport Management from the University of Minnesota, Twin Cities USA. Dr. Barker also completed a post-doctoral fellowship in sport management from the Ohio State University, USA, and also has consulted with several professional soccer clubs in the UK and the USA. Sport Management involves the management of profit and non-profit sport organizations with an emphasis on the business side of sports.

Dr. Barker has been afflicted with Cerebral Palsy, a condition that affects the motor area of the brain. Due to this disability, she uses a motorized wheelchair for mobility, and her speech is slurred. Despite her disability and that fact that sport management is a male-dominated field, Brittney's career objective is to secure a tenure-track faculty appointment at a university within the academic field of sport business. However, Dr. Barker has received many job rejections despite having ten campus interviews because of her academic credentials including two recently published research papers in leading journals. To overcome perceptual barriers and employment discrimination, Brittney has taken on the number of temporary faculty appointments.

Currently, Dr. Barker holds an online fixed-term faculty appointment at Winter Green Lake University and Kiper-Jones University where she teaches undergraduate business research methods and business statistics courses. Both institutions are located in Minneapolis, Minnesota USA. In addition, she is developing an online graduate-level sport finance course at South-West Carolina University in North Carolina, USA. Brittney has had successes during her young career and aspires to advance her career. She sought career advice from various professional development specialists. Some have advised her to spend her entire career in the temporary employment realm while others have suggested that her current experiences should be utilized to locate a tenure-track faculty appointment.

Given the conflicting advice, Dr. Barker is confused.

In addition to being given permanent tenure, economic gain, and improvement in mental health, there are other utilities (e.g. ability to contribute to the good), that can be derived from holding a temporary position when compared to unemployment. Despite these positives, attention must be given to the limitations associated with interim based jobs. According to Kurata and Brodwin (2013), temporary employees generally receive lower wages and are less likely to receive employer-provided benefits (i.e. medical, dental, and pension) than their peers in a regular line of employment. Moreover, people with disabilities tend to be overrepresented in temporary positions, thus suggesting that this type of work cannot always serve as apprentices for those aspiring to sustainable employment (Kurata and Brodwin 2013). These compensational forms are often needed by those with impairments because experiencing job instability has been found to lower the quality of life. Reine et al. (2016) advocated that people with severe disabilities who are regularly employed were shown to have a higher level of well-being, whereas temporary workers were found to have lower life satisfaction and higher perceived disability discrimination than those in long-standing regular employment (Konrad et al. 2013). It is plausible to assume that these indicators of well-being have been manifested over concerns about having adequate income, along with benefits and accommodations to meet job related and personal/health needs. Konrad et al. (2013) also emphasized that temporary workers are more likely to perceive employment discrimination than their contemporaries with permanent positions.

While calling attention to the reduced level of well-being among those with disabilities in unstable jobs, it is also important to note that some individuals have experienced an increase in well-being when employers provide proper workplace accommodations. Konrad et al. (2013) discovered that proper disability workplace accommodations increased life satisfaction and decreasing perceived disability discrimination among members of the non-permanent workforce. If accommodations foster the potential of using temporary jobs as a preparation setting for regular employment, then employers need to consider reasonable accommodations as prudent investments that render mutual benefits to the employer as well as the employee. Yet disability law has not been intended to leave individuals with only irregular jobs, as the courts enunciated that people with disabilities must be provided accommodations within any type of employment, permanent or temporary, to ensure that legal requirements are met (Ong 2010).

Temporary appointments have, in certain instances, led to resume gaps that send red flags towards applicants' job aptitudes and heightens perceptions of their unfitness to perform work requirements (Lovley 2006). For people with disabilities, addressing resume gaps is a common and encumbering challenge in the pursuit of gainful work (Rogers 1998). Pauses in the employment records can have a negative effect on a job search if the lulls are not rectified in a systemic way such as keeping updated on industrial trends, networking, and formulating rich strategies for a successful interviewing experience (Tolan 2016). When assessing the vocational readiness of applicants with disabilities, organizational fit is a prime concern of employers and Chen et al. (2011) determined that resume content influences recruiters' hiring recommendations. Even when individuals with disabilities are fit to enter competitive employment, they frequently encounter high incidences of irregular work thus raising trepidations from prospective employers pertinent to their job readiness. After all, employers make investments in human resources and expect a reasonable return on these investments.

At the organizational level, temporary employees are commonly given unpleasant assignments that are challenging to get other employees to perform (Burgess and Connell 2004) (see also Chap. 12 by Del Valle). For individuals with disabilities, interim vocational opportunities are sometime presented in the form of routine duties with limited upward career mobility. In the extant literature, attention has been given to job stereotyping based on gender, particularly women are stereotyped as not having the skills and abilities to perform male dominant jobs (Janssen and Backes-Gellner 2009) (see also Chap. 15 by Foster and Williams). From this premise, people with disabilities tend to be perceived as not having the wherewithal to assume the responsibilities of permanent jobs being done by people without disabilities and disability-job fit stereotyping is problematic to career mobility aspirations, especially plans for advancement from unstable to regular work. According to Colella and Varma (1999), there are long-term consequences when an individual's disability, stereotypically, is seen as impeding an individual's abilities to perform a particular job. When job permanent aspirations are confronted by disability-job stereotypes, individuals with disabilities can pursue temporary positions to broaden their skill sets. Consequently, those considering a non-permanent job should be careful to not be pigeonholed and stereotyped into positions that lack fit. Temporary work, along with governmental entitlements, has the potential of satisfying individuals with disabilities' existence needs. Yet, the acceptance of irregular employment should be utilized to satisfy growth needs through offering the necessary experiences and professional developmental to progress someone from a temporary position into a permanent vocation (Konrad et al. 2012).

Another benefit of temporary work at the organizational level is that it offers staff flexibility, with the utilization of 'temps' employers can achieve a greater level of organizational competiveness, efficiency, and effectiveness because of the enhanced staff versatility (Burgess and Connell 2004). Moreover, investment in this type of worker is related to organizational productivity through injecting value-added employee opportunities, by the organization making the commitment to their employees' professional development (Burgess and Connell 2004). However, organizational leaders have tended to be myopic when it comes to subsidizing the training and skill development of the non-permanent employees (Burgess and Connell 2004). Given these limitations, temporary workers with disabilities must be proactive in expanding their respective job aptitudes that satisfy development and growth needs. As Konrad et al. (2012) pointed out, these employees should understand that unemployment and underemployment can be ameliorated through training and development programs and personal motivation. Top management vision is essential to solidify leadership commitment and create an organizational climate that actively recruits, hires, and promotes qualified people with disabilities (Moore et al. 2010) (See also Chap. 11 by Moore and Huberty). Also, organizational leaders must understand that temporary positions need to offer career development potential and upward job growth for people with disabilities if real change is to be achieved. In sum, we exhort the importance of both employers and employees being involved in efforts to utilize non-permanent jobs as professional development opportunities.

Presentation of Theory and Concepts

A framework outlined by van Hooft and De Jong (2009) offers a systematic approach that suggests that job search attitudes, subjective norms, and perceived behavioural controls influence job search intentions. These items, in turn, are linked to job search behaviour that determines the extent of job attainment. The purpose of this conceptualization was to investigate the efficacy of the theory of planning behaviour in predicting job seeking for temporary workers. Specifically, the underpinning of this development was to identify the factors that are associated with temporary job attainment, with this systematic approach we can examine the employee’s job search behaviour that determined the extent of job attainment. Firstly, job search attitude is the degree of affect towards non-permanent work, thus a disability related preference is that temporary assignments provide entry into the workplace. van Hooft and De Jong (2009) operationalized a subjective norm as the extent to which those having strong ties with the job seeker believe he or she should orient the job search towards temporary jobs. Perceived behavioural control assesses the ease or difficulty in contemplating irregular employment, when considering job-seekers with disabilities a behavioural control is pursuing temporary work to gain work experience. Job search intentions are conceptualized as the degree to which the job seeker is engaged in searching for a temporary position, while job search behaviour consists of the protocols utilized in searching for the job. For instance, job-seekers with disabilities use disability publications and vocational rehabilitation to locate suitable temporary assignments. Finally, van Hooft and De Jong (2009) operationally defined job attainment as to whether the job seeker had been hired. This planned behaviour approach has applicability to people with disabilities in their effort to locate jobs on an irregular basis.

Arranz et al. (2010) assessed temporary work as a professional developmental tactic. With their primary motivation to ascertain the effect of a fixed-term appointment, these authors argued that temporary assignments have the capability to prepare individuals for regular jobs by enabling work experience to be acquired. In addition, through temporary placement of a person with a disability, employers are able to observe characteristics of the temporary worker within the work setting. Arranz et al. (2010) theorized that temporary assignments lead to dead-end careers and emphasized that these irregular jobs offer limited training opportunities and are often associated with poor working conditions, including low wages, job insecurity, and poor work schedules, and these restrictions on temporary employees were found to lead to job dissatisfaction with the potential of departing the workforce. Their competing risk framework examined the four specific employment destination states of temporary employment, permanent employment, self-employment, and inactivity (unemployment). Individuals who become unemployed because of the completion of a fixed-term contract were found to be more likely to secure other temporary contracts than those who were unemployed due to other causes. Also, individuals who incurred long-tenure as a fixed-term worker with an employer had the higher likelihood of being promoted into the permanent workforce. As for people with disabilities, Arranz et al.'s (2010) conceptualization suggests that temporary employment benefits the employee in satisfying existence needs, while expanding the potential to satisfy growth desires through the accruement of human capital. It is this accruement of human capital that fosters the skills need to transition in long-term employment.

Although temporary work generates vocational benefits for individuals with disabilities, it has been found to have an adverse effect on employee treatment. According to Boyce et al. (2007), temporary workers have been stigmatized in the workplace which leads to the devaluing of their employee contributions. These workers have been identified as not having the professional demeanour or the skillset necessary to enter a path that offers job mobility. Boyce et al. (2007) outlined a paradigm of stigmatization of temporary workers by initially proposing that the perceptions of the perpetrator, characteristics of the worker, and the characteristics of the work environment are linked to covert and overt stigmatizing treatment. Whether the covert treatment is attributed to prejudice against temporary workers or other variables depends on a key perceptual element that tends to be situational. In term, the perceptions and characteristics of stigmatization were shown to be connected to consequences of the stigmatizing treatments.

In the following depiction, we explicate the Boyce et al. (2007) conceptualization through the plights of temporary workers with disabilities. The independent variables are the perceptions of the perpetrator, characteristics of the worker, and characteristics of the work environment that affect employee treatment: perceptions of the perpetrator are based largely on the premise of perceived status controllability. In this case, the observer's perceived status of controllability refers to the extent the person with disabilities is responsible for his/her own status. In analysing this concept from the non-permanent and disability person's perspective, the observer would simultaneously ask whether the individual was responsible for his/her impairment as well as his/her temporary employment arrangement.

Perceptions of the perpetrator is also based on perceived threat and regular employees have been known to perceive temporary labours as a threat to their own job security, as these 'temps' enable employers to reduce costs while enhancing staff flexibility (Boyce et al. 2007). When the ability-disability and irregular factors are amalgamated, permanent workers have a broad threat because these peers have the potential to enhance the diversity fabric of an organization. Consequently, fear manifestation for regular employees is in part due to the concern of long-standing employees being passed over for a job promotion in support of promoting a temporary employee with physical or mental impairments. This is especially true when these temporary employees merit career advancement and these biases are salient considerations when temporary workers are known and looked down upon by co-workers. As the observer's assessment progresses, further biases occur when disability status is observable. For instance, employers have heighted prejudices about workers with non-permanent status when mobility impairment is present, although a non-visibility disorder has traditionally evoked less narrow-mindedness towards the 'temps with disabilities' (Boyce et al. 2007). Characteristics of the work environmental factors can compel unfair treatment from regular employees towards short-term staff members with disabilities. This variable determines the organizational climate structure and whether it possesses forces that impede the career mobility of this specific working population. In a climate that emphasizes the training and development opportunities for permanent staff members, people with disabilities tend to be pigeonholed into low-level irregular positions which often come with limited prospects for obtaining the required competencies for career advancement (Boyce et al. 2007). Moreover, in the aforementioned organizational climates, employers are known to prioritize power and benefits to regular staff members that assist their organizational climb: a practice that further heightens the travails of temporary job holders with disabilities.

In the preceding paragraph, the model description called attention to three independent variables (job search attitudes, subjective norms, and perceived behavioural control) and their effects on temporary employee stigmatizing treatment. Boyce et al. (2007) operationalized this treatment in the forms of overt and covert categories, where overt treatment includes direct actions, such as formulating barriers that preclude temporary workers with disabilities from sustainable employment, and covert treatment is an indirect pattern of employee interaction that results in short-term employees with varied impairments not being afforded full work privileges from the employer. These covert expressions are stigmatizing in the sense that exclusion occurs limiting human and social capital accruement and, according to Boyce et al. (2007), the degree to which perceptions of covert treatment manifests among temporary employees is moderated by perceptions of stigmatization. The degree to which the employee is conscious of the stigmatization influences the perceptions of treatment and how it affects the consequences of stigmatization. For instance, temporary employees with disabilities are more apt to be conscious of covert expressions towards them given the challenges that they often encounter in the workplace. In their paradigm, Boyce et al. (2007) identified consequences that non-regular workers often experience because of overt and covert workplace treatment, with well-being being reported as one outcome relative to individuals with disabilities in employment settings.

Another consequence that non-regular workers often experience due to overt and covert workplace treatment featured the affective outcomes that relate to job satisfaction, organizational commitment, and similar effects, with overt and covert treatment linked to temporary workers to experience of low-levels of job satisfaction and organizational commitment (Boyce et al. 2007). The affective responses seem to have applicability to people with disabilities who do not have lasting jobs. Like Konrad et al. (2012), stigmatizing treatments have been shown as causes for poor performances of the non-permanent workforce: this is not welcoming news for temporary employees with disabilities who desire to transition into permanent employment. Moreover, stigmatizing treatments have more negative effects on individuals who hold work as a central piece in their lives (Boyce et al. 2007). Lastly, Boyce et al. (2007) utilized their conceptual model to call attention to the fact that stigmatizing treatments lead to negative self-evaluations, which then impacts attributes such as self-efficacy and self-esteem. Under these conditions, individuals with disabilities will have less opportunity to utilize temporary appointments to gain self-confidence and control of their future employment.

As the statuses of individuals with disabilities evolve within work organizations, the professional behaviour of this population needs to be scrutinized. Chambel and Castanheira (2006) examined the effect of vocational statuses representing temporary firm workers, direct hire of temporary employees (those hired by the employers), and core employees (permanent staff members) on employee behaviour (e.g. social-emotional behaviour). The investigators determined that direct hire temporary employees exhibited a psychological bond with the employer, similar to the behaviour of permanent workers in which social-emotional conduct predominate. These bonds are more likely to manifest when temporary workers perceive a significant likelihood of converting their 'temp job' into an extended or permanent position and, as with direct hire employees, were found to display characteristics of organizational good-fit citizens due to the bonding with their fellow employees. When this bonding exists, these workers are more apt to concentrate on the competencies to sustain their position on the organizational workforce. We underscore that the options for job sustainability are a renewal of a non-permanent arrangement or transitioning into a regular work opportunity. Regardless of whether people with disabilities enter the workforce through a permanent or non-permanent employment opportunity, the focus needs to be on the accumulation of human capital instead of income generation. After all, skill acquisition is linked to longer tenure within the workforce (Chambel and Castanheira 2006).

Although skill development is a variable impacting the quality of temporary workers, a rich examination is needed on the effect of temporary status on an employee's well-being. The level of well-being for temporary workers with disabilities has been shown to be significantly greater than the respective level for those who are unemployed (Konrad et al. 2012). However, permanent and fully utilized employees with disabilities showed a greater wellness than their non-permanent counterparts (Konrad et al. 2012). This information provides further support for placing an emphasis on professional development and work accommodations, as well as progressing temporary workers into the regular workforce. Individuals with disabilities, employers, and vocational specialists must be cognizant that irregular occupational status can result in an adverse state of well-being. Moreover, inadequate employment situations (e.g. non-permanent jobs) are common routes to toxic levels of well-being (Konrad et al. 2013). To control the probability of poor health occurring among temporary workers with disabilities, job enrichment tactics should be offered to increase intrinsic motivation through skill-building techniques. One such technique that has been linked to improved welfare of temporary workers with disabilities is leadership development (Konrad et al.

2012). In this realm, temporary workers need formal leadership training, in addition, to receiving opportunities to serve leadership appointments such as community board participation. These activities represent human capital accruement opportunities for non-permanent workers with disabilities.

Throughout this chapter section several conceptualizations have been examined and applied to situations involving temporary employees with disabilities. One salient concept within this examination is the investment element. Schmidt and Thommes (2007) examined the incentive to invest in temporary employees who are hired by external employment agencies. Human capital theory contends that it is a worthwhile investment when temporary employees can add to the productivity of an organization. Moreover, Schmidt and Thommes (2007) underscored the fact that temporary workers are wise investments when they are transitioned into long-term tenures. Based on this premise, employers need to view temporary workers with disabilities as sound investments in human capital. According to Schmidt and Thommes' (2007) conceptualization, investing is mutually beneficial as this commitment represents a prudent act for both parties. However, there is an indication that employers should not make a commitment to the non-permanent workforce without assurance of an optimal financial return. One area that presents a significant obligation on behalf of an employer is employee training.

According to Chambel and Castanheira (2012), training plans should be included in an organization's human capital investment portfolio where training is positively related to workers' affective commitment and negatively to workers' exhaustion. The basis of this study was the assumption that training is aligned with the social process model where not only the value-added from the training is included, but also the benefits derived from the potential inducements incurred by the commitment shown by the employer through investing in the professional development of temporary workers. From a practical sense, Chambel and Castanheira's (2012) conceptualization suggested that employers should not consider training as an investment without a return from the non-permanent staff. As previously implied, Chambel and Castanheira (2012) linked this yield to the positive affective commitment towards the employer while reducing the exhaustion of temporary workers. The social process model has practical value to irregular workers with disabilities as it calls attention to training as a professional development tool for this population. Specific training, in this regard, should be predicated on ability-building of temporary workers with disabilities possessing an optimal level of positive affective commitment.

Kulkarni (2016) emphasized that the career development strategy for people with disabilities should be oriented towards human resource management policies and workplace climate. Particularly, Kulkarni (2016) underscored the importance of ability-building programs to be offered simultaneously with traditionally training and development initiatives. These opportunities should be made available to all employees. As emphasized throughout this chapter, temporary employment offers invaluable professional preparation for individuals with disabilities if this work exposure transitions to a full-time position. For this to occur, employers must view these human resources as key investments that increase their long-term financial equity. However, there have been lingering perceptions from as far back as the 1970s that spending funds on vocational rehabilitation training for people with mental and physical limitations is a risky investment. Ginzberg (1973) argued that the governmental authorities need to carefully contemplate financially supporting career development services for the employee segment with disabilities. The rationale for this argument was that persons with disabilities were unemployable with an unimpressive record of being capable of reaching their full employment potential.

In alignment with Ginzberg's theory, Eden (1972) indicated that the USA lost significant human capital because veterans incurred a myriad of physical and mental impairments during the Vietnam conflict. This further set a tone that persons with disabilities impeded full labour market participation. Despite these negative sentiments, others projected more optimistic convictions regarding the contributions of those with disabilities within work organizations. These individuals, in particular, were found to not only be productive and reliable, but they brought an array of intangible assets to their respective vocations (Workers with disabilities can be important assets 2012). Moreover, it has been determined that people with disabilities, for the most part, are more creative and focused on the job than the average worker (Hiring people with disabilities can be an asset 2009). Throughout the depiction of temporary workers in this chapter, a positive overview has been taken. With the support of the various concepts in this section, a premise has evolved that temporary employment offers a growth potential for those with impediments when the employer adequately prepared to place them in a job with career mobility opportunities. Employers should further perceive these employees as valuable resources that require training and development support over the long-term. Figure 16.1 outlines a conceptualized career development path for temporary workers with disabilities thus offering a strategic map to permanent employment. A step-wise approach is outlined starting with a career vision which leads to a job search and ultimately a job hiring. Once hiring occurs the next step, professional development, is the corollary to career mobility (e.g. permanent employment).

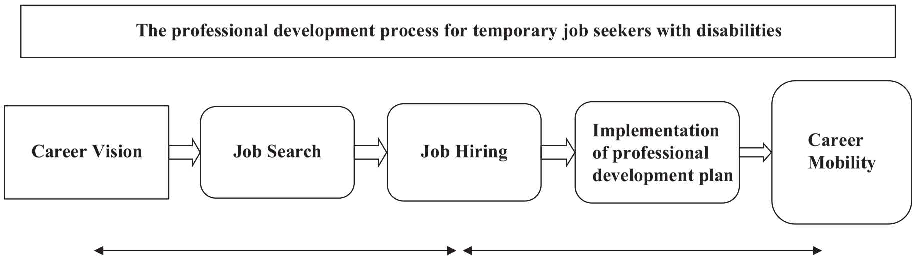

Fig. 16.1 The professional development process model

Summary of Key Points

In the opening segment of this chapter, attention was given to the sub-par representation of people with disabilities in the competitive employment realm. This narrative was oriented to examine temporary work as a mechanism for alleviating these employment disparities and also as an inhibitor of the full potential of the working population with disabilities. Opportunities in the non-permanent workforce have been shown as stepping-stones into sustainable work. Particularly, temporary situations have been an ability-stimulating intervention for those with physical and mental impairments. However, this career mobility faces stringent impediment when employers factor potential disability limitations into job performance assessments. Moreover, temporary work streams have been linked to resume gaps. These omissions are possible red flags for employers when considering individuals with disabilities for permanent work. Temporary arrangements possess mutual advantages for employers and employees: for the employer, this vocational status provides staff flexibility that has been shown to lead to operational efficacy. A non-permanent position has been demarcated as a pathway to regular employment for members of the workforce with disabilities. Moreover, it has been found that these individuals experience a higher level of well-being in a temporary work state than in unemployment status (Konrad et al. 2013).

In the second part of this chapter, the focus shifted to a review of concepts and theories relating to the experiences of temporary workers with disabilities. The objectives of this section are to summarize these conceptualizations. In the initial step, the theory of planned behaviour was considered, with Van Hooft and De Jong (2009) specifically integrating concepts of planned behaviour into an exploration of the appeal of searching for non-permanent employment. The uniqueness of this approach is the amalgamation of job attitudes, intentions, and job search behaviour as it systematically impacts whether the job search ends with securing employment or not. Arranz et al. (2010) considered temporary employment a professional development route to sustainable work and the underpinning of this conceptualization is that an individual enhances job aptitudes and permit a showcase of job talents. The salient principle of this conceptualization is that a worker in a long-term temporary job is likely to have an opportunity to advance to a permanent position with the same employer. This conceptualization suggests that non-permanent work arrangements are feasible professional development tactics for people with disabilities.

When analysing the plights of the temporary workforce, employee treatment is a variable in need of scrutinizing. The framework created by Boyce et al. (2007) gave considerable attention to the interrelationship among perceptions of the employer, characteristics of the temporary worker, and characters as effects on stigmatized employee treatment. In their paradigm, people in non-permanent positions are subjected to overt and covert stigmatized treatment and the treatment is associated with consequences including reduced level of well-being, job satisfaction, organizational commitment, and self-evaluation issues. A framework of the treatment of employees into temporary work as a vocational status was created by Chambel and Castanheira (2006), who investigated temporary firm workers, direct hire employees (temporary workers hired by the employer), and core employees (permanent staff members) on employee behaviour. Direct hire temporary workers were found to establish positive rapport with their respective employers that enabled then to become good organizational citizens.

The investment element of utilizing temporary employees was lastly analysed; based on human capital theory, investment in temporary workers is a wise decision if workforce productivity is augmented (Schmidt and Thommes 2007). This reasoning suggested that the temporary workers need to be trained if they are to become prudent organizational investments. However, some still hold the view that employers should not train non-permanent employees unless a return on investment has already been realized (Chambel and Castanheira 2012). A wise investment for temporary workers with disabilities is ability-training and Kulkarni (2016) suggested that this type of training should be viewed as a human resources opportunity for workers with disabilities.

After reviewing various conceptualizations and theories related to non-permanent employees and individuals with disabilities in work organizations, we have created a framework for depicting the progression of temporary workers with physical and mental limitations into regular employment. The basis of this paradigm is a career development approach Highlighted in Fig. 16.2, which suggests that the hiring of temporary workers influences the amount of financial investment made in the treatment of this employee segment. In addition, the assumption of this framework implies that the influence of hiring temporary employees with disabilities extends beyond the financial investment factor. The dotted line in Fig. 16.2 depicts the hypothesized mediate effect of hiring on the progression into permanent employment, if top management is directly linked to the financial investment beyond the employment aspect. In the model, it is further depicted that the financial investment in employees is directly related to the career development of

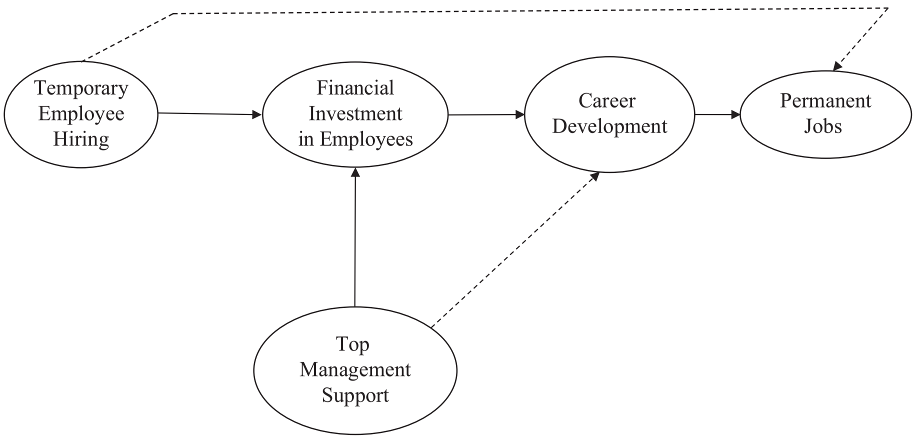

Fig. 16.2 Factors contributing to permanent employment

temporary workers with disabilities: the dotted line shows career development also being affected by top management support. Therefore, we propose that top management support moderate the association between hiring and the financial investment in non-permanent workers with disabilities, this hypothesized interaction intends that financial investment is more likely to occur when supported by top management. Finally, we indicated a direct association between career development and mobility into permanent work.

Figure 16.2 depicts the framework for depicting the progression of temporary workers with physical and mental limitations into regular employment created after reviewing various conceptualizations and theories related to non-permanent employees and individuals with disabilities in work organizations. It is evident by this figure that the hiring of temporary workers influences the amount of financial investment made in the treatment of this employee segment. Yet, the benefits of employing this population into non-temporary positions extend beyond the financial realm.

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17

European Union Law Relating to Access to Online Technology for Disabled People in the Context of the Workplace

Catherine Easton

Equality of access to the Internet is essential in a fair and open European Union (EU) and the debate on disabled people's access to the Internet is strongly linked to that of the digital divide, that is, the phenomenon by which unequal access to technology exacerbates existing socio-economic divides (MacDonald and Clayton 2013). In general, access to the Internet is a multi-faceted area that encompasses all its identified layers: physical, code and content (Lessig 2001). The provision of broadband to rural areas and investment in fibre-optic cables are examples of policies aimed at the physical layer which can increase the uptake of technology. Website accessibility, however, is a specific term that is used to apply to an individual's ability, once a connection to the Internet has been achieved, to access and interact with the information. In order to enable this, the website or web-enabled platform needs to be designed in a way that supports both technology-facilitated access, for example, through the use of a screen reader, and direct access through, for example, the presentation of text and colours. Due to restricted access affecting those who differ from an accepted norm, law and policy on website accessibility is strongly related to the rights of disabled people. Proponents of universal access (Nielsen 1999), however, highlight the importance of flexible design in ensuring that the Internet is accessible to all.

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There are approximately 80 million disabled citizens of the EU and a further 87 million EU citizens over the age of 65 who could benefit from a more accessible Internet, with those with a disability comprising one-sixth of the EU's working-age population (European Commission [EC] 2019). Europe's 2020 growth strategy includes the Digital Agenda as a priority area and its New Skills Agenda prioritizes digital skills as a key part of its employment and training aims (EC 2016a). While the importance of digital skills is recognized as an employment priority for disabled people, a wide-ranging report (eAccessibility 2011) found that only 39 per cent of EU public sector websites at both supra-national and domestic level reached an appropriate level of accessibility. Accessing the online world is increasingly linked to the ability to live an independent life. Being able to use the Internet to, for example, buy food, organize travel, manage utilities and gain discounts can bring particular benefits for disabled people (The Internet Society 2012). Furthermore, online communication can build communities, shape identities and facilitate unprecedented participation (Goggin and Newell 2003). The development of computer skills and use of the Internet fundamentally aids the employment prospects of disabled people (Lazar et al. 2006), a group which across the EU is 26 per cent less likely to be in employment than non-disabled people (Grammenos 2012). However, the Monitoring eAccessibility in Europe report found that only 20 per cent of private providers' websites reach an acceptable level of accessibility (eAccessibility 2011). This not only creates discriminatory access barriers but also fails to support fully the employment prospects of a large section of the EU's population (Ahtonen and Pardo 2013). As stated by the European Parliament: 'Accessibility has become particularly important because of the explosive growth in on-line information and interactive services provided on the web. If web accessibility is not achieved, many people are at risk of being partially or totally excluded from society' (EC 2016b).

Whether websites are provided by public or private providers, in an increasingly technology-reliant world it is apparent that persistent access barriers will lead to the increased marginalization of disabled people (Palmer and Palmer 2018). A number of different models have been identified in policy responses to the needs of disabled people. The medical model is based upon the belief that disabled individuals have a limitation or impairment that needs to be defined and addressed by a professional with the individual as a merely passive participant (Fulcher 1989). In a similar manner, the charitable approach assumes that the decision making surrounding a disabled person is best made by a benevolent other (Finkelstein 1975). These approaches can be seen in the EU's early disability-focused access programmes, for example the Community Social Action Programme, 1981/1988 (CORDIS 2014), which concentrated on supporting practitioners to bring about rehabilitation, rather than involving disabled people themselves (Mabbett 2005). The disability rights movement brought about a move towards a social model of disability which sees society as the disabler and places the emphasis for change on society itself and, in turn, policymakers (Barnes 2003). His approach was apparent in the EU's framing of subsequent policy documents (EU 1993) and Council Resolutions (EU 1997), which focused on integration and equality. This substantial shift in policy focus has been attributed to a number of factors such as the wider impetus towards the establishment of EU-level rights and the increased powers contained in the Treaty on the European Union (Kelemen and Vanhala 2010). A more recent influential event is the EU's ratification in December 2010 of the United Nation's Charter on the Rights of Persons with Disabilities (CRPD) (UN 2008), which is squarely based on a social model and followed an innovative drafting process that prioritized the participation of disabled people (Justesen and Justesen 2007). Following the social model, it is inaccessible website design that disables employees in the workplace by presenting multiple barriers to access and employment progression. This chapter aims to give an overview of the nature of accessibility and the relevant standards. It then focuses on relevant EU and international provisions that mandate equality of access and analyses their impact. This is done from the perspective of an acceptance that equal access to technology is crucial to supporting and enhancing the employment prospects of disabled people.

Theory and Concepts

Early research into website accessibility found that as the Internet grew, the level of accessibility declined, mainly due to the use of emerging, complex add-on technologies such as JavaScript (Hackett et al. 2005). There are numerous ways in which websites can be designed to present information in a barrier-free manner (e.g., W3C 2018) and screen readers can be used to support access for blind or partially sighted Internet users. This technology only works if facilitated by features such as the use of effective descriptive alternative, 'alt', text tags on images, particularly if they are used for navigation. Avoiding small live 'hot-spots', for example, to link text supports assistive technology for people with motor impairments, as does providing keyboard equivalents for all mouse-based functions. The use of colours, font and headings can assist dyslexic users and transcripts of information presented as audio enable access for deaf and hard of hearing Internet users. Furthermore, to avoid the growth of an inaccessible Internet, there is a fundamental need to draw accessibility recommendations together to provide guidance for designers, with tangible standards against which to measure compliance.

Influential early standards were created in the United States' Access Board in 1998 to support section 508 of the Rehabilitation Act 1973, laying down a duty for Federal agencies to ensure the accessibility of information technology. The s508 standards, updated in 2008, are legally enforceable against Federal agencies and most federally funded State and local government agencies in the US. At an international level, 1999 saw the publication of the Web Content Accessibility Guidelines (WCAG), produced by the Web Accessibility Initiative of the Worldwide Web Consortium (W3C Web Content Accessibility 1999), building upon its identification of the necessity of an accessible Internet. These guidelines were, after a nine-year long process of consultation, updated and published as the WCAG 2.0 (W3C Web Content Accessibility 2010), and the recommendations aim to cover a wide range of impairments, while highlighting that if the guidelines are followed then this will have positive effects on all users' experience. They outline how accessibility can be achieved at a number of levels: Priority 1 (A) requirements that must be achieved; Priority 2 (AA) those that may be achieved to increase accessibility; Priority 3 (AAA) the requirements that should be achieved to enable the highest level of accessibility. The consultation period highlighted the difficulty in achieving a consensus on standardization, with the development of recommendations to support people with cognitive impairments causing a level of disagreement (Seeman 2006).

The European Union initially aimed to develop its own legally enforceable standards under the European Design for All eAccessibility Network initiative (EDeAN 2018). However, the pressure to ensure harmonization of standards, the growing grassroots use and increasing recognition of the WCAG halted this initiative (Paciello 2007) and the WCAG are now central to EU Member States', such as Spain (UNE 2012) and the UK (BS 8878 2010), web accessibility requirements. In relation to EU initiatives, the 2005 Commission Mandate 376 set out a plan for the standardization of the accessibility requirements for public procurement of ICT services and products (European Commission 2005a). This led to the publication in 2013 of a draft guideline (ETSI 2013) which states at paragraph 9 that, as a minimum, web content should conform to WCAG Level A and Level AA. Furthermore, to aid harmonization the International Standards Organisation adopted International Standard ISO/IEC 40500 (2012), which is identical to WCAG 2.0. This standard and the WCAG are both referenced in the proposed Directive on the accessibility of public sector bodies' websites discussed below (EC 2005b). The activities under Mandate 376 are ongoing and include the development of accessibility toolkits, liaison with public procurers and, importantly, input from groups of disabled people and the European Disability Forum (EDF). These, if embedded in a strategic manner, are all available for employers to use to address any inequalities of access in the technology they provide their employees. However, the acceptance and validation of the WCAG have not been without their critics (Seeman 2006), although the EU has helped to avoid potential fragmentation in the application of global accessibility standards and ensure harmonization across the 28 Member States. This then facilitates and provides a strong standardization baseline for EU and domestic legislation website accessibility-enabling legislation.

Website Accessibility and the EU: The Legislative Basis

The year 2003 was assigned as the European Year of Disabilities and it saw the publication of a Disability Action Plan (EC 2003), which provided a point of cohesion for embedding a ‘disability dimension’ in relevant EU policies and legislation. This plan, which ran until 2010, focused upon the mainstreaming of disability issues to bring out inclusion, economic and social change. Importantly, one of its four priority areas of intervention was the harnessing of new technologies to ensure equal opportunity and economic mobility, in fundamentally linking employment prospects and retention. This led to the European Commission (2005b) eAccessibility Communication, which built upon earlier Council and Parliament Resolutions (European Parliament 2002a) and focused on the need to develop accessible public websites. The subsequent European Disability Strategy, ‘A Renewed Commitment to a Barrier-Free Europe’, will run up until 2020 and the strategy’s core aim is the elimination of barriers, with accessibility highlighted as one of the eight main areas for action (EC 2010a). It draws its mandate from the Charter of Fundamental Rights of the EU, the Treaty on the Functioning of the EU (TFEU) (European Parliament 2000a and 2010a respectively) and the EU’s obligations under the CRPD (UN 2008). EU legislation relating to website accessibility can be found in its general non-discrimination supporting principles, internal market provisions and in the wider protection of fundamental rights. Article 19 of the TFEU (ex 13) is the general legislative basis for provisions upholding the principle of non-discrimination on the grounds of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation. However, unlike in the areas of race (European Parliament 2008) and gender

(European Parliament 2004a) there is no wide-ranging disability-specific Directive, a situation which could perhaps be rooted in the multi-faceted nature of disability and related definitional difficulties. In turn, EU disability law has developed in a patchy manner with protections being given in specific areas, such as those of the equal treatment in employment Directive, prohibiting direct and indirect discrimination against disabled people in employment (European Parliament 2000b). This Directive has been criticized for suffering from a low level of implementation (Ahtonen and Pardo 2018) and it has been argued that the gap left by the lack of a general disability-discrimination Directive can be addressed by provisions relating to the EU's key aim of market harmonization (Waddington 2008), particularly Articles 114 (ex 95) and 115 (ex 94). Provisions, such as Directive on the accessibility of public sector bodies' websites, based on Article 114 TFEU, which proposed links to the eGovernment Action Plan 2011–2015 and its Action 64 (European Parliament 1995, 2002b, 2004b, respectively). In this indirect manner, disability standards could be built into provisions relating to the removal of barriers in the provision of goods and services in specific sectors, although the danger in this approach is that without overarching co-ordination it can lead to a piecemeal response at a domestic level, with no overall oversight or harmonization.

In 2008, the European Parliament announced a consultation on an equal treatment Directive extending protection against discrimination on the grounds of age, disability, sexual orientation and religion or belief. This was to be based on Article 13 (now Article 19 TFEU) and would bring anti-discrimination provisions in these areas in line with those relating to sex and race. The proposals included qualified anticipatory duties to enable equal access to goods and services for disabled people and would, therefore, provide an important tool for the domestic harmonization of web accessibility laws. However, due to a failure to achieve agreement across the Member States, little progress has been made and the proposed Directive still remains a proposal. This has led to criticisms relating to weak leadership and the lack of a commitment to tackle discrimination (ILGA 2016) and the European Disability Forum (EDF 2008) has published a draft disability-specific Directive which, it argues, would be more suited to dealing with this particular nature of disability discrimination than a general Directive. The lack of a Directive extending disability discrimination provisions beyond employment and the workplace, whether general or specific, remains damaging to the achievement of acceptable levels of website accessibility in the EU which, as argued above, strongly links back to equality in the workplace in a cyclical manner.

The United Nations Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities (CRPD) aims to support the autonomous participation of disabled people by enshrining rights to achieve equality and inclusion, while lifting discriminatory barriers. It was developed following an innovative participatory model, which saw Member States encouraged and supported to include disabled people in official delegations and in consultations on the preparatory process (Melish 2007). The EU played an influential role in negotiations and the Convention came into force in May 2008. The CRPD aims to herald a move from medical and charitable approaches to disabled people to one that seeks to enable their full and equal participation through the protection of human rights and fundamental freedoms. It enshrines the need to embed consultation with disabled people, including children, and representative organizations in the development and implementation of legislation and policy. While the Convention follows others in establishing a linked monitoring body, the Committee on the Rights of Persons with Disabilities, (UN 2008) it also creates an innovative new series of measures: these are the unique bridging provisions that seek to bring about tangible change at a domestic level. States Parties are required to establish one or more 'focal points' to implement and coordinate the action required in a number of different areas, affecting a number of different areas. In this way, the Convention accepts the multi-faceted nature of disability, alongside the many complex responses, required to lift barriers and requires that Signatory Parties create institutional coordinating hubs. An additional measure involves the establishment of an independent framework to monitor not only the implementation of the Convention but also to promote and protect this implementation. This is a forward-thinking measure that puts the emphasis on the States Parties creating and developing the mechanisms required to put the Convention's provisions into effect.

The EU has entered into the CRPD as a mixed agreement, thereby placing duties upon both the EU and its Member States, raising practical questions in relation to its implementation (Reiss 2012). A Code of Conduct sets out the division of responsibilities in relation to the Convention's obligations, naming the Commission as the EU's focal point and requiring Member States to notify the Commission of their own appointed focal points (European Parliament 2010b). While this arrangement fulfils the basic requirements, ongoing responses to outline tangible, practical measures are necessary to ensure the Convention is not merely an 'empty promise' of change (Reiss

2012). Accessibility is listed as one of the Convention's eight general principles, with Article 9 devoted to equality of access and the elimination of barriers. Importantly, the provision highlights the need for access to the physical world and 'information, communications and other services'. The need to promote access to the Internet is specifically stated, along with the need to embed accessibility at an early stage of the design process to minimize the cost of subsequent adjustments. In keeping with the Convention's focus on facilitating change, the Global Initiative for Inclusive Information and Communication Technologies (G3ict 2019) was established to support the implementation of its technology-relevant provisions. The European Commission (2010b) has acted upon the Convention's express provisions on website accessibility by ensuring that the removal of barriers to Internet access is embedded in the Digital Agenda. In 2013 the European Economic and Social Committee, on its own-initiative, issued an opinion on the implementation and monitoring of the CRPD, highlighting the need for further action on accessibility (European Parliament 2013). Two initiatives stemming from the EU's Convention obligations are the proposed Accessibility Act and the public sector bodies' websites Directive as discussed below.

The EU's Proposed Accessibility Act

In January 2011, the Commission announced proposals for a European Accessibility Act (EC 2011), the impetus of which links strongly back to the European Disability Strategy 2010–2020, based on goals to improve economic and social conditions for disabled people. Inherent in this is a move towards equality of employability and employment progression, with the overarching aim of this provision to harness the single market to ensure the development of accessible goods and services (EURActive 2012). In this way the EU is also attempting to position itself as a global leader in the market for accessible products and the EU and its Member States' obligations under the CRPD are given as the two important coinciding developments that precipitated the proposed Act. The European Parliament and Council agreed upon the proposal in April 2018 and it was finally confirmed in mid-2019. The Act's roadmap identifies the lack of accessible goods and services, barriers to the free movement of accessible goods and services, and the lack of enforcement mechanisms as the impetus behind its development (EC 2012a). Further pressure is created by the fragmentation of regulations and standardization at a domestic level and thus the option of creating a self-regulatory framework was rejected in the planning documentation as, while it would be popular with industry, it would not be sufficient to bring about the necessary timely change. In keeping with the focus for the business case for the proposals, one justification for the costs of implementation is the potential to increase disabled people's participation in the workforce and lessen the cost of social benefits.

The overarching aim of the proposals is not to create new law and policy but to enhance and strengthen existing provisions. This position accepts the reality that despite the existence of binding provisions, implementation of disability discrimination measures has often been weak. It is envisaged that by harmonizing standards and streamlining procurement procedures costs will be lowered, with conditions improved for businesses to offer universally accessible goods and services. The proposed provisions seek to address the potential danger of fragmentation caused by each Member State's implementation of the CRPD. The focus on harnessing the power of the market demonstrates an acceptance that the business case for accessibility could provide a stronger pull towards compliance than the weaker push of legislation. In relation to website accessibility, the proposals reference the eCommunication package and the Digital Agenda (EC 2002 and 2010b respectively) as the policy framework within which the Act will operate. The proposal for a Directive on the accessibility of the public sector bodies' websites is set to complement the Accessibility Act European Commission (2012b).

The Directive on the Accessibility of the Public Sector Bodies' Websites

A key example given of a need for action on website accessibility in the European Disability Strategy 2010–2020 is that in the Member States, only 5 per cent of public sector websites reach the highest level of compliance (EC 2010a). This left the EU and its Member States in the position of attempting to enforce provisions on private employers that they themselves, as regulators and employers, were not upholding. This striking acknowledgement placed website accessibility at the heart of the strategy and recognized ongoing barriers, despite previous responses to the problem. This realization led to the development and passing of the Directive on the Accessibility of Public Sector Bodies' Websites, which entered into force in December 2016 (European Parliament 2016). The study highlighted above found that only 39 per cent of the EU's public websites complied with an acceptable level of accessibility, with the aim of addressing low compliance levels (eAccessibility 2011). The

Commission announced a proposal for a Directive on the accessibility of public sector bodies' websites, based on Article 114 TFEU, which proposed links to the eGovernment Action Plan 2011–2015 and it's Action 64 which mandates the need for service design to ensure accessibility and inclusion (European Parliament 2012). At the time there were approximately 380,500 active eGovernment web services in the EU, alongside over 761,000 public sector websites. The requirements applied to web-based services of public sector bodies, defined by the Directive on the coordination of procedures for the award of public works (European Parliament 2004c). The EDF's (2012) consultation response suggests a widening of the Directive's coverage to apply to 'publicly available' websites as defined in the Universal Service and Data Protection Directives (EC 2009). This would extend coverage to public institutions such as schools, hospitals and public transport providers, thereby significantly increasing the influence of the provisions into a wider range of workplaces. The potential for the participation of disabled people in the development of the Directive's accessibility requirements has been overlooked. This is a central tenet of the CRPD and is vital in the move towards equality and full participation. The Directive in its Article 8 lays down the requirement for periodic monitoring and evaluation of websites according to accepted, harmonized standards. While the provision itself does not refer to the participation of disabled people or representative groups in this process, there is the potential for this important feature to be introduced into the monitoring procedures.

Enforcement and Monitoring

While these measures aim to achieve harmonization, they will lack impact if they are not effectively enforced. Since the first eCommunications policy document, accessibility has been part of the Digital Agenda but low levels of compliance in publicly-provided websites have persisted (European Commission 2005b). The Communication on eAccessibility states: 'The main objective of this Communication is to promote a consistent approach to eAccessibility initiatives in the Member States on a voluntary basis, as well as to foster industry self-regulation'. This reliance on voluntary compliance has not to date produced the required results and this leads to the need to embed effective enforcement mechanisms into relevant provisions. In the area of access to the Internet it could be argued that it is this reliance upon these self-regulatory characteristics that has led to persistent inaccessible design and perhaps lessons can be learned from the early development of the US Access

Board. Originally an approach was taken whereby legislation, overseen by the Board, laid down the need to foster access for disabled people to the physical environment and employment sphere in all relevant federal and federally funded programmes. It was expected that each State would create and ensure compliance with its own set of standards. However, five years later, in the majority of States no efforts to develop standards had been made, let alone applied. Congress deemed this to be due to a lack of impetus on behalf of the individual States, alongside the lack of an overarching developmental strategy (United States Access Board 2009). This could be held to signify that although the need for accessibility was recognized, equal access was not automatically seen as a priority by individual States until further measures were created to push towards standards creation. This situation led to the establishment of the '*Minimal Guidelines and Requirements for Accessible Design*' in 1982, later consolidated into the '*Uniform Federal Accessibility Standards*' (United States Access Board 1982 and 2008 respectively). The enforcement and promotion of these standards was then governed by the newly created Access Board, which in turn led to a significantly higher instance of compliance. Leaving the onus for the implementation of non-discrimination provisions in the hands of relevant organizations themselves without further structure may not be the most effective way of achieving compliance and ultimately equality. The EU needs to learn from the experience in the US and include in the provisions identified monitoring bodies both at EU and Member State level, which could potentially be linked to the 'focal points' required by the CRPD and, in turn, have a tangible impact on website design, not only by enforcing compliance but also by acting as a hub of best practice. Furthermore, the EDF highlights the need for a citizen or employee complaint mechanism, which would enable a user, on finding a relevant inaccessible website, to notify a competent authority. The provider of the website would then be given advice on how to comply with accessibility standards and, if an acceptable level of compliance is not achieved, then a notice could be placed on the website outlining its barriers to accessibility.

Case Studies

While what is outlined above relates to the EU's legal and regulatory approaches to address online accessibility and its impact on the workplace, the importance of this topic can be highlighted by focusing upon its application in a practical setting. Particularly in relation to enforcement it has been recognized that, given the low level of compliance despite legal duties, the push of legislation may also need to be accompanied by a strong focus on a pull towards the wider benefits of a fully accessible organization. The business case for accessibility highlights mainly the external-focused benefits, such as increasing market reach, driving innovation and enhancing a brand (W3 2019a). An early example of this focused on the 2005 overhaul of the insurance provider Legal and General's website, which saw a 50 per cent increase in traffic, a doubling of quotations within two months, and there was a 66 per cent reduction in maintenance costs (W3 2019b). Although the focus on the business case relates to employees and, while mentioned in a tangential manner in recognized benefits, such as strengthening 'colleague productivity' (W3 2019a), it has until recently been overlooked. The following two brief case studies demonstrate a much-needed focus on businesses looking internally, in order to determine the employee benefits linked to providing accessible technology.

Case Study 1: Scania

A 2016 study into website accessibility in the workplace based on the Swedish company Scania found that efficiency savings would amount to tens of millions of euro (Backlund 2016). This was achieved by ensuring that all online technologies were accessible to all potential employees increased the ability of the company to recruit from the largest possible applicant pool. This ties in with the EU's Digital Skills Agenda and the estimation that one in six potential employees are disabled. The Scania study also determined that the business' focus on accessibility had a wider impact on improving motivation and morale across the company. Following the universal access approach, ensuring that disabled people's access to online technology in the workplace was improved, it also resulted in better experiences for all, not only disabled employees.

Case Study 2: Merck—Inventing for Life

A similar story was found at Merck, a large global healthcare company with around 69,000 employees. The business undertook a technology accessibility audit which led to the development of tailored assistive technology, a disability technology communications channel, and easy to use technology reporting and monitoring processes for employees. This approach was found to engender employees' feeling of trust and inclusion in the workplace, to foster a disability-supportive culture, and to enable the company to harness its employees to improve its online accessibility functionality and, in turn, to achieve a higher level of compliance with relevant legal obligations and duties.

Conclusions

The improvement of website accessibility compliance is fundamentally linked to the EU's core aims relating to the internal market, equality and access to employment. However, in the 14 years since accessibility has been identified as a policy priority, while some progress has been made barriers still persist. Accepting the WCAG and their related ISO has brought clarity in relation to required standards, enabling legislation to reference specific levels of compliance. Article 19 of the TFEU also provides a basis for non-discrimination legislation but, as yet, has not extended coverage for disabled people beyond the workplace and access to employment. There is potential for an industry-specific Directive focusing on the provision of websites as services, linking to the internal market and Article 114. The difficulty in the application of such a measure is the diffuse nature of private website providers, from large corporations to small traders, and the need to enforce compliance. At a domestic level it has been found that inaccessible design can persist despite the existence of legislation that mandates compliance (Easton 2013) and, therefore, there is a need for a multi-level response, focusing on education, such as the activities attached to Mandate 376, and measures to promote the benefits of access. The EU's website developer market is estimated to include 175,000 businesses employing around a million people and generating a turnover of 144 billion euros (Eurostat 2019). Clean, accessible design can increase website traffic and turnover by creating an easy to navigate environment for all users. However, there is also a pressing need to promote the internal business case for accessibility and the positive benefits it brings for employees alongside the development of law and policy.

The EU had an influential role in the negotiations surrounding the CRPD and the Convention has had a significant impact on disability policy and disability-related measures. The Convention's express enshrining of the need for accessible websites acts as a basis for the development of specific provisions, such as the proposed Directive on the accessibility of public sector bodies' websites. The CRPD's requirement for 'focal points' will prove pivotal to the EU's ability to shape Member States' observation of the Convention's provisions. This should link to the proposed Directive's regime of monitoring and reporting but, to be successful, needs effective follow-up sanctions in the case of persistent non-compliance. The CRPD has also been the driving force behind the proposed Accessibility Act, which focuses upon standardization and harmonization of the procurement process. While this proposal aims to streamline access provisions and facilitate the implementation of the CRPD at a domestic level, it does not change the law but merely clarifies existing provisions. It does, however, signify a heightened focus on the removal of barriers. Finally, the increasing importance of the Internet in terms of inclusion and employment needs to be placed alongside the low levels of accessibility compliance in the EU, even in publicly provided websites. Recognizing accessibility as a policy concern with piecemeal legislative responses has not brought about effective change. Developments spurred by the EU's accession to the CRPD and recognition of the power of procurement may increase the push and the pull towards improving compliance levels. However, without ongoing effective monitoring and enforcement there is a danger of inaccessibility persisting, with continuing negative affects on both access to and progression in the workplace for disabled people.

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Part V

Disabilities

18

Serving Customers with Dementia: Lessons for Café Owners

Adelina Broadbridge and David Johnston

This chapter of the book adopts a slightly different perspective from the others by focusing on two groups of stakeholders in an organization—that of customers and the employees. It focuses on the actual experiences of people with disabilities in the workplace, but in this case the customer, and explores the impact that this has for employees managing this relationship in the workplace. The chapter focuses on a specific service sector—cafés/restaurants and a specific disability, dementia. There can be a complex interaction of the employee and the carer of, or customer with, dementia, and this is what we explore. Part of what the chapter aims to do is to provide employees with an understanding of how people with dementia (PWD) have stigmatized identities and damaged self-esteems, and how best organizations and their employees can accommodate the specific problems of such customers and their carers. Although the focus is from the customer side, it is a disease that is quickly increasing, and inevitably workplaces of the future will need to understand how to deal with staff who might also develop this disease.

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Dementia is “a set of symptoms that can include memory loss and difficulties with thinking, problem-solving or language” (Alzheimer’s Society 2019a). It is growing rapidly, with estimates that it will grow threefold worldwide within 35 years to 131.5 million by 2050 (World Alzheimer’s Report 2015). Awareness of the disease in the UK remains relatively scant, especially when we consider the potential impact it will have on the wider community and businesses. Surprisingly, very little academic research has focused on the relationship between PWD and businesses, but organizations need to consider the impact that this disease may have on their employees and the customers they serve. Murray (2014) argued that local town centres and shops exclude people with dementia from living a normal life. Moreover, almost two-thirds of people do not believe shops do enough to help PWD (Alzheimer’s Society 2019b). It is plausible that cafés are similar, yet cafés are important ways for those with early onset and moderate dementia to remain included within society (Alzheimers.org.uk 2015a); not only are they convenient, they enable PWD to keep socially active and remain independent (Duggan et al. 2008; Brorsson et al. 2018). This chapter aims to help potential businesses how the importance of service quality provided by their employees can help to improve the overall experience of those diagnosed with the disease and their carers.

The chapter draws on the personal experiences of ten business owners/employees and ten carers of PWD. Exploratory, semi-structured interviews were used to capture the attitudes, awareness and understanding around the issues of dementia, and perceived service quality within the café and restaurant industry. Two UK towns were selected as the chosen populations to represent business owners/employees and carers of PWD. These were chosen due to their similar population size (around 30,000 in each) and demographics, and ease of accessibility for face-to-face interviews. Both towns have high numbers of cafés and restaurants, with both markets being deemed competitive. A non-probability ‘snowball sampling’ method was used to obtain the carer interviews as it was difficult to find carers of PWD. For the café interviews, purposive convenience-sampling methods were used in order to choose eligible cafés that were available for interviewing. From an ethical viewpoint we were cautious not to interview PWD themselves owing to their vulnerability and their potential compromised decision-making ability. However, we are confident that findings from the carers of PWDs raised important attitudes and opinions on which to understand the topic area better and make recommendations.

Theories and Concepts

Society is less accepting of mental health problems (Department for Health and Social Care 1999) and so it is not surprising that dementia is associated with stigma (Goffman 1963) and attracts more prejudice than other known illnesses (Brooker et al. 2007). Derogatory terms used to describe the disease may not be applied out of malice or with consciousness (Kitwood 1997), yet they leave PWD feeling that they are a “lesser person,” devalued, vulnerable and socially excluded (Katsuno 2005; Kilduff 2014; Weale 2009). With two-thirds of dementia sufferers in the UK still living at home, it is important that they and their carers remain included in society without stigmatization (Department of Health 2013; Prince 2014). One way of doing this is for PWD and their companions being able to use cafés and restaurants, and as such it is important that employees are aware of how to provide them with quality service.

Service Quality has always been deemed a major factor of customer satisfaction in restaurants/cafés (Fu 2001); however, little is known about whether owners/employees are aware of, and trained for interacting and helping customers with, dementia. No academic literature regarding employees’ interactions with PWD was found; the closest literature to addressing the subject area looks at dementia-friendly concepts for the future, social stigma of the disease and the relationship between restaurant service quality among the elderly (Allegri et al. 2007; Lewis et al. 2014; Markovic et al. 2010; Weale 2009; Wimo et al. 2013). Brorsson et al. (2018) noted that PWD face specific difficulties when shopping, such as negotiating the physical environment, dealing with background music and noise, finding objects and paying, all of which can be stressful for them. These difficulties, we argue, can be extended to visiting cafés and restaurants.

Economic Impact of Dementia

Some businesses are recognizing the importance of dementia and its economic impact, with over 20 major businesses including Argos, M&S and BT signing up to support staff and customers with dementia, including dementia-friendly training to increase staff awareness and provide dementia-friendly environments to make shopping easier for PWD (Centre for Economics and Business 2014). The businesses that become dementia-friendly can be critical to empower PWD, help them live independently and safely in their own communities and help them feel confident in the knowledge they can participate and contribute to activities that are meaningful to them (Seccombe 2012). However, with many PWD struggling to receive support from banks and shops, Murray (2014) argues that businesses must respond and get involved by becoming "dementia-friendly," although many local businesses perceived this as more of a "nuisance and not beneficial". However, businesses that refuse to become dementia-friendly in the future will see a huge loss of customers, reputation and therefore profit (Centre for Economics and Business 2014), as service quality plays a critical role in sustaining competitive advantage (Nta et al. 2014).

Service Quality and the Café/Restaurant Industry

Several studies have focused on the importance of service quality in creating customer satisfaction within a restaurant setting (Kim and Ok 2010; Markovic et al. 2010; Nguyen et al. 2018). Restaurant customers use three components to judge their experience and overall service delivery: functional, mechanic and humanic (Garg 2015; Wall and Berry 2007). Functional aspects look at the technical quality of the service and food being provided, for example, presentation, variety and freshness, making sure it is tasty and cooked right (Parsa et al. 2005). Mechanic aspects comprise ambience and design, including colour, lighting, layout, music which help to establish a brand image and communicate to customers what sort of food and level of service quality they can expect from their experience (Ryu and Han 2011). Humanic aspects examine the performance and behaviours of the employees, such as enthusiasm, tone of voice, body language and so on, and play a part in delivering the expected levels of service quality (Berry and Bendapudi 2003).

Han et al. (2019) argue that although food quality is of importance, it is the physical environment and the interaction between employee and customers that determine the overall service quality within a restaurant. Others also claim that service quality is the most important aspect (Wall and Berry 2007; Yuksel and Yuksel 2002), while Kuo et al. (2018) argue that satisfaction of first-time customers is influenced more by the responsiveness of front-line service staff, whereas revisiting customers care more about the dining atmosphere (Kuo et al. 2018). To meet the needs of PWD and their carers, it is imperative to examine the relative importance of these components when using the facilities of cafés/restaurants.

With competition increasing, PWD and their carers have more choice; therefore, café/restaurants need to realize the ever growing importance of service quality and that simply having one element is not enough (Parsa et al. 2005). Loyalty is an essential factor in a competitive market, and many scholars have studied how service quality and customer loyalty are linked (Chow et al. 2007; Crawford 2002; Long and Khalafinezhad 2012; Olsen 2002; Wong and Sohal 2003; Zafar et al. 2011). In a restaurant/café context, it is important that owners understand their customers' decision-making criteria when selecting a place to meet their needs. Customers see restaurant services, as a 'package' and therefore food quality alone cannot guarantee customers will remain loyal and return.

Weale (2009) indicated how mechanical factors such as lighting, contrasting colours, clearer signs and non-slip floors would help to create a dementia-friendly environment. Blackman et al. (2003) agree that environmental design is important but also feel that guidance on how to make reasonable adjustments to the designs of shops or restaurants isn't readily available for local businesses. Humanic factors such as employees taking time, listening carefully, watching their own body language can make a huge difference in helping customers with dementia feel at ease and socially included (Andrews 2015a) and this is something businesses of all sizes can observe.

Quality service is arguably of even higher importance for the elderly (Fu 2001). Therefore the impact that quality service will have on the UK's ever increasing older demographic businesses should view it as a critical requirement and a competitive means to ensure survival and stability or to increase market share (Maddern et al. 2007). Green (2013) in their findings showed that 69 per cent of PWD stay involved within their community through eating out at restaurants and cafés. This highlights the importance for such businesses to investigate becoming more dementia-friendly and continually improving quality service. Businesses that neglect the challenge of dementia will lose out financially in the long run (Cooper 2014). However many employees and staff are not sufficiently trained to understand how to interact with PWD, while its invisible nature can also make it hard to detect (Murray 2014). Green (2013) believe the potential to improve quality service for carers and PWD in the UK is evident but to be effective in tackling the issue, it must involve including carers and PWD in the decision-making process. Fairlie (2015) outlined that co-production involves professionals, people using the services and their families interacting in equal and reciprocal relationships in delivering public services, and this is something that can be valuable for café owners/employees, PWD and their carers to safeguard a better experience of PWD in cafés.

Findings and Discussion

Service Quality Factors of Importance for PWD and Their Carers

Considering the three aspects of service quality from the literature, the majority of participants agreed that a combination of all three played a part in creating a great experience in a café or restaurant. However, there were some discrepancies as to the relative importance of these factors between the carers and café owners/employees. Mechanic factors were of high importance for PWD and their carers due to the complications/restrictions of the disease: layout, being well-lit and spacious, quiet music and ease of accessibility were of vital importance. Ease for those with dementia to see their carers at the till were considered vital in order to keep anxiety levels to a minimum: "I like somewhere where I can see her, just to keep an eye on her… that kept her anxiety levels down" (Jane). Ease of accessibility was important, and clear contrasting walls and floors, whereas dark mats and dimmed lighting had a negative effect on perception for PWD. Clear signs and disability access also were important as Laura reported: "Mum's perception has definitely gone, toilet signs should be big enough and simple enough for people to understand. Dark places aren't good." These elements were rarely mentioned by café/restaurant owners as important; instead they believed that functional elements such as good food was important for the elderly and PWD. In contrast, there was no mention by the carers of functional aspects such as food preventing PWD and their carers having a good experience.

Nevertheless both carers and business respondents viewed humanic elements of service quality as the most important factor of a café/restaurant experience. Staff friendliness was seen as the most important aspect by carers; bringing food and drink trays to the table, assistance with opening doors, including those with dementia in the conversation and not rushing PWD with counting money or speaking. All these aspects were mentioned in the majority of interviews and brought up memorable happy experiences: "We found staff were absolutely beautiful. One would come straight over to open a door or move a table, he seemed to always be on the lookout" (Jane). Humanic elements were regarded as an important way for PWD to feel valued, less anxious and part of society within a café/restaurant.

Seven of the ten carers stated that they had regular cafés/restaurants that they visited with those they cared for, recounting that the mechanistic and humanic elements were important in determining their loyalty. For example, Elizabeth expressed, "Once when we were ordering, mum wandered off and the woman at the till said not to worry that she would hold the order and to skip the queue when I get back. So places like that you are just like, ok I'm going to go back there." Another reason for the importance of a regular café/restaurant with good customer service was due to carers understanding that time was very precious and becoming increasingly limited with those they cared for. "I think even looking at it from the point of time with her is very precious… and you want the experiences to be good ones" (Hilary). As a result, interviewees explained even one negative experience could lead them to choosing other cafés/restaurants: "Customer service is very important, I don't give many people a second chance… If you aren't paying attention there are a lot of other nice places I can go" (Charis).

In contrast, a large proportion of café/restaurant owner's/employees believed that customer loyalty rested solely with the quality of the food. For example, "Number one on the list is their experience which is, 'has the food been good?'" (Lindsay). Several, however, recognized that customer loyalty was based on more than one factor, with some mentioning both functional and humanic factors: "We get a lot of good feedback on our food, … plus so many have been coming for years, and obviously it's the friendliness of the staff" (Sandra). Another aspect recounted by one business interviewee was an importance of getting to know the customer on first name terms and interact on a personal level: "We encourage our staff to have a chat with them, not to sit down for ten minutes but speak to them, make sure they know what they are having for next time they walk in, they love that sort of thing" (Ryan).

The humanic and mechanic elements of service quality were shown to have a strong link with customer loyalty for carers within this study. Familiarity for PWD was an important factor and therefore loyalty was given only to a few cafés/restaurants. With sales of over 65 per cent on average for restaurants coming from repeat customers (Crawford 2002), it is important that cafés/restaurants understand the difference in needs of PWD and their carers, as there seems to be a mismatch in key elements of importance.

Negative Experiences of Service Quality

Recurrent complaints by carers were lack of training for staff on how to treat PWD, uncomfortable seating, poor layout, lack of accessibility for PWD and loud music. Hilary found signs in cafés/restaurants telling customers to order before taking seats very unhelpful for PWD: "I was in Costa in [Town B] and we saw a sign saying make your order before finding a seat. That's just hopeless with someone with dementia, standing in a queue, the choices in front of her, carrying the tray. I find that very stressful and that's a very unhelpful sign." Staff negligence towards the disease, lack of interaction and not treating PWD with respect and dignity stuck out as more memorable negative experiences: "There is nothing worse than when I have taken her out and we are trying to count money and seeing the impatient look from staff; that just reinforces the stigma" (Hilary). Natalie explained how a negative humanic experience of staff impacted her; "When she went in she [her gran] was treated as if she wasn't there. They [staff] would ask us what does she want and wouldn't even try to interact with her. It was as if you were taking a dog out." Aileen indicated the lack of training of staff towards PWD: "I remember one café we visited a few years back and the staff member completely blanked her when she went to say her order, they didn't even give her a chance, instead they looked to me to order for her. I could tell mum felt she wasn't welcome." The impact of these negative service quality experiences in most interviews led to carers not returning to the cafés and restaurants and in some cases caused negative word of mouth to other carers of PWD: "I was so shocked at the way she had been treated that I remember telling carers at the local Alzheimer's society to avoid going there, because it was a well-known café" (Aileen). These examples show the impact that a negative experience can do to the reputation of a café/restaurant (Burke 2015). The negative experiences encountered may seem small but go to highlight that only small changes in a business such as staff training and awareness of dementia can help to create a dementia-friendly environment which is suitable for PWD and their carers, thereby increasing their likelihood of return custom and recommendations to others (Alzheimers.co.nz 2016).

Positive Responses from Businesses to PWD

All owners/employees acknowledged they had regular customers in their store with dementia, either accompanied with a carer or on their own. Although they were unaware of the extent of the disease, several provided some insight as to how they deal with PWD. For example, Ryan explained the importance of interaction for PWD:

> There is a wee lady here who comes in every day, she has dementia and we see a decrease in her health every single week. She says she is taking tablets for her memory but they aren't working. We chat to her and a lot of the staff know her well as we are the only interaction she gets in a day, it's really sad.

and: "There is one wee woman who comes in on a Saturday with dementia, we wouldn't always get a smile from her but some days we do. She would squeeze your hand as a response, it's nice when we get that" (Ronda). Ronda and Sandra described scenarios where PWD forgot to pay:

> *We have wee woman who comes in with dementia and sometimes when she comes in she would forget to pay, but we know she has dementia so there's a certain way of dealing with the situation, quietly*. (Ronda).

> *There's a lady who comes in here with dementia who has been here for years and she has started to lift things without paying and put them in her bag. The boss knows her so he is ok with it*. (Sandra).

Only two owners/employees had professional advice on how to interact with PWD, and only Patrick (from a coffee chain) had received mental health training through his café, which had helped him understand the disease and how to interact with PWD a lot better. He explained:

> *Where I work it has a specific disability training programme which you have to be signed off on to work and that touches on mental disabilities… it includes dementia. So anyone who works here knows certain speech patterns and the appropriate ways of communicating. Some PWD need to be taken away from the hustle and bustle of a busy queue to be calmed.*

Several business owners/employees believed giving PWD time when ordering and help paying was key. Lindsay explained: "I get them to hold their hand out straight and help them count their money or even if they are struggling, just give them time." Patrick agreed: "You have to adjust how you interact, you have to speak slower or let them take their time over sentences or let them write things down." Alanna had noticed that PWD struggled with heavier cups and in some cases needed straws to assist with their drinking: "I give a lot of PWD mugs and a straw, as they can't cope with the cups. They can hold the mug easier than the cup."

From the research it was clear to see that all owners/employees have experienced customers suffering from dementia. Carers highlighted the importance of social activity for PWD to help slow down the disease and cafés/restaurants were found as a main source of enjoyment and helped to keep a routine. This correlates with the literature that two-thirds of PWD still live within society and find cafés/restaurants as a main way to socialize (Centre for Economics and Business 2014; Fu 2001). The current impact of dementia on businesses from owners'/employees' experiences would seem to be small, with only several customers being mentioned by owners/employees. However, several café/restaurants have seen numbers of PWD visiting their premises increasing over the past few years, which would correspond to the rise in people being diagnosed within the UK (World Health Organization 2015). All experiences of the disease differ for owners/employees, from repetition, forgetting to pay for food, outbursts, and so on. This would suggest that different variations of the disease have been encountered and therefore different ways to interact and respond to PWD are required (Knapp et al. 2007).

Carers Restaurant/Café Recommendations

Nine of the ten carers interviewed believed that cafés/restaurants could in some way improve the service quality to better meet the needs of PWD, which would help PWD to enjoy the experience and feel less anxious (Andrews 2015b). Staff dementia training was recommended to help both the PWD and the carer with regard to the quality of the service they receive. Other suggestions were mainly mechanic and practical factors, and are small ways that cafés/restaurants can make changes to accommodate PWD and their carers. Examples comprised having more spacious layout and avoiding loud music, although traditional background music was welcome. Carers stated that PWD prefer to eat traditional foods they have been familiar with all their life, and explained that extensive menus can be confusing to PWD, so smaller menus with pictures could be useful. Smaller (half) portion sizes are also important as larger portions are off putting, yet PWD do not want to have to choose from children's menus as this further stigmatizes the disease. As dementia progresses, so the person's perception disappears and therefore contrast between plates and food becomes a problem. Colourful plates and providing dementia-friendly cutlery was recommended by several interviewees as a great way to help improve the experience of those they cared for. Insulated plates would also help to keep the food warm. Even things like paper cups instead of heavy mugs help PWD manage easier and therefore feel independent. A few carers suggested that a dementia-friendly logo should be introduced to cafés/restaurants as a way of letting the general public know they have taken measures to ensure their environment is dementia-friendly. This could also be useful for those with early stages of dementia who are unaccompanied.

Café/Restaurant Responses

When presented with suggestions of how they might improve service quality to be more accommodating for PWD, six of the ten business owners/employees acknowledged that their service quality could be better, and that some of the improvements stated were feasible. Those who did acknowledge changes understood that PWD are part of the community and therefore their voices should be heard (Duggan et al. 2008). Several believed that creating awareness and staff training for cafés/restaurants were the key ways to creating a dementia-friendly environment. Both groups recognized that staff training could be improved to help PWD and that dementia-friendly cutlery was a good suggestion on how PWDs experience could be improved (Alzheimers.org.uk 2015a). However, the changes mentioned by carers far outweighed the number of changes cafés/restaurants felt they needed to undertake. The focus of mechanical elements from carers was not shared with café/restaurant owners, with no mention at all as to ways they could improve layout, lights, menus, and so on. Green (2013) describe the importance of the environment for PWD, especially as the disease progresses. It might be argued that cafés/restaurants should concentrate less on some of the traditional profit orientations of fitting as many people in; rather they should look at the overall experience that the customer is looking for. Whether this happens remains to be seen.

Unfortunately many business owners/employees believed that there would be too many difficulties in their café/restaurant becoming dementia-friendly. These ranged from neglecting other illnesses or customers, the added responsibility on staff and a lack of customers with dementia to justify the changes. Similar points were found in research undertaken by Featherstone (2015) in that many local businesses can't see the financial gain of becoming dementia-friendly. Cafés/Restaurants were cautious on focusing on helping PWD, in the fear that it would be deemed a discrimination against other illnesses. However adopting this approach remains discriminating to the PWD and their carers. One point of interest from owners/employees was that not enough customers suffered from dementia to *justify* making changes to the café/restaurant. Interestingly, they had been previously surprised at the rate of growth of the disease, and so this might be a myopic view.

Conclusion

The workplace of service organizations, including cafés and restaurants, is customer facing and all customers constitute important stakeholders of the businesses. Consequently organizations need to recognize the needs of those people with disabilities (i.e. employees and customers). In this chapter we examined the current impact of dementia on local cafés/restaurants, from the perspective of carers of PWD and owners/employees. We have outlined some of the issues and difficulties that PWD and their carers face when using cafés and restaurants—services that can provide an important lifeline to these consumers. The research has identified that more needs to be done with regard to improving overall social awareness of dementia within the UK. Although awareness has improved in the past few years through dementia-friendly campaigns, TV and social media, owners/employees of cafés/restaurants are not aware of the current economic and societal impact that dementia is having within the UK (Alzheimers.org.uk 2015b).

While some employees understand and treat PWD with dignity, others can be patronizing, embarrassed and lack basic training of knowing how to interact with someone with dementia. Overall the findings showed the prevalence of social stigma in today's society towards dementia. Stigmatization of dementia was found to still be highly prevalent within the two towns and therefore can be viewed as a large barrier preventing PWD and their carers from fitting into society. With carers stating the importance of social activity for PWD, societal stigmatization of dementia through the use of negative names, fear of the disease and embarrassment can only be improved through increased awareness to change negative perceptions (Kilduff 2014). In addition, food quality is not sufficient to fully satisfy PWD and their carers; therefore, the three elements of service quality (humanic, mechanic and functional) must be implemented to bring about café/restaurant success. All three elements were identified by both groups of interviewees; however, the findings showed a variance in levels of importance among the three elements. As competition increases within the café/restaurant industry, the elasticity of service quality is increasing as carers place high value on time spent with those they care for; therefore, they no longer accept unsatisfactory levels of service quality (Stinson 2015; Andrews 2015a).

All carers interviewed mentioned negative experiences of service quality. Most experiences only required relatively small changes. Businesses should not look to take advantage of the elderly or PWD, rather they must realize that helping raise awareness helps PWD to feel socially included and therefore creating a dementia-friendly environment can in turn be profitable. As the number of PWD looks set to reach one million by 2020, cafés/restaurants will inevitably see a rise in customers suffering from the disease (Alzheimers.org.uk 2015a). Therefore learning how to properly cater for the needs of carers and PWD now will help prepare cafés/restaurants for the future.

A certain amount of responsibility must lie with businesses to increase their own awareness and understanding of dementia and to help others within their community to do the same. The cafés that treat PWD well and appropriately leave a quality mark for people to return, increase positive word of mouth and create, to some extent, customer loyalty to family and friends even after the person dies. Given the proliferation of the disease, we hope that the findings provided here might offer some wider reflections for employers more generally. Hence it is important that businesses on the whole devote time to learn about the symptoms and impacts of the disease, and then provide adequate training and guidance for their staff in understanding how to recognize and deal with customers or staff affected by dementia. This will help to break down the stigmatization felt by the victims of the disease.

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19

Managing Invisible Disabilities in the Workplace: Identification and Disclosure Dilemmas for Workers with Hidden Impairments

Alecia M. Santuzzi and Robert T. Keating

When people encounter the term *disability*, they usually envision a person using a wheelchair or using another visible accommodation (e.g., cane). However, most impairments that could qualify as disabilities are hidden to observers. Impairments may be considered *invisible* if they are completely hidden or have features that are not clearly connected to a disability (Santuzzi et al. 2014). For example, a worker with arthritis might show slow movement that is apparent to co-workers. However, co-workers might attribute the behaviour to laziness or something other than a disabling condition, rendering the actual impairment invisible despite having some visible features. Some common examples of health conditions that may qualify as disabilities include chronic pain, depression, post-traumatic stress disorder (PTSD), bowel disease, dyslexia, and arthritis. Without a visible identifier or explicit acknowledgement from individuals with these impairments, employers and co-workers would not be aware of them.

Compared to workers with visible disabilities, those with invisible disabilities have more control over the extent to which they identify themselves as persons with disabilities and if/how they disclose those disabilities to others (Quinn 2006). Due to the negative impacts of social stigma associated

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with having a disability (Green et al. 2005), particularly in the workplace (Stone and Colella 1996), individuals with disabilities may choose identity management strategies that distance the self from a disability group identity (Nario-Redmond et al. 2013). Indeed, many workers with disabilities choose to avoid the disability label and keep the impairment concealed while at work to avoid negative social experiences (von Schrader et al. 2014). This can be problematic as it leads to inaccurate estimates of how many workers have disabilities, which can affect an employer's perceived need to invest in disability-related support. Not identifying and disclosing a disability also precludes workers from being eligible for disability-related protections and accommodations (MacDonald-Wilson et al. 2008) that can improve work performance (Butler et al. 2006) and well-being (Konrad et al. 2013). Moreover, if workers expend effort to keep their impairments concealed at work, they may suffer secondary impairments due to the strain of impression management (Pachankis 2007). Conceptual models of stigmatized identity management in the workplace have linked concealing behaviours, such as 'passing' as normal and maintaining a false identity or 'façade' to cognitive interference, emotional exhaustion, and, ultimately, poor work outcomes (e.g., decreased performance and decreased job satisfaction; DeJordy 2008; Hewlin 2009). Supporting empirical evidence shows that concealing (vs. revealing) a psychological or invisible physical impairment is associated with a reduced sense of belonging and reduced collective self-esteem, which, in turn, is related to reduced job satisfaction and reduced team commitment (Newheiser et al. 2017). Workers with invisible impairments face two key dilemmas: (1) am I a person with a disability and (2) should I tell my employer and co-workers? In the following sections, we describe individual and social factors that may affect whether a worker with an invisible impairment adopts a disability label and discloses the disability at work. In addition, we highlight the implications of these decisions for worker productivity and well-being.

Accepting a Disability Label

Santuzzi and Waltz (2016) suggested that self-labelling as a person with disability at work depends on several factors, including the extent to which workers are aware of their impairments, the extent to which they connect those impairments to disability definitions, how co-workers will react to the label, and if they believe the employing organization will provide support.

Although those factors likely affect workers with visible and invisible disabilities, the ambiguous nature of invisible disabilities makes workers with invisible impairments particularly susceptible to those influences on the extent to which they self-label as workers with disabilities (cf. Watson 2002).

Disability, Impairment, or Normal Challenge

Workers with invisible impairments tend to vary in the extent to which they realize they have an impairment and the extent to which they connect what they experience as a sign of disability (Irvine 2011). First of all, performance challenges are part of the normal workday for many workers. Workers who have invisible disabilities might not recognize that they are experiencing challenges beyond the normal variation of performance. For example, adults with hearing impairments can attribute their hearing challenges to not paying close enough attention or speakers not talking loud enough (Southall et al. 2010). In such situations, workers might have impairments that they do not acknowledge because the challenge can be explained in other contexts. Unlike visible disabilities, there is no relative cue to others that a disability is present. Thus, workers with invisible disabilities might not receive direct or consistent feedback from others (e.g., family members, co-workers, doctors) that a disability is salient. A longitudinal study found that symptoms of learning disabilities received widely varying diagnoses from clinicians, with clinical interpretations of the same reported symptoms ranging from language or speech development delay to individual laziness (Higgins et al. 2002). Importantly, a clinical diagnosis that an experienced challenge is an impairment (potentially worthy of a disability label) may serve a protective function for workers. Without such a diagnosis workers who experience disability-related challenges might assume that they are deficient in some general ability and avoid occupations that would highlight those perceived weaknesses (Wadlington et al. 2006).

National legislation and policies accept both visible and invisible impairments as qualifying for disability status. For example, the Americans with Disabilities Act (ADA 1990) and ADA Amendments Act (2008) in the United States, Equality Act (2010) in the United Kingdom, and Disability Discrimination Act (1992) in Australia recognize both visible and invisible disabilities as qualifying for disability status and related protections. From a legal perspective, there should be no difference in how workers with invisible disabilities and those with visible disabilities are treated if the impairments fit the definitions of disability. Yet, there are several reasons to believe that the experiences of workers with invisible disabilities are different. Some evidence of this appears in the employment gap for working-age adults with disabilities reported as highest among those with mental health or intellectual impairments (World Health Organization [WHO] 2011).

One challenge specific to invisible disabilities is identifying workers who qualify for those protections (Colella and Bruyère 2011; Paetzold 2005). Employers, co-workers, and even the worker with the impairment may not be aware that invisible conditions, such as mental illness or cognitive impairments, could qualify as protected disabilities. Without a clear visible cue for disability (e.g., using a wheelchair), the impairment may not be salient to observers, thus, the disability status of workers with invisible disabilities is socially ambiguous (Santuzzi et al. 2014). The ambiguity may lead workers and observers to infer that invisible impairments are not severe enough to be qualified as disabilities, or perhaps even assume that impairments do not exist. Any claim of disability status at work, and more importantly requests for benefits only available to workers with disabilities, may be met with concerns about the legitimacy of such claims (Colella 2001; Colella et al. 2004; Paetzold et al. 2008). Especially for less known disabilities (e.g., dyscalculia, a learning disability affecting math-related tasks), co-workers and others might confuse disability-related behaviours as signs of low worker competencies (Butterworth 2008; Wadlington and Wadlington 2008). Importantly, workers with invisible disabilities may internalize these legitimacy concerns, making them feel fraudulent when discussing their disabilities around others who have visible symptoms (Stone 2005). Internalized concerns about perceived legitimacy may also decrease the likelihood that workers with invisible disabilities will request needed accommodations (Baldridge and Veiga 2001). Consequently, the ambiguity in determining legitimacy and negative reactions to accommodations may lead workers with invisible disabilities to adjust the way they identify themselves and manage their impairments at work.

Disability Stigma

Both the past experience of and anticipation of future negative reactions from others (i.e., social stigma) may create perceived barriers to accepting an invisible identity (Quinn and Chaudoir 2009; Quinn and Earnshaw 2011) and disclosing it (Baldridge and Veiga 2006; Clair et al. 2005). In general, workers with disabilities may encounter stereotypes that contribute to negative reactions from employers and co-workers. Disability-related stereotypes suggest workers are submissive, unsociable, hypersensitive, and less capable, which may directly conflict with what workers are expected to display as evidence of good job performance. It is also worth noting that several of the most stigmatized disability types are invisible, including psychiatric conditions (Corrigan 2005; Dalgin and Bellini 2008; WHO 2011), past drug addiction (Stone and Colella 1996), and HIV infection (Derlega et al. 2004). The stigma may be especially negative if the impairment is believed to be something that the worker could have controlled or prevented from happening (Stone and Colella 1996). For example, research on reactions to mental illness suggests that observers may react with anger towards those with mental illness if they are perceived to be responsible for their condition (Corrigan et al. 2007). This research also demonstrated observers were less likely to be supportive of assisting those workers in finding or keeping a job.

Like observers, workers with impairments may hold their own negative perceptions of disability that may interfere with the way they integrate disability into work and life activities. These negative attitudes towards disability could have existed before the onset of one's disability, or emerged through negative interactions with others, in which case the stigma against having a disability was internalized. For example, research has revealed the self-stigma experiences of adults with mental illness and how it negatively influences self-esteem and self-efficacy (Corrigan et al. 2006) and can interfere with a worker's perceived competence and motivation to pursue job success (Corrigan et al. 2009). Relatedly, men with rheumatoid arthritis were found to have difficulty accepting and adjusting to their condition because they believed it interfered with their masculine identities, namely their ability to engage in paid employment (Flurey et al. 2018). Denying the disability label may be one way that workers with negative attitudes towards disability protect self-esteem, self-efficacy, and perceptions of their competence in work settings (Nario-Redmond et al. 2013).

Whether the stigma is internalized or not, research suggests that expected negative evaluation is the main reason that workers may be reluctant to self-label as persons with a disability. For example, workers with hearing loss may fear negative stereotypes associated with disability or related categories, for example, old age (Southall et al. 2010; Wallhagen 2010). Thus, even if they recognize their own impairments and understand they can qualify for disability protections and benefits, they might not accept the label as a person with a disability to preserve self-image (Hétu et al. 1990). Instead, workers might deny or minimize their challenges at work. Denial of disability may be useful as a short-term strategy, but likely has long-term negative effects on the worker and relationships with others at work and in other social environments (Livneh 2009).

Denial also may be evident among workers who do not use provided accommodations. For example, workers with hearing loss may refuse to use hearing aids to preserve their images with others (Wallhagen 2010). Using accommodations signals to one's self and others that some task or activity is impaired and assistance is required. This signal can be especially diagnostic in a workplace setting where workers aim to highlight their competence and ability to perform; presenting a disability, by definition, indicates that some ability is impaired. In other words, accepting a disability may contradict the goal of maintaining a positive occupational identity as an able and competent worker (Galvin 2005). To avoid perceptions of low competence and ability by employers, co-workers, and one's self, workers may forgo accommodations as a means of denying a disability label.

Adding a layer of complexity, workers with invisible disabilities might adopt the disability label in some situations but not others. In our own mixed-methods research, we used interviews and a survey to collect data about the identity acceptance decisions of working-age adults who had invisible impairments (Santuzzi et al. 2019). Interview responses suggest that workers with invisible disabilities selectively use the disability label in some contexts because it was instrumental in some way. For example, workers might use the disability label at work because that label is essential to qualify for protections and accommodations. However, there may be other instrumental purposes for adopting the disability label in non-work contexts as well. The following case study demonstrates how contextual variants affect the degree to which Thomas and Maria (pseudonyms are used) consider their impairments to be disabilities, indicated by their use of the disability label when describing it to others.

Case Study: Disability in Some Contexts but Not Others

Thomas was diagnosed with attention-deficit/hyperactivity disorder (ADHD) early in childhood. ADHD is a brain disorder characterized by patterns of inattention or lack of consistent focus and/or periods of hyperactivity (e.g., excessive movement or fidgeting) or impulsivity (e.g., acting before thinking). Thomas reported having difficulty with prioritizing tasks and performing tasks in sequence, blurting things out at inappropriate times, and an inability to stay still for long periods of time. Despite recognizing the limiting effects of ADHD across different areas of his life, Thomas indicated that whether he considers his impairment to be a disability depends on the situation. He indicated that it was a disability at work (and school) because he needed to request accommodations; however, outside of work domains, he stated, "it's more just an annoyance."

In comparison, Maria has a severe form of arthritis in her right hand. The chronic pain imposes severe physical limitations that interfere with virtually every aspect of Maria's life. For example, her ability to write notes during work meetings and carry objects for catering events is difficult, or impossible in some cases. Even routine functions such as signing a document are difficult. Like Thomas, Maria does not always consider her impairment to be a disability despite her acknowledgement of its invasiveness in many life domains. What is unique about Maria, however, is that self-labelling depends on where she feels comfortable expressing the emotions she attaches to the disability label. Thus, she is reluctant to use the disability label at work, in part, to not raise concerns about meeting performance expectations that her supervisor and co-workers have for her. Instead, she reserves identifying with a disability in contexts in which she feels interpersonally close with others. Maria explained, "I associate that term with a lot of emotions. So, I use that term with my family because I'm really close with them."

The experiences of Thomas and Maria illustrate the selective use of a disability label. For Thomas, using a disability label was instrumental to receive accommodations. For Maria, disability appears to be a personal part of Maria's identity that is associated with emotions she feels most comfortable expressing with her immediate family. Nonetheless, contextual variables and/or individual preferences determined when a disability label was and was not used in both cases in very different ways.

Deciding to Disclose or Conceal Invisible Disabilities at Work

The private acceptance of a disability label likely influences the ways in which workers with invisible disabilities manage their public identities. One important decision that workers with invisible disabilities make is whether to make the disability known or 'visible' to others at work. Many workers choose to keep an invisible disability concealed, even at the cost of productivity and psychological well-being (Colella and Stone 2005; Jans et al. 2012). Several of the factors that contribute to not connecting an impairment to a disability label also might affect the extent to which workers disclose the disability to others. However, the decision to accept the label and the decision to disclose to others may not be consistent with each other. Even a worker who adopts a disability label in the workplace might choose to conceal the disability at work (Madaus 2008). Workers may weigh the costs and benefits of disclosing to inform how they manage their impairments at work.

Like accepting a disability label, the biggest barrier in the disclosure of disability and other concealable identities at work explored in the empirical literature is social stigma. To avoid social stigma, workers may choose to not disclose their disabilities (Clair et al. 2005) or forfeit needed accommodations (Baldridge and Veiga 2006). At first, having the control over who knows about one's disability may seem like an advantage; however, the strategies used by workers to manage who does and does not know about their disability may have indirect negative effects on workers (DeJordy 2008; Quinn 2006). Despite the increased susceptibility to disability-based stigma, there may be benefits of disclosure, such as receiving protections or accommodations that are forfeited when the worker chooses to not disclose. Moreover, there may be additional costs to the worker's health and well-being if the worker must expend effort to keep the disability concealed in the workplace. Below we discuss reasons that workers with invisible disabilities might choose to disclose disability at work, despite the cost of being more susceptible to disability-based social stigma.

Eligibility for Accommodations

Researchers have identified the need for an accommodation as the primary reason for disclosing a disability in the workplace (von Schrader et al. 2014). Accommodations can benefit workers with disabilities via accessibility modifications to existing work facilities and equipment, job restructuring, changes to work schedules, modifications to training and development materials and procedures, transportation accommodations, or any similar adjustments to the work environment that promote equal employment opportunities for workers with disabilities. Accommodations, therefore, benefit the worker directly by providing an opportunity to perform and be productive at a level that is equal to workers without disabilities. In addition to performance-related benefits, receiving accommodations can have positive psychological impacts. Konrad et al. (2013) found that receiving accommodations was positively associated with life satisfaction and negatively associated with perceived discrimination among workers with disabilities. Receiving accommodations appears to also have positive effects on work outcomes. Schur et al. (2009) found that workers whose accommodation requests were fully granted had higher levels of perceived organizational support, job satisfaction, organizational commitment, and lower turnover intentions than those whose request was denied or only partially granted. Interestingly, the positive effect of accommodations on job attitudes reported by Schur et al. appeared to spill over to other workers. Among organizations that had a higher proportion of fully granted accommodation requests, workers in general showed higher levels of perceived organizational support. When accommodation requests were frequently denied in the organization, workers in general reported lower perceived organizational support, lower commitment, and more turnover intentions. Thus, requesting and receiving accommodations may have immediate and long-term positive impacts on workers and organizations, processes that begin with the disclosure of a disability.

Performance Justification

Another benefit of disclosure is justifying work performance or unexpected work behaviours (e.g., absences). As the case studies in this chapter illustrate, impairments can interfere with one's ability to perform work tasks consistently and at an optimal level of performance. Impairments may also be the cause of tardiness or absence from work, including gaps in employment history (Allen and Carlson 2003), due to illness, complications, or receiving health care. In our interview research, 43 per cent of participants reported explaining work performance or unexpected behaviours while at work as the primary reason for disclosing disability at work (Santuzzi et al. 2019). Participants reported a wide range of behaviours that prompted the disclosure at work, including lateness, illness-related absence, requests for help or task reassignment, frequent bathroom visits, and moving around sporadically. Some participants reported positive outcomes as a result of disclosing an impairment to justify performance or behaviours. The positive consequences included decreased work-related stress, increased work performance, and improved interactions with supervisors and co-workers. These findings suggest that there may be positive impacts of disclosure for justifying work performance and work behaviours on individuals' well-being, work performance, and interpersonal relationships at work.

Social Connectedness

Disclosure generally is expected to have positive effects on interpersonal interactions (Collins and Miller 1994). Research suggests that disclosure of disabilities and other stigmatized identities may be more likely if it will preserve important social relationships (Clair et al. 2005). Being 'out' with an invisible disability may reduce feelings of isolation (Beatty and Kirby 2006) and allows connections to form with others who have the same or similar identities (Chaudoir and Quinn 2010). Disclosing also might encourage better social integration in the long term at work and in other social contexts. Newheiser and Barreto (2014) found that individuals with a history of mental illness who disclosed their identity (versus those who concealed) reported higher levels of felt authenticity and their social interactions were subsequently rated more favourable by an interaction partner and external observer. In another study these investigators found that those who imagined disclosing a physical illness in a hypothetical workplace situation reported higher levels of felt belonging in the imagined situation than those who concealed their physical illness, a finding that runs counter to the belief that concealing has interpersonal benefits (Newheiser et al. 2017). Taken together, research suggests that disclosing a psychological or invisible physical disability can benefit workers in the long term by enhancing feelings of belonging and authenticity, which, in turn, have positive effects on psychological well-being.

It is important to note that the benefits of disclosure might not be experienced equally across all types of invisible disabilities. Recent research found that disclosure yielded more reactions of pity for individuals who had hearing loss that was perceived to have uncontrollable onset (inner ear infection) compared to controllable onset (listened to loud music) (Lyons et al. 2017). Although reactions of pity might have a component of sympathy, they can be particularly damaging in a work context because the emotion includes a perception of low competence (Fiske et al. 2002). Importantly, Lyons et al. also demonstrated the link between pity reactions and lower hiring intentions. To reduce reactions of pity, individuals could downplay the negative aspects of the disability or emphasize the positive aspects, but those strategies only showed effectiveness for impairments with low onset controllability (Lyons et al. 2017). Continued research is required to identify effective disclosure strategies to preserve social relationships for workers with invisible disabilities that may be regarded as controllable.

Reduced Concealing Effort

There are also psychological benefits of disability disclosure, or more precisely, not concealing disability. In cases where the disability never becomes salient or relevant at work, workers might not need to expend effort to conceal the disability if it just never comes up. However, some workers may desire to expend effort to keep their disabilities concealed at work. When individuals conceal, rather than reveal, a stigmatized identity, their information management systems are taxed, which can leave fewer cognitive resources available for work tasks (DeJordy 2008). Indeed, Smart and Wegner (1999) found that those who disclosed an eating disorder experienced less preoccupation with intrusive thoughts about stigma and secrecy (e.g., worrying about being outed) than those who concealed the identity.

Disclosure may also alleviate the emotional strain brought on by presenting oneself inauthentically (Clair et al. 2005; Jones and King 2014). Concealing requires individuals to be deceitful to others and to behave in a manner inconsistent with one's internal identity, both of which may have adverse psychological consequences. Research comparing the effects of revealing, versus concealing, a stigmatized identity has shown that concealing is associated with poorer psychological well-being, for example, negative affect (Frable et al. 1998), including self-directed guilt and shame (Barreto et al. 2006). Furthermore, research suggests that concealing a stigmatized identity may also strain intrapersonal psychological needs. Bosson et al. (2012) found that those who imagined engaging in behaviours that were stereotypically inconsistent with one's stigmatized identity (e.g., a gay man bringing an opposite sex partner to a party) were more likely to expect to be misclassified as non-stigmatized than those who engaged in identity-consistent behaviours. Expecting to be misclassified was, in turn, related to a threatened sense of coherence of self (similar to authenticity). Thus, concealing may compromise feelings of authenticity and prompt self-directed negative emotions. Disclosure may be one strategy to attenuate these effects. The second case study sheds light on the challenges faced by Erica when she was forced to weigh the benefits of disclosing (e.g., for accommodations and explaining work performance) against the social costs of disclosure from stigma.

Case Study: Disclosure/Accommodations Versus Social Costs

Erica was diagnosed with Irritable Bowel Syndrome (IBS), which is a disorder of gastro-intestinal functioning caused by a disconnect in the communication between the brain and small and large intestines. Erica explained that she was frustrated with the diagnosis because "they don't know what causes it and they don't have any treatment for it." Rather, treatment most often comes in the form of considerable life-style changes, including adjustments in the workplace. Her ability to stay on task at work was impinged upon by frequent restroom visits, which she believed left her co-workers with negative impressions of her work ethic. Her condition also caused her to miss time from work, resulting in asking co-workers to cover her shifts. In addition, past experiences with disclosure gave her the impression that others doubted the legitimacy of her impairment. In one disclosure incident, Erica explained, "I remember one of my co-workers was like I never really thought [IBS] was that bad." In other instances, co-workers minimized perceived severity of the impairment with statements like, "oh, your stomach is just upset."

Erica was forced to weigh the benefits of disclosure—via explaining work behaviours—against the social costs of disclosure—negative reactions from co-workers. Erica ultimately disclosed to her supervisor and co-workers that she was contending with IBS to explain her work behaviours (frequent restroom use). However, three months passed before she decided, and, during the time delay, she experienced stress and strain as a function of her unexplained behaviour in the workplace. Her experience, thereby, illustrates the complexity of disclosure decisions among individuals with invisible disabilities and the potential burden imposed by weighing disclosure considerations over long periods of time.

Summary and Recommendations for Practice

As a first step, employers and Human Resource professionals should be aware that many disabilities are invisible, although they are afforded similar protections and legitimacy as visible afflictions. The World Health Organization (WHO 2017) reports depression, an invisible mental health condition, to be the leading cause of disability worldwide. Also, the prevalence of several invisible health conditions including arthritis, back pain, cardiovascular disease, and hearing loss are expected to increase in the workplace as older workers remain in the workforce longer than in past years (WHO 2011). Leadership could benefit from learning how the experiences of workers with invisible disabilities might differ from those with visible disabilities. Workers with invisible disabilities vary in the extent to which they self-label as persons with disabilities for many reasons. For instance, they might be reluctant to accept an impairment as a sign of a disability. It is also possible that workers with qualifying disabilities do not even recognize that they have impairments, especially, if they can explain workplace challenges in other ways, for example, blaming noise in the environment rather than hearing loss. Without a visible cue for a disability, workers are left to their own subjective interpretations of their experiences to determine whether they have an impairment beyond normal variation.

Importantly, self-labelling and disclosure decisions can vary from situation to situation and might not occur immediately. For example, disclosure might not occur until the disability becomes relevant or challenges are extreme enough that work evaluations are at risk. If the disability is not relevant or threatening to work evaluations, workers might choose to conceal the disability, especially if there is high risk of social stigma or concerns about perceived legitimacy of the claim in the workplace. Despite negative social reactions, there may be several long-term benefits of accepting and disclosing an invisible disability at work, including feelings of authenticity, better social relationships, and psychological relief from the effort required to ‘pass’ as a worker without disability. Practitioners should be aware of the important role that a supportive work environment will play in both the self-labelling and disclosure decisions made by workers with invisible disabilities.

We encourage practitioners to understand the unique challenges faced by workers with invisible disabilities and take those issues into account when developing policies and procedures for managing workers with invisible disabilities. First, as the majority of legally protected disabilities are invisible, the lack of a visible cue cannot be used as an indicator of the validity of a disability claim or the degree of its severity. At present, self-disclosure of disability may be the most reliable method of learning which workers have disabilities. The fact that other observers cannot verify that a disability is present should not be used as evidence that a disability is not present. It is also important to remember that several social and psychological factors may interfere with the timing of disclosure (if disclosure occurs at all). Organizational procedures should welcome late and event-contingent disclosures without penalty or questions about legitimacy. Workers with invisible disabilities may choose to keep such information concealed until it seems necessary to formally disclose (e.g., when accommodations are required). With flexible procedures in place, workers with invisible disabilities might feel comfortable choosing to not disclose until the disability interferes with the job duties. Moreover, if a worker chooses to conceal the disability during the hiring phase, that worker should not feel the pressure to maintain that identity while experiencing disability-related challenges at work.

Organizations may be able to alleviate the pressure to conceal in the first place by creating work environments where employees feel safe disclosing a disability. Explicit guidelines for implementing policies and practices that support disclosure are lacking; however, a good starting point for organizations may be to take measures that reduce disability stigma in the workplace. Anti-stigma interventions, in such forms as role-playing, online training, and workshops, have been shown to effect positive change in employees' attitudes (e.g., reduced negative stereotypes) and behaviours (e.g., reduced discriminatory behaviours) towards employees with mental illness (Hanisch et al. 2016). Given the importance of perceived co-worker and supervisor support in increasing employees' willingness to disclose a disability (von Schrader et al. 2014), such anti-stigma interventions targeting disability stigma may be effective in creating disclosure-supportive environments and, potentially, promote acts of disclosure that result in positive disclosure experiences (i.e., benefits of disclosure outweigh costs of social stigma).

More generally, other research points towards the promise of inclusive organizations in providing environments in which employees can bring their 'whole self' to work without the threat of being excluded from formal and informal organizational processes (Ferdman and Roberts 2014). For example, Jansen et al. (2014) conceptualize inclusion as the subjective experience that one both belongs to their work group and is free to be authentic. Given threats to individuals' sense of belonging and sense of authenticity imposed by concealing a disability (e.g., Newheiser and Barreto 2014), it stands to reason that work environments designed specifically to provide employees with a sense that they are both an accepted member of the organization and a valued individual employee would be effective in reducing the pressure to conceal. Ferdman (2014) provides a useful outline of inclusive practices and policies to implement at the employee, leader, and organizational levels that align with the psychological experience of inclusion. Organizations might consider adopting such practices and policies as they may be effective in reducing the burden of managing concealable stigmatized identities, including invisible disabilities.

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20

An Effective Approach to Mental Health Challenges: A Framework for Best Practice in the Workplace

Sarah Riding

It could be argued that The Equality Act (2010) has been the most important piece of legislation to impact on those with a disability, strengthening the Disability Discrimination Act (1995) and placing specific responsibilities on employers in relation to their policies and procedures, especially those having a particular impact on employees with a disability. People with a disability are now protected from unfavourable treatment due to their disability and the ban on pre-employment health questions, excepted in certain prescribed circumstances, should have ushered in an era of more open and inclusive workplaces, with an approach to disability built upon a fundamental shift in knowledge and understanding of how to implement effective change in the workplace. However, it would appear that those with disabilities attributed to mental ill health are not only failing to get employment but, once in employment, they face considerable job uncertainty. Statistics from The Mental Health Foundation (2018) revealed that one in 6.8 people experience mental health problems in the workplace, equivalent to 14.7 per cent of the working population. In addition, 12.7 per cent of all sickness absence is due to mental health conditions, whether one is caused by the other is difficult to say; however, according to Stevenson and Farmer's review (2017), 300,000 people with long-term mental health problems lose their job each year, which is at a much higher rate than for those with physical health disabilities. The report identifies work setting as

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a place of difficulty for those with a range of mental health needs, as opposed to work fulfilling the key role of providing an identity and a sense of contributing to society as a useful and valuable person. The concept of work as a key ingredient of emotional and psychological health has been researched by numerous authors (Blustein 2013; Brown and Lent 2005). Whilst work is seen as a contributor to well-being, loss of work subsequently has an adverse effect; the longer someone is unemployed, the more vulnerable he or she is to depression, anxiety and suicide (Milner et al. 2013). Although it has been estimated that 86–90 per cent of unemployed people with mental health conditions want to work, unemployment related to mental illness has been found to last longer than other health-related unemployment (Stevenson and Farmer 2017). Although acquiring and keeping a job is important to a person's dignity and self-esteem, there are exceptions to this when people hold on to a job even if the workplace is uncomfortable or indeed blatantly prejudicial.

> I had been in my new job a few months when I casually remarked to someone about my long-standing depression and that this was my first job for several years. I told her I was thrilled to be in work but was shocked at her reply. The main thrust was that I wouldn't be reliable, would probably go off sick and had taken a job off someone who deserved it. Comments like this went on for several months and I was in tears every night, I felt exhausted and yes depressed but was too scared to be off, I needed this job more than anything.

Mental illness has become a growing concern for society, every week one in six adults experiences a common mental health problem, such as anxiety or depression, and one in five adults has considered taking their own life at some point (McManus et al. 2016). The increase in public concern has led to a report focussing on improving young people's mental health (NHS England/Department of Health 2015), as the figures show that one in ten children and young people have a diagnosable mental health problem, with 75 per cent of mental illness beginning in adolescence. This means that they never get a chance to experience the workplace without the debilitating effects of mental ill health, entering into an environment where they are frequently persecuted and discriminated against. In order to combat the negative attitudes and behaviour experienced by those with mental ill health, there is campaign called 'Time to Change' (2019a), which is a growing movement of people aiming to change attitudes and behaviours about mental health problems. The movement has developed a network of champions and local hubs to campaign for attitude change in their areas. The campaign has found enormous public support and, since it began in 2007, there has been an overall 9.6 per cent improvement in public attitudes (i.e., 4.1 million people) (Time to Change 2019b). In addition, in 2016 the 'Five Year Forward Review for Mental Health' was launched (Mental Health Taskforce 2016) and it has been described as a road map for improving mental health in England. The taskforce identifies a range of priorities and recognizes the reality of how few people with mental health conditions are active in the workforce. In order to an attempt to address this, Recommendation 5 of the Five Year Forward Review for Mental Health advises that "by 2020/21, each year up to 29,000 more people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS)" (Gov.uk 2016). In IPS, the client's preferences are central, and the IPS employment model is internationally recognized as the most effective way to support people with mental health problems, and/or addictions, to gain and keep paid employment.

The purpose of this chapter is to propose a model of best practice to support employers in creating a working environment that promotes supports and understands mental health and well-being. Currently, there is little focus on the working environment itself, nor are there recommendations on best practice as to how to support people when they are in work, and models of change will only be successful if the automatic prejudice against mental illness that pervades society is recognized, understood and eliminated. In order to address the absence of best practice in the workplace, this chapter includes the work experiences of those with mental ill health to provide a greater understanding of how those with mental ill health interface with workplace environments, including:

- An understanding of the impact of discriminatory attitudes on a person's ability to work where their mental health is compromised;
- A model of change enabling employers to create a mentally healthy workplace;
- Recommendations throughout providing practical solutions as to how employers can support individuals with mental ill health.

Mental Illness and Work

> Wherever I have worked I feel the inability to speak about my mental health as I fear my colleagues may look at me differently and I feel there is a general lack of understanding and awareness surrounding mental health.
>
> I stopped work after having a breakdown and have not been back since. People seemed not to care and aside from a few emails and a phone call I didn't get any support despite my colleagues knowing I have bipolar.

It would appear that working whilst experiencing mental health challenges can cause two distinct reactions, one is to say nothing, 'the put up and shut up' mindset, or that when things become too difficult because of the lack of support the person leaves. Both of these approaches have a continued and significant impact on a person's mental health. It is acknowledged that one of the best defences against depression is a sense of positive self-esteem, and meaningful work experience has long been considered invaluable in supporting this. Pilgrim (2017) has identified both unemployment and importantly poor employment as threats to mental health, indeed Freud recognized love and work as the cornerstones of our humanness, he said "Work and love, love and work—that's all there is". If indeed that is all there is, then we should perhaps not be surprised if we see rising experiences of mental illness as the impact of austerity measures continues to make its mark on communities with continued cuts to social care, mental health services, closure of community resources and the move to Universal credit (Gov.uk 2018). Alongside Universal Credit, a new payment-for-results programme called welfare-to-work was launched throughout Great Britain in June 2011, as part of the Coalition Government's ambitious programme of welfare reform (British Broadcasting Corporation 2011). Research published in September 2015 by mental health charity Mind, reported that for people with mental health problems the Work Programme made their distress worse in 83 per cent of cases. The overarching theme appears to be that whilst there seems to be genuine interest in the impact of mental health on children and adults this interest has not been matched within the context of the workplace. Although the Equality Act 2010 is approaching its ten years anniversary, equality in the workplace is still a distant dream for many, and whilst reforms and responses to employment may appear to be well thought out and effectively implemented, it is the deeper and more personal consequences of the workplace environment that remain poorly considered. The argument here is that unless this is addressed those with mental health challenges will continue to struggle in workplaces. It is significant that according to the Centre for Mental Health (CMH), the cost to each employer of mental ill health is £1035 per employee and it is estimated that 15.2 million work days are lost due to sickness on the basis of anxiety and depression (CMH 2018), all of this resulting in the stark realization that mental health costs the UK £70 billion per year (Organisation for Economic Co-operation and Development 2015).

The Inclusive Workplace: A Model of Best Practice—The 5 C's Model (Malach 2018)

Stevenson and Farmer's Review (2017) identified the UK as having a significant mental health challenge at work, despite, or perhaps in spite of, numerous attempts to offer solutions to support workplace reforms that create a more inclusive environment there has been limited progress. The belief is that we have to challenge organizations in five distinct areas to effect change. The 5 C's Model (see Fig. 20.1) was developed by Alyson Malach from Equality and Diversity UK and provides not only a clear framework but also a fundamental root and branches reform map. The model will be explained here along with recommendations on effectively implementing the model in respect of Mental Health.

Context

Here the Organizational Context refers to the structure of a business and how it operates internally; this includes all the work and communication among employees and clients, the mission and values. Here we ask if those who run and work in the business truly understand what the organization stands for and who it works with, that is its partner organizations. In this respect, context also refers to how the organization sees employee well-being, not as a separate entity but rather as a dominant theme of the workplace. This is the first point at which an understanding of the impact of discriminatory memes (i.e., cultural information being shared) discussed later in the chapter can be challenged.

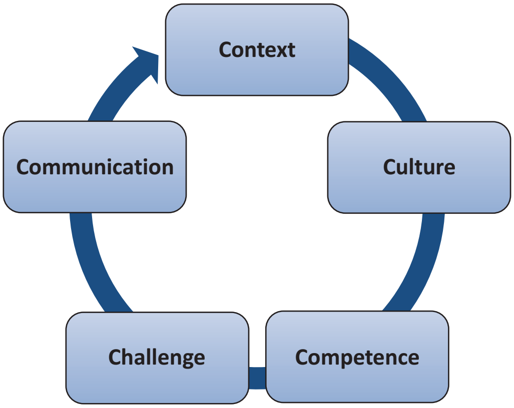

Fig. 20.1 The 5 C's Model. (Adapted from Alyson Malach from Equality and Diversity UK)

> Support in the workplace for mental health has been really hit and miss in my experience. Some employers have employee well-being programmes in place which can provide things like counselling or peer-support whilst others do not have anything in place. Even some employers who claimed they had things in place seemed to be very tick-box and not very helpful to employees [like] myself who were experiencing mental distress.

Recommendations

On the basis of the aforementioned information there are a number of recommendations that can be made. These include:

- An Equality, Diversity and Inclusion (EDI) policy that sets out the standards to which the organization is committed in relation to employment and to employee well-being,
- The use of 'Experts by Experience' to act as a critical means for the development of an effective workplace policy,
- The use of a Committee/Champions to take responsibility for EDI policies to foster the standard set for equality and human rights within the organization.

Culture

It is widely recognized that different organizations have distinctive cultures. A commonly used definition of organizational culture is 'the way we see and do things around here'. Culture gives an organization a sense of identity—'who we are', 'what we stand for', 'what we do'. It determines, through the organization's legends, rituals, beliefs, meanings, values, norms and language, the way in which 'things are done around here'. Leadership is the driving force of workplace culture and management sets the behaviour standards; it is imperative that employees recognize and know who it is who sets this moral compass, the ability to know what is right and wrong and to act accordingly in the organization. The bearer of this Moral Compass has to recognize her or his own biases and how it perceives mental illness in order to lead the culture effectively, without this implicit as well as explicit discrimination will remain.

> I have self-harmed at work before after feeling so low and I was basically given sick leave for months on end until I was finally told I was being made redundant. I was going to take it to an employment tribunal but I just wasn't in a right state of mind and was mentally drained/exhausted so I didn't pursue it. I have been on Employment and Support Allowance ever since.
>
> I have been unwell when at work and I felt I just had to take time off. My manager was understanding and called me weekly to see that I am okay, they even arranged for flowers to be sent to my house which was really uplifting. Although I know not everybody has shared similar positive support to myself. I feel sometimes the support can come down to individuals or individual managers as opposed to organizations as a whole.

This model recognizes that policies and procedures on their own will not transform the culture of the organization. It is only in conjunction with the people in an organization, the moral compass of the organization which is instrumental in gaining staff compliance and the ability to elevate the importance of staff training in respect to mental health needs that cultures will begin to change.

Recommendations

Specific to organizational culture there are a number of recommendations that can be made:

- Audit of company's attitude and a commitment to act on discriminatory views,
- Develop mechanisms to listen to what all stakeholders in the company want, this includes, employees at every level, subcontractors,
- Participation by those with equality, diversity and inclusion interests in governance within the organization so that the voice of those experiencing inequality or human rights violations informs policies, processes procedures and practice within the organization.

Competence

Here competence refers to a workforce that requires the employers and employees to learn about mental health challenges and specifically to confront their own internalized discrimination. It requires the workplace to accommodate a range of working practices, for example job carving, or job redesign, in order to tailor a job to a specific worker. This requires a workplace and workforce to be open and flexible and willing to challenge perceptions.

> Sometimes at work, I have had breakdowns and the best support I have had has not been from my line manager but from a working friend and colleague who has also suffered from depression. I felt more able to open up to somebody who has experienced depression and this supported me in carrying on with my work without ending up in crisis or taking sick leave being accepting and patient.

Recommendations
Specific to organizational competence, it is recommended that organizations implement and/or develop:

- Training that enables staff to understand and embed mental health awareness into everyday organizational practice,
- Diversity champions amongst the staff group that will continue to make organizations and staff aware of their attitudes and behaviour to maintain best practice.

Challenge

The challenge in any organization is to celebrate diversity every day and to help the workforce to be able to look at things from other people's points of view, to walk the walk, not just talk the equality talk. An organization needs to be willing to challenge perceptions of its employers and to be confident to address assumptions around mental illness.

> Mental health awareness is a major challenge in the workplace as in my experience most people have little to no understanding of mental health problems. Many simply base their judgement on mental health problems on mostly negative stories they have heard in the media as opposed to people they actually know.

Recommendations
In order for organization to effectively engage with challenging discriminatory attitudes and behaviour it is recommended that organizations implement:

- Clear staff guides outlining the right to be treated fairly at work in an atmosphere of safety, free from discrimination and harassment,
- Enable colleagues and managers to be able to ask one another, safely, what they think your biases are. Open and honest conversations about the biases other people see us displaying can reveal our bias blind spots.

Communication

This is quite simply what you say and how you say it, recognizing the impact that words can have on a colleague.

> I would like to think that people in the workplace do not judge me based on the fact that I have been in a psychiatric unit as a patient, but unfortunately I feel that they do. Sometimes people say jokes relating back to mental health that can be offensive or I sense people look at me when the topic of mental health ever comes up.

Recommendations
The main recommendation regarding communication is that organization should implement:

- a clear road map that sets out objectives the organization wants to achieve in relation to equality and human rights in and to plan the steps that will be taken to realize these objectives.

The case study below is a moving account of the intersection between mental ill health and a work environment that demonstrates both ignorance and discriminatory behaviours that can leave people isolated and lonely. Loss of work has a profound impact on their well-being, work being both a cause of stress and loss of work a cause of distress. At key points each of the opportunities to have applied the 5 C’s Model are identified, raising questions as to the possibilities of a different outcome.

Case Study: Graham

In the initial stages of my nervous breakdown, the organization was quite responsive to my needs. I had reached a crisis point. Over 13 years of work in a very demanding job yet no particular interest was paid to me as an individual employed by the company at the forefront of their production. It seems that the company does not have the capacity to care for its staff. It was only when a crisis occurred that I felt I was offered a very generous and supportive care. It was evident that over the 13 years I was in the company [there was] a lack of oversight and management was lacking, indeed I felt left alone to cope on my own. Even the yearly personal development interviews by a senior member of staff did not help in my situation.

Point one: There is a need for a clear Context. Where is the organizations Mission and values?

After having received treatment in hospital I returned home on sick leave. I was given time to recover however it became obvious that due to my mental health it was impossible for me to return to full-time work within the framework of sick leave and return to a work schedule. I was advised to take early retirement due to ill health. I do believe that this was the right decision. Frequent visits were made to me at home by a very sympathetic and compassionate colleague. I have to say that no one else within the organization made any visits to me or indeed inquired about my health. I felt within my heart that the organization did not have the knowledge or enough understanding of mental health issues, especially surrounding exhaustion and depression. My condition was kept under wraps and I discovered that very few people knew of the illness which resulted in my retirement. Was this reflective of the attitude and ignorance surrounding mental health? Or was it the organization trying to protect me and my privacy? At the time I feared that the lack of information given to work colleagues was due to ignorance surrounding mental health and the danger that this label had to my well-being and my future.

Point two: how are attitudes towards mental illness communicated to colleagues and prejudices challenged?

The stigma associated with mental health I feel is just as strong in my organization, as it is in the rest of society.

Point three: The Culture of the organization, the values and norms do not reflect here a positive attitude to mental health and well-being.

After retiring from the organization I spent some time recovering and now I work for three days within a voluntary organization. I still have confidence issues and occasionally have to take time off work due to depression. I still have to come to terms with the fact that my mental health and well-being is something I will have to learn to live with for some time to come. I see mental health in the same way that I see a physical illness. There are days when a physical condition may have an effect on the way that the person works. The same is true for someone living with depression. A bit like recovering from a broken leg or a leg injury, there may be a limp or some physical signs that an injury was sustained. It's the same for me with depression there are some days when I will be fine, and other days when I may struggle. Nevertheless, this does not make me incapable of work and a fulfilling vocation or career.

(*continued*)

(continued)

I have had professional help with my condition. This help has not come from the organization for which I work. I now find myself quite isolated and misunderstood. I do think there is a lack of understanding in the organization as a whole about the issues relating to mental health. I think it is perceived by some as a weakness both mentally and emotionally. The national code of conduct within my organization makes it quite clear, that it is the individual who has to take on responsibility for his or her own care. This is very frustrating. Colleagues have to take on more and more responsibility as the role develops in this modern society. I do agree that we all have a responsibility to take time for recreation and for our well-being. However, when pressure is placed on an individual working alone, the pressures are too much to bear for one person without the involvement of another monitoring and offering care. Sometimes it is suggested that a particular individual is the person you take your worries and cares to relating to your pastoral work. This is wrong; the organization needs to take on responsibility for the care of those who care. Increasing numbers of colleagues are suffering from mental health issues relating to the pressures of work. Organizations need to work harder to understand mental health and the issues relating to the management and care of individuals coping by themselves.

Point four: the competence of the organization is missing at this stage.

I am currently seeking ways to make organizations more aware of mental health issues and attitudes.

Point five: the need to challenge attitudes.

My hope is that the management within the organization will take on more responsibility to care for those who are facing stresses and strains which are work-related, and to have more strategies in place to help and support individuals.

Automatic Prejudice

If the 5 C’s Model is to be successful and indeed any best practice model, it is essential to recognize that every aspect of the 5 C’s Model is dependent on a commitment to mental well-being and a recognition of how deeply imbued prejudicial attitudes towards those with mental ill health are. Any model that seeks fundamental organizational change at both a cultural and behavioural level will fail without an awareness and recognition of how deeply held belief systems about mental illness are reflected in how we think, feel and behave towards people in the workplace. This is why the approach recommended here is based on a shared understanding between employers and employees of how our belief systems around mental illness, especially those that are hostile, can determine workplace practice.

Mental illness is multi-dimensional and complex for the person experiencing it, not only may the person have a range of physical health needs, but may well have coping strategies that can manifest in behaviours that are seen to be unacceptable in the workplace. It is perhaps not surprising that, given the levels of prejudice around mental health, a survey found that over half of people said they would feel uncomfortable talking to an employer about their mental health, a rise of 10 per cent (Time to Change 2019a). The report suggests that there may be "a greater anxiety about discussing mental health problems … with employers, in the current time of economic uncertainty".

> My co-workers knew I had depression in the past but I never felt able to discuss what this really meant, I felt that if I actually told people they would look at me differently, to be honest I felt ashamed at some of my private behaviours, it was the subtle comments, well often not so subtle the jokes, he's a nutter, she must be mad, that just gave the sense that beneath the surface I would be judged, managers often were the worst for making these comments, as a result during one very stressful period I was very flat and negative in a meeting and got told off for being negative, no one asked how I was or to be honest cared, I thought the changes in my behaviour were obvious, a few weeks later I broke, I was off sick for over 12 months as a result.

Any successful inclusive workplace must be one whose leaders set a culture that enables colleagues to explore their discriminatory attitudes and behaviours and that has a commitment to personal and professional challenge based on the 5 C's Model. Erving Goffman (1990) commented that: "Society is organized on the principle that any individual who possesses certain social characteristics has a moral right to expect that others will value and treat him in an appropriate way". It is therefore incumbent on us to ask, how is society organized in respect of people with mental illness, how is this population valued and treated and what is seen as appropriate?

To do this it is crucial to consider how discriminatory attitudes towards people experiencing mental ill health have become common place in society, it is estimated that 67 per cent of all news coverage about mental illness is negative, for example The Sun's front page headline "1,200 killed by mental patients" (Parry and Moyes 2013). Findings from the 2015 British Social Attitudes survey (Dean and Phillips 2015) demonstrate that "in spite of the relatively high prevalence of mental health problems in the population as a whole, there is evidence of fairly widespread negative attitudes towards people with mental health problems". When the Boxer Frank Bruno became unwell and as a result was hospitalized due to his bipolar disorder, The Sun Newspaper (2003) deemed it appropriate to run the headline the following morning "Bonkers Bruno Locked Up"; these four words filled the whole of the front page, together with a reference to him as a "nut"; however, public outrage meant the newspaper withdrew the story (Gibson 2003). The belief that it was permissible at all to print such derogatory comments in a newspaper with a wide circulation, and indeed has at present the largest circulation of newspapers in the United Kingdom (The Statistics Portal 2018), can be seen as both evidence of how mental illness is often both perceived and portrayed in mainstream society and culture. It also provides evidence of changing attitudes in society generally to mental illness. This change in attitude however has to be considered in a far wider context of continued global discrimination, for example, during his presidential Campaign (Washington Post 2015), Donald Trump made the following statement: “I feel that the gun-free zones and, you know, when you say that, that’s target practice for the sickos and for the mentally ill”. Whilst Trump was widely condemned for this statement it is a common theme to see mental illness raised as a factor in mass shootings and indeed in violent crimes, whilst the reality is that the majority of violent crimes and homicides are committed by people who do not have mental health problems (Baumeister 2015). However, over a third of the public think people with a mental health problem are likely to be violent, which has increased by six per cent over the last decade (Time to Change 2019b).

Allen (2017) has proposed a model that helps us understand why such attitudes, despite evidence to the contrary, remain so pervasive. He explains how we might come to believe a particular narrative and consequently behave in a discriminatory way, consciously or unconsciously through the impact of cultural determination. According to Keesing (1981), cultural determinism is a perspective that contends that human behaviour is determined by systems of shared ideals, concepts and rules that becomes memes when they are all communicated. Allen (2017) considers how cultural determinism uses these memes to transmit discrimination and discriminatory behaviour, in this case towards those with mental ill health. Allen draws from the assumption of Brendtro and Mitchell (2013) that memes are the cultural analogues to genes, memes self-replicate, mutate and respond to social pressures to form the basis of a belief or accepted norm in the mind of individuals. Allen’s model uses the concept of Tabula Rasa: the epistemological idea that individuals are born without built-in mental content and that therefore all knowledge comes from experience or perception. The meme therefore represents the way the mind can become filled with discriminatory beliefs that are created and passed on from one person to another.

Whilst memes can indeed be positive, Allen’s model shows how the negative memes around mental illness lead to pathologizing reactions. Negative memes around mental illness are based on deep-seated and long-standing stereotypes that have existed throughout history; for example it was believed that mental illness was caused by demonic possession, witchcraft or an angry god (Szasz 1961). Asylums dating from the sixteenth century were used to lock up the mentally ill and confinement laws used focused on protecting the public. Memes reflect that a person with mental illness is a threat, dangerous, bad and so on; these memes then become the internalized belief systems which fill up the mind and are used to justify discriminatory acts. Allen's model is important in that it demonstrates discriminatory attitudes and behaviour do not operate as a biological function in the way genes do, rather it has to be learned and reinforced by the examples, such as the supposed link to violence that become uncritically accepted as universal truths by the general public. As these discriminatory memes are spread and become accepted this has huge implications for how individuals and organizations can become desensitized to a level of discrimination that goes unchallenged and is deemed as acceptable.

Allen's model leads us to recognize that the identification and acceptance of such discriminatory memes has to be the first stage in any effective workplace strategy to support workers with mental health challenges to enter and remain in the workplace. Without this both employer-employee and colleague relationships may be distinguished by alarm and suspicion. This new understanding of the impact of discriminatory memes is an important development of the 5 C's Model, helping us understand how at each stage of the model these discriminatory memes can interfere with how we make sense of each stage. Once organizations are aware of the discriminatory memes they can then challenge this thinking and behaviour through implementing the 5 C's Model to create a more inclusive work culture.

Conclusion

The chapter recognizes that any approach to workplace equality is complex and that whilst society still retains deeply embedded, negative attitudes towards mental illness any approach we take that does not recognize this will be ineffective. It is through this understanding that the 5 C's Model can be an effective model for workplace change and inclusion on the basis that those who seek its implementation first aim to achieve recognition and understanding of their own and their employees' values and "reflect on the influence of discriminatory memes in every aspect of their workplace roles and responsibilities" (Allen 2017). Any good practice requires workplaces to acknowledge discrimination and to meaningfully engage with all employees, individually and as a group. Building these relationships remain the core challenge to overcoming the continual discrimination, social rejection and marginalization that can be a feature of the lives of many with mental ill health. This is of great importance as work for many of us represents identity, friendship and purpose, all elements which are crucial to our well-being.

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21

Seeking New Solutions: Best Practices in Workplace Accommodation for Psychiatric Impairments

Katherine Breward

In this chapter we explore the employment challenges, functional limitations, and associated workplace accommodations commonly encountered among workers with psychiatric impairments. People with mental illnesses such as schizophrenia, schizoaffective disorder, and mood disorders often experience extremely high unemployment rates and associated economic marginalization (Waghorn et al. 2014). For example, the unemployment rate in this population is between 75 and 90 per cent in the USA, 81 per cent in the UK, 79–84 per cent in Australia, and 95 per cent in Japan, which represents the highest rates of unemployment for people with any type of disability (An et al. 2011). Finding and maintaining employment can be a substantial challenge for people with psychiatric impairments due to a combination of discrimination, stereotyping, systemic skill discounting and associated lack of appropriately challenging opportunities, symptoms associated with their illness, a lack of awareness of accommodation practices, and a lack of access to accommodations (Bond and Kukla 2011; Fujino et al. 2016). Among these reasons for difficulties, maintaining employment is that the symptoms associated with their illness do not dominate. More often problems relate to lack of accommodations and support or social marginalization by supervisors and co-workers (Williams et al. 2016). Outright discrimination is also very common, especially given the persistence of stereotypes about people with psychiatric

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disabilities including false perceptions of generalized incompetence and a high potential for violent behaviours (Stuart 2006).

These multi-faceted difficulties impact rates of job retention. For example, one Canadian study of job retention involved 126 workers with psychiatric disabilities. Data were collected by questionnaire when they initially accessed a supported employment programme (located in either Vancouver or Montreal), and then again by phone nine months later. Phone interviews revealed that 73 per cent of the sample voluntarily left their jobs within three months, with only 11 per cent reportedly leaving due to psychiatric symptoms, whereas others left for a range of reasons including relationship problems with co-workers or difficulties with the work environment (Lanctôt et al. 2013). Another study of 60 workers with psychiatric disabilities in Hong Kong asked participants in a supported employment programme to reflect on previous terminations experienced in competitive employment contexts. They found that only 6 per cent reported being terminated due to being unable to meet job demands but 84 per cent reported quitting for other reasons. Those reasons included extreme boredom and dissatisfaction with the job itself, very low pay, and the unstable and temporary nature of available jobs. These responses are indicators of marginalization in employment since they are signs of very low-quality employment opportunities and associated skill discounting (Mak et al. 2006). Furthermore an American study involving 63 workers found disproportionate numbers of people quitting due to interpersonal difficulties and experiences of stigmatization rather than psychiatric symptoms (Becker et al. 1998).

Stable employment is highly desirable; it improves quality of life, increases overall wellness and life satisfaction, increases the potential for development of healthy relationships, and reduces or eliminates financial dependence (Fujino et al. 2016; McHugo et al. 2012). Research has shown that accommodations are often essential for maintenance of employment among psychiatric clients. One mail-in survey-based study from the USA involved 194 professional job coaches who worked with employees with psychiatric disabilities. Regarding employment maintenance, they reported that accommodations were *sometimes* the primary factor (36 per cent); *often* the primary factor (33 per cent); *always* the primary factor (5 per cent); and *seldom* or *never* the primary factor (26 per cent) (Granger et al. 1997). Two other longitudinal, interview-based studies are worth noting. The first sample consisted of 36 Australians working in competitive employment settings over a six-month period (Shankar 2005). The second included 36 Americans in supported employment who were followed over a ten-year period (Salyers et al. 2004). Both studies found that accommodations had a significant impact on job retention (Shankar 2005; Salyers et al. 2004). To successfully accommodate workers with psychiatric disabilities, however, it is important to first understand the functional limitations associated with these illnesses.

Functional Limitations Associated with Psychiatric Disabilities

The functional limitations associated with psychiatric disabilities are more complex than those associated with most physical disabilities. First, limitations can take many different forms including emotional, social, cognitive, and physical (MacDonald-Wilson et al. 2002). The limitations experienced will vary significantly from individual to individual, even when they have the same diagnosis. Symptoms, and therefore the need for accommodation, can be episodic—coming and going at unpredictable intervals (Frado 1993). Finally, many workers with these disabilities report that they are not always aware of their accommodation needs until they begin working and encounter issues (Shankar 2005); therefore, flexibility and an ongoing willingness to re-evaluate needs should be taken into consideration by employers.

Emotional limitations are part of the formal DSM-5 diagnostic criteria for psychiatric conditions such as schizophrenia, schizoaffective disorder, and bipolar disorder (Angst 2013; Tandon et al. 2013). People with these disorders may sometimes have trouble regulating their emotions, understanding their own emotions, or predicting and assessing the emotions of others. These emotional limitations interact with other issues commonly associated with mental illness, such as poor self-esteem and low confidence. This combination contributes to well-documented social limitations (Chow and Cichocki 2016; Fujino et al. 2016). For example, someone with poor emotional intelligence will have trouble reading basic social cues leading to difficulties with tasks such as communication, conflict resolution, and impression management. Impression management and related skills would be especially negatively impacted by the co-occurrence of low self-esteem. These social limitations are particularly prevalent among workers with schizophrenia since symptoms of this condition include poor social problem-solving, social functioning, and slower psychosocial skill acquisition (Evans et al. 2004).

Cognitive limitations are also frequently encountered when working with employees with psychiatric disabilities. This could include problems with focus, sequencing, memory, and decision-making (Chow and Cichocki 2016). Some of these limitations are related to the psychiatric conditions themselves and some are side effects associated with commonly prescribed medications. Cognitive impairments are more strongly associated with schizophrenia and related conditions such as schizoaffective disorder than with bipolar disorder (Fujino et al. 2016). Despite their high prevalence in the population of people with schizophrenia, these limitations do not appear as formal diagnostic criteria in the DSM-5. That is only because they are not useful for distinguishing between subtypes of schizophrenia and related disorders (Tandon et al. 2013). Their exclusion from the DSM-5 should not be interpreted as an indication that these symptoms are non-existent or uncommon.

The final category of limitation commonly experienced by psychiatric clients is physical limitations. Some of these impediments are associated with symptoms of their illness. Depression, for example, can lead to chronic fatigue. More often, however, physical symptoms occur as a result of side effect associated with commonly prescribed psychiatric medications. These side effects can include dry mouth, difficulty staying hydrated, frequent urination, lack of energy, difficulty getting up in the morning, restlessness, and sensitivity to bright lights. All of this means that people with psychiatric disabilities have limitations that differ from the types of functional limitations experienced by people with physical disabilities. However, some medications also cause a condition known as pseudoparkinsonism, which causes tremors that can interfere with fine motor skills (Frado 1993).

In addition, the precise nature of the limitations experienced can vary significantly from individual to individual and each person may have multiple limitations. One study of 191 employees with psychiatric impairments in supported employment settings found that 55 per cent of them needed only one workplace accommodation, however, 36 per cent needed two accommodations, and 9 per cent required three or more in order to stay employed (MacDonald-Wilson et al. 2002). Longitudinal surveys conducted with the same sample found that 70 per cent experienced cognitive limitations such as problems with memory, prioritization, task sequencing, or problem-solving; 41 per cent experienced social limitations such as being uncertain how to respond to social cues, communicate effectively, or address feedback; 26 per cent experienced emotional limitations such as difficulty managing stress or modifying routines; Finally 32 per cent experienced physical limitations such as difficulties maintaining the expected work pace or problems with medication-related side effects such as fatigue or dry mouth (MacDonald-Wilson et al. 2003).

The following case introduces Pamela, a person with bipolar disorder who is employed for the first time since her diagnosis and treatment. It briefly illustrates several of the functional limitations outlined above, as well as the accommodation strategies used to address them and the barriers she faced to receiving said accommodations. It represents a typical case among members of population with psychiatric disabilities since several different forms of accommodation are needed. In addition not all needs were immediately evident at the start of employment, highlighting the ongoing nature of accommodation.

Case Study: Pamela

Pamela, a 22-year-old mother and a wife, began experiencing deep depressions that lasted weeks followed by high energy manic phases and so on. By the time, she received a formal diagnosis of bipolar disorder her husband had ended their marriage, leaving her to care for their young son with the assistance of her mother. It took a further five years before Pamela could stabilize her symptoms and she began to consider employment options but her diagnosis and her lack of work experience posed problems in the open labour market. Eventually she was offered a peer support position in a psychiatric hospital. Pamela was pleased by the placement, since she felt that managers in a psychiatric hospital would be understanding and accommodating.

Pamela asked for and received her first accommodation immediately, although she was concerned about her ability to handle the workload, manage symptoms, and care for her son. She requested flexible scheduling but since patients needed to be able to make appointments and count on her to be there that request was denied. Instead her new employer suggested part-time hours, which Pamela felt was a reasonable compromise. She was excited to begin her first job but after several weeks Pamela found herself struggling. Her office was lit with florescent lights and since her medication made her eyes very sensitive to light she found it painful to work in it. The bright yellow paint on her walls reflected the light and worsened the problem. Pamela requested two accommodations: to be given non-florescent lighting and to have her walls painted a dark shade. Her first request was granted but her second was denied. “It is too expensive”, her manager stated: Pamela asked if she could purchase the paint and do the work herself. This request was also denied in a rude and brusque manner. At this point Pamela felt somewhat betrayed. The benefit of working at a psychiatric hospital was supposed to be that people understood her needs but instead she felt that the tone of the dismissal of her request implied dismissal of her. This impression was not helped when she overheard her manager making negative comments to another manager about the abilities of psychiatric clients in general. “This is the one place I was supposed to be free of these stereotypes”, she thought to herself in dismay.

After hearing her manager and colleagues express prejudicial attitudes Pamela no longer took the same joy in her job, “all of a sudden instead of feeling like part of the team I felt like a pathetic charity case”, she said. The anxiety created began to impact Pamela’s moods and she found herself having to call in sick more often, what kept her going was the good she was able to do for the clients she served. Unfortunately, it didn’t take long before the organizational policy on work absences caught up with her, and after missing work three times in a six-week period (one of which was because her son was ill and unable to attend school), she was put on probation. She tried to discuss this issue with her manager, but they simply said, “we need you here to do your job or we need to give it to someone else”. Frustrated by their attitude, Pamela tried to continue working for her clients but she found that she couldn’t help being hyper-vigilant, expecting new slights from her manager at any time: this fear created enormous stress for her and she quit a week later. In exit interviews she emphasized her love for the job itself and identified the social environment, her distrust of her manager, and her experiences feeling marginalized as the main reasons for discontinuing her employment.

Accommodations for Workers with Psychiatric Disabilities

Given the variability of functional limitations associated with psychiatric disabilities, it is not surprising that accommodation needs vary enormously. Several researchers have attempted to create distinct categories of accommodation and relate each type to specific benefits. This effort has been somewhat undermined because the existing classification systems suffer from serious limitations, most notably lack of thoroughness and a lack of distinctiveness of the proposed constructs. For example, in Granger et al. (1997) the researchers proposed four categories of psychiatric accommodation: flexible scheduling, job description modifications, communication facilitation, and physical space. This classification system is not comprehensive since it fails to address the social environment, policy-related adjustments, or varied physical accommodations that do not relate to workspaces. In MacDonald-Wilson et al. (2003) 13 categories of accommodations were proposed; however, the categories overlapped with each other and lacked the level of differentiation and clarity needed to support ongoing research. For example, interpreting social cues and interacting with others are presented as separate categories when they are largely the same construct. Similarly, distinct categories for 'adjusting to the work situation', 'learning the job', and 'solving problems at work/organizing work' are inadequately distinguished from each other. This chapter seeks to outline the various accommodations but also proposes a new classification system that can be used to guide subsequent research.

In the past two decades, many field studies investigating accommodations have come out of Australia, the USA, Hong Kong, Europe, and Canada. Sample sizes varied from 7 to 370. In some case, the workers themselves were interviewed while in other cases professional employment support personnel were consulted. Results were remarkably consistent across the studies, with the same or similar accommodations mentioned in most of them regardless of employment context or nation of origin. The studies revealed the following nine broad categories of accommodation: flexible scheduling, human support, cognitive support, job description changes, supervisory style, policy modifications, social environment interventions, workplace modifications, and miscellaneous physical supports. The following section summarizes their findings. It is informed by Buhariwala et al. (2015); Chow and Cichocki (2016); Fabian et al. (1993); Frado (1993); Granger et al. (1997); MacDonald-Wilson et al. (2002), (2003); Sahi and Kleiner (2001); Salyers et al. (2004); Shankar (2005); and Williams et al. (2016).

Flexible Scheduling

Flexible scheduling helps to address a variety of the functional limitations of workers with psychiatric disabilities. Since focus and concentration can be problematic, some people prefer to work at non-traditional times when fewer co-workers are present. (It is worth noting that work-from-home options, if viable, would also address this need but may result in feelings of isolation for some people.) Energy levels can also be directly impacted by the symptoms associated with both schizophrenia and bipolar disorder and by the medications commonly prescribed for psychiatric impairments. Medications can make getting up in the morning much more difficult and the stress and crowds associated with high-volume commuter traffic can pose a problem, particularly for those with co-occurring social anxiety. In addition, the episodic nature of these disabilities means that people can have a 'bad day' and need some time off with little warning. Finally, the need to attend ongoing clinical appointments can interfere with a typical nine-to-five work schedule. Because of all of these challenges flexible scheduling is among the most frequently requested accommodations. For example, one study involving 370 workers with psychiatric disabilities found that there were 804 accommodations requested and 37.5 per cent of them related to flexible scheduling (Chow and Cichocki 2016). Other related accommodations include requests to work part-time, reduce hours, or engage in a job-sharing arrangement.

Human Support

Social behaviour can be bewildering for people with psychiatric disabilities, yet the correct interpretation of social behaviour is often critical to successful integration into the workplace. Many studies have reported on the benefits of access to a professional job coach who specializes in psychiatric disabilities (i.e. Chow and Cichocki 2016; MacDonald-Wilson et al. 2002; Granger et al. 1997). The coach provides a range of advice on topics such as prioritization, organization, and managing workplace stress. One of the areas they frequently provide advice on relates to social behaviours such as providing and receiving feedback, clarifying instructions, managing impressions, and interpreting social cues. In supported employment contexts, the use of these job coaches is standard practice. In one sample that included 191 supported workers, 60 per cent identified access to their job coach as an accommodation critical for job success (MacDonald-Wilson et al. 2002). Another study involving 370 workers with psychiatric disabilities found that 35.6 per cent of accommodation requests related to the need for direct human support (Chow and Cichocki 2016). Job coaches provided the most benefits when employees were permitted to contact them on an as-needed basis, including during work hours. In job contexts in which workers with psychiatric disabilities did not have access to an outside job coach then providing an equivalent mentor internally was a useful accommodation, although the degree to which that was true varied based on the training and expertise of the mentor.

Cognitive Supports

Cognitive impairments related to memory, decision-making, sequencing, and prioritization occur frequently in workers with psychiatric disabilities. This is not an indication that they are unintelligent or incapable, merely that they may need some support to ensure successful task completion. It is worth noting that cognitive supports were the accommodations that were least predictable in advance, meaning that workers often did not recognize the need for such accommodations until after starting work and encountering problems. The following practices were identified in multiple studies as being particularly helpful:

- Providing written rather than verbal instructions.
- Breaking down large work assignments into smaller tasks.
- Assistance with prioritization of work tasks and planning the optimal sequence of activities. This works best when done daily (Granger et al. 1997).
- Provision of clear and unambiguous performance standards as well as the means to compare one's ongoing performance to those standards.
- Providing clear instructions about what to do once a task is completed.

Job Description or Job Assignment Changes

Some tasks may exceed the cognitive, emotional, or social abilities of individual workers. Some tasks may simply be too exhausting, especially if work pace modifications are not possible. One study involving 370 workers with psychiatric disabilities found that 4.1 per cent of all accommodation requests involved amendments to job descriptions, most frequently to exempt the worker from direct contact with the public (Chow and Cichocki 2016). As with all disabilities, job description changes should be considered as an accommodation to tailor the role to their abilities, especially since such changes are explicitly required under "reasonable accommodation" law in many jurisdictions including Canada and the USA (Canadian Human Rights Commission 2018; Equal Employment Opportunity Commission 2018). Organizations are expected to modify secondary tasks as needed; however, an inability to meet the primary bona fide occupational requirements for a given job may suggest that job reassignment would be a better option. Where possible, reassignments and modifications should always be made in consultation with the worker, to better ensure an accurate, non-stereotype driven assessment of their abilities. Organizations are cautioned that in some nations, including Canada and the UK, unilateral changes to job descriptions and job reassignments done without consultation and approval from the worker involved could be considered constructive dismissal, an illegal practice.

Supervisory Style

Negative affect is a common challenge for people with psychiatric diagnoses, particularly those with mood disorders. This negativity frequently interacts with low self-esteem in detrimental ways, especially for people with psychiatric disabilities who are relatively new to the workplace or who have experienced failure or workplace discrimination in the past. Supervisory practices that focus on creating a supportive positive environment are beneficial with this population to such a degree that they could be considered an accommodation. For example, in one survey of 194 job coaches who worked with psychiatric clients the use of positive feedback-based supervision was identified as the third most frequently requested accommodation after having an on-site job coach and being permitted to call one's job coach during work hours (Granger et al. 1997). Even more compelling, among workers with psychiatric impairments positive supervision has been directly associated with job retention (Huff et al. 2008). Simple examples of supportive supervisory practices include having a supervisor who knows the worker as an individual and inquires about their well-being; consistently provides positive as well as corrective feedback; and permits adjusting the work pace as needed. Where possible, workers may request switching to an alternate supervisor if their existing supervisor is unwilling or unable to meet these expectations.

Policy-Related Modifications

Some otherwise well-intentioned policies can have a disproportionately negative impact on workers with psychiatric disabilities. For example, policies that discourage or restrict the usage of sick days to address mental health needs, that prevent the banking of unused personal days for later usage, and that limit the availability of unpaid short-term medical leaves do not address the episodic nature of psychiatric disabilities (note that some of the policy examples suggested here could also violate anti-disability discrimination laws depending on the country in which the organization operates). Similarly, policies that forbid personal calls at work may prevent an employee from accessing their job coach, denying them needed support. Policies that limit restroom and hydration breaks may be problematic for employees dealing with the side effects of psychiatric medications. Organizations should be open to the modification of policies if they present these types of barriers to inclusion which can be overcome through consultation with the employee.

Social Environmental Interventions

The intense and widespread stigmatization and stereotyping that goes along with psychiatric diagnoses frequently creates attitudinal barriers between workers who are known to have these conditions and their co-workers and colleagues (for a more detailed discussion, see Chap. 19 by Santuzzi and Keating). While maintaining appropriate privacy is of paramount importance there are many circumstances under which a worker's medical condition could become known to colleagues including voluntary disclosure, their necessary participation in accommodations, and accidental disclosure (by finding someone's medications on a desk, for instance). Fostering awareness and providing anti-stigmatization information to all employees as part of standard diversity/inclusion training efforts can be helpful since it creates a less hostile social environment for people with psychiatric disabilities, enhancing well-being and making them more willing to request assistance and accommodations as they are needed (Buhariwala et al. 2015; Fabian et al. 1993). This is especially important since surveys conducted with 194 job coaches who worked with employed psychiatric patients revealed that 31 per cent of their clients had experienced social problems with co-workers related to their accommodation needs (Granger et al. 1997).

It is worth noting that some people with psychiatric disabilities prefer to protect themselves from discrimination and stereotyping by co-workers through social avoidance. Some may make formal accommodation requests asking permission to stay away from group meetings and avoid office social events. While these types of accommodations could be considered in extreme cases, empirical data suggest that permitting this sort of avoidance is negatively associated with job retention (Shankar 2005). Support and understanding from co-workers, by contrast, is positively associated with job retention.

This suggests that it makes more strategic sense to educate other employees to lessen bias and maximize inclusion rather than 'solve' (and perpetuate) the problem through avoidance.

Workspace Modifications

As seen in the case study, focus and concentration can be a problem for some; however, modifications to the workspace can help. Strategies to eliminate distracting noise can include permitting someone to have a private workspace or locating them in quieter, low traffic areas. When private space is not possible to provide then seating that faces a wall may prove preferable to workspaces that face out into open, busy areas. Room dividers, partitions, and noise-cancelling headphones can also be helpful. While most studies to date have been done in office settings, there are similar accommodations available in other settings. For example, in manufacturing environments earplugs can be offered, visual distractions can be lessened through machine placement and use of screening, and machine noise can be dampened using similar strategies to those recommended to reduce noise to safe levels for the general population.

Miscellaneous Physical Supports

The physical supports required by some workers with psychiatric disabilities typically involve accommodations for symptoms associated with their medications. Dry mouth and problems staying hydrated mean that accommodations such as allowing water at workstations when it is otherwise not permitted become important. Chronic fatigue and hand tremors can lead to a need to adjust the expected work pace or provide devices to assist with fine motor skill limitations. Sensitivity to bright lights can make working under florescent lighting painful so darkened rooms and/or alternate lighting is occasionally requested. Some workers ask their employers to purchase small refrigerators so they can store their temperature-sensitive medications without compromising privacy. Access to private spaces and rest areas can also help workers deal with being temporarily overwhelmed by the strenuous emotional and social demands of a typical work setting.

Transportation to work can be a problem for workers with psychiatric impairments. While some people with psychiatric disabilities can drive, others are not eligible for licences due to symptoms associated with their illness and/or medications. Some may have lost their licences before their illness was treated and under control. People with bipolar disorder who are actively manic, for example, are known to engage in risky behaviours such as excessive speeding. Since psychiatric disabilities have been linked with low socio-economic status many employees may be prevented from car ownership due to financial limitations. Taking public transportation also presents numerous social and emotional challenges, as a result of these challenges many workers request transportation assistance as an accommodation. While some employers are providing such assistance, the majority consider it beyond the scope of their responsibilities. Regulations vary but many nations seem to agree. In the USA, for example, courts and tribunals have generally concluded that employers are not responsible for transportation and such requests for accommodation are not covered under the "Americans with Disabilities Act" legislation (Sahi and Kleiner 2001). Similarly, in many Canadian communities transportation for people with disabilities is considered a municipal responsibility, with programmes like 'HandiVans' (an appointment-based accessible transportation service that uses modified vans and mini-busses) taking on this role. While the existence of such services mitigates employers' feelings of responsibility, it is worth noting that they do not necessarily lead to inclusion. In some communities, for instance, HandiVan access is limited to people with physical disabilities and even when the service is accessible it is sometimes limited to twice a week, making its usage for transportation to full-time employment impossible.

Costs of Accommodation

The cost of accommodations is an ongoing concern for employers, but fortunately most accommodations for people with psychiatric disabilities are cost-efficient. Support like ensuring positive supervision, providing flexible scheduling, and most cognitive accommodations have no direct costs associated with them. One early study found that 90 per cent of needed accommodations for workers with psychiatric impairments could be provided for free (Fabian et al. 1993). Another study involving 194 job coaches found that the accommodations they helped their clients to negotiate were free 58 per cent of the time, 32 per cent of the time they cost less than $100, 7 per cent fell between $101 and $500, and only 3 per cent of accommodations cost more than $500. The same study examined ongoing monthly maintenance costs associated with the accommodation and found that 54 per cent were of no cost, 35 per cent cost less than $100, 10 per cent fell between $101 and $500, and 1 per cent cost more than $500 (Granger et al. 1997). Another survey conducted with 191 supported employees found that only 1 out of 322 accommodation requests involved a direct expense and that one only cost $25. That said one-third of the accommodation requests involved indirect expenses, most frequently a reallocation of co-worker or supervisory time. The amount of time involved averaged nine hours a month for co-worker reallocations and five hours a month for supervisory ones; however, some of that represented awareness and skills training and would not be an ongoing expense (MacDonald-Wilson et al. 2002). Generally, this tells us that the costs associated with psychiatric accommodation are usually minimal and readily absorbed by the average organization.

Special Accommodation or Just Good Business Practice?

It is notable that a substantial proportion of the potential 'accommodations' for psychiatric disabilities represent well-validated best practices for employees in general. People with psychiatric disabilities may be more warmly welcomed in workplaces once this reality is highlighted since it makes accommodation seems less like an onerous process only benefitting one person and more like an opportunity for generalized improvements. Flexible schedules, for example, are associated with higher productivity, job satisfaction, and affective commitment and lower rates of absenteeism (Baltes et al. 1999; Kooij et al. 2010). Flexible schedules are helpful for people with a wide range of disabilities who need to manage fatigue or medical appointments but they are also helpful for parents; workers taking classes part-time; newly arrived immigrants and refugees who need to attend various bureaucratic immigration-related appointments; and people who simply want to avoid the stress of peak commuter traffic. Similarly, positive supervision benefits all employees. Having supervisors who exhibit supportive behaviours is associated with improved levels of employee engagement, job satisfaction, organizational commitment, subjective well-being, and job performance (Harter et al. 2002; Saks 2006).

The types of policy changes that are the most helpful for people with psychiatric disabilities can also help many others. For example, permitting the banking of unused sick days, allowing for short unpaid leaves, and permitting usage of sick days to manage mental health would benefit anyone experiencing significant stressors. That includes employees dealing with divorce, the severe illness of a family member, or the ongoing care of ageing parents. In addition, fostering an inclusive social environment that supports diversity leads to many positive outcomes including increased innovation, higher job satisfaction and organizational commitment, and improvements in individual stress levels and self-reported well-being (Hicks-Clarke and Iles 2000; Spataro 2005). A positive environment for diversity and tolerant co-workers can benefit any employees who have historically felt marginalized in workplaces including racialized persons, indigenous persons, people with a wide range of disabilities, people with non-binary gender identities, immigrants, and refugees.

Even the types of cognitive supports frequently requested by employees with psychiatric disabilities simply represent good communication practices. Lack of effective communication is often a problem in organizations and it negatively impacts performance outcomes. Providing written rather than verbal instructions for complex multi-stage tasks, clearly delineating organizational priorities, and providing clear and concise performance standards are all practices that have obvious value for all workers. In fact, these practices form the basis of formalized and commonly used strategic quality and accountability frameworks such as the balanced scorecard. The accommodations that are more specific to people with psychiatric disabilities include social support, workstation modifications, miscellaneous physical supports, and job description changes. These accommodations are seldom as burdensome as employers may fear. Among this population, human support, for example, often comes from outside professionals with training as job coaches for psychiatric clients. The employers merely must permit access by allowing their workers to contact their support person during work hours. Provision of mentors internal to the organization, while beneficial, is less common since employers rarely have support personnel with appropriate training available. That said training someone for this role may be beneficial for larger employers who have multiple employees with psychiatric impairments or who are planning active outreach recruiting efforts within the community. Similarly workstation modifications, miscellaneous physical supports, and job description changes tend to be accommodations that can be realized relatively efficiently with minimal disruption to organizational functioning. Once made, minimal special effort is required on the part of the employer although, as with any employee, positive moral and social support will always be important. That may include managing co-worker perceptions that someone is receiving 'special perks'. In addition, employers should be sensitive to the potential for newly identified accommodation needs to emerge. The awareness and diversity training efforts mentioned under 'social environment interventions' can help mitigate those types of problems.

Conclusions and Future Directions

In sum, people with psychiatric impairments can be effective workers who fully contribute to organizational functioning. They tend to be under-utilized and their employment has many intrinsic and extrinsic benefits for the individual as well as for the employer. Accommodations for psychiatric disabilities are critically important for maintaining employment among the affected population. The specific types of accommodations needed are highly individualized but fall into nine broad categories including flexible scheduling, human support, cognitive support, job description changes, supervisory style, policy changes, social environment interventions, workplace modifications, and miscellaneous physical supports. Generally, these accommodations are not as burdensome, expensive, or disruptive as is commonly perceived. Many 'accommodations' represent best practices and have the potential to improve overall organizational functioning, job satisfaction, organizational commitment, and productivity if rolled out to the entire workforce.

There are still many questions left unanswered. One potentially interesting line of research relates to co-worker and supervisory attitudes towards people with psychiatric conditions. Social problems that are related to persistent stereotyping and discrimination are a common and unnecessary burden imposed on workers with psychiatric disabilities. More research on the effectiveness of specific diversity-related educational interventions that focus towards co-workers and supervisors may be helpful since the existing organizational literature on the subject is not specifically tailored to the unique forms of marginalization and stereotyping experienced by this sub-population. In addition, relatively little attention has been paid to intersectionality. We have little insight into the ways that the experiences of workers may vary between genders or ethnic groups, for instance. It is possible that organizations that use a specific cultural lens, such as indigenous organizations, have undocumented accommodation practices that are useful within their communities and could be extended to others. This lack of awareness and understanding of the impact of intersectionality impairs our ability to truly customize accommodation programmes to address the needs of individuals. Finally, employers could benefit from more insights and policy guidance into coping with the episodic nature of psychiatric disabilities.

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Part VI

Intersections

22

Finding Our Voices: Employment and Career Development for Women with Disabilities

Lauren Lindstrom, Kara Hirano, and Angela Ingram

Women comprise approximately half of the world's population, yet as a group, they are less likely to be employed and more likely to be living in poverty than men (United Nations 2015). These gender disparities in employment are one of the most persistent gaps identified in a global snapshot identifying gender differences in access to health services, education, the labour market and political participation across 144 countries (World Economic Forum 2016). Although all women face restricted access to the labour market, women with disabilities are particularly vulnerable because of their multilayered identities as individuals who are female and also have disability identities. According to the World Report on Disability, women with disabilities have lower rates of employment, are less likely to participate in education or training and are more likely to live in poverty than *men with disabilities* as well as *women without disabilities* (World Health Organization 2011). When women with

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disabilities are employed, they are more likely to experience unequal hiring and promotion standards, unequal pay for equal work and segregation into occupations with low pay, long hours and little social protections (United Nations 2015; Zero Project 2017). Across low-, middle- and high-income countries, women with disabilities are "doubly disadvantaged when gender interacts with disability as both restrictive gender roles and low expectations based on disability lead to non-work outcomes" (Noonan et al. 2004, p. 69).

In this chapter, we use an intersectionality framework to examine career development and workforce experiences of women with disabilities around the world. In the first section we introduce the concept of intersectionality, which can help us understand the ways that gender intersects with other identities, such as disability, and how these differing sets of identities impact access to opportunities and may contribute to marginalization (Association for Women's Rights in Development [AWID] 2004). The second section includes an overview of barriers and issues facing girls and women with disabilities across various stages and elements of career development including (1) childhood experiences and aspirations, (2) education and training, (3) workforce experiences and (4) career advancement. In the final section, we provide implications and recommendations for empowering women with disabilities to fully participate in the labour market and obtain economic self-sufficiency, including case examples and additional resources. Prior to delving into the details of career development experiences for women with disabilities, we provide a brief overview of key terms and concepts used in this chapter.

Defining Disability

Definitions and classifications of disability vary widely across cultures and countries, and for purposes of this chapter, we acknowledge that disability is a complex and evolving concept. In 2001, the International Classification of Functioning, Disability and Health defined disability as the interaction between individual capacities and attitudinal and environmental barriers that may limit full and inclusive participation in all aspects of society (World Health Organization 2011). This social model of disability emphasizes the perspective that disability results from an interaction between individual and contextual factors, such as societal attitudes and environments, which act as barriers to an individual's full, effective and equal participation in society (United Nations 2006).

Intersectionality

Intersectionality is a term often credited to Crenshaw (1991), who argued for the inextricable link between gender and race in understanding the multifaceted nature of the Black woman's experience. Since then, scholars have utilized intersectionality as a lens through which to view the experiences of groups with two or more markers of marginalized or oppressed identities. Intersectionality is a move away from additive models of oppression that "argue that a person with two or more intersecting identities experiences the distinctive forms of oppression associated with each of his or her subordinate identities summed together" (Purdie-Vaughns and Eibach 2008, p. 378). Instead, intersectionality argues that the multiplicity of identities produces a distinct experience.

Intersectionality was chosen as a lens for this chapter because gender and ability-based barriers to employment cannot simply be examined separately and applied to women who experience disability. This group faces distinct barriers due to intersecting identities, and an intersectional analysis can help to reveal the different types of disadvantages that may occur based on the *combination* of these identities. For example, a gender analysis of the status of people with disabilities across Europe and Eurasia found that women with disabilities are doubly disadvantaged, with the intersection of sex and disability status combining to create barriers and unique challenges for this subgroup. Using data from 13 countries and interviews with over 500 key informants, this study found that women with disabilities are particularly disadvantaged in comparison to both *men with disabilities* and *women without disabilities* in three primary areas: (1) rights to sexuality, marriage and motherhood, (2) social integration and (3) access to employment. Taken in combination, these pervasive barriers create greater risk of unemployment, poverty, abuse and isolation for women who experience disability (US Agency for International Development [USAID] 2012).

As a tool, intersectionality can help to illuminate both causes and consequence of existing inequities and perhaps help to "lay bare the full complexity and specificity of women's rights and development issues, including the structural, and dynamic dimensions of the interplay of different policies and institutions" (AWID 2004, p. 3). In regard to employment, an intersectional lens can not only be used to identify barriers to employment but also frame practices to create economic independence and build personal autonomy. Finally, we would like to acknowledge that other markers of difference (e.g. race, socioeconomic status and sexual orientation) intersect with gender and disability to create additional distinct barriers; however, these are beyond the scope of this chapter.

Career Development for Women with Disabilities

Across cultures and communities, women with disabilities face multiple complex barriers to career development and economic stability (USAID 2012; Quinn et al. 2016; Wehbi and Lakkis 2010). Women with disabilities are often excluded from the workforce, and "disability for women creates amplified depravation across all areas of the socioeconomic spectrum" (Quinn et al. 2016, p. 131). Using intersectionality as a framework, we summarize previous research describing career development and workforce experiences for girls and women with disabilities worldwide. The information in this section is organized around phases and elements of career development, acknowledging that access to employment is influenced by a lifetime of experiences and opportunities. For women with disabilities, workforce experiences may be constrained by gender role stereotypes and disability barriers that begin during childhood leading to restricted access to basic education and vocational training (Rousso 2003). Due to a variety of social, family and systemic barriers, women with disabilities have limited opportunities to learn fundamental workplace skills, and these constrained employment experiences influence future opportunities for career advancement and living wage employment. Career development unfolds over time and is influenced by family and childhood experiences as well as labour market constraints, social systems and policies (Lindstrom et al. 2018b). We utilize this life span approach to organize this chapter, beginning with childhood experiences and aspirations, followed by education and training, workforce experiences and concluding with career advancement.

Childhood Experiences and Aspirations

As a group, young girls with disabilities are often invisible (Rousso 2003). In the United States, there are very few programmes or services focused on the unique needs of girls with disabilities. Although policies are in place to promote and ensure gender equity in education, these have largely overlooked the unique needs of girls with disabilities. Conversely, while family advocacy and federal legislation have strengthened education opportunities for all children with disabilities, few policies or programmes have been gender specific or designed to eliminate barriers for girls with disabilities. Since disability manifests differently for males and females, girls with disabilities may also be under-identified, and thus not receiving needed education supports or services (Mertens et al. 2007).

Cultural or social biases around both gender and disability can create barriers that restrict early opportunities and relegate girls to a lower status within their families. In some Middle Eastern cultures, male children are given preferential treatment, including greater access to basic necessities such as food and water, while daughters with disabilities are often seen as a drain on family resources (Turmusani 2003). Having a daughter with a disability may also be seen as a liability which can devalue the entire family. In a study describing intersections of gender and disability in Lebanon, Wehbi and Lakkis noted, "the stigma of having a daughter with a disability in the family is so great within Arab societies that parents may go so far as to deny her existence …" (2010, p. 58). Thus, girls who experience disability can grow up unwanted and perceived as a burden leading to low sense of self-worth.

This double liability of being female and experiencing disability also influences early career trajectories. From an early age, the development of a vocational identity may be impacted by both socially prescribed gender roles and disability-based stereotypes and discrimination (Mertens et al. 2007; Rousso 2003). A US survey reporting parent expectations for adolescents with disabilities found parents were more likely to expect males to get a job and live on their own than females (Hogansen et al. 2008). In addition, parents of females were more likely to discourage their child from doing something due to concerns regarding safety than were parents of males. Perhaps in response to both familial and societal expectations, girls with disabilities in this study acknowledged lower expectations and attributed this to their gender (Hogansen et al. 2008). Gottfredson and Lapan (1997) suggest that through a process of 'circumscription', beginning in early childhood through adolescence, children eliminate their most preferred occupational aspirations for less favourable ones they perceive they are more likely to achieve. Eliminations are based on cultural messages and may be difficult to reverse, as people rarely consider career options they eliminate unless a new experience or persistent change in the social environment occurs (Gottfredson and Lapan 1997). Young girls with disabilities receive cultural messages regarding gender, ability and simultaneously gender/ability that uniquely influence this process of circumscription. These powerful cultural beliefs and messages influence social systems and occupational options and choices, which in turn impact long-term earning potential for women with disabilities (United Nations 2015).

Education and Training

Education can provide a vital pathway to employment and economic self-sufficiency; however, access to educational opportunities can also be constricted by both gender norms and disability barriers (USAID 2012; World

Health Organization 2011). Although access to formal primary education has increased over time, females are less likely than their male peers to attend and complete secondary school in many developing countries (Lloyd and Young 2009). The secondary school completion rate for girls is above 15 per cent in only 8 of 37 sub-Saharan African countries (Cameroon, Gambia, Ghana, Kenya, Nigeria, Sao Tome and Principe, South Africa and Togo); whereas in 19 countries the completion rate is below 5 per cent (Lloyd and Young 2009). Youth with disabilities are also less likely to start school and have lower rates of staying in school and being promoted than non-disabled peers (World Health Organization 2011).

Taken together, the impact of being female and experiencing disability creates multiple barriers in gaining access to public school and obtaining an equitable education (Rousso 2003; Wehbi and Lakkis 2010). A Canadian study found that 48 per cent of women with disabilities ages 15 and over had not completed high school, compared to 28 per cent of their female peers without disabilities (Disabled Women's Network of Canada [DAWN] 2012). In a study of barriers and facilitators to socioeconomic inclusion for women with spinal cord injuries or amputations in Bangladesh, Quinn and colleagues found that exclusion from formal education was a major barrier limiting access to future economic opportunities (Quinn et al. 2016). Specific barriers to education identified by the women in this study included (1) poor environmental accessibility, (2) familial dependence, (3) teacher and student discrimination, (4) lack of inclusion policies, and (5) misconceptions regarding the capacity of women with disabilities. Women who participated in this study also experienced prejudice and oppression regarding traditional gender roles and the "common perception that educating a woman with a disability is futile" (Quinn et al. 2016).

A lack of early, ongoing educational opportunities has long-term consequences for women with disabilities. Whereas education contributes to the development of human capital, restricted access can limit future career pathways and earnings potential. In a report describing the power of educating adolescent girls, the authors conclude that formal education provides both immediate and long-term benefits: "During this phase of life, an education that heightens a girl's social status, minimizes her social risks, delays her assumption of adult roles and cultivates a capacity for critical thinking and independent decision making can reshape her future pathways radically and profoundly with cascading benefits over her lifetime" (Lloyd and Young 2009, p. 36).

Workforce Experiences

Women with disabilities are less likely to be employed than women *without* disabilities and *men with* disabilities (DAWN 2012; USAID 2012; US Department of Labor 2015). A report from the Disabled Women's Network of Canada found that about one-third of Canadian women with disabilities live below the poverty line with unemployment rates of up to 75 per cent (DAWN 2012). A US study using data from the Behavioral Risk Factor Surveillance Survey also documented pervasive gender gaps in employment, reporting that only 24 per cent of women and 27.8 per cent of men with severe disabilities were employed (Smith 2007). This study also found that the combination of disability and gender was the strongest predictors of unemployment for women with disabilities and that rates of unemployment for women with disabilities remained constant from 1995 to 2002 despite changes in legislation promoting access and equal opportunities for individuals with disabilities in the United States (Smith 2007). A 2015 report from the US Department of Labor documented similar trends. This report describing the characteristics of working women with disabilities in the United States found that 27.8 per cent of women with disabilities and 32.7 per cent of men with disabilities were employed as compared to 70.4 per cent of *women without disabilities* and 82.3 per cent of *men without disabilities* (US Department of Labor 2015).

When women with disabilities are employed, they are often segregated in semi-skilled or unskilled jobs and are more likely to be in short-term or part-time employment, increasing their risk of low earnings (DAWN 2012; USAID 2012). Throughout Europe and Eurasia, women with disabilities' participation in the labour market is heavily influenced by gender norms. For example, in the Republic of Georgia women with disabilities are expected to work in locations and occupations that are acceptable for women, such as government offices, factories, post-offices or workshops producing crafts (USAID 2012). Women with disabilities may also experience wage discrimination, harassment and intimidation at work (DAWN 2012; Randolph 2005; US Department of Labor 2015; Wehbi and Lakkis 2010).

Disability and gender status discrimination have a disproportionate impact on women with disabilities who "may face perceptions of inability and weakness aimed at their disability status and gender" (US Department of Labor 2015, p. 3). Over time, these barriers may result in lower self-esteem, restricted career aspirations and feelings of isolation. Even social and vocational programmes designed to support employment for individuals with disabilities may lead to more favourable outcomes for male participants. For example, the 'Social Taxi' programme was developed in Azerbaijan to provide employment and accessible transportation for individuals with disabilities. Veterans with disabilities from the Nagorno-Karabakh conflict who received cars as a disability benefit from the government were later hired to work as taxi drivers in this new programme. Since the veterans were primarily men, the Social Taxi programme inadvertently created employment and mobility for men with disabilities while "reinforcing physical and social isolation for women with disabilities" (USAID 2012, p. 14).

Career Advancement

The final phases of career development include job maintenance, employment stability and career advancement over time. It is not enough to simply have a job: women with disabilities need opportunities to grow on the job and advance into higher-wage, higher-skill employment opportunities (Lindstrom and Kahn 2014). However, many women face both gender and ability-based discrimination in the workplace throughout their careers (Quinn et al. 2016; Smith 2007; USAID 2012; Wehbi and Lakkis 2010). Randolph (2005) conducted a qualitative study exploring how women with disabilities in the United States define and experience discrimination. This study found that major barriers to career advancement include (1) assumptions about their skills as employees; (2) negative perceptions that included mistrust, cruelty, overprotection and patronizing attitudes; (3) lack of or resentment of accommodations; (4) lack of environmental access to physical, social and/or political environments; (5) exploitation in positions of low value for unequal pay in comparison to men and (6) being treated as the 'token' disabled employee. Some of these barriers to advancement may result in part from the 'glass ceiling' effect, a term used to describe the invisible barrier that serves to prevent all women from rising to the highest ranks in a corporation. Although some of the barriers are experienced by all women and others are also experienced by all individuals with a disability, these are non-summative and with an intersectional lens can be viewed as unique to women with disabilities as they experience these discriminations simultaneously.

Finally, women with disabilities are often underrepresented in higher-paid management and professional positions and have fewer opportunities for upward career mobility (USAID 2012; Wilson-Kovacs et al. 2008). On-the-job supervisors and experienced mentors can offer an entrée to key skills needed for advancement and continued growth. Yet, women with disabilities may not have access to the organizational or peer supports needed in the workplace (Magill-Evans et al. 2008). In a qualitative study of professional women with sensory and physical disabilities, Noonan et al. (2004) confirmed that all participants faced discrimination based on both gender and disability, describing these experiences as "some of the most influential events on the career development of the women in this sample and included restricted educational opportunities, discrimination in hiring, biased performance evaluations, job tracking, pay inequities, lack of support and mentoring, negative attitudes and chilly workplace climates, lack of accommodations, and general discouragement" (p. 74). This same study also described the importance of social support from other disabled and non-disabled colleagues and the importance of role models and mentors in supporting career advancement and professional development over time (Noonan et al. 2004).

Implications and Recommendations

Women with disabilities encounter multiple forms of discrimination and disadvantage as a consequence of both gender and disability identities producing substantively distinct experiences that limit access to employment and restrict career opportunities. Across the world, women with disabilities have not realized the full benefit of access to high-wage careers, opportunities for personal growth and economic independence. Career trajectories have been limited by social and cultural expectations, restricted access to education and training, gender and disability barriers in the workplace, and stereotypes and bias that limit career advancement and access to higher-wage occupations. In order to address these pervasive inequities and increase opportunities for independence and productive careers for women with disabilities, we offer the following recommendations.

First, girls and women with disabilities need equal access to education and training opportunities to build skills for employment and independence. At the most basic level, girls with disabilities need access to primary and secondary education along with their male peers (Lloyd and Young 2009; Rousso 2003). Access to basic academic skills such as reading and writing provide opportunities for independent access to critical knowledge and promote lifelong learning and independence. Secondly, to increase vocational skills and work readiness, educational institutions should also provide opportunities for work experience, internships, apprenticeships or job training to increase the pipeline of young women with disabilities who are prepared to enter the labour force (Quinn et al. 2016; US Department of Labor 2015). Structured career exploration activities along with work experiences help to build skills and increase exposure to a variety of future employment options. Finally, young women need opportunities to learn self-advocacy and communication skills and explore a wide range of careers beyond traditional low-wage female-dominated occupations (Lindstrom et al. 2012; USAID 2012). The following case study provides an example of a school-based career development programme designed to combat gender and disability barriers for adolescent girls with disabilities in the United States (Lindstrom et al. 2018a).

Case Study: Paths 2 the Future Career Development Curriculum

Paths 2 the Future (P2F) is a fully developed and pilot-tested curriculum designed to address the unique needs of high school girls with disabilities including topics such as disability and gender awareness, empowerment and self-awareness.

Problem: While all women face restricted career options, women with disabilities in the United States experience additional barriers based on dual exposure to gender stereotypes and disability discrimination.

Importance: To address these gender and disability barriers and improve education and career opportunities for young women with disabilities, a career development curriculum was developed called Paths 2 the Future. P2F is a gender-specific curriculum that has been tested and found to be effective in 26 high schools in Oregon, the United States. One of the major goals of P2F is to promote self-efficacy and break down socially constructed barriers associated with gender and disability.

Curriculum/lessons: The P2F curriculum includes 75 lessons divided into four modules: (1) self-awareness, (2) disability, (3) gender identity and (4) career and college readiness. The modules are designed to be taught within a group/classroom setting in the course of the school day. The P2F curriculum is interactive: teachers are responsible for presenting information, leading activities and engaging students in small group discussions. In addition, girls make field trips to visit various employers and vocational training programmes. At the completion of the programme, students have skills and knowledge needed to transition from high school to a satisfying career in their community.

Outcomes: Participating in P2F has a measurable impact on *knowledge, beliefs and skills* that are linked to future career success. This project prepares young women for careers by helping them learn about their strengths and then matching up their skills and interests to potential employment opportunities. Participants also learn how to successfully search and apply for jobs in their community. Initial studies of the programme found that providing young women with a safe space to explore their strengths and develop their skills was a very powerful and affirming experience.

Young women with disabilities reported the power of participating in P2F:

"I learned that my disability can't stop me."

"This class has taught me what my strengths are and how to be positive about myself."

"I found my voice even more and being able to understand how many doors are actually open to me. Not just the few doors that I had seen, but now more doors have opened."

Source: Lindstrom et al. (2018a).

The Paths 2 the Future case study suggests that targeted learning experiences designed to focus on strengths and build skills can influence self-efficacy beliefs for young women with disabilities. Young women who participated in Paths 2 the Future demonstrated changes in self-awareness, self-confidence and ability to articulate personal strengths, and also increased confidence in specific career development knowledge and skills. Self-awareness seemed to bolster a sense of personal empowerment and voice for young women with disabilities who completed the class, with newfound self-confidence and a stronger sense of voice participants were able to more clearly articulate and envision future career opportunities (Lindstrom et al. 2018a).

In addition to education and training programmes, women with disabilities need services and support to facilitate entry into the workforce including opportunities to access higher-wage employment. For example, in Lebanon, a consortium of non-governmental organizations created an "employment opportunities project" that provided services including awareness raising about the employment rights of individuals with disabilities, workshops on literacy and skills training, and transportation for women to their places of employment or learning (Wehbi and Lakkis 2010). Other organizations have focused on providing information and training to employers regarding workplace accommodations including access to assistive technology (Randolph 2005). These services should take into account the unique needs of women with disabilities, attending to both gender and disability. The following case study provides an example of a specialized programme focused on providing living wage employment for women with disabilities. Given the dearth of programmes worldwide designed to address barriers and build capacity for women with disabilities, this example utilizes a strength-based approach to prepare women for specialized careers in the health industry.

Case Study: Discovering hands®

Discovering hands®: This program describes itself as a 'social' enterprise that entwines new avenues of disability employment for women with cancer prevention efforts. Discovering hands® utilizes the skills of blind and visually impaired women to detect early breast cancer. Blind and visually impaired women are trained with a standardized diagnostic method and then go on to work at physicians' offices. Their job entails examining women for irregularities in the breast, aiming to identify any potential cancerous nodes as early as possible.

Problem: In Germany, breast cancer is the most common cause of death for women between 40 and 44 years of age. About 71,000 women are newly diagnosed with breast cancer every year and about 18,000 of these cases are fatal. Early detection and treatment significantly increases women's chance of survival. Blind and visually impaired women in Germany are marginalized and face very limited employment opportunities. Furthermore, access to appropriate training facilities is rare because individuals who are blind must compete with sighted people, who are often favoured by employers for open positions.

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Importance: This approach makes a difference in the early detection of breast cancer. Additionally, Discovering hands® provides a meaningful and important employment opportunity for blind and visually impaired women while also addressing a public health need.

Outcomes: The programme includes a nine-month training period where blind and visually impaired women learn how to use a standardized diagnostic method for examining the female breast. Additionally, women are all trained in palpation, anatomy and communication skills followed by a three-month internship. In addition to the jobs this programme creates, early breast cancer detection is improved and systems are relieved due to reduced treatment and social security costs.

Source: Zero Project Innovative Practices (2017) https://zeroproject.org

Our final set of recommendations focuses on empowerment, advocacy and policy changes. In addition to promoting individual skill development and creating access to employment, we believe that breaking down barriers to employment for women with disabilities must include systemic efforts that contribute to broader social change. As noted by Wehbi and Lakkis (2010), "any discussions of initiatives to address the marginalization of women with disabilities should be based on acknowledgement of the agency of women with disabilities in a move away from seeing them as helpless victims of oppression" (p. 64). Thus, gender awareness trainings, raising awareness of rights and empowerment programmes are important components to be developed along with public awareness campaigns to educate the general public regarding challenges faced by women with disabilities (USAID 2012). Finally, legislation and policy initiatives must attend specifically to the rights and unique needs of women with disabilities. The following national and international organizations all offer support and resources to empower women with disabilities and promote advancement of girls and women with disabilities.

1. **DisAbled Women's Network Canada**
   DisAbled Women's Network Canada (2012) is a national, feminist, cross-disability organization whose mission is to end poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and deaf women. DAWN is an organization that works towards the advancement and inclusion of women and girls with disabilities and deaf women in Canada. Their overarching strategic theme is one of leadership, partnership and networking to engage all levels of government and the wider disability and women's sectors and other stakeholders in addressing key issues.

2. **The International Network of Women with Disabilities**
   The International Network of Women with Disabilities (INWWD) (2017) is a group of international, regional, national and local organizations, groups or networks of women with disabilities, as well as individual women with disabilities and allied women. The mission of the INWWD is to "enable women with disabilities to share knowledge and experience, enhance the capacity to speak up for our rights, empower ourselves to bring about positive change and inclusion in our communities and to promote our involvement in relevant politics at all levels, towards creating a more just and fair world that acknowledges disability and gender, justice, and human rights".
3. **US Agency for International Development: Advancing Women and Girls with Disabilities**
   USAID (2017) is committed to empowering and including women and girls with disabilities. Here are some examples of programmes they support:

   - *Mobility International USA*: Women's Institute on Leadership and Disability, supported by the USAID Leadership, Management and Governance Project, brings together emerging women leaders with disabilities from Africa, Asia, Eurasia, Latin America and the Middle East to strengthen leadership skills, create new visions and build international networks of support for inclusive international development programming.
   - *Vietnam:* In Vietnam, women with disabilities are gaining employment in the Information and Technology field. Since 2007, USAID and Catholic Relief Services have collaborated with the Hanoi College of Information Technology and Van Lang University to provide training in advanced computer skills, such as graphic design, 3D modelling and web development for youth with disabilities from all over Vietnam. To date, the programme has trained more than 700 students with disabilities in Hanoi and Ho Chi Minh City, and over 80 per cent of graduates have since found jobs.

4. **Women Enabled International Inc.**
   Women Enabled International (WEI) (2017) works at the intersection of women's rights and disability rights to advance the rights of women and girls with disabilities around the world. WEI works to increase international attention and strengthen international human rights standards on issues including violence against women, sexual and reproductive health and rights, access to justice, education and humanitarian emergencies. Working in collaboration with women and disability rights organizations, WEI fosters cooperation across movements to improve understanding and develop advocacy strategies to realize the rights of all women and girls.

5. **Women with Disabilities Australia**
   Women with Disabilities Australia (2017) is run by women with disabilities, for women with disabilities. Their work is grounded in a human rights-based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. This rights-based approach recognizes that equal treatment, equal opportunity and non-discrimination provide for inclusive opportunities for women and girls with disabilities in society. It also seeks to create greater awareness among governments and other relevant institutions of their obligations to fulfil, respect, protect and promote human rights and to support and empower women with disabilities, both individually and collectively, to claim their rights.

Conclusion

Women with disabilities around the world have limited opportunities for employment and often live in poverty. To address these barriers and empower women to achieve economic self-sufficiency and independence requires a multi-pronged approach including increasing access to education and training, providing supports for entry and advancement in the labour market, and addressing systemic barriers through broad awareness and policy changes. In addition, future research regarding disability and employment must attend to the unique needs of girls and women with disabilities by identifying and exploring gender differences in school experiences, career preparation and employment outcomes for women with disabilities. In addition, researchers should focus on developing and testing strategies and programmes that utilize an intersectional lens to promote successful education and career outcomes for women with disabilities worldwide.

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23

Masculinity, Disability and Work: A New Materialist Perspective

Gemma L. Bend

When discussing the term intersectionality, this concept has primarily been used as a theoretical framework to consider how identity is multifaceted, such as the interaction of gender, race and disability, and how they create unique lived experiences. However, for the purpose of this chapter, the scope of the inquiry will be widened, using intersectionality as a methodological consideration, to assess how multiple factors converge with an individual's identity in their workspaces to affect their experiences when interacting with others and physical spaces. By drawing on the theory of new materialism, specifically posthumanist performativity, this chapter will explore how material and discursive phenomena, specifically their inseparability (i.e., material-discursive), create specific intra-actions (differing from interaction). By drawing on men and masculinity as a focus point, this chapter explores how gender and disability (both material/biological and discursive/cultural aspects) intersect with their place of work to impact their lived experiences.

This chapter considers the literature from the perspective of the employee and so will be of relevance to practitioners and/or policy makers (government or organizational) who are looking to provide a more inclusive work environment for men and women who have disabilities. This chapter aims to make the reader aware of the multiple factors that coalesce to create, or impact, the lived experiences of employees in the workplace. This requires a wider frame of

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analysis to demonstrate how both interpersonal relations and social events are of direct relevance, and so the concept of new materialism will be introduced before a review of relevant research on gender and disability in employment.

New Materialism and Posthumanist Performativity

New materialism is a critical-based theoretical framework which argues that reality (i.e., our intra-action with our material and discursive world) is multifaceted and complex and exists beyond a sole focus on the human. It explores the complexity and importance of matter, which is largely absent in recent social science studies (for an overview, see Coole and Frost 2010). Scholars such as Braidotti (2013) and Barad (2003, 2007) argue that the material world and discursive practices are co-constituted, or entangled, with one another; that is, they have a bi-directional impact. Specifically, new materialism aims to deconstruct binary and dualistic discourses attached to human subjects, challenging the normative and homogeneous discourses attached to labels such as abled/disabled and man/woman (van der Tuin and Dolphijn 2010). It is argued that these labels fail to account for multiple factors that coalesce and are entangled when a person intra-acts with their material and discursive world. This approach complements the work of other critical-based frameworks that challenge normative discourses that surrounding individual based on their characteristics, such as feminism (Arruzza et al. 2019), critical disability studies (Goodley et al. 2019), feminist disability studies (Garland-Thomson 2005), queer theory and crip theory (Jenks 2019). Yet, new materialism incorporates elements beyond the human, giving agency to non-human and inanimate objects (Schnabel 2014) through considering the effects of biopolitics, geopolitics, matter (all matter), time, space and how these intersect (Coole and Frost 2010; Kirby 2017).

Posthumanist performativity bridges two theoretical frameworks, posthumanism (see Braidotti 2013) and performativity (see Butler 2011a, b), which fit within the tenets of new materialism. Specifically, posthumanist performativity draws on aspects of quantum physics, feminism, intersectionality and embodiment: one of the most widely cited authors to use posthumanist performativity is Karen Barad (see 1996, 2003, 2007, 2011). This chapter utilizes Barad's interpretation of posthumanist performativity, which she has termed agential realism. Within agential realism, Barad coins the terms intra-action (distancing herself from the term interaction), arguing that the material and the discursive are co-constituted. She argues that 'discursive practices are not human-based activities but specific material (re)configurings of the world through which boundaries, properties, and meanings are differentially enacted' (Barad 2007, p. 183). For example, a person's material body, that is, how they look, evokes discursive practices that have been historically and culturally laden within their bodily boundaries. Similarly, places such as employment organizations are material objects that are also entangled with historical, political and cultural discourses, which affect their policies and how they intra-act with their employees (Acker 2012). Furthermore, wider society is formed with material objects (e.g., physical elements, buildings, living matter, technology), which are entangled with discourses such as historic and current geopolitics, regional cultural norms and societal norms. Each of these 'layers' entangles, or intra-acts, with each other to create and/or constrain being and knowing.

Barad's (2007) perspective also critiques the notion of a normative collective identity, she instead recognizes there are infinite possibilities (i.e., no two experiences are the same) co-created through converging material-discursive practices (as indicated above) which are subject to change within specific space/time configurations. Therefore, this means that although people who have a 'bodily difference' are commonly referred to as having an 'impairment' or a 'disability' this does not denote homogeneity: posthumanist performativity instead argues the opposite. Each person has their own material-discursive markers (i.e., gender, age, class, religion, locations of upbringing, school, work) that intra-act with other people, locations, material objects and politics, which also have their own material-discursive assemblages. This leads to the relevant extant literature of masculinity and disability, before introducing two case studies which will be briefly analysed to demonstrate their intra-actions with their material/discursive worlds.

Men, Masculinity and Disability

As discussed in other chapters in the handbook, women with disabilities experience a number of challenges in work because of their gender and disability status. However, what is missing within the analysis is how men who have disabilities also experience difficulties in work. Although women have been found to experience more hardship than men in a number of instances, it is still of importance to consider how men are affected. The extant literature has shown that men undergo a conflict between their gender and disability identity as it contradicts the socially constructed, and deeply embedded, heteronormative masculine identity ideal that many men feel they need to strive for (see work by Connell 2005; Connell and Messerschmidt 2005; Gerschick 2004; Pini and Conway 2017; Shuttleworth et al. 2012). Hegemonic masculinity is epitomized with historical and cultural, material-discursive markers that denote virility such as strength, sexual prowess, independency, authority and initiative, whereas the material-discursive markers of a disability are historically and culturally associated with weakness, dependency, incapacity and asexuality (Charmaz 2002). Importantly, the concepts of masculinity and disability are socially constructed, with material-discursive markers ascribed onto individuals with specific biological markers (i.e., sex, impairments). These social constructions are deeply ingrained in everyday discourses on a global scale, and their continued presence perpetuates the idealized self that many strive for but are unable to achieve. The ideal of a 'fully autonomous self', who is able to achieve and maintain a stable identity, is illusionary as identity formations rely on the confirmation of others (Knights and Clarke 2017, p. 338). Further to this, the goal to achieve the ideal self (i.e., ideal worker, person, man, friend, etc.) appears to move in tandem with the individual meaning that it is always just out of reach, thus maintaining a sense of unfulfilled potential (Costea et al. 2012). Posthumanist performativity argues that a person not only intra-acts with other humans but with additional material-discursive elements, such as cultural norms, government politics, organizational politics and their material spaces which are governed by social norms such as how to behave.

Specific to masculinity and disability, Gerschick and Miller's (1994) study of disabled men, with acquired impairments, found that these men adopted one of three strategies relating to their sense of self (the three R frameworks): they *relied* on hegemonic norms of masculinity to maintain a positive sense of self; they *reformulated* their masculinity to their current abilities post-impairment, or they *rejected* previous hegemonic norms of masculinity to adopt a new version of masculinity that fit with their changed embodied experiences (i.e., conflict resolution). The three R framework has been utilized by many scholars to demonstrate the fluidity of gender and disability norms and, how at different times and contexts, these societal discourses can cause conflict, affecting an individual's sense of self. This understanding of how individuals respond and adapt by modifying their sense of self (or identity) and/or rejecting dominant norms within a specific social context and their rationale for doing so is a key factor. Within the field of masculinity and disability, scholars have recognized the importance of considering and incorporating intersectionality within their research (Shuttleworth et al. 2012). One of the criticisms of previous work on gender and disability is that they are not separate or even conjoined identities; they intersect with other identity markers such as race, ethnicity, religion, sexuality, social class and age. Further to this, a posthumanist performative perspective would argue that there are other material elements such as intra-actions with other human, non-human, non-living matter, public spaces, buildings, technology and their discursive practices (i.e., historical, cultural and political knowledge) are entangled within the concepts of identity (Barad 2007; Braidotti 2013).

Additional research has explored the cultural stereotypes, or alternatively the material-discursive practices, that surround disabled men and women, and non-disabled men and women. For example, Nario-Redmond's (2010) open-ended questionnaire on cultural stereotypes of disability with college students (disabled and non-disabled) found that gender stereotypes are not as prevalent for disabled people as they are for the non-disabled individuals. Specifically, they found overlapping material/discursive attributes ascribed to both disabled men and women, with respondents using characteristics such as dependent, incompetent, asexual, unattractive, passive and heroic survivor. Specific gender differences were also found: disabled men were characterized by respondents as being angry, inferior and lazy, whereas disabled women were characterized as being societally excluded, vulnerable, poor and homeless. This study, although experimental based on university students' responses, indicates how the material-discursive practices associated with gender are applied to those who have a disability. Nario-Redmond's research demonstrates that disabled men are likely to experience a conflict with their gender and disability identity, through both internal and external intra-actions, due to associating their bodily difference with stereotypical feminine discourses, that is, weakness. Consequently, the study's findings demonstrate the destructiveness of ascribing characteristics onto bodies, regardless of their abilities and their personal characteristics (i.e., distinct from their material-discursive bodies).

Ostrander (2008) explored the identity formations of African-American men who became disabled through a spinal cord injury caused by gang violence. The study explored the intersecting identities within these young men (race/ethnicity/masculinity/disability) and found that their disability identity did not disrupt their racial identity. It did, however, challenge their masculinity identity in a number of ways: intimate partner relationships, sexual encounters, body image and self-defence. This study argued that the participants' disability identity is repressed and/or rejected in order to maintain a masculine identity, an identity which represented power in their community. Significantly, the study concludes that the social context is of importance to identity formations, namely what environmental factors are of importance to the individual, in maintaining a positive sense of self. This will change, however, depending on the culture, relationship ties, family responsibilities, social-economic status and the importance ascribed to maintaining these discourses/relationships/statuses (Visagie and Swartz 2018). In other geopolitical cultures such as South Africa, disabled men in this study also refuse to adopt disability-focused language and did not identify as being disabled. When asked what it means to be disabled, they stated, 'When someone cannot do anything for himself' (Visagie and Swartz 2018, p. 1803). These studies indicate that the respondent's concept of disability can be challenged in order to maintain a more positive sense of self, such as by defining disability as something they are not and/or discussing what they can do disrupting the material-discursive practices that surround disability (i.e., from inability to ability).

Additional qualitative research, exploring masculinity and disability, has indicated that men are less likely to share their personal or emotional experiences, which is seen to be a feminine behaviour, in order to maintain their masculine identity (Flurey et al. 2017). Further, there are methodological limitations when collecting research data such as a lack of trust or rapport with the researcher/s which can affect the quality and the quantity of the data collected. For example, Flurey et al.'s (2018) qualitative study on rheumatoid arthritis and masculinity demonstrated that the quality of emotional and personal anecdotes disclosed during focus groups was far less detailed than during face-to-face interviews.

Employment Intra-actions

As indicated earlier in this chapter, organizational industries each have their own material/discursive practices, which are formed around their historical and cultural history. Since industrialization in the western world, industries have become more standardized and performativity is judged on able-bodied and masculine norms, which disabled individuals have to actively resist and reject (Jammaers et al. 2016). There is also strong evidence that organizations are inherently gendered and they create and sustain inequality in industrial countries across the world (Acker 2006). This inequality reaches all aspects of an organization, such as unequal pay for women, ethnic minorities and disabled individuals (Woodhams et al. 2015a, b). Research also reveals that disabled men who work in a female-dominated industry experience fewer promotion opportunities and lower pay compared with their able-bodied male colleagues and their female colleagues with a disability (Woodhams et al. 2015b). These studies indicate that the institutions material-discursive practices intra-act with both their employees' gender and disability to reify inequality and exclusion, which consequently affected their work experiences.

Widening the scope of inquiry to other intersecting and relevant material-discursive practices, Pini and Conway (2017) provide evidence, from interviews with disabled fathers in rural areas of Queensland, Australia, which supports Gerschick and Miller's (1994) statement that the three R framework is not restricted to one type of identity strategy (i.e., reliance, reformulate or reject). They showed that men can, and do, adopt more than one type of identity strategy, namely reliance and reformulation, in order to maintain a positive sense of self. Employment was seen to be of great importance in the participants framing of fatherhood as they had a strong desire to be the breadwinner in order to support their families. Although some managed to maintain and/or find work post-impairment, the type of work they undertook often need to be changed in some way to accommodate their disability such as wheelchair access to a building. One of the main challenges faced by those in this study was the rural location that presented fewer opportunities for support, access and employment. This study emphasizes how geographical location, socio-economic status (i.e., working class), disability type and discourses of rural fatherhood (especially their own) impacted on the importance attributed to their ability to find work, maintain their family legacy and economic security, as well as being able to perform their fatherly duties, such as participate in sports and fairs. Similarly, in other global locations, such as South Africa, disability is not seen as having an impact on the sense of self of disabled men for those who are able to perform physical labour post-impairment. However, for those who could no longer work due to their physical disability (i.e., paralysis), they saw themselves as 'worthless' as they could no longer contribute as they previously did, which had a significant impact on their family's lives (Visagie and Swartz 2018). As discussed elsewhere in this chapter, employment participation is pivotal in maintaining a positive sense of self, and when the ability to work is taken away, it has a huge impact economically, socially, culturally and psychologically.

Marchant's (2013) study, although not directly related to disability, explores chronic pain and body failures of self-employed construction workers, who discuss their identity in relation to their ability to maintain work as they age. Interestingly, participants were able to mitigate and strategize in order to overcome those issues they experienced in the workplace which put too much pressure on their bodies. One of the ways in which this was achieved was by changing job roles where possible, choosing/rejecting particular jobs, using technology as a form of assistance (e.g., using machines to dig holes) rather than physical labour, adopting healthy lifestyles (e.g., yoga) and bodily care to support bodily function (e.g., physiotherapy, back braces). These changes are made to keep working and maintaining their hegemonic masculinity. The following case studies will introduce and discuss the material-discursive practices situated within society and places that intra-act with two disabled men. The two case studies show the transition and experiences of two men once they underwent a bodily change. Colin and Brad, both of which are pseudonyms to protect their identity, acquired a disability later in their lives, and as a direct result of their bodily change and able-bodied norms deeply entrenched within organizations and society, they are both now unable to work as they cannot adhere to the performative expectations of their previous job roles.

Case Study One: Colin

Colin acquired his disability in 2006, aged 44, when he ruptured two discs in his back that required immediate surgery to scaffold his spine. As a consequence of the injury, he was left with permanent nerve damage which he found 'incredibly debilitating, I'm in pain all the time, it never ever stops … just some days are better than others'. After his operation he attempted to return to work, but he quickly realized that he was not able to perform his job role of being a commercial manager in the construction industry in the UK. His job role required him to work long hours with lots of travel to offsite meetings which he found that he 'physically cannot do it … if I went back to work for one day [it] would be two weeks possibly recovering'. Overall, the organization worked with Colin in order to try and facilitate his return to work or to find an alternative job role, but 'because the condition is so variable' and he could not 'work a 60-hour week any more', he felt that he could not physically do his job anymore. He did find the attitudes of a male director hard to deal with: 'Oh its nothing but a twinge in your back get your ass back to work now' and he 'was medically retired six months after I had my injury'.

The impact of coming to terms with his injury, being medically retired and the breakdown of his marriage (related to his disability status) took a huge psychological toll on Colin, and two years after his injury, he had a 'fairly major breakdown … I ended up being admitted to a mental health unit … for my own safety'. His mental health has been affected ever since and fluctuates with the 'level of pain and what treatment I'm getting'. Despite being medically retired, he eventually started volunteering at a local school for children with special education needs. However, after being asked to take on a more permanent paid position, he experienced discrimination: 'I said that I could do this job providing it was on the ground floor … so they moved maths lessons upstairs … so I said well I can't do that'. After more disagreements the school fired him, but as 'they knew they were in the wrong … they put me on a full pension for the rest of my life which is their way of … put it under the carpet'. This however took a further psychological toll on him.

Being able to provide for his family was deeply ingrained within his masculine identity, which affected how he dealt with leaving his job and being fired from his only job since. He went from being in a very well-paid and senior position within a large company to 'when I'm in my chair you actually develop super powers, you become invisible' and being accosted by others when out in public telling him to 'get out of that fucking chair there's nothing fucking wrong with you'. Overall, he found the attitude of a lot of people towards his disability 'sickening'. On discussing returning to work, he stated,

> I'd need a lot of counselling now to go a back [to work] … I'm not strong enough to do it on my own and I'm quiet … happy to admit that these days … I'm not strong enough to do it … it makes me well up now just even thinking about it … I feel quite emotional, my hairs on my arms are going up, just that thought … it's so scary.

Case Study Two: Brad

Brad, 49, was diagnosed with early onset Alzheimer's disease, and his continuing cognitive decline prevented him from being able to continue with his chosen profession as an electric engineer, for a communication technology company in the UK. The journey to getting a diagnosis, however, was not an easy one. Being an electrical engineer required logic and reasoning skills which slowly began to decline and as his symptoms started Brad realized that it was 'taking much longer to process anything' in his daily work tasks and his 'brain wouldn't hold all the information in there'. However, the initial symptoms of his Alzheimer's were first interpreted as depression, which were treated through medication and cognitive behavioural therapy. It took five years to receive an official diagnosis of Alzheimer's; during this time his employers saw a decline in his work performance as he became less focused and slower. As a result, his employers began to 'performance manage him', which put a tremendous amount of pressure on him and his wife; his wife stated that 'the more they put him under pressure the more stressed he became … which made the condition worse'. During one emotional phone call from work to his wife, while 'virtually in tears', they made the decision that 'he would resign and not go through the performance management process'.

On leaving work he experienced a period of unemployment but then wanted to return to work and tried other roles within the technology industry, such as sales, but could not manage the highly pressurized work environment. Eventually, Brad did return to the engineering side of the industry, but this did not last long, as both he and his employers were not happy with his ability to fulfil the job role and they started to micromanage him through 'weekly targets that he was expected to hit'. Brad did not resign from this job but was made redundant as the company was experiencing a downturn. He did find another job, but this only lasted three weeks before he resigned as he knew he could not do the job. Brad's wife, who works in Human Resources, was frustrated as he was treated 'formally and unsympathetically' and stated that 'there was no support at all for him'. Outside of work, similar to Colin above, Brad endured negative attitudes from the general public, such as 'impatience, tuts in queues, rolled eyes'.

One of the difficulties that he experienced throughout his employment history, whilst being treated for suspected depression and investigations for Alzheimer's, was a lack of communication. Although Brad openly admits that he did not inform his employers that he was being treated for depression, as he anticipated the 'stigma of the mental health badge', his employers did not attempt to reach out when they began their performance reviews. The employers did not appear to want to understand, address and/or support the underlying reasons for the decline in his performance.

Both Colin and Brad experienced a material/bodily change from being able-bodied, a state of being associated with material-discursive practices of physical potential and prowess, to being in pain, with a reduction in mobility for Colin and cognitive function for Brad, which draws on material-discursive practices of ineptitude and weakness. They also went from a position of power and possessing a high skill set in the workplace, placing them in a position of privilege to others, to being unemployed, a position of disadvantage and economic insecurity relying on benefits (Maroto et al. 2019). Furthermore, being a part of a capitalist society, the importance of labour participation is indoctrinated within the social population as central to the machinery of modern society and economic self-sufficiency (Foster 2018). Colin's and Brad's inability to work disrupted these societal expectations and their sense of self, which is rooted in the historic and cultural abled-bodied and masculine material-discursive practices (Bloom 2016). This directly impacted Colin's intra-actions with his colleagues who doubted his invisible condition, stating it is 'nothing but a twinge in your back' and stressing the importance of work participation through stating 'get your ass back to work now'. In contrast, Brad's organization implicitly reinforced the organization's masculine and able-bodied material-discursive practices, through their performance management procedures and their failure to implement an ethics of care towards Brad when they noticed a decline in his performance (Pullen and Rhodes 2015). As a consequence of the multiple changes and disruptions in Colin's intra-actions with his material-discursive world, his sense of self was greatly affected, resulting in a 'major breakdown'.

Colin experienced explicit discrimination from his employers' able-bodied expectations at the school and inaccessible physical environment he worked in which was designed around able-bodied norms. Although his employers knew of his bodily limitation, classes were still scheduled above the ground floor, creating an organizational 'misfit' because of the material environment and his employer's discrimination (Garland-Thomson 2011). Brad, on the other hand, due to his failure to disclose his cognitive difficulties for fear of being seen as incompetent in a highly skilled job role, experienced a misfit in his ability to meet productions targets. Importantly, however, his employers were not aware of his difficulties, but they did not initiate any form of communication to investigate the decline in his work. For both Brad and Colin, the intra-action between their employer and the workplace was further complicated due to misunderstanding each other's interpretation of performativity. Colin was upfront that his inability to work long structured days and classes upstairs would be difficult because of his injury and the resulting pain. This, however, was not truly understood by his employer, who was then unhappy with his inability to perform in a way that was acceptable to them. As a consequence of their acquired disabilities, both Colin and Brad were subject to able-bodied norms of performativity that neither could fulfil. Despite Colin being employed in a school that catered for students with 'non-normative' behaviour, such as attention deficit hyper-activity disorder, his employers did not understand nor were they aware of the practical and moral ramification of employing an individual with a bodily difference. Instead, they drew on able-bodied material-discursive knowledge with expectations of an individual who looked physically 'normal' (or able-bodied): the same applied to Brad. Colin's and Brad's experiences highlight how men are 'simultaneously both required to participate in the labour market by virtue of their gender, and excluded from it by virtue of their disability' (Barrett 2014, p. 41).

Specific to their intra-actions with others in public, when Colin is sat in a wheelchair in public, his body evokes a particular intra-active response, that is, that he is disabled, which is perceived by others as having a lower status from those not in a wheelchair. This results in him becoming and feeling 'invisible', even when surrounded by lots of people in social spaces, highlighting how material objects, such as a wheelchair, become entangled with Colin's body. Consequently, when Colin disrupts this entanglement of body and wheelchair by getting out of the chair, going from a position of disadvantage to one of privilege (related to his historic biological and cultural heritage of being a white male), this bodily movement creates a different kind of intra-action. One woman felt that Colin had broken the material-discursive practices of what she believed to be a disability (i.e., vulnerability), which resulted in a confrontation of his eligibility to use a chair once she had determined that there was 'nothing fucking wrong with you'. Brad, on the other hand, disrupts other's assumptions of what an able-bodied person should do and how they should act; he looks 'normal' therefore is seen to be 'normal' and held accountable to able-bodied norms. When he disrupts these material-discursive practices, the intra-actions with others become more judgemental ('impatience, tuts in queues, rolled eyes'). The case studies of Colin and Brad show how historic and cultural knowledge, a lack of awareness with an individual's bodily (in)abilities, and multiple material objects/places/spaces co-construct the experienced intra-actions with their material-discursive world that resulted in their social and economic exclusion.

Conclusion

This chapter has applied the posthumanist performativity framework (Barad 2007) to the concepts of masculinity and disability within the context of employment to the experience of two men with acquired disabilities. Exploring extant literature on masculinity and disability indicates that men endure a conflict when they and others adhere to hegemonic masculinity ideals when they have a disability (Visagie and Swartz 2018). Analysed with a posthumanist performative theoretic lens, this conflict is a result of their intra-actions with other people, places and society, which continue to draw on the ingrained material-discursive practices that favour able-bodied and masculine norms (Acker 2012). Similar to findings that disabled women are excluded from full societal performance, disabled men are also subject to this exclusion albeit differently. Women are seen as inferior to men, historically and culturally, which is epitomized by their body's fragility, whereas men are seen to fall from their privileged ideal status (Nario-Redmond 2010).

The case studies of Colin and Brad have shown how two men with a disability have negotiated their disability, gender and work identities, both inside and outside of the workplace, and their experiences were affected by multiple material-discursive practices that were projected onto and from their bodies. The case studies also explored how their intra-action with their organizational institution's material-discursive practices, which favoured a masculine and able-bodied workforce, led to their specific embodied experiences of being. Overall, this chapter has aimed to show how multiple material-discursive practices intra-act between matter, space and time, and importantly, it has revealed that when people, spaces and institutions continue to draw on the ingrained historical and cultural material-discursive practices, that reify binary and normative ideals, then exclusions will continue to pervade all areas of work and society. It is only when these stereotypical material-discursive practices are disrupted or challenged (see Chaps. 11 and 14 for examples of this), that inclusive practices can prevail and intra-actions can be based on current and specific knowledge, reflective of an individual's worth, rather than their perceived and historic disadvantage.

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24

Privileges and Prejudices: Intersectionality and Disability Accommodation

Katherine Breward

Assessing workplace outcomes for historically disadvantaged populations requires us to consider issues of identity. Researchers are recognizing that our early efforts to take identity into account have been inappropriately one-dimensional, considering isolated components without recognizing the whole. In the past, social science researchers have usually considered identities additive, with the most relevant identity emerging and dominating perceptions in any given context. Researchers therefore asked themselves which aspect of social identity would be most salient in each situation. In workplace contexts, this approach meant examining which stereotypes and cognitive schema would be most likely to emerge based on the individual's purpose, tasks, and the environment. Cognitive schemas are patterns of thought or mental structures that help us organize information. These schemas consist largely of preconceived ideas about the relationships between things, as such they will fundamentally influence perceptions. For example, will a racialized lawyer with a disability making legal arguments in a courtroom be perceived as first and foremost a lawyer, a racialized person, or a person with a disability? The additive approach was fundamentally flawed since it considered each identity marker as a distinct unit. Subsequent research, however, has suggested that this is not a valid way to approach the issue as the additive perspective is problematic because it leads to the creation of artificial hierarchies. One category

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is considered the most significant one, leading to the inappropriate exclusion of alternate categories that may be relevant to the individual's workplace experiences (Healy 2009).

The intersectional approach has evolved in response to this problem. Intersectional research acknowledges that no identity group is homogeneous and the complex intersections of multiple identity statuses including gender, race, disability type, and country of origin require careful attention. Recognizing this, diversity researchers have focused on developing a transversal perspective on intersectional identities. The transversal approach explicitly considers how categories of identity intertwine and transform each other rather than merely overlapping. This new approach has been broadly accepted among social scientists and public policy analysts when studying phenomena for which personal identities are relevant, including stereotyping and associated workplace marginalization, discrimination, and prejudice (Hankivsky and Cormier 2011; Styhre and Eriksson-Zetterquist 2008).

When studying issues of workplace prejudice specifically, the intersectional approach brings together not only multiple aspects of identity but also multiple levels of analysis, including individual decision-making and group behaviour, enabling the researcher to consider complex inter-relationships between context, setting, personal identity, and situated activity (Styhre and Eriksson-Zetterquist 2008). People who are considered the 'other' in multiple ways in each context (such as being a token female in a male-dominated industry and also having a disability) are likely to face multiple, intertwined forms of discrimination, a concept known as double jeopardy (Purdie-Vaughns and Eibach 2008). Double jeopardy, despite the name, does not imply an additive effect, instead:

> The effects of multiple group membership may be qualitative as well as quantitative. For example, an individual with membership in two stigmatized groups may experience increased harassment, but that harassment may also take on a different quality because of the unique mix of social and cultural assumptions that accompany the dual group membership. (Shaw et al. 2012, p. 83)

All of this suggests that people who have multiple aspects of their identity, which each individually represents 'outsider' or minority status, may experience more prejudice (and different forms) than people whose intersectional identities better reflect an insider status. This reality is acknowledged by the United Nations (UN), who define intersectionality as an "attempt to capture the consequences of the interaction between two or more forms of subordination … and address the way systems create inequalities that structure the relative position of persons" (UN 2001). This approach is particularly salient when considering issues related to workplace marginalization because it enables a much more accurate and complex understanding of contributors to both individual and group outcomes. Up until recently, however, the inter-relationships between various aspects of personal identity and disability have been neglected, especially when considering the nature and degree of discrimination and marginalization experienced by workers with disabilities. Disability researchers have observed that "whereas there is a substantial body of literature on the interacting effects of race and gender, research on the interaction between disability and other stigmatizing characteristics is almost nonexistent" (Shaw et al. 2012, p. 83). Erevelles and Minear (2010) went so far as to say that the "omission of disability as a critical category in discussions of intersectionality has disastrous and sometimes deadly consequences for disabled people of color caught at the violent interstices of multiple differences" (p. 128).

Legal Context and Case Examples

Comparatively, there are a limited number of formal legal case examples available that address intersectional employment discrimination that is based in part on disability. This should not be taken as evidence that intersectional discrimination does not happen very frequently. Rather, it is an artefact of legal systems that have historically encouraged people to move forward with cases on a single basis for discrimination and/or that have considered disability-based discrimination as a medical rather than social issue. In the US, Title VII discrimination law operates largely in a single-dimensional framework that explicitly bars claims made on multiple grounds. "Many courts have been unwilling to accommodate these (intersectional) understandings within Title VII doctrine, requiring that claimants disaggregate and choose among the elements of their identities" (Shinall 2016, p. 9). Even when complainants can file on more than one ground that may not be their best strategic option: a study of American Equal Employment Opportunity Commission (EEO) cases litigated between 1965 and 1999 found that single-basis plaintiffs were twice as likely to win as intersectional discrimination plaintiffs (Best et al. 2011). In Canada, prior to the 2000 Mercier decision, disability discrimination cases were argued based on biomedical models that emphasized functional limitations rather than social models that considered the broader context for discrimination. As such it was only after the year 2000 that intersectional, social aspects of discrimination could be put forward simultaneously with disability discrimination claims in an effective manner (Ontario Human Rights Commission 2001). Even with this important precedent, the Canada Human Rights Commissions still encourage complainants to identify a single ground for their claim and decisions are usually released to the public categorized under a single ground, making assessment of intersectional disadvantage a challenge. European Discrimination Law has suffered from similar limitations and continues to do so even today. In Europe, the Chacon Navas case from 2006 defined disability more clearly for the courts, but in the process, it also created a definition that significantly hampered moving away from biomedical models of discrimination to the social models that would better permit intersectional analysis (Schiek 2016). The UK is an exception. The UK Equality Act of 2010 specifies in section 14 that two relevant aspects of identity can be simultaneously presented when arguing discrimination claims; however, it does not allow for any more than two.

Case Study: Employment Disability Discrimination

While fully documented individual cases of intersectional employment discrimination with a disability component may be hard to locate, cases involving complaints about government policy still highlight the difficulties faced by this population. For example, consider the 2001 decision from *Irshad (Litigant guardian of) v. Ontario (Minister of Health)*: in this case, an immigrant with a disability who had migrated to Canada with his family was denied access to the free health services normally available to all permanent residents and citizens. Under both the Immigration Act (1976) and the then-newly passed Immigration and Refugee Protection Act (2001), immigrants had to reside in the province for three months and prove that they were reasonably healthy (i.e. not disabled) before qualifying as permanent residents and gaining access to provincially funded healthcare plans. Citizens born into the province could receive healthcare for the same medical issues without any conditions. As such the individual was denied free healthcare not due to their disability or their immigration status, but because of the intersectional of both. Although this decision was not about employment per se, the result could easily impact labour market participation. An inability to get permanent residence status impairs one's eligibility to work legally and a lack of access to medical care can undermine health in a manner that interferes with employability.

Informal and subjective first-person accounts of intersectional workplace discrimination are much more widely available. For example, the author recently conducted as-yet unpublished interviews with several workers with disabilities who worked for a variety of employers (Breward 2017). One 66-year-old worker who used a wheelchair described going to their employer's new on-site gymnasium (built to encourage fitness and well-being). When he asked about programming suited to his needs, he was told he was too old, frail, and physically limited to participate: he was refused an employer-sponsored benefit and denied social inclusion based on a combination of his age and disability. Another worker, an indigenous woman, reported that the tremors associated with her neurological condition were often mistaken for drunkenness by customers, resulting in her unfair removal from customer-facing task assignments that were considered easier and more desirable than the alternate tasks. She attributed her difficulties to a combination of stereotypes associated with both disability and her status as an indigenous person.

Empirical Studies Validating Intersectional Effects in School and Employment

Despite the multi-faceted difficulties identifying individual cases, the rhetoric about the importance of understanding how intersectionality impacts living with a disability seems to have strong empirical support. It is particularly notable that this evidence has emerged when you consider the aforementioned legal barriers. Those barriers would lead to systemic under-reporting, yet we still see evidence of the problem. For example, the Ontario Human Rights Commission (2001) in Canada conducted an internal review with data not available to the public. They examined complaints filed between 1997 and 2000 and noted that 48 per cent of complaints had originally involved more than one basis of discrimination. For the subset of complaints filed on the grounds of handicap, 19 per cent included other grounds, making them intersectional. Of the 3033 disability-related cases filed, 221 also identified race-based discrimination, 134 related to age-based discrimination, 237 to gender, and 38 to being a recipient of public assistance (Ontario Human Rights Commission 2001). Being on public assistance refers to receiving welfare payments as a primary form of income, and many of those claims related to access to housing since some private landlords are known to discriminate against welfare recipients and people with special needs. A limited number of subsequent studies have gone into more detail, exploring how employment and accommodation experiences differ for people with disabilities who also have varying intersectional identities.

A couple of qualitative studies have been conducted with small sample sizes. One US study interviewed 13 low-income post-secondary students with learning disabilities. They were asked about the levels of instructor support that they received. Females reported receiving support fairly readily. Males reported that instructors often expected unreasonable levels of self-sufficiency from them (McDonald et al. 2007). Another study, conducted in Belgium, interviewed 11 women with psychiatric impairments participating in a labour market training programme. They reported complex forms of discrimination based on a combination of their gender and medical diagnosis. They felt that the jobs that they were eligible to be trained for were traditionally masculine, inherently unwelcoming, excessively physically demanding, and less suited to their career goals and abilities. Collectively, they felt that the gendered nature of their disadvantage and associated social exclusion was powerfully symbolized by their mandatory work attire, which consisted of oversized overalls available only in men's sizes (Vandekinderen et al. 2012).

Three qualitative studies with mid-sized samples have also found intersectional effects. Randle and Hardy (2017) interviewed 71 workers with impairments who were employed in project-based film and television work. These interviews exposed an industry culture in which race, being female, and having a disability contributed to disadvantage in hiring, task assignment, and social inclusion. Women were especially negatively impacted. Baldridge and Swift (2016) conducted surveys with 242 American workers with hearing impairments. They asked about co-workers' perceptions of the normative appropriateness of requesting accommodations. Age was found to interact with disability such that asking for accommodations was perceived as less appropriate for older workers. Finally, Biegel et al. (2010) examined the competitive employment outcomes of 191 American mental health service consumers using questionnaires. They found that ethnicity impacted job acquisition and retention such that visible minorities were significantly less successful than Caucasian participants.

In a large American quantitative study involving 1899 young adults with disabilities, Hasnain and Balcazar (2009) examined the predictors associated with participation in community work settings. They found that being a visible minority was negatively associated with participation even after controlling for gender, education, socio-economic background, access to formal supports, access to informal supports, and the nature and severity of their disabilities. Schiek (2016) performed a review of European court cases related to disability discrimination. The review included only recent individual cases. The outcomes indicated that females experience policy-driven intersectional disadvantages related to gender and disability. For example, women who experience infertility and therefore use a surrogate have been denied the maternity leave available to other women. Also, disabling conditions that disproportionately impact women, particularly those involving episodic long-term impairment (such as rheumatoid arthritis), are often systematically excluded from disability rights. Women were also more likely to experience employment discrimination related to obesity. Finally, Woodhams et al. (2015) studied multi-year pay data from a single large company in the UK (n = 513,000). They found that people with more than one marginalized aspect of identity suffered greater pay penalties than people with only one. These effects were complex, varied, and intersectional rather than additive, although disability itself did seem to play an additive role.

Several large-scale quantitative studies have been conducted using government-collected statistics. For example, McMahon et al. (2008) examined data from 19,527 formal hiring discrimination allegations that were filed in between 1992 and 2005 with the American National Equal Employment

Opportunity Commission (EEOC). The EEOC is the resolution and enforcement arm for discrimination-related cases in the US. They found various interactions between disability type, visible minority status, ethnicity, gender, and age. Surprisingly, allegations of hiring discrimination were most prevalent among white males with physical and sensory impairments. There was a curvilinear relationship with age such that the oldest and youngest white males filed the most complaints. An et al. (2011) also examined similar data. Instead of hiring discrimination, they looked at formal disability discrimination allegations submitted to the EEOC in between 1992 and 2005. They also found numerous complex interactions between identity markers and discrimination claiming. For example, they found that people with psychiatric disabilities were more likely to file allegations if they were also young, female, and Caucasian. This pattern did not emerge as strongly with other forms of disability. Shaw et al. (2012) further expanded upon this work, examining 25,411 formal disability harassment allegations filed with the EEOC in between 1992 and 2009. They also found many complex interactions. Overall, being a visible minority, female, older, and having behavioural or sensory disorders were all associated with increased harassment reporting. Being Caucasian, male, younger, and having physical disorders were all associated with reduced harassment reporting. The magnitude of the effect depended on the individual's particular combination of traits. Finally, Shinall (2016) examined formal disability discrimination allegations filed with the EEOC in between 1992 and 2009. They furthered the work of others by adding industry type to the analysis. They found that claims of discrimination that included a formal gendered component were proportionately higher for women across all industries except healthcare, real estate, education services, and other services. In those four industries, the opposite was true. In addition, being a visible minority and being over 40 increased the probability of discrimination claiming for women, but not for men. Being an immigrant, by contrast, was more associated with discrimination claiming for men.

Moving beyond the EEOC data, Burke-Miller et al. (2012) assessed the Employment Intervention Demonstration Program using a multi-site, randomized controlled trial among 1272 individuals with psychiatric disabilities in 7 US states. They examined the intersection of disability and age as it related to outcomes associated with participation in supported employment programmes. They found that young workers were more likely to maintain long-term employment and be able to move into competitive employment. Further, moving to Canada, a study by Breward (2012) analysed data from 5418 respondents to a Statistics Canada post-census survey entitled the Participation and Activity Limitation Survey. All respondents were employed, had disabilities, and had reported needing at least one workplace accommodation. The analysis examined whether gender, visible minority status, immigration status, and age influenced rates of accommodation granting by the employer. Aspects of identity collectively explained between 0.5 and 2.0 per cent of the variance in receiving requesting accommodations depending on the nature of the accommodation. The interactions were complex. For example, females and younger workers were more likely to be granted technical interventions if they were immigrants, whereas men and older workers were more likely to be granted them if they were domestic born. Overall, the people most likely to receive needed accommodations were female immigrants who were also visible minorities, whereas the people least likely to receive them were male immigrants who were also Caucasian.

Interpreting these results can be somewhat bewildering due to the complexity of the effects and the variations in context. That said some identifiable patterns are already beginning to emerge despite the relative dearth of readily comparable data. Three overarching themes suggest themselves: replication of well-established conventional biases and privileges, gender role congruence, and the minimization of perceived economic threat through marginalization.

Replication of Conventional Social Biases and Privileges

The existence of overt and subtle sexism, racism, ageism, and anti-immigrant sentiment in employment contexts has been well established by researchers. The intersectional research presented above confirms that these biases continue to exist among members of the working population with disabilities. This is not surprising; it is merely a replication of existing societal biases that are observed in the population of able-bodied workers. We saw, for example, that being a visible minority with a disability led to systemic disadvantage that exceeded that experienced by Caucasians with a disability in studies conducted by Biegel et al. (2010), Hasnain and Balcazar (2009), Randle and Hardy (2017), Shaw et al. (2012), and Shinall (2016). We saw that being a female with a disability led to systemic disadvantage that exceeded that experienced by men with disabilities in studies conducted by Randle and Hardy (2017), Schiek (2016), Shaw et al. (2012), Shinall (2016), and Vandekinderen et al. (2012). Age discrimination towards older workers was identified in Burke-Miller et al. (2012) and Baldridge and Swift (2016), and discrimination towards immigrants emerged in Shinall (2016).

Intersectional effects are not generally additive since the precise nature of the discrimination faced can vary significantly based on identity; however, there were two patterns that emerged from the research that could be considered additive. Firstly, the negative impact of disability on pay has been shown to be additive when overlaid on top of other stigmatizing characteristics that also negatively influence pay levels (Woodhams et al. 2015). Secondly, the more 'stigmatizing characteristics' an individual had, the more likely they were to be disadvantaged. For example, being a racialized female immigrant over 40 was associated with more disadvantage than having only one or two of those identity markers (Shaw et al. 2012; Shinall 2016). If all the findings conformed to this pattern, then it would be easy to predict who the most vulnerable populations are and design interventions; however, the research results generated thus far suggest things are not that simple.

Gender Role Congruence

Traditional feminine gender role norms encourage females to be dependent and to seek help from the community, whereas traditional masculine gender role norms emphasize self-sufficiency and independence (Good et al. 1989). As a result, having a disability and requiring accommodation is, on a non-conscious and stereotype-driven level, considered more appropriate for women than for men. If this belief was influencing workplace outcomes, we would expect to see that the women who are perceived as the most dependent receive the greatest amount of support. Their dependency is gender role congruent; they are behaving 'properly' for females, so they receive help. In contrast, men who are dependent would receive little support and may even be treated dismissively since they violate their gender role norms simply by requiring assistance. If this were happening, we would expect the following patterns to emerge: first, women would receive more workplace accommodations than men across most workplace contexts (extremely hyper-masculine contexts would differ, see point four); second, women from ethnic or cultural groups that also trigger stereotypes emphasizing dependence and the appropriateness of help-seeking would receive more workplace accommodations than Caucasian women who are members of the majority cultural group in their communities; third, immigrant women, especially those who have arrived relatively recently and are still perceived as vulnerable while acculturating, would receive more accommodations than non-immigrant women; finally, men with disabilities, while still disadvantaged, would receive more accommodations than women in one type of setting—hyper-masculinized environments or roles that are still widely perceived as hostile to female 'encroachment'. Examples include the military, firefighting, and mining. In this context the women are violating gender role norms just by being present and so they would be treated differently than women in other workplaces in an effort to get them out (Franklin 2007; Peterson 2010). They may be denied accommodations to the degree that the legal context permits (which would often be limited since many jurisdictions have regulations), and/or these females could face social ostracism that is heightened when they request accommodations, inhibiting them from asking in the first place (Breward 2016).

These sorts of effects are indeed visible in the existing literature: for example, in McMahon et al. (2008), the people most likely to experience hiring discrimination were white men with physical or sensory impairments. Since white men normally experience privilege in hiring settings, this finding is difficult to explain without considered gender role congruence. In Breward (2012), three-way interactions examined the group most likely to receive accommodations, which were female immigrants who were also visible minorities—in other words people who would be considered 'dependent' four times over based on common stereotypes about disability, ethnicity, gender, and immigration status. In McDonald et al. (2007), the interview subjects overtly identified gender role congruence effects, with some male students being told that they should 'just figure it out' when requesting help with learning disabilities. Females with the same functional limitations and accommodation needs received much more extensive instructor support.

There are important exceptions to the trend that dependent women will receive more support. Counter-intuitively these exceptions also reflect beliefs about gender role congruence; it just gets expressed in a different way. In highly masculinized, 'macho' environments, dependent women receive less support, not more. For example, in Shinall (2016), women reported more combined disability and gender-based discrimination when working in hypermasculine industries typified by an extreme emphasis on self-sufficiency, physical prowess, and independence. Their presence in such contexts would be considered surprising or incongruent. The lack of support they receive could be viewed as an attempt, deliberate or non-conscious, to make the working environment intolerable to get them to leave. This phenomenon has been widely reported by women without disabilities working in policing, the military, mining, and even high tech (Franklin 2007; Peterson 2010). Interestingly, the only industries in which men reported higher levels of discrimination than women were traditionally female-dominated industries such as educational services and healthcare. Randle and Hardy (2017) also reported that the 'macho' culture prevalent in film and television magnified the disadvantage experienced by women with disabilities, as compared to men with disabilities. While neither group could conform to the standard expectations of physical prowess and self-sufficiency, the men were closer to the hypermasculine ideal merely by being male and therefore they experienced less (but still not insignificant) disadvantage.

Minimization of Perceived Threat Through Marginalization

So far, we have examined conventional social biases and gender role congruence to explain intersectional findings related to employment, yet these two things taken together still do not explain all the patterns that emerged in existing studies, with results that do not fit in with conventional stereotyping, or gender role congruence can be explained by considering perceived threat (primarily economic threat but also other forms). Stephan and Stephan's (2000) Threat Model of Prejudice outlines how perceived threat influences attitudes towards identifiable groups, for example, workers with disabilities. It is intended to assess attitudes towards any kind of group, including political, national, ethnic, ability-related, or groups based on shared social interests. In the model, perceived threat mediates the relationship between several antecedents and attitudes towards a group, and the antecedents include social identity effects (is this person part of my 'in-group'), familiarity, knowledge, relevance, degree and nature of prior contact (individual), degree of historical conflict between the groups (such as wars), and group status. One of the main insights of the model is that people are less likely to act in benevolent and supportive ways if they feel that the individual involved is (1) an out-group member, (2) from a group they have little contact, knowledge, and familiarity with such that their impressions are largely stereotype-driven, (3) from a low-status group, (4) from a group who are perceived to pose a threat to the health, well-being, traditions, or economic status of the members of the dominant culture.

In this context, misguided political rhetoric about the supposed negative economic and cultural impact of immigration is relevant to an analysis of the intersectional employment outcomes of workers with disabilities because, for some, the immigrant aspect of their identity puts them into the 'perceived threat' category. Rhetoric about immigrants 'stealing jobs' or causing negative social change is unfortunately common. Not all immigrants are treated in the same way though. There are studies which indicate that minority immigrant women tend to be perceived as socially warm but incompetent (and therefore not an economic threat), triggering benevolent responses. Interestingly, the same studies also placed people with disabilities such as developmental delays and sensory impairments in the socially warm but incompetent category such that the two stereotypes are mutually reinforcing. Certain groups of minority immigrant men (i.e. Muslims, blacks) are more likely to be perceived as socially cold and incompetent, triggering contemptuous, unsupportive responses. Other groups of minority immigrant men (i.e. Asians, Jewish people) are perceived as socially cold but competent, engendering envious responses and a sense of competition that also discourages supportive behaviours (Fiske et al. 2002; Lee and Fiske 2006). In sum, immigrant men are more likely to be perceived as threatening (both economically and otherwise) than immigrant women, and racialized immigrant men even more so. This would interact with their ethnicity and disability status, resulting in complex and varied attributions about perceived threat by members of the dominant culture. Many forms of disability will undermine threat perceptions (allegedly 'incompetent' people cannot compete for jobs). Some, most notably psychiatric impairments, may increase other kinds of threat perceptions though due to well-documented, inaccurate stereotypes associating such conditions with violent behaviour.

This helps to explain some bewildering findings from our intersectional studies involving workers with disabilities. For example, in Breward (2012), men were more likely to receive needed accommodation if they were domestic born, whereas women were more likely to receive them if they were immigrants. In Shinall (2016), being an immigrant was associated with formal Americans with Disabilities Act (ADA) discrimination claiming for men to a much greater degree than it was for women. While these limited findings cannot prove with certainty that threat perceptions are influencing employment outcomes, they are certainly suggestive. More research is needed to further validate the notion that gender role congruence and perceived threat are highly salient in determining outcomes for workers with disabilities for whom other aspects of their identity are stigmatized. Until the courts and Human Rights Commissions are better able to collate relevant statistical data, the best approach to achieve this will be surveys and interviews with the workers themselves. Qualitative analysis and storytelling may be especially effective ways to better understand how multi-faceted aspects of identity impact employment experiences.

Implications for Practice: Government and Public Policy

The existence of intersectional employment discrimination and associated marginalization has several important implications for practice. At the government and policy level, courts and Human Rights Commissions should amend current practices to better recognize and address intersectional disadvantage. Key first steps include enabling discrimination claiming based on multiple grounds and reporting those multiple bases when collating data for trend analysis purposes. Better educating lawyers about intersectional disadvantage would also help them to understand the strategic benefits that could be derived from making this type of legal argument—an important first step since the primary motivation of most lawyers is to win their cases as efficiently as possible. Those education efforts could involve workshops for practising lawyers and curriculum modifications in law schools. Judges should also receive formal education about intersectionality rather than assuming competence in this area. The remediation strategies enforced by courts should consider multi-faceted aspects of discrimination. Human Rights Tribunals, for example, often require employers who have discriminated to engage in formal anti-discrimination training, but that education needs to fully address all relevant aspects of marginalization. Finally, legislatively, governments may consider making organizations who are currently subject to equity reporting regulations adjust their reporting and measurement practices to enable assessment of intersectional outcomes. This will allow better public scrutiny of progress. Privacy guidelines will need to be carefully communicated, however, since intersectional reporting of things like pay rates increases the probability of identifying individuals within grouped data. For example, even at a very large company there may only be one racialized, female immigrant with a disability, so publishing granular pay equity data could violate her privacy.

Implications for Practice: Private Employers

For employers the message is clear. Be aware that employees may have very different workplace experiences, especially regarding disability accommodations, based on other aspects of their identity. To avoid this outcome, a clear, transparent, and universally applied formal disability management policy should be created, enforced, and routinely evaluated for effectiveness by a neutral third party. Employees going through the process should have access to free legal and policy advice by a neutral third party. It would also be prudent, where possible, to have disability accommodations decisions made by a trained committee to lessen the potential for individual biases or ignorance impacting decision-making. Employers should be especially attentive to gender role congruence effects and their treatment of people likely to be 'out-group' members such as immigrants and visible minorities. One way to control this would be to diversify the aforementioned decision-making committees. Organizations could also keep statistics on proportional rates of accommodation based on identity factors and analyse that data annually for signs of bias. Outreach efforts (such as surveys or interviews) that proactively seek out accommodation needs can also help to address the needs of people who are unlikely to take the initiative to help-seek on their own.

Conclusion

In conclusion it is difficult to fully assess the degree of intersectional employment discrimination and disadvantage that currently occurs, which is largely related to limitations with the court and Human Rights policies and systems themselves. That said, there is still significant empirical evidence for such effects, and intersectional aspects of identity seem to impact the experiences of workers with disabilities in three ways: conventional stereotyping associated with other aspects of their identity, gender role congruence effects, and perceived economic threat. These results suggest that changes in the handling of disability accommodation decisions are required at the employer level, although legislative and policy changes are also required by governments, within the courts and Human Rights Tribunals.

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The Role of Leadership Behaviour for the Workplace Inclusion and Job Retention of Employees with Psychological Disabilities

Stephan A. Boehm, Miriam K. Baumgärtner, and Anna Z. Brzykcy

The World Health Organization estimates that 450 million people worldwide suffer from mental illness that substantially limits a major life activity, such as seeing, hearing, walking, concentrating, communicating, or working, and describes mental disorders as 'a broad range of problems, with different symptoms' (World Health Organization [WHO] 2018a). Mental disorders are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviours, and relationships with others and include depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities, and developmental disorders including autism (WHO 2018b). Individuals suffering from mental illnesses experience severe disturbances in thinking, feeling, relating, and behaviour and, beyond experiencing psychological strain, people with mild to moderate disorders, such as anxiety

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or depression, are twice as likely to be unemployed. Beyond the individual costs associated with mental illnesses, they also constitute a 'burden' for employers and society. Across all Organisation for Economic Co-operation and Development (OECD) countries, mental ill-health is responsible for between one-third and one-half of all long-term sickness and disability among the working-age population (OECD 2015a). A third (30 per cent) of new sickness and disability claims in OECD countries are from mental health issues, with the total cost of mental illness is estimated at around 3.5 per cent of the gross domestic product (GDP) in Europe alone (OECD 2015b). Thus, tackling mental health problems of the working-age population has become a key challenge for policy makers and employers alike. Consequently, in this chapter, we focus on the role of the supervisor as a central, yet often neglected actor, in dealing with psychological disorders and disabilities.

Stigma: Public and Personal

People with psychological disabilities face the common belief that their condition cannot coexist with achievement and success (Stefan 2001) and the dominant theory that is used to explain discrimination related to mental disabilities is *Stigma*, which describes 'the social judgment, degradation, or devaluation of individuals because they have mental illness symptoms or have been labeled as having a mental illness' (Abdullah and Brown 2011, p. 936). Stigma perception is related to the following six dimensions that impact stigma susceptibility, that is, concealability, course, disruptiveness, peril, aesthetics, and origin and people with mental illnesses, are particularly susceptible to the effects of negative stigma (Feldman and Crandall 2007; Stier and Hinshaw 2007). Regarding 'course', for instance, mental disabilities are often considered as less stable than those who have physical disabilities, for example, in the case of depression or bipolar disorder, the related symptoms fluctuate over time and can even resolve for a certain period before they may recur. Furthermore, research differentiates between two types of mental disability stigma (Corrigan et al. 2005)—first, 'social' or 'public stigma' refers to the public's widespread endorsement of stereotypes about persons with mental disabilities and the related discriminatory response against them (Corrigan and Kleinlein 2005). Typical stereotypes about people with mental disabilities include dangerousness, incompetence, and weakness of character (Corrigan et al. 2005). In addition, public stigma has been shown to negatively affect not only individuals with psychiatric disabilities but also their friends and families as well as public health providers (Corrigan and Kleinlein 2005). Secondly, the individual's 'self-stigma' refers to the process of internalization of public stigma regarding mental illnesses (Corrigan et al. 2005) and affected persons tend to endorse these public stereotypes about their own mental disability, anticipate social rejection, and respond with negative emotional reactions, including feelings of shame and demoralization, reduced self-efficacy, and lowered self-esteem (Corrigan 2007).

How stigma leads to discrimination has been explained using 'labeling' and 'modified labeling theory' (Link et al. 1989), which propose that labels like 'mental illness' activate negative stereotypes and emotions, causing social processes of rejection and discrimination. In addition, people labelled as 'mentally ill' by a medical professional might more strongly internalize public stereotypes and start to act accordingly (Link et al. 1989). From an empirical point of view, ample research has demonstrated that people with mental disabilities are particularly prone to discrimination in various fields of life including employment (e.g., Baldwin and Johnson 1994; Baldwin and Marcus 2007) and, within the group of individuals with disabilities, they tend to receive one of the lower employability rankings by employers (e.g., Coduti et al. 2016). To sum up, people struggling with mental health issues face stigma and discrimination in various areas of life including the workplace. On the 'World Mental Health Day 2016', the OECD recommended a three-pronged response, comprising (1) the prevention of psychosocial workplace risks, (2) action to retain workers with mental health problems, and (3) action to help those off sick return to work (OECD 2015a).

Prior research focusing on retention and (re-)integration of employees with psychological illnesses in the workplace has mainly targeted the affected individual. In fact, approaches, such as supported employment (Becker and Drake 2003), have been shown to be highly effective in bringing and keeping persons with psychological disabilities into work, by using a 'first place, then train' methodology that provides multifaceted support for the affected client (Bond et al. 2008). While this evidence-based knowledge is crucial for organizations, we believe that prior research has not sufficiently addressed the role of another key stakeholder in the (re-)integration process, that is, the direct supervisor.

Therefore, in this chapter, we will focus on the role and function of supervisors to respond to all three areas of action outlined above, that is, to prevent the occurrence of mental illnesses and to intervene early and sustainably in the case of the development of a mental health issue. We introduce the concept of health-focused leadership (HFL) and outline the scope of behaviours that a supervisor should demonstrate. Furthermore, we introduce a case study in which we trained supervisors to demonstrate HFL behaviours and evaluated its effects on employees with mental illnesses and their job retention.

The Importance of Leadership for Employees' Psychological Health

According to Yukl (2012, p. 66), the essence of leadership is 'influencing and facilitating individual and collective efforts to accomplish shared objectives' and past research has shown that leadership is associated with positive health outcomes, such as psychological well-being (Rousseau et al. 2008), as well as with negative outcomes, including stress (Offermann and Hellmann 1996), burnout (Hetland et al. 2007), cardiovascular diseases (Wager et al. 2003), and workplace injuries and accidents (Mullen and Kelloway 2009). In sum, 'good' leadership seems to play a key role in keeping employees healthy and happy (for holistic reviews, see Kelloway and Barling 2010; Kuoppala et al. 2008), although much less clear seems to be the question of what constitutes 'good' leadership in terms of fostering employees' physical and psychological health (Eriksson et al. 2010). As Macik-Frey, Quick, and Nelson (2007, p. 825) stated: 'there has been little study of the processes whereby leadership affects follower well-being in terms of specifying precise mechanisms'. The research on the leadership-health relationship has mainly investigated the impact of established leadership approaches, such as leader-member exchange on followers' stress and well-being (McGee et al. 1987; Rousseau et al. 2008) or transformational leadership (Arnold et al. 2007), (i.e., the leader moving the follower beyond immediate self-interests through idealized influence [charisma], inspiration, intellectual stimulation, or individualized consideration—elevating the follower's level of maturity and ideals as well as concerns for achievement, self-actualization, and the well-being of others, the organization, and society [Bass 1999, p. 11]).

However, as we know from research in related fields such as studies on organizational climate, scholars should strive for the best possible match between predictors and outcomes in order to gain a high predictive validity of their models (Schneider et al. 2011). Despite the promising potential of such a domain-specific leadership style in the field of health promotion (Barling et al. 2002), theoretical and empirical research on this topic is 'virtually absent' (Gurt et al. 2011, p. 110). Eriksson (2011, pp. 35–36) summarizes the status quo of this line of research, 'there are many indications of the importance of health promoting leadership but there are very few empirical studies of this leadership type, and there is no consensus on the definition of the concept'. Similar findings regarding the missing knowledge of supervisors of how to foster employees' health through leadership behaviour were derived in the Swiss context. Initially, Baer et al. (2011) surveyed managers about their attitudes towards and experiences with 'difficult' employees (i.e., those with psychological problems). Subsequently, they conducted a simulation study in which supervisors had to solve problem situations with mentally ill employees, enabling the authors to evaluate supervisors' reactions and leadership strategies. The results indicate that 70 per cent of managers surveyed ($n = 1000$) had previous experiences with mentally ill employees, with 90 per cent indicating that they had tried to intervene by addressing these problems with their followers. However, when analysing their reactions more closely, it became obvious that supervisors reacted in accordance with their general leadership style (e.g., appeal for performance or waiting) instead of using a problem- or health-specific leadership approach that considered the specific circumstances of a mental illness. Supporting this finding, the simulation results showed that only 14 per cent of the managers chose the medically correct intervention strategy. As the authors conclude, there is no lack of willingness or commitment to support mentally ill employees on part of the leadership personnel; rather both supervisors and organizations lack the necessary information and education regarding appropriate interventions and leadership behaviours. Therefore, the goal of one of our prior studies (Boehm and Baumgärtner 2014) was to close this gap and derive a construct of HFL by integrating various streams of research. We identified two basic dimensions of HFL, 'prevention' and 'intervention', and the construct was then translated into a new leadership scale and validated in several steps.

The Concept of Health-Focused Leadership

Our understanding of health is in line with the definition of the World Health Organization, that is, not only the absence of disease or infirmity but a state of complete physical, mental, and social well-being (WHO 1946, 1986). We define health-focused leadership as the specific supervisor behaviour targeted at promoting, protecting, and restoring an employee's health through prevention and intervention behaviours, aiming at proactively managing employees' job demands and resources. The HFL construct was developed by an extensive literature search, drawing from various sources, including research from the fields of organizational psychology, medicine, public health, and disability management. All these fields have in common that they regard prevention and (early) intervention as the two building blocks of long-term population health and well-being (e.g., Harder and Scott 2005; Pomeroy and Holleran Steiker 2012; Reddy et al. 2009; Vaughn and Jacquez 2011).

Prevention is typically understood as keeping an illness, injury, or harmful behaviour from happening. It comprises actions or behaviours that are aimed at reducing risk factors and at enhancing protective factors with regard to the development of diseases or other negative behaviours or states, such as substance abuse (Hawkins et al. 2002). In addition, preventive management has traditionally been described as comprising three levels of prevention as follows (Jekel et al. 2007; Leavell and Clark 1965; WHO 2011):

- *Primary prevention* aims at promoting health and well-being by eliminating the potential causes of disease or by increasing one's resistance to disease (Mrazek and Haggerty 1994; Muñoz et al. 1996).
- *Secondary prevention* or *early intervention* targets individuals in the earliest stages of illness or who are manifesting the first signs of problematic behaviour. It is intended to interrupt the disease process and prevent its progression through counselling or treatment.
- *Tertiary prevention* also known as *treatment intervention* (Jekel et al. 2007), targets individuals with existing health problems and is designed to limit the physical and social consequences of symptomatic disease through a dedicated treatment or rehabilitation strategy.

Adopting a gradual intervention strategy comprising both prevention and early intervention has been successful in multiple health-related empirical studies, including posttraumatic stress disorder (e.g., Au et al. 2012) and disability management (e.g., Harder 2003; Hoefsmit et al. 2012).

Building upon these findings, we transferred them to the field of leadership and organizational behaviour; consequently, we found that to be successful, health-focused leadership behaviour should encompass both prevention and intervention. Regarding prevention, leaders should try to keep harmful, unhealthy influences away from their employees and in many cases, such harmful conditions are characterized by high levels of stress or overloading, that is, too excessive job demands. In order to prevent their employees from these influences, leaders should make sure that their employees have a workload that neither squanders nor taxes their personal and organizational resources (Demerouti et al. 2001). Moreover, leaders should enable employees to achieve their work goals without having to work regular overtime or sacrifice holidays. Finally, supervisors should try to balance their followers' workload, making sure that after periods of intensive engagement, there are opportunities for recovery and re-charging (Bruch and Menges 2010).

Regarding intervention, as soon as employees show first signs of physical or mental problems, leaders should act. These signs include that employees are frequently late or absent from work, show different mood, or do not join team activities. In these cases, leaders should intervene, making sure that employees understand that their supervisors are concerned about them and their health. Therefore, leaders have to recognize employees' health problems and react promptly and appropriately by cutting job demands and providing additional resources (Bakker et al. 2003). For instance, they must make it known to their followers that they do not regard illness as a sign of weakness and that they understand their employees' problems. They should communicate to employees that their health is important and that their recovery takes priority over short-term work goals. In cases of more severe health issues, supervisors should try to find a joint solution with their employees on how to facilitate their recovery as they continue or resume working. This might include measures of workplace accommodation and the restructuring of work tasks or work time in order to achieve a better fit between job demands and resources (Schur et al. 2014). Taken together, HFL is characterized by specific leader behaviours that are intended to promote, protect, and restore their followers' health and well-being. First, any risks to their physical and mental health are purposefully diminished and a healthy work environment is fostered. Second, when first signs for a decline of an employee's health status emerge, appropriate and timely measures are taken to promote his or her recovery.

The Development of a Health-Focused Leadership Training

Leadership trainings have been considered to be an effective intervention to shape a leader's behaviour, and in their meta-analysis, Avolio and colleagues found evidence that leadership interventions increase the intended outcomes (Avolio et al. 2009), such as leader responsiveness, charisma, or safety performance. In contrast to trainings for leaders on how to deal with employees' mental health issues, specific approaches, and trainings for people with mental disorders do exist: as introduced above, the most promising ones are based on the concept of supported employment (Bond 2004; Burns et al. 2007; Corbière et al. 2011; Waghorn et al. 2012). A main influence on the supported employment concept has been the Individual Placement and Support (IPS) model of Becker and Drake (Becker and Drake 1993). IPS supports people with mental illnesses in their efforts to achieve employment in competitive jobs, while providing job coaching as a central element and accompanying a client through difficult times. When developing trainings for leaders, it seems worthwhile to transfer the success factors of supported employment, such as individualized support and the integration of the working context with the treatment team, to the leadership context. Transferring this knowledge from the interface of psychiatric and vocational rehabilitation to the organizational context constitutes a scientific and practical relevant endeavour.

The Case of a Swiss Social Insurance Organization

We teamed up with a Swiss social insurance agency, employing approximately 900 workers, to conduct a quasi-experimental field study on the effects and trainability of HFL in the context of leading employees with psychological illnesses: study participants had been diagnosed with a mental health illness. Data were collected from different sources. First, we conducted a survey at three-time points (between 2014 and 2016) with a six-month time lag in between (for full details, see Kreissner and Boehm 2017). In addition, participants' partner (or a family member) and their direct supervisors were invited to participate in a survey (these data were collected between the two first client surveys). Second, to collect objective data, we reviewed the agency's dossier files.

These data contain information on demographics (e.g., age, gender, childcare responsibilities, and marital status), mental health (i.e., medical reports including diagnoses using International Classification of Diseases (ICD-10) codes for mental disorders and therapy form), and the actual employment status of study participants (e.g., being employed vs. unemployed, full vs. part-time employment, and annual income). Additionally, we conducted a one-day training course in health-focused leadership (HFL), followed by three optional coaching appointments. Thirty out of fifty supervisors who filled out the study survey were randomly assigned to participate in this training, which had a three-fold goal: (1) it was designed to impart knowledge about symptoms associated with different psychiatric conditions (especially those of high frequency, e.g., depression and anxiety disorders); (2) it outlined recommendations for actions on the basis of well-established findings from leadership research (including transactional, transformational, and HFL); and

(3) the training aimed to make supervisors reflect their own attitudes towards employees with mental health issues and to adapt their leadership behaviour accordingly. Relatedly, participants worked in groups and discussed behavioural strategies that would help them in daily practice (e.g., insights on how to prevent negative effects of strain at work). Further, a variety of Human Resources (HR) measures (e.g., job accommodations such as flexible work arrangements including scheduling flexibility and flexible workplace) was introduced, which have been proven effective in employing persons with disabilities. Taken together, the training bundled evidence-based insights from medicine, leadership, and HR management, which should enable leaders to effectively deal with employees who currently face psychological health issues to support their job retention.

Health-Focused Leadership Training and Its Effects

To evaluate the training effect, we examined how supervisors' knowledge on psychiatric conditions and self-rated confidence in one's ability to deal with subordinates with mental health issues was influenced by the training. For this, we deployed a questionnaire before and immediate after the training (hereafter referred to as pre- and post-test) including eight knowledge items and five items assessing perceived confidence. For the latter, sample items were 'I believe I can recognize warning signs of mental illnesses', 'I believe I know about and can differentiate between the most common mental illnesses'. Further, we investigated if the job retention rate significantly differed between study participants, whose direct supervisor participated in the training, as compared to those whose direct supervisor did not participate in the training. Relative to the pre-test, we found training participants to perform better in the knowledge post-test. Specifically, whereas participants answered on average four (out of eight) knowledge items correctly in the pre-test, we found an average of seven correct responses in the post-test. Similarly, we found training participants to rate their confidence in own skills to deal with subordinates with mental health issues significantly higher in the post- than pre-test. Furthermore, we find a higher job retention rate among participants whose direct supervisor participated in the training, as compared to participants whose direct supervisor did not participate in the training. Specifically, 41 per cent of persons whose supervisor participated in the training were found to remain employed roughly a year after the training, whereas only 24 per cent of persons whose supervisor did not participate in the training remained employed at that time (Kreissner and Boehm 2017; Kreissner 2019).

The results indicate a positive effect of HFL training on supervisors' subjective confidence in their ability to deal with subordinates with mental health problems, their knowledge on mental health, and their subordinates' job retention. It seems that education on causes, signs, and symptoms of mental health problems improves leaders' understanding of their followers' needs. Further, concrete behavioural strategies helped supervisors' deal with the practical challenges of leading a person with a psychological illness. Taken together, trained supervisors seemed to do a better job in changing the workplace and their own behaviour in a way that fostered affected employees' job retention, rather than those who had not received training.

Limitations

While our field study has several empirical strengths including the experimental study design or multiple data sources, we need to take certain limitations into account while interpreting our findings. First, the way we recruited supervisors to participate in the study raises questions about the selection problem. It might be that supervisors who agreed to participate are more interested in the topic of mental health and/or have a higher quality relationship with their subordinates than supervisors who did not agree to participate. Second, our study participants are persons who disclosed their stigmatizing condition to the supervisor. This makes them deviate from many other employees who typically decide not to disclose their condition to others at work. However, despite these limitations and difficulties obtaining data on mental health, our study sample consists of treated and control observations which are comparable in terms of multiple characteristics related to both the supervisor and the employee (e.g., demographics and employment context) (Kreissner 2019). This strengthens our argument that the control group represents a valid counterfactual for the treated supervisors, and therefore helps justify causal interpretation of our findings.

Conclusion and Practical Implications

The study results suggest that supervisors' leadership behaviour plays a central role in the job retention of employees with psychological disabilities. To counteract the high turnover among this population, supervisors need to be made aware of how they might best possibly intervene and prevent negative effects of strain at work. This implies that supervisors' need a more profound understanding of symptoms associated with psychiatric conditions and their effect on employee health and job attitudes. Hence, raising awareness for mental health and training both intervention and prevention strategies may be highly instrumental in helping supervisors become good leaders who have a positive effect on their followers' well-being and job retention.

In this chapter, we intended to shed more light on a specific group of employees with disabilities, that is, those with psychological impairments, as ample prior research indicates that persons with psychological disabilities face particularly pronounced disadvantages in various fields of life such as healthcare, housing, social inclusion, as well as employment (e.g., Feldman and Crandall 2007; Thornicroft 2006). The main reasons for these disadvantages is higher susceptibility to public stigma among persons with psychological as compared to persons with physical disabilities (Weiner et al. 1988; Corrigan and Watson 2002). Processes of negative attribution as well as internalization of public stigma explain how such stigma transfers into discrimination by others, as well as reduced levels of self-efficacy on the part of the affected persons (e.g., Corrigan and Watson 2002). Further, the importance of this group is on the rise as growing numbers of affected persons in OECD countries demonstrate (OECD 2015b). Consequently, societies as well as organizations must find ways on how to better integrate persons with psychological disabilities into the labour market, as this will most likely have positive spill-over effects on other life domains (including societal and communal integration). Existent research has mainly focused on the affected persons themselves and in this respect, supported employment has been found to be a highly effective method in bringing persons with psychological disabilities (back) into work.

Our work extends these findings as we concentrate on an important, yet under-researched stakeholder in the employment process, that is, the direct supervisor. Building on findings from leadership, organizational psychology, as well as occupational health, we propose that supervisors should engage in health-focused leadership, comprising prevention and intervention behaviours. While prevention is designed to establish beneficial working conditions that keep employees healthy and happy, such as ensuring an appropriate workload or possibilities for regeneration, intervention aims at re-establishing the workability of employees who show first symptoms of psychological or physical health limitations. To test the potential effects of our leadership approach, we conducted a randomized intervention study in cooperation with a Swiss social insurance company and found that supervisors can be successfully trained in health-focused leadership. Besides improving their own knowledge and becoming more self-confident in leading sick employees, trained supervisors also seemed more effective in retaining the jobs of followers with psychological disabilities. These promising first results might motivate organizations and leaders alike to become more active and confident in including, fostering, and retaining this often marginalized, yet important group of employees.

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Part VII

Dynamics

26

Taken for Granted: Ableist Norms Embedded in the Design of Online Recruitment Practices

Frederike Scholz

Information and Communication Technologies (ICTs), such as the Internet, are nowadays a medium that we engage with on a daily basis, at home or at the workplace, and over the years it has also become the preferred recruitment tool that employers use to find their 'ideal employees'. Even though the Internet can provide an opportunity for self-advocacy, employment and social networking, for many people, including disabled people, this virtual world has evolved as a 'disabling environment' (Easton 2013; Seymour and Lupton 2004; Trevisan 2017). It is argued that the Internet is built based on ableist norms of the 'ideal end user', thus it inevitably ignores individual differences and requirements (Easton 2013). Research shows that the Internet has created a digital divide in society, between groups who have access to it and can use it, and others who do not have that access or the information technology (IT) skills required for it (Eurostat 2016; Scholz et al. 2017; Vincente and Lopez 2010; Office for National Statistics 2015). Despite the push of governments to adopt accessibility standards to make this virtual world more inclusive, the concept of accessibility itself takes for granted the availability of socio-economic contexts (Abscal et al. 2016), such as accessible infrastructure or public computer courses, but also socio-relational factors, such as age, educational attainment or financing that can have an impact on whether disabled

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people have access to the Internet (Scholz et al. 2017). The use of web-based recruitment practices can therefore result in an adverse impact on disabled people and their access to paid employment, because technology, for example the use of algorithms, can select against certain groups of workers (Mann and O'Neil 2016). This chapter will argue that these recruitment practices are built on the basis of ableness, which may discount individuals who are not thought of as 'ideal' because of their impairment, and who are perhaps considered to be less competent than able-bodied workers. Thus, the findings of the data help to identify ableist norms that are deeply embedded within the design of online recruitment practices and can without doubt impose social barriers onto disabled jobseekers during their job searches and applications.

This study is informed by the 'extended social model of disability' which understands the social oppression associated with relationships, at both the macro and micro social scales, between impaired and non-impaired people (Reeve 2004; Thomas 2004). This view acknowledges that not only socio-structural barriers and constraints discriminate and exclude disabled people from paid employment, but also social practices and processes that impact on the psycho-emotional wellbeing of people with impairments. Here, disability is understood as 'personal' experiences of oppression, which are produced at the emotional level (Thomas 1999). Rather than individualizing these experiences of disablism, which many social modelists have criticized, this view locates the cause for psycho-emotional disablism in relation to social barriers external to the individual and offers new insight into individuals' experiences and responses to them (Reeve 2014; Thomas 2004; 1999). Thus, social oppression is experienced not only because of structural disablism (barriers to doing) but also because of psycho-emotional disablism (barriers to being) (Reeve 2013, p. 122).

The aim of this research is to unpack the set of norms and practices that encourage differential and unequal treatment of individuals on account of their real or presumed impairments, also referred to as disablism (Campbell 2008). Thus, it takes on a critical and emancipatory approach to research, which is located within critical theory that is widely advocated by the disabled people's movement and scholars (Danieli and Woodhams 2005). While it builds upon the interpretive understanding of social phenomena in that it acknowledges the experiences of people, it goes beyond traditional attitudes and reflects more critically upon conventional norms and value claims (Habermas 1987). Thus, it is more interested in the way that social structures actually work and how ideology or history disguises the process, which oppresses and restrains people (Harvey 1990). The focus of the analysis is therefore on relations with past employers or colleagues and individuals' interactions with the online recruitment process, which can lead to experiences of indirect and direct psycho-emotional disablism that can be part of the lived experience of disability. The chapter intends to systematically question how taken for granted ableist mind-sets hide controlling processes and thus tries to reveal the hidden nature of disabling online recruitment practices.

Disabled People and the Recruitment Process

Disability studies scholars have consistently found that disabled people of working age have lower employment rates compared to non-disabled people because they are rejected as inferior labour workers by employers (Abberley 2002; Barnes 1996; Finkelstein 2001). As discussed in the introduction of this handbook, one reason for this has been the growth in capitalism as it led to the ongoing developments of work methods, such as new technology or the standardization of jobs, which are detrimental to those with impairments (Oliver 1992). In organizations, work methods are designed for non-disabled people in that they, not individuals with impairments, are able to perform them in the most productive and efficient way to extract the highest rate of profit (Foster and Wass 2013; Harlan and Robert 1998). Thus, disabled people are discursively constructed as less able, less willing and less productive workers and are therefore less valuable and/or employable to organizations (Jammaers et al. 2016). Scholars adopting this view have pointed out that disability should not be seen as a characteristic of individual workers, but as an integral part of the organizational culture and the way organizational practices are organized (Foster and Wass 2013; Harlan and Robert 1998; Williams and Mavin 2012). Williams and Mavin (2012) suggest that when the focus of the organization and management is on understanding the social relational aspect of disability, it can demonstrate that non-disability is a normative expectation constructed in the labour market and in interaction with organizations. Adopting this way of thinking allows for a deeper analysis of organizational and hire recruitment practices, as it raises doubts about the way these practices are designed.

This chapter builds upon Foster and Wass' study (2013) to show that the ableist norm, which assumes an ideal worker to be a man, able-bodied, productive, committed to work, free from family or other responsibilities, is embedded within the online recruitment process. When jobs are designed with this norm in mind, it can duplicate an ideology that individuals with impairments are not fit for the job as they do not possess these 'ideal qualities and behaviours' (Acker 1990, 2012; Granberg 2015). These ableist norms are a reflection of attitudes of certain social groups and social structures that value and endorse certain abilities, such as productivity (Wolbring 2008), and thus set the dominant (non-disabled) physical standards that everyone has to have in society (Harpur 2012). In order then to adjust to the norm, disabled people have to embrace, indeed sometimes adopt an identity other than their own, and might engage in a state of 'passing', which can lead to experiences of internalized ableism (Campbell 2008). Passing is a form of camouflage to protect the self from expected trauma and judgement (Reeve 2012). This chapter argues that this ableist norm is deeply entrenched within the way recruitment and selection practices filter out who is seen as an ideal fit for a job.

While research investigating the interactions that disabled people have with organizations through recruitment practices is scarce, there are studies that have questioned the selection process or the employment experiences of disabled people once they are employed. Findings show that stigma towards disabled workers exists and that many employers are still reluctant to provide reasonable adjustments to disabled workers (see Vedeler 2014; von Schrader et al. 2013). Harlan and Robert (1998) argue that in order to initiate equality of treatment, organizations have to change the way they operate, which includes alterations to everyday decision-making, social interactions, but also the way production processes are structured. This focus is vital, because the move from traditional to online recruitment practices can lead to further barriers for disabled people, when technology and the use of automatic online application systems select against certain groups of jobseekers (Schullery et al. 2009; Searle 2006). For instance, algorithms are not neutral, but can be biased and may inadvertently reinforce discrimination in the recruitment process (Mann and O'Neil 2016).

Until now there is little known about the reactions of jobseekers to web-based recruitment practices from an equality perspective (Anderson et al. 2004; Dineen et al. 2002; Thompson et al. 2008). Indeed, there are only a few studies that highlight the impact of race or gender on job searches online (Kuhn and Skuterud 2000; Wallace et al. 2000) or the inaccessibility of online job boards or recruitment websites for disabled people (Erickson 2002; Lazar et al. 2012). Consequently, there are few studies that examine the negative impact of relocating recruitment and selection practices to the Internet (Cappelli 2001; Maurer and Cook 2011), or evaluate whether employers are aware that this form of recruitment can lead to unequal access to paid employment for disabled people. This chapter amplifies that ableist norms are deeply embedded within the design of online recruitment process, which can lead to personal experiences of social exclusion, because employers intentionally or unintentionally ignore that recruitment practices can have this effect on disabled jobseekers.

Empirical Study

This research was situated in the UK, where a new anti-discrimination legislation was implemented in 2010, the Equality Act, which protects disabled people from employment discrimination. This Act, similar to the Disability Discrimination Act 1995, has been criticized for adopting a medicalized view of disability and for not proactively changing disabling attitudes or working environments (Lawson 2011). In comparison to the non-employment context where public service providers have to anticipate any 'substantial disadvantage' in the form of a provision, criterion and practice (s.20(3)), a physical feature (s.20(4)) and/or the absence of auxiliary aid (s.20(5)), in the employment context is the duty to provide reasonable adjustments reactive. This means that jobseekers with disabilities experience barriers even before any adjustments or alterations can be requested and, with the evolving use of online recruitment practices this reactive duty is questionable, because technology inevitably de-selects against certain groups of jobseekers.

The research presented was led by disabled people and the disability studies literature, rather than the recruitment literature, to aid our understanding of disability in organizations. It takes on the 'extended social model of disability' as an analytical tool to discover these deeper experiences of disablement that jobseekers had in interactions with organizations and during their job searches online. Over a period of 12 months (2014–2015) 34 semi-structured interviews were undertaken in the South, Midlands and North of England. The voices shared in this chapter are of (a) disabled jobseekers, (b) employment advisors from two disabled people's organizations, who have worked closely with disabled jobseekers, and (c) employers, who have or are in the process of making their recruitment practices more inclusive. Gatekeepers helped to initiate contact with two disabled people's organizations that provide personalized employment support for individuals who self-identify as disabled. With their help 22 jobseekers with visual impairments and learning difficulties were recruited and they shared their work and job seeking experiences with the researcher. Some individuals were unemployed for many years and/or worked as volunteers, or had only in the past years finished school and engaged in job seeking activities. In addition to interviewing two Human Resource (HR) managers and the Deputy Chief Executive of both disabled people's organizations, the study undertook a total of 12 interviews with HR managers who spoke on behalf of six private sector organizations. Pseudonyms were given for all interviewees to protect their privacy, see Tables 26.1 and 26.2.

Table 26.1 Interviews with disabled jobseekers with learning difficulties (LD) or/and visual impairments (VI) and their employment advisors

Interviewee (pseudonyms)	Impairment	Employment status	Age	Employment advisor present
Anna	LD	Volunteer	20s	Annabeth
Bethany	LD/VI	Job search	20s	Annabeth
Claire	LD	Part-time	20s	Diana
Diana	VI	Part-time	30s	–
Edward	Hearing impairment/LD	Part-time	40s	Annabeth
Franziska	LD	Job search	20s	Claudette
Georgia	LD/Epilepsy	Job search	20s	Dan
Henry	Dyslexia	Job search	20s	Dan
Ian	LD	Job search	20s	Ethan
Jack	LD	Part-time	20s	Claudette
Kay	Asperger	Volunteer	40s	Florence
Liam	Speech, Epilepsy/ LD	Volunteer	40s	Florence
Morgan	VI	Volunteer	20s	–
Nigel	VI	Job search	20s	Gabriel* non-disabled
Oliver	VI	Volunteer	40s	Gabriel* non-disabled
Patricia	VI	Job search	50s	–
Quinn	VI	Volunteer	40s	–
Robert	VI	Volunteer	40s	–
Stephanie	VI	Part-time	40s	–
Tessa	VI	Part-time	60s	–
Ulrich	VI	Volunteer	30s	Gabriel* no-disabled
Vincent	VI	Job search	50s	–

Table 26.2 Interviews with employers

Interviewee (pseudonyms)	Sector	Company
Andrew	Private	A
Brigitte	Private	A
Christian	Private	A
Dorothy	Private	B
Elisabeth	Private	C
Fiona		
Greg	Non-profit	D
Hanna	Non-profit	E
Isabel		
Joanne	Private	F
Kevin	Private	G
Lara	Private	H

The study first undertook interviews with disabled jobseekers and their employment advisors, which lasted from over 20 minutes to approximately 60 minutes. The variety in the length of interviews was similar to other disability studies (see Kitchin 2000). These responses were then used in the second phase to form the basis of interviews with HR manager lasting between 43 and 75 minutes. The format of all interviews was based on a conversation as long as the researcher was able to ensure that all topics of interest were studied. During the interviews with disabled jobseekers feedback loops were used to give individuals room to correct any misinterpretations and to alter the outcome of the dialogue (Kitchin 2000). This meant that research participants were able to share any experiences that were not captured by the interview guide. Interviewees were made aware of the intention of this research and feedback for employers was highly encouraged. Initially, these interviews were set as individual ones; however, in the first interview, the employment advisor inadvertently took part in the conversations to clarify what the jobseeker meant. Even though it is vital to acknowledge that jobseekers valued the support given by their employment advisors and that they shared experiences of searching for jobs online, the questions were only directly addressed to jobseekers. Moreover, six out of seven employment advisors were disabled themselves and had personally experienced these social barriers towards disabled people embedded within the labour market. Before the findings were analysed, it was therefore significant to reflect on these interviews, because it changed the power balance within the interview setting and the way that interviewees talked about their experiences (Low 2012). The intention was to empower disabled jobseekers during this study, but the presence of an employment advisor might have undermined the full extent to which this was achieved. The attendance of an employment advisor is indicated under each quote used within this chapter.

The data analysis consisted of two rounds, where the first analyse uncovered experiences of structural and psycho-emotional disablism imposed by employers, co-workers or other actors in the labour market and in interaction with online recruitment practices. This was followed up by a second round of analyses that exposed that ableist norms of ‘ideal qualities and behaviour’ are embedded within the online recruitment process. The discussion of the findings is structured as follows: view of disabled people as not ideal workers, unequal access to the Internet, engagement with inaccessible online recruitment processes and disabling interactions with public service providers.

View of Disabled People as Not Ideal Workers

The findings demonstrated that jobseekers had themselves adopted ableist norms of the ideal worker embedded in the labour market, which impacted on their view of self as a worker during their search for employment. Some individuals experienced internalized ableism, because they perceived that they were less productive compared to their non-disabled co-workers. Therefore, they engaged in a state of 'passing' by hiding their impairment as a way to escape the judgment and reactions of employers that might hinder their employment. Within the study, individuals who were born with their impairments had developed personal strategies to meet the normative expectations formed around the assumed ideal worker as a way to challenge what they perceived were their individual barriers to work. Henry, who was in his 20s, made this evident. 'I think it is just my dyslexia that might be holding me back [from being hired]. But I am trying to improve it' (Henry, interviewed with Dan). He links his failure to secure a job directly to his impairment, thereby trying to fit the physical standards of 'ideal qualities and behaviour' a worker should have, rather than to consider that the employer might impose barriers onto him by not accommodating his difference.

For interviewees who acquired their impairment later in life, their view of self as a worker had changed, in that it clashed with the metaphoric ideal type version that they had prior to becoming disabled. Individuals lost confidence during this time and struggled to make sense of their new identity. For instance, for Stephanie, who was in her early 40s and had a visual impairment, this meant that she experienced internalized ableism and thus resigned from her job.

> One of the reasons why I left [was] because I felt that I was taking a wage I was not earning. And I just felt guilty for doing that …. It wasn't really [my employer]. It was just me personally that I didn't feel, I didn't feel the confidence to go and do work. (Stephanie)

Stephanie scrutinizes her ability based on what she perceived an ideal worker should bring to the job as a travel agent. She felt personally responsible for not being able to make eye contact with customers seen as vital in providing good service to them and was more concerned about her employer before considering what the impact of leaving the job would have for her.

Other jobseekers that adopted these ableist norms reflected on the ways in which they tried to ease their experiences of direct psycho-emotional disablism from social relations with employers or co-workers which had an impact on their psycho-emotional wellbeing. For instance, Patricia who was in her late 50s and had developed her eye impairment over 20 years, explained that she told her employer to pay her less.

> I do have an issue with that thing, disabled people being equal … there is no way you can do the same service as a sighted person, I don't think you are worth that much per hour … Everything I do is taking me longer … I think it would be fair to pay a visual impaired person less, because they are slower at their job … I've got to get my employer [to] pay me less. (Patricia)

The perception that Patricia has of herself as a worker was rather negative and she accepted her lower productivity level compared to her non-disabled co-workers. Her strategy to ask for lower pay might have helped her reduce experiences of direct psycho-emotional disablism within the workplace; however, her behaviour reinforced, rather than undermined, the stigma that is attached to disabled people, in that individuals are less productive and valuable workers.

Compared to the stories shared by Jammaers et al. (2016) where disabled workers contested the ableist discourse of lower productivity, the narratives of more than half of individuals who acquired their impairment later in life showed that they accepted their lower productivity. Not only was this medicalized view of disability evident in how disabled people viewed themselves as workers, in that their impairments were responsible for their lower productivity, but it was also evident in the way employers viewed individuals potential. Greg working for a disabled people's organization explained why this view of disabled workers is so unchallenged.

> The predominant barrier is around attitudes of non-disabled people and sometimes among disabled people themselves … generally the negative attitudes and stereotypes that people in society including employers and people in organisations have about the ability, their perceived perceptions of the ability of disabled people. Which is generally focused on what disabled people can't do, because of a condition or impairment, rather than what they could do if they had the appropriate support. (Greg)

Greg explains that most employers adopt a devalued view of disabled people as workers. This view feeds into the experiences presented by jobseekers and how they perceive their abilities in the workplace. Greg tried to challenge these ableist norms of 'ideal qualities and behaviour' embedded within organizations which manifest that only a certain type of person can do a certain type of job. Rather than adopting this view, organizations should focus on what an individual could bring to the organization once support and reasonable adjustments are set in place. Due to the deeply embedded nature of this ableist norm in the labour market, disabled people face barriers during the application process, because it is believed that they do not match as the ideal worker. Therefore, a disclosed disability and implicit selection criteria might be directly or indirectly responsible for job outcomes, *if* the employer is made aware of an impairment by the potential employee.

Unequal Access to the Internet

Not only was this ableist norm of the ideal worker embedded within the recruitment process, but the move online also assumes that every jobseeker is able to access the Internet to apply for jobs online. For a third of jobseekers in this study this was a major barrier, as they neither had access to the Internet nor were able to afford assistive technology needed to access paid employment. The reason why a handful of individuals did not actively participate in job seeking activities was because they felt restricted due to their lower IT skills. For example, Bethany, who was in her 20s and had a visual impairment and learning difficulty, explained that her supported housing arrangement did not provide access to the Internet/computers and if she got access to it, she was reliant on support.

> [Using a computer] is really difficult for me. Staff [at the community support service] had to do it. They did it with me, but that was like looking for a house and applications, it was difficult. The government is making it awkward, they don't make it easy for disabled people to move on in life … I always need support, because I am not familiar [with it] well I [only] learned the basics when I was at school. (Bethany, Volunteer, interviewed with Annabeth)

She feels that the government should do more to provide people with disabilities the same living standard as people without disabilities, in particular access to essential activities, such as job seeking that other people take for granted. These barriers experienced by jobseekers do not only limit them from accessing technologies and services, but it was also a reminder of exclusion, which to experiences of indirect psycho-emotional disablism. Some individuals were therefore frustrated or felt hurt and stopped engaging in job searches to ease these experiences. This finding implies that encounters of exclusion when accessing employment opportunities are bound to technological developments in the employment context. Thus, these changes in the design of recruitment practices might impose barriers not only for disabled people, but also for other groups of jobseekers, such as older people that did not receive the education required to obtain IT skills needed to engage in online job seeking behaviours (Scholz et al. 2017).

For other jobseekers who acquired their impairment later in life the issue was not directly related to IT skills or Internet access, but rather the exclusion mechanism was the expense of assistive technology that they could not afford to make adjustments to their old technology. This was evident for Nigel, who was in his mid-20s and had a visual impairment. 'There is no point. At home there is no point in me going on it. I can't read it. I can't type properly. I avoid it, if I am honest with you…' (Nigel, interviewed with Gabriel). Thus jobseekers, such as Nigel, experience structural barriers to access jobs online, which did not only impact on their psycho-emotional wellbeing but they also stopped searching for jobs online to ease their continuing experiences of exclusion.

Taking these narratives into consideration the study findings suggest that employers adopt a one-size-fits-all application process that is based around ableist norms that ignore the underlying processes of exclusion within society, which might hinder disabled jobseekers from actively engaging in job searches and completing applications on the Internet. Here these ableist norms are that all individuals are IT literate as others, have Internet access at home or can engage with a computer without assistive technologies.

Engagement with Inaccessible Online Recruitment Processes

When reflecting on the accessibility of online recruitment processes, the majority of jobseekers who actively engaged with this process faced restrictions due to inaccessible recruitment websites and online application forms. More than half of individuals with learning difficulties, and a small number of individuals with visual impairments, required help from employment advisors or family and friends to successfully fill in their online job application. Only a few respondents said that this online process made it actually easier for them to apply for jobs, in contrast to most jobseekers, who encountered difficulties because of the lack of accessible online application processes. These interactions with online recruitment processes reminded them that they are different, and some individuals were upset and even frustrated during their job searches online. Experiences of exclusion were evident when individuals reflected on attempts to engage with online recruitment practices, either by themselves or with help of their employment advisors. For instance, Diana, who was in her 30s and had a visual impairment, explained that recruitment websites are not compatible with her assistive technology.

> Online applications sometimes were difficult. With zoom, sometimes you miss out on some bits, when you look at one part of the screen. If you have a webpage that has questions on either side you miss them, so you go through the application form and then realise there were questions on the other side. That can take quite a lot of your process. (Diana)

Her story illustrates that even though individuals might be able to access the job application, online application processes might not be designed with assistive technology standards in mind. This can negatively impact on individual psycho-emotional wellbeing by reminding them that they are different to the ableist norm.

For jobseekers with learning difficulties, barriers were related to the amount of written information that they had to go through when completing an application form. While struggles to use an email address or upload documents to an online system were experienced by some individuals, the majority felt excluded when inaccessible language or terms were used on the application form. These barriers on top of the automatization of recruitment systems evidenced that ableist norms are deeply embedded within the online recruitment process. For instance, Dan who was supporting Georgia, who was in her 20s and had a learning difficulty said: 'One of the biggest issues, some of the applications forms take an hour and a half to fill in. A lot of them [online application systems] time [you] out and if you don't fill them in on time you have to start all over again. It is crazy' (Dan—Employment Advisor at Company D, interviewed with Georgia). Here Dan shares that they encountered multiple barriers during job searches; not only was inaccessible language a major hurdle, but more predominately was the fact that the online application process was time restricted. Thus, the technology used put disabled people at a substantial disadvantage because time restrictions were not adequate to individual's needs. Likewise, Kay, who was in his late 40s and had a learning difficulty, also hinted that automatic recruitment systems can have a serious impact on recruitment outcomes. 'Usually, when I applied for jobs; they [recruitment systems] kick you out if you don't mention the buzzword [that was decided beforehand]. There are automatic systems that decide [who gets further in the recruitment process]' (Kay, interviewed with Florence). This finding illustrates that jobseekers have to be able to foresee keywords (buzzwords or jargon) that the scanning software uses to match prospective workers with the programmed set of words that indicate certain abilities required for the job position (Schullery et al. 2009). Thus, when employers adopt these automatic-scanning systems, they implicitly select out applications from disabled people or others who are not as literate or familiar with the use of buzzwords, irrespective of their talent, from getting further in the recruitment process.

Disabling Interactions with Public Service Providers

Lastly, jobseekers who had no computers or Internet access at home were reliant to use public facilities, such as the library or Jobcentre Plus. Unlike employers who have a reactive duty to provide reasonable adjustments under the Equality Act 2010 public service providers have to anticipate any potential barriers, thus make their services accessible from the start (Lawson 2011). The stories shared by interviewees however indicated that services and information were not accessible to disabled users. This was evident in Edward's case, who was in his late 40s and had a learning difficulty.

> I try to go to the library if I can. The problem is to get on the computer and to look for jobs [and] to put in your email. You can only use it for an hour and then you have to pay for it. I haven't been to the library for a while. (Edward, interviewed with Annabeth)

His story shows that he faced restrictions on multiple occasions, which had a negative impact on his psycho-emotional wellbeing. He avoided going to the library to ease his experiences of exclusion and eventually stopped engaging in job seeking behaviour. This narrative demonstrates that jobseekers who rely on public access to the Internet can feel reluctant to return to these venues in the future and are therefore inevitably restricted from access to paid employment. These experiences were widely known by employment advisors in this study. For instance, Florence who supported Liam during his job searches explained.

> The hardest thing is to log on. And you have to put in the library card number, and your pin and what if you do it wrong and then you don't have [much] time [left]. We used your [Liam] library card and then we used mine, so that we had

> extra time. It is not great. (Florence, Employment Advisor at Company D, interviewed with Liam)

This case demonstrates that not only were jobseekers dependent on these public services, but also employment advisors who provided employment support for disabled people in these venues. Florence engaged in ways to challenge the limited time restrictions available by using her personal library account. However, two hours were clearly not sufficient to fill out an online application even with help of an employment advisor. This indicates that libraries have not offered tailored Internet access facilities for disabled jobseekers or others that rely on using these public services. Likewise, other interviewees also opened up about similar experiences with Jobcentre Plus. Here jobseekers were either stopped or prevented from using the services because of their inaccessibility. Nigel who was in his 20s and had a visual impairment made this evident. 'The jobcentre, they don't seem to understand. They ask: "Why am I not searching on other days?" And I say, I can't. Why can't you come here [to the Jobcentre]? Do you have a big computer? No, we haven't. It is annoying really' (Nigel, interviewed with Gabriel). Nigel's experience of discrimination demonstrates that the Jobcentre was incapable of recognizing his individual needs by making adjustments, which stopped him directly from applying for jobs. Thus, it seems that once disabled jobseekers have a negative encounter at the Jobcentre, they are less likely to use these employment services in the future. This narrative shows that not only do jobseekers experienced indirect psycho-emotional disablism due to inaccessible structural environments, but they also experienced direct psycho-emotional disablism because of disabling social relations with others, for instance, their Disability Employment Advisors at the Jobcentre. Although the inaccessible physical environment of the Jobcentre hindered individuals from undertaking job searches, some interviewees also said that the virtual environment was discriminatory towards them.

The official website of Jobcentre Plus, Universal Job Match that has been outsourced to Monster (a public job board), was said to be an inaccessible platform for two major reasons. First, most of these jobs on the site did not exist or were agency jobs. Second, disabled jobseekers received job adverts for jobs that they were no longer able to do, because of their acquired impairment. This was evident in Quinn's case who developed a visual impairment in his 30s.

> I had got jobs for welders, because that is what I used to do. And I said [to them] I couldn't do that anymore, that took the agency [a while?] to sort out and then I just gave up on them. None of the jobs existed it was all agencies …. (Quinn)

His story shows that the digitalization of job search processes combined with a government policy of privatization had created further disabling experiences for disabled jobseekers. Quinn was continuingly reminded that he was now different, because he only received job adverts that he could no longer do. Moreover he realized that most of the jobs offered were 'fake' and only advertised to get him signed up to recruitment agencies. As a result of these direct and indirect barriers he felt provoked and thus 'gave up' and stopped using this public job board.

The stories shared by jobseekers in regard to the public library and Jobcentre plus convey highly problematic encounters that can lead to indirect or direct experiences of psycho-emotional disablism. The library, plus the physical and virtual environment of the Jobcentre, takes for granted that everyone is able to access the Internet and has IT skills, which ignores the needs of individuals who do not fit into that category. As the findings suggest that both public service providers did not offer auxiliary aids or services (such as assistive technology or software) and therefore did not comply with their duty to remove any 'substantial disadvantage' to services offered for disabled users (see EA, s.212) (Easton 2011). As such, the data shows that when organizing processes of the library and Jobcentre Plus are designed around taken for granted ableist norms, their services lead to unfair user experiences and produce psycho-emotional consequences of exclusion. Disabled people felt rejected and hesitant to use these public services in the future and were further excluded from entering the labour market.

Conclusion

The study demonstrates that changes from traditional to online recruitment processes impose new barriers for disabled people to access paid employment due to ableist norms embedded within the design of these practices. These norms assume that: a worker is able-bodied, has Internet access and IT skills; online application systems are easy to use, and accessible public infrastructure, in the form of access to the Internet or computer courses, is available to everyone in society. As the data suggests, disabled jobseekers perceive that they are not what employers view are ideal workers and they take on responsibility of their lower productivity by either trying to overcome their impairment, accepting lower pay or resigning from their job. Although access to a computer or the Internet at home was a main barrier for some individuals, the inaccessibility or noncompliance of recruitment websites with assistive technology seemed to be an even major issue for disabled jobseekers. Based on disabled jobseekers' and employment advisors' experiences mentioned earlier, it was clear that public service providers, like libraries and Jobcentre Plus, have failed disabled users. Stories demonstrate experiences of discrimination and thus a failure to abide with legal anticipatory obligations under the Equality Act 2010 to make facilities accessible to disabled people (Lawson 2011). The experiences of discrimination that jobseekers shared in this study show the impact that these experiences can have on individual's psycho-emotional wellbeing. Individuals both with visual impairments and with learning difficulties felt unable to engage in online job seeking behaviours irrespective of whether they grew up with the Internet or not, because employers had adopted a one-size-fits-all application process.

In order to tackles these ableist mind-sets and exclusionary recruitment practices, findings suggest that disability awareness courses on the social model of disability perspective have to be provided to employers by disabled people's organizations. This would help create more barrier-free working environments by challenging the stereotype that disabled people have lower productivity and are not the ideal worker that can undertake the designed jobs. It seems that voluntary measures by the UK government or equality bodies, such as the Equality and Human Rights Commission have not been successful. Consequently, the implementation of the social model of disability perspective within the Equality Act 2010 and mandatory training courses on disability awareness for employers is required. Moreover, disabled jobseekers stress that because employers view online recruitment as a one-size-fits-all application process, they ignore that these practices can be disabling. It is recommended that recruitment sites or systems are assessed by disabled users on a regular basis to make sure that these are accessible and alternative ways to application are provided to jobseekers in order to build trusting relations with employers. A way to encourage employers to adopt these proactive processes to tackle disability discrimination could be to make the duty to provide reasonable adjustments within the Equality Act 2010 anticipatory in the employment context with the aim to foresee any barriers to application. In conclusion, this study argues that, while some employers have already adopted more proactive measures to make their online recruitment process more inclusive, a legislative compliance approach of the UK government is needed, with the purpose to challenge that exclusionary online recruitment practices and ableist attitudes towards disabled workers persist in the labour market.

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Adaptive Leadership: An Opportunity for Increasing the Representation of People with Disabilities in the Workplace

Mark E. Moore and Lana L. Huberty

In examining how to increase the representation of people with disabilities within the workplace, prime attention has been given to allaying barriers (Lengnick-Hall et al. 2008), increasing support (Moore et al. 2001), studying perceptions (Baldridge et al. 2018), examining the utility of work accommodations (Woolard 2018; Lengnick-Hall et al. 2008), and changing long-standing stereotypes (Cole and Salimath 2013). Although investigations in these areas have provided valuable contributions to the extant literature, strategic elements to integrate disability diversity in the work setting have not received the adequate understanding to forge ways to broaden job opportunities and job potential of individuals with mental and physical impairments. Strategic fabrics determine whether organizational stakeholders approach disability diversity as an opportunity for optimizing the bottomline or as a pesky encumbrance that inhibits staff development and productivity (Moore et al. 2010). How these elements are constructed remains under the purview and blueprints of the organizational leaders. Consequently, through becoming strategic thinkers and utilizing a creative

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mindset these leaders can establish a disability-friendly culture within their respective organizations so that mutual benefits can be served across the spectrum of organizational stakeholders.

Despite the importance of leadership in designing the organizational climate and establishing organizational values, leadership has not been viewed as a rich area of opportunity for gaining a better understanding of disability inclusion mechanisms in the workplace. In their seminal work of US sport organizations, Moore et al. (2010) indicated that an open-minded vision led to a disability-friendly climate and human resource management (HRM) practices that effectively increased job opportunities for those with disabilities. Further, those investigators found that HRM practice was a key determinant of the representation of employees with disabilities. Top leadership buy-in has been shown as the key to establishing the philosophical support and strategical development required to increase workplace diversity (Moore et al. 2001). Since the extant literature has shown leadership as an important and under-cultivated focus relating to disability diversity in the workplace, leadership is an area that helps us better gauge and transform organizational responses to disability as an employment-related variable. In essence, leadership is primarily 'virgin soil' for contemporary disability scholars. In studying disability in work organizations, leadership must be operationally defined as evolving rather than static and as a construct that is situational and transformational, in order to accommodate the needs of each individual with a disability. Leadership is an essential ingredient for blending disability inclusion into the organizational fabric. In this context, leaders are the determinants to whether work systems are proactive or reactive to disability diversity efforts.

The focus of this chapter is on adaptive leadership and what it means to be an adaptive leader in today's workplace. In this context, we view the leader as an explorer searching for ways that accommodate workers with disabilities in mutual beneficial arrangements, which enable workplace productivity to augment, while expanding the organizational bottomline. Thus viewing those with disabilities as assets with financial worth rather than peripheral resources to achieve affirmative action quotas: an adaptive leader is conscious of the organizational mission and goals as well as the unique capabilities of each employee. Furthermore, we investigate the impact that an adaptive leadership approach can have on employment diversity as it relates to employment of people with disabilities.

The foundational thesis of the adaptive leadership approach is that an adaptive leader embodies crises as opportunities, which requires adaptive leaders to manage and embrace change through a strategic management lens. This includes a clear strategic intent for gaining support for change and ultimately transforming the organization. According to Atkinson (2019), change can best be managed through a strategic leadership approach that uses the vulnerability of the crisis as an opportunity by prioritizing core competencies. This method could involve using the skills and experiences of its workforce. People with disabilities are often exposed to crisis situations, thus they can offer problem-solving skills and be creativity assets to an employer facing travails. Leading under this basic guiding principle of seeing crises as opportunities through being efficacious in the use of staff members' capabilities and energies will help to direct an organization's resilience, while building mutual trust and creativity among administration, staff, and community (Raney 2014). Understanding adaptive leadership principles will enable a leader to positively impact people with disabilities in their pursuit of gainful employment. However, this adaptive tactic tends to facilitate a leadership style change that moves the leader from an autocratic to a transformational orientation, in order to manage an evolving workforce that values diversity and the complexity of the inclusive workforce. This is particularly applicable in shaping the organizational culture to garner the administrative and philosophical support for disability diversity (Moore et al. 2001). People with disabilities must be active participants in transforming the organizational culture to better serve their needs. When organizational stakeholders are involved in the transformation, the change initiative is more likely to be properly managed to achieve success and those with disabilities should have valued roles in the transformational process (Kotter and Schlesinger 2008).

Adaptive Leadership Theory

The theory behind adaptive leadership suggests that anyone may be called to lead (Woolard 2018) and, according to this theorem, workers with disabilities can grow and develop under the stewardship of an adaptive leader. However, because those with physical and mental impairments tend to experience problems with underemployment (Barclay et al. 2012;Markel and Barclay 2009), they tend to be clustered in low-level positions with little opportunity to lead. By participating in a climate created by adaptive leadership, employees can be involved in important professional aspects that can improve a sense of self-worth, which could be deflated by otherwise being stagnated in underemployment statuses. However, the transformational emphasis of adaptive leadership fosters an opportunity to have the daily needs of those with disabilities to be adequately satisfied (Lanaj et al. 2016). Moreover, involvement in the leadership of an organization, or even a department, within the organization could compel employees to pursue the satisfaction of high-level needs such as autonomy, relatedness, and competence, which are crucial to forming a self-determination path to a successful and rewarding career (Fowler 2014). As employees plot their self-determination, they may possess the added motivation found in leading within the organization as a career calling. Thus, it is important to remember that the aim of adaptive leader is not to pigeonhole workers with disabilities into lower-level employment with no potential for career advancement, rather it is the development of these individuals into skilled and upward career mobility professionals.

Adaptive leaders believe concepts of leadership and change are inseparable and that failure often occurs when leaders fail to recognize the difference between technical changes and adaptive changes. Woolard (2018) explored these differences in an attempt to develop a leadership model that would effectively incorporate an adaptive style. Technical changes are attempts to fix a problem within a system, without inherently changing the nature of the system: this strategy is a short-term plan of action. An example of this type of change can be the implementation of a work accommodation, such as a schedule adjustment for a person with a temporary disability. Technical changes tend to be routine, easy to implement, and usually receive widespread support among staff members, as such, these changes relating to the employment of those with disabilities generally do not impact the structures of the work organization (Woolard 2018).

Effective adaptive change will require long-term, systematic change. To change an adaptive system, a leader must examine the fundamental nature of the organization and how its current systems are operating (Woolard 2018).A basis of support for this flexibility is that systematic change focuses on long-term transformation. This is accomplished through attention and inquisition of the organization's fundamental building blocks. To effectively lead this adaptive process, there are four core necessary elements. These elements include the diagnosis of situations, 'self-element' management, skilful interventions, and the energy and motivation of other (Woolard 2018). The latter element is crucial, as it is resistance from others that frequently results in a failed change initiative, and to assure that staff members are receptive to change, they must be involved in the transformative process. Moreover, the organization must use change to empower employees by operationalizing the vision into strategic actions (Kotter 2007). Having the whole team work together in creating a vision is integral to structuring a climate that enables workers with disabilities to utilize their respective competencies to be valuable human resources (Moore et al.

2010). In the realm of adaptive leadership, all employees are managed in accordance with their strengths and diverse contributions. As such, adaptive leaders focus on change to value and cultivate each employee's talents and contributions.

Woolard (2018) developed a specific framework that defines key elements of adaptive leadership and includes the following steps. First, the leader needs to diagnose the situation to explore tough interpretations to distinguish technical and adaptive work. This step is important in understanding process challenges in the workplace and includes an understanding of the degree of flexibility in the organizational work process to gauge workers possessing special needs (Hall and Parker 1993;McCarroll 2018). Not only does flexibility enable leaders to properly accommodate individuals with disabilities who show the potential for long-term workplace success, it also assists employers in comprehending how to get work done regardless of whether most staff members are conforming or not to the change initiative. Secondly, as an adaptive leader, self-awareness is a top priority. Knowing their strengths, vulnerabilities, and triggers will assist an employee in implementing an adaptive leadership approach. This step entails carefully listening to what your employees are sharing and being able to interpret the true meanings, as well as being comfortable handling uncertainty and conflict. As leaders experiment beyond their comfort zone, this step can be challenging but must be performed when considering individuals with disabilities for employment. The third step in the adaptive leadership approach is to intervene skilfully: in this step, the leader makes conscious choices while holding onto the organization's purpose. During this process, the leader may need to act experimentally, for instance, a leader may have to experiment with several practices to best accommodate employees with disabilities: no practice is best for all employees. In this regard, an effective leader must experiment to see which tactic will best satisfy the needs of the respective employee. Adaptive leadership also includes the process of energizing and motivating others towards organizational change initiatives. Specifically, Woolard (2018)noted engaging unusual voices, working across factions, inspiring a collective purpose, and creating a trustworthy process. From this perspective, a manager leading with an adaptive leadership orientation must be collaborative in considering the varied recommendations of organizational stakeholders on accommodating those with disabilities to maximize workforce productivity (Kotter and Schlesinger 2008).

Contribution of Adaptive Leadership to Disability Diversity

Through the investigation of adaptive leadership, it is evident that this approach can have a positive impact on employees within an organization. Diversity in a workforce has been found to be beneficial to organizations in multiple ways such as employee retention (Chrobot-Mason and Aramovich 2013),creative and innovation idea generation enhancement (Reese and Gilmartin 2017), and financial improvements (Reitenbach 2015). Although diversity initiatives often focus on race and gender, these goals can be extended to focus on disability. This section examines diversity initiatives dedicated to including people with disabilities. In addition, we detail how embracing the adaptive leadership style has a direct positive impact on disability diversity within the workplace. By viewing diversity initiatives as opportunities instead of challenges, the adaptive leader seeks ways to bring in and engage employees with mental and physical challenges (Moore et al. 2010) while communicating a strong rationale for their involvement within the employment process.

People with disabilities continue to lack representation in the workplace although, fortunately, this fact does not have to remain the status quo. This inadequate access to the jobs of the twenty-first century has led to a significant level of attrition from competitive employment among those with physical and mental impairments (Barclay et al. 2012;Markel and Barclay 2009;Sanson et al. 2018), thus signalling this population needs better treatment from employers. Research has found that, when employees perceive equal access to opportunities and fair treatment within the workplace, those seeking employment opportunities with that organization increase (Jasper and Waldhart 2013). In order to seize this opportunity, employers must strive to meet the needs of those with a disability to attract and keep employees with disabilities. This includes encouraging their active participation in training and development programmes and urging them to seek positions of upward mobility. While garnering support for such initiatives is common in today's work environments, employee diversity initiatives come with challenges, especially for organization leadership members (Cole and Salimath 2013).This brings us to the need for adaptive leadership, and based on Woolard's (2018) framework, organizational leadership must first assess the organizational culture to determine whether the benefits of employment of persons with disabilities outweigh the cost of accommodating disability in the workplace. During this assessment, an adaptive leader examines jobs to determine how technical responsibilities can be adaptive, so that these essential components are capable of being performed by those with and without disabilities. This can typically be achieved through performing a job analysis, but during this step, being aware of and following legal accommodation policies is also necessary. Leaders should be familiar with and follow these policies and, when in doubt, seek legal counsel as to the respective disability law requirements. Secondly, an adaptive leader must perform a self-awareness analysis to make sure they have the knowledge base and skill set to properly manage those with disabilities. This analysis is important to ensure that the employees' needs, as well as the organizational needs, are met in a timely and effective manner. Adaptive leaders must strategically plan that ample motivation is directed to workers with disabilities so that they can make a valuable contribution to the bottomline (Hunter 2001). Organizational cultural forces can impede employers from failing to understand and receive a complete portfolio of benefits that come from employing those with disabilities when they fail to adopt an adaptive approach to leadership.

PR Newswire (Regional Center of Orange County 2017) shared several good reasons to consider hiring people with developmental disabilities. Firstly, that workers with developmental disabilities tend to be reliable, dedicated, and loyal employees with a positive attitude and work ethic: such employees exhibit lower turnover and lower absenteeism. There are federal tax incentives for hiring individuals with disabilities, and no-cost help is available to match employer needs with workers who have the right job skills and to provide on-the-job training and ongoing support (Nafukho et al. 2010). Consequently, an adaptive leader can enhance the quality of life for employees with disabilities and secure long-term, committed employees, without incurring significant financial penalty (Konrad et al. 2012;Markel and Barclay 2009).

Through this analysis, one can see how, with the right leadership and coaching, many people with developmental disabilities can work effectively sideby-side with typical employees. This strategic approach can truly enhance the workplace. However, this aspiration cannot be realized unless organizational leaders are committed to adapting their work systems to enable persons with disabilities to take full advantage of their skill sets and apply them in situations that result in a positive impact for the organization. This sense of group satisfaction and accomplishment is especially true where the specified goals and objectives are being achieved.

Case Study: Butterfly Canyon State University

Butterfly Canyon State University (BCSU) is a public institution of 15,000 students located in Grand Lake, Minnesota, USA. This university consists of a community population of 50,000 students in the central region of the state. Grand Lake is a fully accessible and inclusive community housing a large population of persons with varying disabilities due to its commitment to disability diversity and inclusivity in general. Currently, the community population is comprised of several ethnicities and races.

BCSU is experiencing financial hardship, dwindling enrolment, and the loss of key faculty membership. The institution has many long-standing staff that are primarily male without disabilities, thus there has been little valuing of a diverse workforce within the university employee population. In June of last year, BCSU hired Dr Paul Cross, a veteran university administer to turn its operative inefficiencies around. President Cross is the first racially diverse administrator hired by BCSU. To assist President Cross with the university's human resource diversity initiative, you have been hired as his key leadership consultant. Your initial task is to write a two-page memo of recommendations for Dr Cross to assist in diversifying the employee pool.

To help assist you in creating this memo focused on promoting diversity within the new employee pool, please consider the following questions:

1. How will an adaptive leadership approach assist in this task?
2. Who are the key stakeholders impacted by this diversity imitative?
3. What new policies should be incorporated into employee recruitment processes to help encourage a diverse pool of applicants?
4. Who should be involved in recruiting, identifying, and interviewing potential employees?
5. What training strategies should be implemented for existing employees to assist with integration of a diverse workforce?
6. What training strategies should be implemented for new employees to assist with integration of a diverse workforce? How and why are these different from those identified in the previous question?
7. How will this employee diversification initiative be evaluated? Include a timeline with specific measurable markers.
8. What other important details do you feel should be included in this memo?

Keep in mind that this is to be a professional memo with ideas based on credible research with real-life ethical implications. Your ideas and rationale need to be supportive of the institution's initiatives and the new leadership's key strategies.

Implications

Adaptive leadership has several implications relating to employing those with disabilities. These effects are both practical and theoretical in nature, thus suggesting that adaptive leadership is an area that is in need of further investigation in terms of disability and related diversity issues. The following sections will discuss these practical and theoretical implications indepth.

Practical Implications

In a practical sense, leadership has an important role in workforce planning such as an uncanny ability to recognize a subordinate's desires and needs (Horlander 2013) and to gauge aspirations and challenges of a worker with disability. Moreover, an effective leader can (and should be able to) detect the reason a person with a disability remains underemployed, often stuck in low-level employment with limited opportunity for career advancement. An adaptive leader can be the change agent for those with disabilities in the workplace when diversity and inclusion are properly embraced and implemented. Adaptive leadership, when skilfully used, can change employers' attitudes about the ability of persons with disabilities to perform the necessary duties and possibly more. If this leadership is successful, the persons with disabilities will have the potential for career advancement in the realm of competitive employment. These initiatives assist in combatting the attitudinal barriers that often persist because of a lack of knowledge and proactiveness from the organizational leadership (Lengnick-Hall et al. 2008). A lack of awareness is a common reason communicated by employers for not hiring more people with disabilities. In addition, specific concerns have included apprehensions about extra costs to inclusion strategies and the lack of knowledge on how to interact with employees with physical and mental challenges (Gale 2014). Given that adaptive leaders scrutinize each problem and situation, they are likely to be better equipped to hire and interact with the disabled population. These personal interactions are key factors in assessing and understanding individual employee needs as well as assisting the individual in adapting to the work climate.

Through integrating elements of adaptive leadership into the organizational culture, employees are more likely prepared to hire, build relationships with, and create career advancement opportunities for individuals with disabilities. In a study focused on disability diversity within Canadian work organizations, Stanton (2012) emphasized the importance of leadership in building a culture of openness and trust. An adaptive leader would utilize these qualities to gain support for disability initiatives among employees with disabilities and employees without disabilities. Support for change is difficult, especially when the transformation may affect other workers directly. Kotter (2005) stated that it takes leadership to imbue an organization with effective change. According to Kotter, an adroit leader will have a vision for change and be able to offer a depiction of this visualization to employees. As such, adaptive leaders will be able to show how disability diversity will mutually generate benefits for employers and employees. If adaptive leadership is adopted at the toplevel, there will likely be more support for disability initiatives throughout the organization. It is best practice to receive top leadership support for a new and crucial human resource initiative (Davis 2009), especially with strategies such as employment diversity activities where the focus is on employee training and education (Rynes and Rosen 1995). An adaptive leader can be successful in developing disability diversity when its agenda originates from the top and garners support, and then is effectively integrated throughout the organization.

Theoretical Implications

In addition to the implications on practice, adaptive leadership has effects on theory relevant to the employment of people with disabilities. Consequently, these theoretical influences have enabled adaptive leadership to be applied to situations involving workers with disabilities.

Contemporary research streams have emphasized examining how employees with disabilities have been treated in the workplace. Such works have been focused towards investigating interactions between disabilities, work arrangements, inclusivity, and the health and well-being of disabled employees (Baldridge et al. 2018). While these types of investigations generate valuable insight on the treatment and perceptions of disability within work organizations, they do not address how organizational behaviour dynamics, such as leadership and workforce planning, assist with the professional development and career advancement of individuals with disabilities. Moreover, Kendall and Karns (2018) stressed that a business perspective, rather than the social goods perspective, should be prioritized when making hiring decisions on candidates with mental and physical impairments. Based on these limited research findings, there is a need for contemporary research to be conducted that examines issues using a multi-theoretical approach (Latham 2014). Further, there needs to be clearly understood metrics in diversity research to measure the leader's performance in diversifying an organization (Das 2017).

Adaptive leadership can have implications for future research on disability, leadership, and diversity. For disability, the assessment of adaptive leaders can focus scholarship towards organizational development elements that enable the business case to be made for employing individuals with disabilities. With respect to leadership research, the adaptive approach can study issues by amalgamating multiple theories. Finally, adaptive leadership can have significant effects on diversity research through creating metrics to measure diversity. These assessment marks could investigate metrics such as the number of changes made in the work structure, the workforce demographic composition, and the number of people with disabilities hired during the examination period.

Conclusion

In this chapter, we examined adaptive leadership and the positive implications that a disability diverse workforce will have on an organization (Chrobot-Mason and Aramovich 2013;Reese and Gilmartin 2017;Reitenbach 2015). Particularly, we examined this leadership approach as a means for enhancing the contributions of people with disabilities as valuable resources in the work structure (Konrad et al. 2012;Markel and Barclay 2009;Regional Center of Orange County 2017). In our analysis, we do not perceive adaptive leaders as impacting a specific function, but rather look at the entire organization from a systemic perspective. Through the investigation of adaptive leadership, it is evident that this approach can be adopted to have a positive impact on employees within a work organization. By viewing diversity initiatives as opportunities instead of challenges (Moore et al. 2010), this leadership approach seeks ways to hire, engage, and promote individuals with disabilities. Adaptive leadership helps to direct an organization's resilience while building mutual trust and creativity among administration, staff, and the community (Raney 2014). Further, the adaptive approach can create a culture where workers with disabilities and workers without disabilities work together in pursuit of organizational goals. However, we recommend that employers use caution in implementing an adaptive leadership approach, as the organizational decision-makers must first identify what specific changes are needed to better accommodate workers with disabilities. Then, discussions should be conducted with employees and other organizational stakeholders (Kotter and

Schlesinger 2008). Strategic planning for change would follow this discussion, including identifying the metrics that will be used to assess progress and benchmark how well the transformation is going. To make data-informed decisions when considering people with disabilities, organizational decision-makers should be proactive in utilizing business analytics and in practising good data management. If or when specific goals are not reached, adjustments should be made in the change process. Transformation should be assessed using formative and summative assessments. Again, having top-level support is crucial to the success of adaptive leadership implementation, evaluation, and plan adjustment (Davis 2009). To provide direction for future research, we are offering the following suggestions to theorists. First, studies should be conducted to determine if elements of leadership are currently being applied across industries to accommodate employees with disabilities (Woolard 2018). In addition, future research should examine optimal measures for evaluating top management's performance in creating a disability-inclusive culture. Another recommendation is the study of organizational cultures to detect which ones are most adept for building relationships with employees having special needs (Stanton 2012). Finally, we recommend investigations on the potency of various leadership styles in interacting with people with disabilities. In conclusion, adaptive leadership is an area of promise for better understanding of the realities of individuals with disabilities in work organizations. The research presented supports the exploration and strategic integration of such initiatives into workplaces, which we trust will be of interest to the practitioner as well as the theorists along with augmenting quality employment possibilities for individuals with mental and physical afflictions.

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28

Organizational Blindness: Why People with Disabilities Do Not 'Fit'

Gemma L. Bend and Sandra L. Fielden

One of the greatest problems faced by people with disabilities trying to enter the workforce, or progress within it, is the way in which organizations and their members fail to see the potential of people with disabilities, hereafter known as organizational blindness. This blindness not solely is confined to an organization's employees, as can be clearly seen from Chap. 19, but extends to all stakeholders including customers (Migliaccio 2017). Organization blindness can take many different forms, for example, the actual disability can make people 'invisible' to varying degrees, for instance, those in a wheelchair are particularly prone to being overlooked (Brohan et al. 2012). However, those with mental health issues are the most effected by organizational blindness, and the more severe the disability, the more 'invisible' they become. Scholars such as Karen Barad (2014, p. 170), drawing on identity, argue that "The self ('I') only ever sees itself, and not the other. The other, the 'non-I', is consigned to the shadow region, the space behind the mirror".

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This chapter will draw upon multiple strands of theoretical and empirical literature from different academic sectors, in order to explore the construction of organizational culture and the impact of relevant variables on the experiences of people with disabilities in terms of the degrees of organizational invisibility they encounter. When considering the contextualization of the sociocultural and psychological factors that surround disability, it is important to consider all stakeholders (Nyanjom et al. 2018). It concludes by reflecting on the research gaps that have been identified and what future research is required to inform organizations on how best to support the careers of people with disabilities.

Disablism and Ableism

Disablism has been used to describe the discrimination experienced by people with disabilities (i.e. *able* and *disable*), and the obvious problem with using such a term is that it has only a binary impact (Harpur 2012a). Disability is often cast as a "diminished state of being human" (Campbell 2009, p. 5), resulting in the individual with a disability being either viewed as unsuitable for employment or simply invisible to the organization. The degree to which individuals are invisible depends on the type of disability from which they suffer, with mental health conditions having the most serious impact (see Chap. 18, Broadbridge and Johnston). More recently, it has been argued that ableism should be used as the preferred term, as it describes when a "person experiences unfavourable treatment because they have different abilities", and does not rely on binary distinctions (Harpur 2012b). Campbell (2009, p. 5) offers a more thought-provoking definition, stating that ableism is "a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human". The impact of the terminology on social, organizational and individual perceptions has a significant impact on the way those with disabilities are perceived (Campbell 2009) and the way they perceive themselves. As Frederike Scholz's research shows (Chap. 26), job seekers themselves have adopted the "ableist norms of the ideal worker", and rather than judging themselves against non-disabled workers, it allows them to develop personal strategies to deal with the normative expectations of organizations and co-workers.

The concept of ableism is widely used in disability studies to highlight the social injustice experienced by people with disabilities, resulting from the impact of ingrained normative discourses within society. It has been argued that "[a]bleism's psychological, social, economic cultural character normatively privileges able-bodiedness; promotes smooth forms of personhood and smooth health; creates space fit for normative citizens; encourages institutional bias; and lends support to economic and material dependence on neoliberal and hyper-capitalist forms of production" (Goodley 2014, p. 21). Furthermore, intersecting identities such as disabled men and women (which also intersect with age, ethnicity, socialclass, religion and sexuality) can result in these individuals being seen as less able than their non-disabled peers on the basis of their gender and disability.

Exploring Critical-Based Theories of Disability

This chapter will now discuss three different critical-based theories of disability: (1) critical disability studies, (2) feminist disability studies and (3) posthumanism.

Critical Disability Studies

Critical disability studies scholars aim to disrupt dominant and essentialist discourses of 'disability' and 'ability' by challenging the trend of misrepresentation of these terms in mainstream research findings (Goodley 2014). This theoretical framework challenges these disability discourses by questioning the entrenched essentialist assumptions that have an impact in the material world (e.g. negative stereotypes (i.e. benefit scrounger) or lack of equal opportunities). Central to this is the avoidance of "thinking in dichotomous terms", for example, dis-abled/able-bodied, male/female or black/white (Flynn 2017). Hence, one of the main criticisms of the mainstream discourses on 'disability' and 'ability' is that they fail to account for the everyday complexity and the lived embodiment of disabled women and men, which is often in flux (Goodley 2014). The contemporary emergence of the concept 'debility' pertains not just to those who experience illness or disability, rather it refers to a whole section of society whose lives and ability to work are blighted because they never get better, or even improve (Shildrick 2015). The positive aspect of ableism is that it disrupts the binary distinction between disabled and non-disabled embodiment, although it does so at the cost of failing to distinguish what is unique to disability as opposed to ill health. This is a crucial issue for organizations, many of whom have a very different approach to long-term ill health than to disability, for example, different policies, different rules and legislation (Equality Act 2010). One of the key differences being that you are expected to recover from ill health, so you still have value at least until a time when you become disabled. When individuals are seen to be 'disabled', they are moved from a regime of recovery and assistance to being subject to socio-material enactments of exclusion and performance-based surveillance (Dale and Latham 2015). Consequently, these rigid binaries associated with disability often mean that those with disabilities are rendered completely invisible (Mitchell 2015).

Erevelles (2014, p. 2) asserts that by considering debility, critical studies are missing the point and that there is no respite from the "exploitative social relations of production and consumption". All of which leads to a situation where debility is an inherent facet of sociality in general. This does not mean that everyone will breakdown at some point in their lives, either mentally, physically or both, rather it is the idea that we all have the potential for such a breakdown (Shildrick 2015). This has often led to the notion that individuals who consider themselves non-disabled are, in fact, no more than temporarily able-bodied (TAB). Using language such as TAB "highlights the fact that human variation reflects a continuum, rather than a dichotomy of being disabled or not" (Gerschick 2016, p. 88). At one end of the spectrum are those who are visually disabled, either physically or mentally. At the other end of the spectrum there are those who can more or less 'pass' as able-disabled (i.e. those who 'clean up nice for company') whose appearances and behaviours stray least from the norm, and those who require few or no accommodations to participate in mainstream culture, including as a wage earner (McRuer and Johnson 2014). Yet persistent negative attitudes towards disability remain, especially in the workplace. This puts people with disabilities under pressure to overcome their nominal debility, to the extent of satisfying or even exceeding societal norms. This can have life-threatening consequences, especially with the assumption by some that there is no graduation of disability, either you are disabled, or you are not.

Feminist Disability Studies

Although critical disability studies have sought to include alternative identities in its analysis, its main focus remains with a disability perspective. Theorists such as Garland-Thomson (2005, 2011) and Hall (2011) have brought these two fields of study together (feminism and critical disability studies) to account for the limitations of each perspective, whilst recognizing the importance of considering a joint analysis. Previously, feminist writers have under-investigated the experiences of women with disabilities, creating a gap in the literature through which women with disabilities have fallen (Moodley and Graham 2015). Feminist disability studies also aim to challenge and transform our qualitative thinking on 'disability' for both micro and macro discourses (Shildrick 2015).

Feminist disability studies aim to expose and challenge issues of power by deconstructing universalized or normative accounts of individuals, such as the lived experiences of women and those who self-identify, or are identified, as disabled (Disability Discrimination Act 1995; Garland-Thomson 2005; Hall 2011; Mintz 2007). This approach identifies power inequality between ascribed variations in human beings (e.g. wo/man, dis/abled), which are seen to be inferior resulting in exclusions from some parts of society. There is a difference in those who fit a given norm (e.g. white, middle-class, able-bodied men) and those who deviate from the norm (e.g. white disabled women), the greater the degree of deviation the greater the exclusion experienced. Feminist disability studies aim to augment the terms and confront the limits of the ways in which we understand human diversity, for example, the materiality of the body, multiculturalism and the social formations that interpret bodily differences (Garland-Thomson 2002). In the context of disability, the strength of this framework is the wider scope of inquiry it offers in considering the material body and the different situations that disabled women experience. Similar to critical disability studies, the findings from feminist disability studies are also of relevance to other identities that are caught up in hierarchical and binary discourses (e.g. race, sexuality, social class, age). Garland-Thomson (2005, p. 1557) argues that feminist disability scholars want to "unsettle tired stereotypes about women with disabilities" and by extension all individuals with disabilities. Hall (2011, p. 6) states that "feminist disability studies makes the body, bodily variety, and normalization central to analyses of all forms of oppression".

In the case of disability, it can be argued that focusing solely on the human body, regardless of the oppressive discourses that surround the human body, is not wholly sufficient to encapsulate the wider historical and cultural elements that surround the concept of disability. It is not enough to disrupt the current humanist framing of disability (Braidotti 2013). What is needed is a move away from a humanist theoretical framework, decentring the human to a posthumanist theoretical framing of disability. It is not about disregarding feminist disability studies. It is about aligning the theoretical frameworks discussed thus far, in order to overcome the essentialist and normative assumptions that have been placed onto individuals. Social injustice remains to be fuelled by the assignment of particular labels, for example, 'gender' and 'disability', and the normative assumptions of these labels contribute to ongoing 'organizational blindness'.

Posthumanism

Posthumanism aims to push debates beyond humanist and anti-humanist thinking; the focus of empirical and theoretical analysis moves away from a sole human perspective. It has been argued that it provides a more robust form of analysis "to study and critique the social mechanism that support the construction of key identities, institutions and practices" (Braidotti 2013, p. 3). Specifically, posthumanism acknowledges the existence of a nature-culture continuum which recognizes the link between the material world and discursive practices. In line with the nature-culture continuum, posthumanist scholars argue the inseparability of nature (material world) and culture (discourses). In relation to 'disability' nature relates to the biological elements of human bodies, specifically impairment and sex, and culture refers to the discourses that are attached to a particular body or place specifically 'disability'. There are some good examples of work which have explored the link of materiality and discursive practices within organizations. For example, Hassard et al.'s (2000) edited book explores how the material and discursive elements of bodies and organizations impact and interact with the other. They argue that "studies of 'society' or 'institutions' assume, but rarely examine, how social practices are embodied and, in this sense, rely upon human embodiment for their enactment" (Hassard et al. 2000, p. 3). Scholars have drawn upon similarities in how the body and how an organization works, for instance, how individuals and organizations react when they materially and/or discursively experience a 'misfit'. Dale and Burrell (2000, p. 21) state that organizations "are seen as organisms—biological entities—which behave in particular ways in order to carry out certain functions in order to survive".

From a business perspective it is 'common sense' for organizations to try and attain this perfectly harmonious working ideal, resulting in positive organizational outcomes and a successful business venture. Further to this, Dale and Burrell (2000) conceptualize how employees can be compared to cogs in a machine which have a predetermined purpose to fulfil with no room for divergence in performance. Therefore, in practical terms, referring to employees with a disability, what is of interest is the extent to which organizations go in order to ensure that all of their employees 'fit' and, more importantly, how they deal with individuals that do not 'fit' (e.g. performance management) (Vandekinderen et al. 2012). Starbuck (2009) claims that top managers cling to their beliefs and perceptions, applying superficial remedies rather than lasting action which updates organizational practices. As dealing with people with disabilities constitutes radical change for some organization, it is easier to look the other way rather than address this issue effectively through promoting an organizational image that demonstrates a willingness to accommodate disability into the workplace (Starbuck 2009): this contributes to the ongoing experiences of organizational blindness. If individuals with disabilities do apply for jobs they are viewed as unsuitable because they do not 'fit' within organizational norms, and what is worse some employers assume they never will.

What Is Missing? Empirical Work-Based Critical Reflections

Within an organizational context, those who engage with a critical reflection of the material and the discursive (e.g. new materialist scholars) argue the practical need for more critical engendering of organizational performances. The exclusion of one or more of the levels of discourse (micro, macro, meso), or a lack of recognition of the inseparability of discourses from the material world, can result in a skewed picture which fails to account for the complexity of any given context (Barad 2007). Coole and Frost (2010) argue that one of the main motivations of new materialism is to understand the complexities that surround capitalism and its impact on everyday lives. The implementation of capitalism (i.e. rigid and standardized work environment) requires workers to work at a predetermined and constant rate. This is then entangled with neoliberalism which places failure to perform onto the individual (Charmaz 2019). It is argued here then that contemporary work systems (e.g. organizational policies and practices) within most mainstream organizations sociomaterially exclude all those who do not align with their often able-bodied and masculine normative performative expectations.

Drawing on a Lacanian understanding of a Freudian concept of 'life' and 'death', Bloom (2016) argues that human subjects strive for'equilibrium' between work and life; however, he also adds that capitalist work systems enacted within organizations play a "fundamental role in producing and sustaining… [an] 'imbalanced' subject" (Bloom 2016). When this is viewed through a materialist lens, with a 'disability' focus, the 'imbalanced' subject is further constrained by additional but mutually affective material-discursive practices (e.g. identity politics, bio-politics, geopolitics) that converge with capitalist discourses. We argue, however, that this argument needs to be taken further. Specifically, this 'imbalance' is an embodied experience that is performed, or comes into being, through the intra-action (i.e. the inseparability of multiple elements: see Chap. 23 for more details) of multiple material-discursive practices (Barad 2007). Individuals who have a 'disability' have been found to experience great angst in striving for this work-life balance to the point that in some instances individuals sacrifice, or push through, their bodily limitations (Bé 2019). Although a work-life balance does exist to some degree, it is ultimately imbalanced by individuals trying to keep their disability, or its impact on their work performance, invisible (e.g. experiencing pain and fatigue when outside of work) (Bé 2019).

A Failure to Consider Embodiment

Some theorists have focused solely on human embodiment and have not considered non-human or non-living influences. This has been critiqued by scholars who have argued how important it is for analyses to consider how both living and non-living elements affect the experiences of embodiment (e.g. Braidotti 2013; Tyler 2019). Moss and Dyck (2002, p. 35), focusing on disability, argue the importance of considering "*both* the manifestations of illness [or impairment] (as corporeal feelings) *and* the social, political, economic, and structural contexts of being ill". Drawing on Moss and Dyck (2002), we align with their definition of embodiment which epitomizes the inseparability of the material and the discursive:

> For us, embodiment refers to those *lived* spaces where bodies are constitutively located conceptually and corporeally, metaphorically and concretely, discursively and materially, being simultaneously part of bodily forms and their social constructions. Embodiment clearly is about inscription, the discourses being inscribed, and their corporeality. While living *in* and *through* space, bodies engage in material practices that produce and reproduce both the meanings of bodies, and the circumstance within which bodies exist. (Moss and Dyck 2002, pp. 49–50, original emphasis)

Vick and Lightman (2010), on the other hand, coin the term 'precarious bodies' to reflect the fluctuation in embodiment for women with episodic 'disabilities' which is metaphorically synonymous with the precarious employment they seek and occupy.

In the area of work and organizations individuals have had to separate between their public and private self; however, there is increasing recognition for the importance of how disability is experienced holistically. It is important to note that identity constructions occur both inside and outside of the workplace, and also fluctuate over time; therefore, it is important to consider the wider factors that coalesce to affect the embodiment of those labelled 'disabled' (Dale and Latham 2015). The material environment, the materiality of the body and discursive practices must all be considered in order to understand the lived experience of women and men with a disability (Feely 2016). Specific to organizational studies there is a need for research that explores how an individual's impairment and ableism impacts the individual experiences (embodiment) in employment (Williams and Mavin 2012). Williams and Mavin (2012) stress that a lack of research exploring material bodies and alternative discourses (i.e. beyond dominant discourses) has resulted in the establishment of normative and able-bodied organizational practices (e.g. development, production and procedures). This facilitates organizational blindness and creates greater difficulties for employees seen to be different from the norm to enter and progress in mainstream organizations.

There are many definitions of disability; however, those at the highest level in the UK (e.g. national government), and other global regions, draw upon the medical model of disability (Grue 2011; also see preface for definition). The failure of the government to understand and account for the embodied experiences of a disability has led to half of people who were found 'fit-to-work' by the government benefit system attempting to take their own life, even when it was blatantly obvious the person could not work (Cross 2013). A study by Barr et al. (2016) found that rates of suicides (6 per 10,000), mental health problems (2700) and prescriptions of antidepressants (7020) were higher in areas that carried out more Work Capability Assessments. The actual number of suicides accounted for 5 per cent of all suicides in the UK, a figure which has more than doubled over seven years. This policy has had serious adverse consequences for mental health in England, which outweigh any benefits that arise from moving people off benefits or reducing their eligibility without qualifying the effect of this in real terms (Cross 2013).

An individual may have the capability to undertake some form of work relevant to their skills. However, they can only undertake work if they can find an organization which is committed to the employment of people with disabilities and willing to make the appropriate adjustments. Research has repeatedly found that individual with a disability struggles to access employment due to the stereotypical discourses that employers draw upon when considering applications and the interview processes (Lindsay et al. 2019). Whilst organizations are legally obliged not to discriminate against those who declare a disability (e.g. to make reasonable adjustment), jobs are not easy to find especially in small to medium sized firms (Edwards and Imrie 2008). This lack of organizational responsibility to accommodate a diverse workforce has resulted in the demonization of people with disabilities, who have to show exceptional self-reliance when looking for work and demonstrate resilience once participating in the workplace (Foster 2018). Overall, the discourses that surround people with disability include being marked as failures, lacking in moral endeavour, and labelled scroungers who would rather rely on welfare support than work. The latter is an attitude which, in the UK at least, is widespread and even seen as acceptable (Bambra and Smith 2010).

As this chapter is exploring the concept of identity(s), within a particular sociocultural environment (i.e. employment), it is important to consider how and in what way these theoretical arguments have been used in an organizational context (looking at the practical implications of theory). Pullen and Rhodes (2015) explore embodiment by considering how the manifestation of organizations ethics, that favour a disembodied and impersonal approach, has perpetuated the exclusionary discourses prevalent in many institutions. They argue that:

> an [masculine] approach to ethics that privileges planning, predictability, control and measurement seems to forget the value of affective relations, care, compassion or any other forms of feeling that are experienced pre-reflexively through the body. (Pullen and Rhodes 2015, p. 160)

This critique is far reaching and can be applied to many sociomaterial contexts within organizations that are administered with a masculine mentality. This argument is of importance, as there are a number of political and ethical decisions made by organizations that affect access to and experiences of employment of individuals with disabilities. One of the key arguments that Pullen and Rhodes (2015) draw upon is how masculine (and we argue able-bodied) ethics within organizations reify binary distinctions. Unchallenged dominant ethical and organizational practices enable white able-bodied men to remain in positions of power (Knights 2015), and those labelled as 'other' remain subjects of social injustice and organizational blindness. Pullen and Rhodes (2015) argue that ethics should be embodied by accounting for the diversity of individual actors within an organization. They call:

> "into question the controlling and rational nature of traditional ethical theorizing", calling for a form of organizational ethics that "arises from the interaction between people, the embodied effects and affects of the interaction and the indissoluble relation between thinking and feeling". (Pullen and Rhodes 2015, p. 161)

The effects of disembodied ethics are evident in the case study of Ruth who found that her employers' policies and practices did not consider her embodied experiences in the workplace.

Case Study: Ruth

Ruth was born in Nairobi, Kenya, and came to the UK with a nine-year-old and a ten-month-old baby. At 44 years of age, she now works as an occupational therapist for a company that undertakes mobility assessments. She suffers from arthritis, exhaustion and psychological ill health and does not think people understand the pain that such a condition elicits. After suffering a great deal of discrimination throughout her university years she finally qualified. She described her experience as 'hell' and it was only because of one tutor standing up against the discriminatory attitudes of colleagues (racist, sexist and ablest) that Ruth was able to complete her studies.

She really struggled to fit in and after completing her degree she applied for lots of jobs but was always turned down. As she had previously worked in hospitals in Nairobi, Ruth wanted to expand her career experience and work in the community, but no one would hire her, saying that she had potential but 'did not quite fit'. She finally gave up trying and then, out of the blue, a recruitment agency contacted her and, while she did not want to go through the recruitment process again, the agency pushed her to apply. She got the job after a Skype interview and she believes that if was not for her manager's support she would not have been successful.

Ruth feels that she gets little support from her company, but she does not want to speak up as she feels it may go against her. She struggles on by herself as she wants to prove to the company that she can do the job well. As the company has not acknowledged her efforts, it has meant that she is constantly trying to prove herself, which is draining and makes her pain worse. She says that she knows her own capabilities and believes that she could do better than others who are in senior positions to herself.

Ruth believes that, regardless of the physical, psychological and societal disadvantages, being disabled makes you a better person who wants to achieve higher goals. She identifies herself as a hardworking woman, who wants to push the barriers and lack of support to be victorious. However, she does not want a promotion anymore, as she feels that it would be too difficult to climb the ladder and she would constantly have to prove herself. She said that she did not have the physical energy to push against the status quo, especially as the company is pushing staff to do more and more work. She feels that the only real benefit of her disability is that she understands the experiences of those coming for assessments. She recognizes it is all about the person and not the disability; she just wishes her company felt the same.

Cabantous et al. (2016) argue that scholars' use of performativity has been misunderstood which risks annulling the political impact of the concept of disability. Drawing on 'critical performative theory' they sought to address the disjuncture between theoretical and practical applications, by incorporating materiality within the theoretical framing of disability, in order to account for the inseparability of discourse and materiality in a performative analysis. Dale and Burrell (2000) discuss the way that organizations and bodies perform in similar ways and this concept has been adopted in recent research on how gender and disability identities are performed within organizational contexts. Studies have adopted a 'performative ontology' to consider the under-explored materiality of disability (and other identities such as gender), and how it is spatially materialized within an organization context (Tyler 2019; Tyler and Cohen 2010). Findings confirm that organizational spaces have a material performative capability similar to the body and it is argued that:

> we do not simply occupy space, but rather we become ourselves in and through it. Furthermore, this 'spatial performativity' is driven very much by our desire for recognition as viable, intelligible (organisational) subjects and hence is performed largely in accordance with disability (and organisational) norms. (Tyler and Cohen 2010, p. 192)

The performative impact of organizations can therefore constrain the embodied experiences of those who cannot adhere to social normal and environmental normative behavioural expectations. For instance, those who cannot work long shifts (e.g. 12 hours) and/or for consecutive days (three days of 12-hour shifts) are ostracized for their inability to perform like their peers. It is arguable then that work systems and the very core of mainstream organizational policies and procedures contribute to organizational blindness as they do not consider a variety of bodily and cognitive abilities (they adopt a one-size-fits-all approach) (Syma 2019).

The Performative Effect of Disclosure

We are increasingly made to do work on ourselves (governance), which we do through working on the self and our relationships with others. This 'immaterial labour'—knowledge, information, communication and emotional reproduction—becomes the site through which we constitute our subjectivities, identities and ways of being with others (Goodley et al. 2018). For those with a disability, the type of disability, the (in)visibility of a bodily difference and the severity of a disability, all affect the decision to disclose their status to others. For invisible disabilities, individuals have a choice of whether they disclose their disability to a potential employer (e.g. Jans et al. 2012; Roy et al. 2017; Santuzzi et al. 2014; von Schrader et al. 2014). Research has shown that some individuals with invisible impairments fear that, if their disability is known, it may result in stereotypical assumptions concerning their (in)ability to perform the intended job role (i.e. a form of organizational blindness) (Shier et al. 2009). This has been substantiated in the literature, where it was found that disclosure may also result in negative employment consequences for employees, such as lowered supervisor expectations, isolation from co-workers and increased likelihood of termination (von Schrader et al. 2014).

Ameri et al.'s (2018) experiment in America found that when a person's disability is declared their job applications received 26 per cent less interest from employers than otherwise identical applications with no disability disclosed. Furthermore, they found that applications for individuals with more experience received less interest than those with no experience, indicating a disregard of disabled applicant's experience. However, there is evidence that disclosure does allow both the employee and the employers to make the required and needed changes to support the individual, but this is limited (Jans et al. 2012). Importantly, the way in which an organization responds to disability demonstrates their acceptance and 'preparedness' for including individuals with a range of (dis)abilities (Boehm and Dwertmann 2015; Moore et al. 2010; Moore et al. 2011).

Scholars and activists argue that what makes a person's impairment a disability is when they disclose their disability when applying for jobs, and organizations frequently believed the job to be beyond their ability (Lindsay et al. 2014). Similar to above, a systematic review also found that employers frequently doubted the capability of applicants who disclosed their mental health conditions (Brohan et al. 2012). A lack of knowledge on the particular impairment or conditions often results in discrimination, for example, inaccurate assumptions being made on an applicant's ability without considering the applicants' qualifications, experience and actual ability (Lindsay et al. 2014, 2019). Discrimination also takes place when there is a fear of potential health and safety issues and also when there is a lack of organizational infrastructure (both physical and behavioural) to adequately support certain disabilities (Shier et al. 2009).

As discussed above, and throughout this handbook, a lack of awareness or knowledge of a disability can have negative consequences for both the employee and the employer. Acting in breach of legislation (e.g. the Disability Discrimination Act and the Equality Act in the UK) can result in legal action being taken by the employee or applicant (Darcy et al. 2016). However, a fear of doing or saying the wrong thing is commonly experienced by employers (Hernandez et al. 2008), and this arises due to a lack of knowledge about certain conditions, especially in organizations where there is no or limited training and awareness of disability (and other identities) in the workplace. Employers have reported more confidence when disabled individuals are hired from supported employment programmes/agencies, where the organization and employees get the support they require from the external supported employment agency. It is arguable, however, that with the organizations stating that they needed ongoing communication/relationship with the supported agency for continued success they defer responsibility in that they do not have to understand the disability (Hernandez et al. 2008).

As shown in Vedeler's (2014) study, focusing on Norway and America, when an employer has no prior awareness or expectation of a disability in an applicant, they often visually demonstrate shock or displeasure (i.e. frown) towards a disabled applicant, resulting in an overall negative recruitment experience. The findings showed that in some circumstances non-disclosure results in unsuccessful interviews as the potential employers feel duped and put on the spot and could not hide their prejudice (a form of organizational blindness) on their assumed (in)ability to do job they applied for (Shier et al. 2009). The negative recruitment experience often results in a vicious circle, whereby individuals may choose to conceal their disability in future applications, as they believe that disclosing a disability will result in not being shortlisted, especially for private sector jobs (Vedeler 2014). Vedeler's study highlights a multitude of scenarios (no interest, interviews not being scheduled and unsuccessful interviews) that disabled individuals may experience during the recruitment process, demonstrating the consequences of employers' often unfavourable and skewed perceptions, which illustrates why disabled applicants struggle to get through the recruitment process (Burke et al. 2013). The resulting unemployment can have long-term detrimental effects, such as mental health issues and financial insecurity, and a lack of work experience will affect the probability of gaining employment in the future (Lindsay et al. 2014).

Additional research has identified how claiming or acknowledging a physical disability in a positive way (e.g. how their disability is an attribute) during an interview can act as a way to manage identity formulations (i.e. stereotypes), which can positively impact the interview proceedings (Lyons et al. 2017; Jans et al. 2012). We argue that the gaps in the literature identified above reveal the need for additional qualitative and ethnographic research studies that explore the intersection of a person's core attributes. This research needs to explore how intersecting identities interact to impact personal experiences of employment (Williams and Fredrick 2015), and specifically, how these interact to affect their recruitment experiences. Some research has reported positive examples of disclosing a disability where employers view disabled individuals as an organizational asset when they have had direct personal or professional experience with disability, and therefore do not draw on stereotypical discourses (Kimm and Brodwin 2005; Vedeler 2014). These positive experiences may be the result of performative enactment when an employer, or organization as a whole, has an inclusive ethos directed from a top-down approach (implementing inclusive workplace polices) rather than a bottom-up approach (in reaction to a disabled applicant/employee).

The literature drawn upon in this chapter and elsewhere in this handbook demonstrates the economic, physical and psychological consequences of experiencing inequality and discrimination when seeking and maintaining paid employment. The majority of research has identified that discrimination is rooted in potential employers' (dis)belief on the applicant's suitability for the job. In the majority of cases they appear to be basing their judgement on an applicant's socialidentity, which reifies the binary and essentialist discourses of a disability when employers overlook their credentials for the job (Brohan et al. 2012; Burke et al. 2013; Hall and Wilton 2011; Lindsay et al. 2014; Rüsch et al. 2014; Vedeler 2014). Although this all happens during the recruitment process, the problems do not stop there, rather they continue once employment has been secured as evidenced throughout this handbook.

Conclusion

For individuals labelled as ‘disabled’, the main barriers they face is gaining suitable and equal access to and participation in social activities (Garland-Thomson 2011). Once employment has been secured barriers can remain for those with disabilities, which can be exacerbated differently depending on whether a person's impairment is visible or invisible (Snyder et al. 2010). One way in which identity is critically engaged with, within the material and discursive domain, is by exploring how they are performed, or specifically in this case how and in what way (or not) identities such as ‘disability’ are performative. Importantly, it is recognized that organizational blindness is precipitated by work systems that are bound within historical and cultural ethical practices (e.g. what is seen to be acceptable behaviour) (Dale and Latham 2015). In many cases, top managers adamantly stick to their beliefs and perceptions and if they are to change they must replace constrictive hopeless cognitive processes (Nystrom and Starbuck 2004). Yet organizational strategies, which include the experimentation and exploitation of opportunities, can have significant benefits. Nystrom and Starbuck (2004) advocate that the only way that organizations can overcome the crises that threaten their very existence, or to keep their organizations from blundering into trouble in the first place, is for top managers to consistently unlearn their prejudices and conquer the error of their own beliefs.

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29

The Economic Impact of Employing Disabled Persons: Macro and Micro Perspectives

Mark E. Moore and Lana L. Huberty

It is conventional wisdom that work is a human right that must be afforded to all human beings, including those with disabilities (Whalen 2019), yet, even with this fundamental belief, researchers such as Branco (2019) have found that the right to work is not always given primary consideration as a human right. In addition, honouring this right to work is about more than just averting unemployment. The right to work movement is generating attention towards modern issues, such as poverty and economic inequalities, along with strategies for creating jobs for all groups in the economy (Whalen 2019). However, individuals with disabilities have not incurred significant utility from this work entitlement, persistently encountering higher incidents of unemployment and underemployment (Markel and Barclay 2009). The purpose of work for people with disabilities should be aligned with the same meaning as for the non-disabled segment of the working population, including the right to have a correlation with a high standard of living, gainful employment, and the pursuit of a career calling. If effective, right to work initiatives should lead to economic growth for both the employees and employers (Hunter 2001) and economic growth is a common aim within

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organizations that involves strategic planning and goal setting. Many organizations have discovered that employing a diverse workforce can contribute to this coveted economic growth (Moore et al. 2010;Warner 2010), with diversity tactics including recruiting across genders, races, ethnicities, or abilities. Consequently, ability diversity is the focus of this chapter, specifically looking at the economic impact of hiring people with disabilities, examining the benefits and costs of employing people with disabilities from both a macro (work organization) and a micro (people with a disability) perspective.

For the purpose of this chapter a disability is defined, per the Americans with Disabilities Act of 1990, as a physical or mental impairment that substantially limits that person in one or more major life activities (Pub L. No. 101-336) (see Chap.1 for a wider discussion on definitions). An examination of the economic status of individuals with disabilities is an important but under-investigated area. According to Sanson et al. (2018), people with disabilities are over-represented in conditions of extreme poverty and do not have frequent access to economic improvement programmes. Currently, the extant literature lacks systematic accounts of the economic impact on people with disabilities being employed in the workplace, by failing to thoroughly examine the benefits and costs associated with their jobs from macro and micro perspectives. Our aspirations in this chapter are to provide an analysis that helps employers and employees to better comprehend the economics of disability diversity employment within work organizations.

Macro Perspective

When investigating using a macro perspective, it is important to note that the ‘macro’ view refers to the work organization, including the cultural forces that surround the individual employer (Will and Mueller 2019). For example, if the management team of an organization is committed to employing an ability diverse workforce, research has found that there are benefits and costs for the organization associated with such initiatives. Having a better understanding of these implications can assist employers as they seek to diversify their workplace through hiring people of varying abilities. Specific to the benefits of employing individuals with disabilities, it is important to note the high rate of unemployment for this particular group, with a current rate of 65 per cent of the disabled working population in the USA (US Labor Department 2019). This is significantly higher than the national employment rate for the non-disabled working population at 22 per cent, demonstrating the extent of the potential human resource pool available to organizations (Erickson et al. 2016). The unemployment rate for Americans with disabilities fell to 8 per cent in 2018 according to the US Labor Department (US Labor Department 2019), which was the lowest rate in a decade of comparable records and well below a peak of 15 per cent in 2011. At that time, it was reported that nearly 100,000 more job seekers with disabilities found employment, which, surprisingly, was slightly higher than for Americans without disabilities (Morath2019). However, such data have been questioned as misleading, as they only represent about one-fifth of adults in this age group with a disability being counted as part of the workforce (Juszkiewicz2018). In addition, this brings to attention the practice of underemployment, where Americans with disabilities were disproportionately employed in public-sector jobs or low-wage occupations or were self-employed (Markel and Barclay 2009).

In 2018, 14.1 per cent of employed persons with disabilities worked for a government entity, compared with 13.4 per cent of those without disabilities (Morath2019). Although Americans with disabilities are now working in greater numbers, as noted above, they remain disproportionately employed by government agencies and in low-wage occupations (US Labor Department 2019). In 2015, 5.7 per cent of those with disabilities worked in either construction or grounds and maintenance occupations, compared with just 3.7 per cent of those without a disability. When compared to the national employment rate of persons without disabilities, this is significantly higher (Erickson et al. 2016). An analysis of the benefits and costs of an array of initiatives related to the employment of people with disabilities, according to the organizational or employer's context is considered below.

Benefits for Organizations

For organizations looking to expand their workforce, to not consider hiring individuals with disabilities as employment candidates can result in the loss of a large pool of human resources. This potential pool of employees may be comprised of individuals who have knowledge, skills, and abilities that would contribute to the overall success of the organization. Organizational leaders, who are open to engaging diverse employees, open themselves up to opportunities that could otherwise be missed (Erickson et al. 2016). In addition to the direct benefits mentioned, there are indirect benefits of employing individuals with disabilities that work organizations should consider. For example, work organizations can generate free publicity and advertising for the company, as well as gaining community awards, through hiring and promoting people with mental and physical disabilities (Stickels1995;CU Recognized for Hiring and Supporting Employees With Disabilities 2011). Ultimately, such positive community goodwill stories can result in increased marketing effectiveness and enhance the organization's image, especially when compared to competitors who have failed to engage in such diverse employment strategies (Spotts et al. 2015). In addition, another indirect benefit employers can generate from employing individuals with mental and physical disabilities is government entitlements and financial support. For instance, it is common for small and medium size employers to receive financial assistance for adaptions and equipment necessary to accommodate disabled workers. In addition, to help employers with the costs associated with new employee recruitment, training, and transition into the job, the programme provides reimbursement of up to 75 percent of the paid salary in the first year of employment, up to 50 per cent in the second year of employment, and up to 25 percent in the third year of employment, as well as tax incentives (Employer Assistance Resource Network on Disability Inclusions 2019). However, as financial incentives such as these are not well known by most organizational leaders, better publicity is required in order for organizations to take advantage of such schemes (Murfitt et al. 2018). We also identified a psychological benefit as an indirect benefit of employing disabled persons: this psychological enhancement occurs when workers feel better about the workplace due to it becoming more inclusive. Employees view their organization as working to meet employee needs and, as a direct consequence, both the disabled and non-disabled people can be highly motivated to perform their respective job requirements with distinction. (Hagler et al. 2016)

Costs for Organizations

Specific to employing people with disabilities, there are often direct and indirect costs that an organization incurs when hiring, training, and employing a person with a disability. The challenges of the direct costs incurred by the recruitment of people with disabilities highlight the need for organizational strategic thinking surrounding the plan to employ a disability diverse workforce (Warner 2010). Disability employment law involves offering a reasonable accommodation that enables people with disabilities to perform essential job functions that would otherwise not be feasible (Americans with Disabilities Act 1990). Although reasonable accommodations are an area of disability law that continues to evolve because of the interpretation of what is considered reasonable when it comes to the accommodations required to perform essential job functions. Given its fluid nature, upper leadership (especially human resource management) should understand the importance of providing accommodations to applicants and workers with disabilities, in order to allow then to participate fully in the organization and in the work process (Smith and Harris 2012). For example, Jasper and Waldhart (2013) discovered that the resistance to hiring workers with disabilities in the hospitality industry was predicated on the mindset that work accommodations are too expensive. Similarly, Dass and Parker (1999) stressed that employers resist an inclusive workforce based on the premise that it is too costly and, therefore, would negatively affect the company's bottom-line finances. Such trepidations over financials have prompted negative, unfounded reactions towards accommodating disability diversity in the competitive employment realm. As a result, employers tend to use the cost of accommodations to facilitate their resistance to organizational change that would enable persons with disabilities to become valuable human resources (Schartz et al. 2006). In reality, however, Schartz et al. (2006) found that work accommodations for employees with disabilities are typically inexpensive. In addition, employers often do not consider the indirect cost of not maximizing the skill optimization of its human resources when assessing the economic impact of workplace accommodations: such inaccuracies often inflate perceived costs and fuel alarm over accommodations among colleagues without disabilities.

A second macro challenge that a business may face in integrating people with disabilities into the workforce is the overall acceptance of those with disabilities by organizational stakeholders, including other employees and customers (Vornholt et al. 2013). When perceptual inaccuracies manifest themselves as prejudices, there are indirect costs from a conflicted organization, and this lack of harmony fosters problems in obtaining operational efficacy that negatively impacts the bottom-line. Again, this highlights the necessity for human resource management support and organizational strategic pre-planning and the integration of diverse initiatives in to the wider organizational strategy if conflict is to be avoided (Moore et al. 2010). With higher-levels of support, especially from top management, diverse workforce initiatives have been effectively integrated, including those of disability inclusion. An indirect cost could also relate to employee attrition evoked by disagreement with the disability diversity orientation, or because some workers possess trepidations about interacting with employees with disabilities. It is not uncommon for workers without disabilities to hold stigmas towards peers with impairments, thus causing employees with disabilities to exit the organization. As work organizations tend to make considerable investment to engage and empower employees (Yin et al. 2019), employee attribution can present a significant, indirect cost for employers. However, organizations must not lose sight of other forms of diversity, as when employers focus on disability hiring, they can be limited in their attention to gender and other forms of diversity. As such, the opportunity cost of not hiring women and other under-representative groups can serve as a salient indirect cost related to the infusion of disability diversity (Morgan and Várdy2009).

Micro Perspective

When investigating the micro perspective, it is important to note this 'micro' refers to the individual, or the employee with a disability (Will and Mueller 2019). If the management team of an organization is interested in employing an ability diverse workforce, research has found that there are benefits and costs for the individual employees associated with this initiative. Again, having information on these individual aspects of the economic impact of diverse disability inclusion in the workplace adds insight into how to integrate effectively such strategies (Moore et al. 2010). As with the 'macro' section, the benefits and costs of employing initiatives related to the employment of people with disabilities are considered below.

Benefits for People with Disabilities

For organizations looking to expand their workforce, not considering job seekers with disabilities as potential employees is a significant loss of talent who could potentially create added value for the organization. If management teams were to seek employees from the disabled population new candidates may arise that would have otherwise been overlooked (Erickson et al. 2016), giving the person with a disability the opportunity to be engaged in meaningful work which would have a positive impact on the individual and even their wide social group. Without such opportunities, working-age persons with disabilities are more likely to be poor and experience a lower quality of life, along with a lower self-esteem (Brucker et al. 2015). In addition, the underemployment of individuals with disabilities is also a concern which occurs when individuals cannot maximize the economic benefits from working. Even with an employment rate of approximately 87 per cent for people with disabilities, the job opportunities this group is able to acquire is often considerably below their skills, knowledge, and abilities (Erickson et al. 2016). Markel and Barclay

(2009) highlighted underemployment as a significant problem that is having a negative effect on employees with disabilities in attaining employment that provides suitable levels of job satisfaction. Findings indicated that individuals with disabilities experience a high level of life and job satisfaction when fully utilized in the workplace, but experience low-levels of satisfaction when being a non-participant or having their skills underutilized in the workplace (Konrad et al. 2012;Miller 2017). Reine et al. (2016) advocated that people with severe disabilities who are regularly employed were shown to have a higher level of well-being, whereas temporary workers were found to have lower life satisfaction and higher perceived disability discrimination, than those in long-standing regular employment (Konrad et al. 2012). It is plausible to assume that these indicators of well-being are manifested over concerns about having adequate, continuing income, along with the benefits and accommodations to meet job-related and personal health needs that are associated with permanent employment.

There are indirect benefits to working, too. By working, individuals with disabilities have access to training and development programmes that could foster career mobility. Furthermore, training opportunities can improve non-job-related attributes such as social skills and self-confidence, thus helping to improve the environment of the entire organization (Aguinis and Kraiger2009). By working, people with disabilities can receive additional governmental entitlement for being employed, and this support can enable recipients to maintain a higher standard of living and grant access to educational resources necessary for career development. Also, maintaining a job can satisfy the basic needs of people with disabilities, as such work offers a psychological benefit that enables workers to raise their self-esteem, while compelling them to pursue and satisfy higher personal needs (Aguinis and Kraiger2009).

Costs for People with Disabilities

As discussed above, the issue of underemployment is often experienced by those with disabilities, resulting in skill underutilization and a reduced quality of life when they are segregated into lower-level jobs with limited career mobility (Konrad et al. 2012). Underemployment also causes low job stability, constricted job mobility, poverty, and limited opportunities for gainful employment among workers with disabilities (Pagan 2017). This underemployment creates an issue for people with disabilities as well as society in general, with unemployment and underemployment of people with disabilities representing a lack of internal optimization in a work organization.

Furthermore, underemployment causes significant economic repercussions for employees who face reduced wages, inferior benefits, and higher medical costs due to illness and depression arising from an unfulfilled work life (Pagan 2017). Underemployment may also cause an employer to experience reduced profits and operational inefficacies, due to a lack of creativity and innovation that would have been afforded by employing persons with disabilities. Consequently, this results in continuing economic losses. Again, if employers are looking for candidates with specific qualifications, looking at the disabled population may result in them finding qualified employees who are not being utilized to their full potential, simply because of a disability. It is important to note that a disability may have nothing to do with the competency of the employee with regard to a specific role: thus having no impact on their ability to effectively perform the job requirements (Rosenthal et al. 2012). Yet, due to a lack of understanding about the concept of disability, employers have overlooked an individual's potential to make a significant contribution to the organization.

Konrad et al. (2012) also emphasized that temporary workers are more likely to perceive employment discrimination than their contemporaries with permanent positions, based on the impact on job and life satisfaction issues as discussed above. Such perceptional barriers, created by a lack of understanding, are likely to evoke indirect economic costs on the individual as well as society. Employment discrimination may mean that a person with a disability may not have had the opportunity to acquire marketable job skills. Not only does mean that the individual is unable to raise his or her standard of living, but it means that they are likely to be dependent on disability entitlements in order to survive (Jurkovich and Wirtz2018). In this situation, taxpayers will be counted on to fund this ongoing level of financial support. There are also indirect costs to an individual when entering the workforce. First, an individual with a disability can lose part of his or her entire economic entitlement upon becoming employed, which could result in a lower standard of living over the longterm. People with disabilities have mentioned entitlements as salient barriers to gainful employment, and they generally do not support giving up entitlements for an underemployed opportunity (Henry and Lucca 2004). Those with disabilities may be required to make a larger time investment in their jobs than peers without disabilities to circumvent their respective limitations. Given this time investment, workers with disabilities may not be able to satisfy social and other personal needs, thus evoking a stressful situation in their personal and professional lives (Better publicity needed for measures to help disabled people into work 2011). Given these personal direct and indirect costs, individuals with disabilities are often faced with personal dilemmas when it comes to seeking employment opportunities.

Developing an Ability Diverse Workforce

Leadership within an organization can have a positive impact on the experiences of their diverse workforce (Moore et al. 2010), but, in order to achieve this diversity, strategic planning, implementation, and stakeholders input and support are needed (Warner 2010). If correctly implemented, employment of a disability diverse workforce can have a positive mental, emotional, social, and occupational health on employees. However, this development must have a strong leadership in formulating a disability management programme to offer value-added initiatives for both employees and employers (Moore et al. 2010). This process should begin with the hiring of disability diversity management specialists who have the qualifications and analytical skills to create disability diversity programmes using a cost-efficient approach: these professionals can collaborate with equal opportunity specialists to maximize workforce diversity. Through employing specialists with backgrounds in disability diversity, organizational leadership can contextualize disability diversity as a business case. Moreover, the unique specialization of these professionals would mean that disability diversity activities could be performed at lower costs with more overall legitimacy in the organization (Kirton and Greene 2009).

There is growing evidence that employee factors, such as engagement and diversity, have a positive impact on the bottom-line within work organizations and human resources tend to be key assets across the spectrum of most work organizations (Factoring Workforce Engagement into a Business Valuation 2019). As such, human capital (i.e., the collective skills, knowledge, or other intangible assets of individuals that can be used to create economic value for the individuals and their employers) and its elements, like engagement and diversity, should be included and treated as intangible assets in valuation and economic impact assessments. These assessments are valuable to organizational leadership, as they can help prioritize assets and show where to invest financial resources. Moreover, impact analysis (i.e., formal way of collecting data and supposition in support of the pros and cons in any change or disruption to your business) would communicate to leadership, whether it would be rational to commit resources to a disability diversity agenda in order to add value to the organization. Organizations should list their respective tactics for enhancing disability diversity on their financial statements so that investors can weigh this information into the organization's financial decision-making process (Factoring Workforce Engagement into a Business Valuation 2019). The compilation of this information would enable investors and other relevant stakeholders to make better-informed decisions.

The following case study introduces the importance of conducting analyses to estimate the economic impact of employing workers with disabilities. In determining this impact, consideration should be given as to whether direct benefits, indirect benefit, or net benefits (benefits-cost) should be included in the decision-making process. These strategic choices will determine the valuation of people of disabilities in the labour force.

Case Study: Mainstream Global

Fred Stallings is owner of Mainstream Global (MG), an employment agency for persons with disabilities located in London. Mainstream Global has a staff of 25 consisting of recruiters, coaches, and administrators to serve 100 top multinational corporations. Their primary duties include recruiting clientele with disabilities from higher educational institutions, governmental organizations, nonprofits, and an internal resume bank. As a leader in disability diversity inclusion, Stallings was asked by the United Nations (UN) to conduct a study on the economic impact of employing persons with disabilities globally, and this important study formed part of the UN's Convention on the Rights of Persons with Disabilities adopted in 2007.

Currently, MG is short sided on the analytical staff and Stalling needs someone to lead this process. Therefore, as his intern, you have been asked to oversee this important project. Your first task is to prepare an outline of constructs that should be examined in this project. For instance, what benefits and costs should be considered? Can each of these be estimated in monetary value? Secondly, what recommendations do you have for leaders of organizations looking to hire people with disabilities? How can these leaders effectively create a work culture that supports disability diversity inclusion? Can the valuation of human resources be performed in monetary terms?

It is your call!

Case Study Implications for Practice

The answers to the questions asked within the case study should highlight that disability diversity can be measured in economic and financial terms and that organizational leadership needs to consider disability diversity as a variable with the ability to impact the bottom-line, considering disability diversity as a business case rather than just a social responsibility opportunity. When looking at the hiring of people with disabilities from a business perspective, employers should weigh the benefits and costs incurred by their organizations, as well as the benefits and costs encountered by individuals with disabilities who are active members of the workforce. Like other assets of the work organizations, leadership should prioritize the maintenance and development of human resource with disabilities through investing in innovative training and development prospects. Organizations that do not perceive people with disabilities as productive resources, with the talent to contribute to the creativity and profitability of work organizations, can be impacting negatively on both economic and human capital. Given these implications, leaders must be proactive in cultivating the knowledge, skills, and abilities so that these individuals are prepared for actively participating in the workforce and advancing up the career ladder (Moore et al. 2010).

In consideration as to whether or not to enter, remain at, or leave a job, individuals with disabilities should always analyse the benefits and costs associated with working at that particular position and/or agency (Mullen and Staubli2016). Also, important to consider while making work-related decisions are the economic entitlements received by individuals with disabilities and the impact of employment on any benefit entitlements. Our research indicated that these entitlements also impact on employees who receive financial support to raise their standard of living and/or perform their work responsibilities in an efficacious way (Moore et al. 2010). Another salient factor that these individuals should contemplate is whether or not it is personally beneficial to participate in underemployed opportunities.

Implication to Theory

The information presented in this chapter has implications to theorists interested in the effective practice of diverse ability employment. Traditionally, diversity effectiveness has been viewed through the representation of protected groups within an organization or through the knowledge of leadership of the under-represented employee groups (Moore et al. 2010).

There have been only minimal attempts to link diversity inclusion to the organization's financial bottom-line, and there is no evidence that the economics of human capital have not been investigated using a benefit-cost analysis. Further, the linkage between workforce planning dimensions and business valuation has again only received minimal theoretical exploration. Our analysis offers new methods for examining diversity, human capital, and other workforce planning elements, and we have made a theoretical link between diversity and the valuation of work organizations, as well as contextualized disability diversity as a mainstream form of workforce diversity that provides rich possibilities to theorists.

Conclusion

In reflecting back on the impact of a management team looking to diversify their employee group, hiring people with disabilities offers a unique opportunity for both members of the organization and the individuals seeking employment. This specific group can bring new talents into a workplace that may not be apparent in other employees and, with strategic planning, diverse human resource management initiatives, and stakeholder support, effective employee diversity can include people with disabilities (Moore et al. 2010). Key to this successful initiative is an understanding of the benefits and challenges of employing an ability diverse workforce. If this is done effectively, the inclusion of employees with disabilities can have a positive impact at both the macro level for an organization (i.e., in terms of the maximization of human capital) (Erickson et al. 2016;Moore et al. 2010;Schartz et al. 2006) and at the micro level for individuals with disabilities (i.e., stabilized economic benefits and increased life and job satisfaction) (Brucker et al. 2015;Konrad et al. 2012;Moore et al. 2010;Reine et al. 2016). However, organizational leaders must consider people with disabilities as assets to the organization, in which the organization must continue to invest through training and development programmes. Furthermore, disability diversity should be contextualized as a business valuation component and, accordingly, disability diversity activities and accomplishments should be detailed and included in the financial reports to enlighten prospective investors.

Although this chapter attempted to provide useful information to organizational leaders, employers, employees, people with disabilities, and other stakeholders, it is not without limitations. This examination was constructed with secondary sources as there was not sufficient primary research that we could utilize to support assumptions made in our analyses. Secondly, we did not attempt to perform comprehensive economic impact analysis on disability diversity utilizing hard core economic data. Consequently, the following directions for future research should be considered. For example, there should be investigations of the benefits and costs associated with employing individuals with disabilities in the workforce. These investigations could be carried forth using a mixed method approach comprised of surveys and focus group research. Future research could also compare and contrast work benefits received by people with disabilities to work outcomes for other minority groups such as women, ethnic minorities, and other protected groups. In addition, we recommend an investigation of best practices for conducting an analysis that would measure the economic impact of disability diversity in work organizations: a comprehensive analysis could then be conducted on the economic impact of disability diversity. Finally, future research that examines the impact of disability diversity on business valuation is also recommended.

In conclusion, in this chapter we attempted to consider the economic impact of employing people with disabilities in the workforce, from the macro to the micro. What is clear is that this is an area that has been unexposed in the extant literature and, as such, is open to a wide range of future research. However, because of this lack of reliable knowledge, we believe that this chapter will have value to organizations, human resources, practitioners, and theorists interested in disability diverse employment opportunities.

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Part VIII

The Way Forward

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The Way Forward

Sandra L. Fielden, Mark E. Moore, and Gemma L. Bend

This publication has brought together a unique number of perspectives on the journeys that people with disabilities take when entering and progressing through the workplace. In doing so many different types of disability have been explored, including physical, psychological and mental health disabilities. Furthermore, it has given consideration as to how the visible and invisible nature of those disabilities impact on the individuals' experience in the workplace. The amount of countries covered also makes this a truly global view of disability in the workplace, ranging from Australasia, to the Far East (e.g., Japan and Vietnam), through Asia (e.g., Bangladesh), the Middle East, to Europe (e.g., Italy and the UK) and across to the USA. Yet the key to all of these chapters is the case studies of people with disabilities, these stories bring

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to life what it is actually like in reality and bring realism to research within the workplace experience.

Although chapters cover a wide range of physical, psychological and mental health disabilities, including AIDS, autism, cerebral palsy, Crohn's disease, deafness, dementia, diabetes, Downs syndrome, dyslexia, fibromyalgia, irritable bowel syndrome, learning difficulties, lupus, migraines, mood disorders, musculoskeletal conditions, obesity, Parkinson's disease, pervasive developmental disorder, post-traumatic stress disorder, rheumatoid arthritis, schizoaffective disorder, spina bifida, traumatic brain injury and visual impairment, there are still many conditions that could not be covered here. As each condition brings its own challenges to the individual and, in turn to employing organizations, there is almost a limitless amount of research that needs to be conducted if we are to gain a comprehensive understanding of disability in the workplace. This lack of understanding impacts not just on individuals with disabilities but also with policy makers, legislation and organizations (both work and rehabilitated).

Prejudice, stereotypes and legislation that does not go far enough in protecting people with disabilities result in both overt and covert discrimination in the workplace (Cavico et al. 2016). Consequently, it is not surprising that individuals with disabilities find it so difficult to gain and retain employment, especially those with mental health disabilities, who are still subjected to the highest levels of discrimination in the workplace (The Mental Health Foundation 2018). It is perhaps understandable to a certain degree that organizations find it difficult to deal with the myriad of disabilities that they may be presented during and after recruitment. However, unless they are willing and prepared to assist and support any individual who is recruited by the organization, regardless of their mental, physical or psychological (dis)ability, then they will never be in a position to succeed. If an organization always views people with disabilities as incapable resources, they will reinforce their original view that the recruitment of individuals with a disability is a bad employment decision. Fortunately, the opposite is true, with lots of research demonstrating that employees with a disability are a financially worthy asset to organizational bottom line, but not enough organizations adopt this view (Burke et al. 2013).

It is important to stress that there is no 'one size fits all' when it comes to assisting and supporting individuals with disabilities through the process of transition, recruitment, career development and job advancement (Syma 2019). Social support is an effective means of rehabilitating people with disabilities (Hanger et al.2015). Programmes designed to assist people with disabilities into work, as well as those created to support those individuals in employment settings, need to be able to adapt and evolve to meet the specific needs and objectives of the individual, whether that be in term of career development or other areas of work. As has been highlighted in the previous chapters, people with disabilities are, in most cases, loyal, hardworkingand committed and can make a significant contribution to an organization. Thus, organizations who do not nurture and support individuals with disabilities are missing out on valuable sources of talent that are difficult to find in the not disabled labour pool.

Key Messages

The Handbook was broken down into seven sections, each looking at a different aspect of disability in the workplace. Although there were very contrasting approaches taken within each of the seven sections, there resulting conclusions were very similar. The key points from these seven sections are discussed below:

Legal Aspects

There are laws in many societies that are created to protect the interests of people with disabilities in the workplace. These laws are designed to improve access to employment and enhance their belief (and those of society in general) that they can be contributors and not burdens, for society or their families (Luu 2019). As Santuzzi and Waltz (2016) point out, despite the magnitude of disability issues raised within the legislative framework, research that provides managerial guidance to aid them in the employment of people with disabilities continues to lag behind investigative works focusing on other protected groups. As the work presented in the legal chapters highlighted, it is important to recognize that people have multiple identities, not just that they are individuals suffering from various disabilities. The UK Equality Act 2010 section 14 only allows people to pursue legal recourse based on two of the following identities:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy or early motherhood

- Religion or belief
- Sex and sexual orientation
- Transsexuality

This means that a woman with a disability who is being forced out of work has to decide on which categories she must take legal action on: what if her sexuality is as much of an issue in the workplace as her disability, how does she choose. In addition, the Act fails to cover other facets of identity that are known to influence an individual's experience and treatment, thereby having significant relevance to the discussion of disability in the workplace, for example, appearance, class and immigrants. Also, the term '*neurodiversity*' is increasingly used to describe the emergent subcategory of *workplace* diversity focused on more inclusive practices for people with alternative thinking styles such as autism, dyslexia and attention deficit hyperactivity disorder (Miller 2017). This focus on different thinking is beginning to be seen as a creative and innovative alternative to what may loosely be referred to a standard thought pattern.

Knowing the law around employment disability is essential for both employers and employees, yet the legal knowledge of people with disabilities appears problematically low especially when identity protection tends to be limited in scope. For example, in the UK the Business Disability Forum (2019) asked people with a disability how well they understood what their rights under the Equality Act:

- 18 per cent understand their rights very well;
- 49 per cent understand their rights a little;
- 25 per cent do not know what their rights are at all.

Although many people with disabilities reported accounts of employment discrimination and unfair treatment, they often did not know how their experience fit within the context of the law. Furthermore, even where knowledge of the law and the legal process was relatively good, there were two main reasons for not seeking legal redress: (1) financial disadvantage, as it costs a lot of money to bring a claim against an employer and the employee is not working whilst the claim in being pursued and (2) the 'fear' of bringing a claim or reporting discrimination, which included fear of job loss (not being reinstated), fear of being seen as a 'trouble maker'and fear of not being promoted or progressing with that employer. Overall respondents felt that no one (group, bodies or government) had effectively ensured that people with disabilities, particularly people with non-visible disabilities, were inadequately protected or ill-informed about their rights (Business Disability Forum 2019). Thus, even when a person with disabilities does understand their rights it is almost impossible for them to assert their legal rights against employers and employment discrimination without incurring negative consequences: surely laws should be there to empower those they are designed to protect and not to disempower them. The fear of retaliation is a pressing concern that suppresses the desires of empowerment of people with disabilities.

Transitions

The Business Disability Forum (2019) is concerned that getting people with a disability into a job, any job, is not enough, stressing that the *quality* of work ('good work') for people with disabilities is at least as important. The following factors are critical in producing quality employment environments:

- a supportive workplace where adjustments are part of the 'fabric' of the workplace culture;
- where teams are cohesive and are exposed consistently to standards on workplace anti-discriminatory standards and behaviours;
- where employee well-being is considered a priority (and there is an understanding of what 'well-being' means for an employee with a disability);
- where the role has a trajectory for career progression and skill utilization.

This combination of workplace conditions results in people with disabilities typically staying in employment for a more sustainable period (even where that means moving roles within an organization or more widely in the labour market), and they also provided more opportunities for promotion and progression. It is only by taking such an inclusive approach that employers can truly ensure that people with disabilities have a level playing field with other employees.

However, when an individual acquires a disability, a lack of adjustments in the workplace can result in the individual being forced to leave the organization or be pigeonholed in underemployment that does not serve beneficial to any stakeholders. This may be a conscious decision on the part of the organization, a lack of financial support from governments or it may just stem from economic self-interest (Ståhl et al. 2014). However, it is difficult to understand how behaviour that seems to be such a violation of moral common sense can manifest in socially responsible organizations (Palazzo et al. 2012). Ethical models suggest that unethical decisions are the results of an interplay between personality traits of the decision maker and the context within which that decision is made; they also tend to view the decision maker as a rational actor and that cognitive moral development is crucial in the judgement phase (Sonenshein 2007). Bower et al. (2011) believed that managers use different philosophical lenses when making decisions, taking account of as many aspects as possible, including consequences (utilitarian lens), principles (Kantian lens) and objectives (economic lens). Others propose that people behave unethically without even being aware that they are doing so, or they are convinced that they are doing the right thing (Palazzo et al. 2012). For example, the Equality Act 2010 only applies to people with acquired disabilities 12 months after diagnosis; thus, employees who acquire conditions while in their current position are often left waiting a year before their employer will support them by making adjustments. This means that, although they need adjustments immediately, they are not entitled to them, leading to a decrease in performance and productivity, being given formal warnings and/or being managed under performance or capability procedures. Furthermore, research also suggests that employees can make decisions that run counter to their own values and principles (Chugh and Bazerman 2007): known as “ethical blindness”, a state where an individual is temporarily unable to access their own ethical values or they cannot recognize the ethical dimensions within a given situation (Palazzo et al. 2012). So in the case of adjustments, employers may know it is the ethical thing to make adjustments for an employee who has acquired a disability, but financial pressures result in them turning a blind eye to that employee’s need. This not only has significant implications for individuals with disabilities but also for the effectiveness of cultural and organizational change initiatives, for example, training programmes which are aimed at changing or developing ethical values and principles.

Types of Employment

Across this section of the book a key theme was that employers need to consider the well-being of their employees with a disability in their day-to-day employment (and beyond) experiences. For instance, individuals who endure pain on a daily or intermittent basis will experience cognitive and physical fatigue in managing both their pain and their job role in the workplace. It is therefore important that employers and co-workers are given equality and diversity (E&D) training to reduce the likelihood of bullying, harassment or discrimination, caused by a lack of awareness/understanding, in the day-to-day interactions at work. Too often employers view workplace adjustments/

accommodations as a choice rather than a necessity, which breaks their legal requirement and places employees with a disability in a distinct disadvantage (Foster 2018). Rather than making changes to suit one group of people the authors of the chapters throughout this handbook have stressed that it is about changing the dynamics of the workplace as a whole (e.g., job design and workplace cultures) (see Chap. 28). There is a need for organizations to adapt their policies in order to accommodate all of their employee's abilities rather than expect the employee to adapt to the organization, often at great personal sacrifice (see Garland-Thomson's 2017 concept of disability bioethics).

The two main take-away points from this section is that organizations need to provide more financial investments into human resource management (HRM) particularly E&D to better support their workforce. Research has found, however, that employees can still experience benevolent discrimination if HR professionals inadvertently reinforce inequality rather than address it; therefore, caution needs to be stressed here (Romani et al. 2019). It is hoped that the knowledge gleaned from this handbook will address this and lead to more robust HRM strategies that will result in the successful hiring and retention of employees with a disability. Importantly, financial investment is not the only important factor in the development of organizations, of equal importance is the moral support climates provided to employees. It has been shown how organizations that successfully specialize in supporting those with a disability is in how they morally engage with employees with a disability.

Levels of Employment

The four chapters in this section explored a number of different levels of employment and career paths that employees with a disability traverse. As highlighted throughout the handbook, the literature contextualizes that individuals with a disability are often subject to low-skilled, low-paid and precarious jobs with a lack of career progression which significantly affects their mental well-being (Milner et al. 2017). This is due in large to deep-seated assumptions that prevent equal access to the labour market (Lindsay et al. 2019). A key message through this section is that the onus of disability integration falls on the leadership, or top management, within an organization. The handbook has shown the importance of imbedding inclusion-based strategies into the foundation of an organization's procedures and policies. The four chapters when read together provide both empirical and theoretical knowledge on how different strategies enacted, or not, within organizations can have a significant impact of well-being of both the employee and the organization as a whole (Wilson-Kovacs et al. 2008). A key message is that all organizations need to implement a *top-down approach* that filters down throughout the entire organization—not from the bottom up which puts workers with a disability in a disadvantaged position. The mind-set, or strategic thinking, from key personnel within organizations is paramount for a successful inclusive workplace. Employers are encouraged to adjust their employment strategies to actively seek to recruit a more diverse workforce. The case studies provide real evidence that people with a disability can be assets to an organization when given the opportunity.

Disabilities

The chapters in this book cover only a small number of disabilities, with the number of possible disorders affecting people with disabilities in the workplace are too numerous to list individually. The legislation in most countries, which has disability laws, states that the legislations cover mental and physical impairment and some offer lists of what that actually means in practice. For example, the Americans with Disability Act (ADA; 1990) defines a physical impairment as a physiological disorder or condition, anatomical loss or cosmetic disfigurement that impacts on a range of body systems; and a mental impairment as any psychological or mental disorder, such as emotional or mental illness, mental retardation, organic brain syndrome and learning disabilities. This is difficult for anyone who is not a clinician to understand and apply in the workplace, especially where the disability does not mention a specific medical condition or it is a condition, such as depression, that is only included in some cases. Surprisingly, the ADA (1990) does not cover some serious impairments, such as multiple sclerosis, which means that employers are not required to make any adjustments for people suffering from such disabilities. Furthermore, there is quite a lot of disparity between the legislation of different countries. For example, Indian legislation lists 21 disabilities that are covered by the Rights of Persons with Disabilities (RPWD) Act (2016), which highlights the key disabilities encountered in India. These include conditions such as leprosy cured persons, thalassemia—a genetic blood disorder—cerebral palsy, haemophilia, sickle cell disease, acid attack victims and multiple disabilities including deaf-blindness. The difference between conditions listed on the ADA and the RPWD is a stark reminder of the lack of medical care available to the populations of developing countries, as well as demonstrating how disability can be socially constructed.

Although the disabilities covered by the RPWD may seem primitive in comparison with western legislation, it is actually very explicit in what is included, and it is easy to understand exactly who is covered by the act. The issue with most western acts is that they only cover so many conditions; therefore, it can be very difficult for organizations to determine if someone is covered by the act. As UNISON (2018. p.6) comments, “the legal definition of disability is difficult to apply and sometimes defies common sense”, especially as the Equality Act 2010 only “protects workers if they have a disability which meets the complex definition”. This has become a big problem in practice for UNISON, as a high percentage of claims fail because employees cannot prove that they meet every stage of the definition of disability. As previously noted, it is not possible to list a range of all the conditions covered by the Act (e.g., arthritis, diabetes, depression, back impairment) as each case will depend on the effects of the individual’s impairment and the severity of their symptoms. At the heart of disability legislation is the complex definition of who is, or is not, disabled, yet every individual experience their disability very differently from others with the same condition (UNISON 2018). It is perhaps no surprise that employees and employers cannot always determine whether an individual is protected by legislation, especially as employers and governments often measure disability in different ways and for difference purposes.

Employers increasingly have a wider interpretation of ‘disability’ than, for example, the UK government’s Work and Health Programme adopts. Employers are typically measuring ‘disability and long-term health conditions’ and giving examples as varied as depression and musculoskeletal (MSK) conditions to dyslexia and diabetes. In addition, employers measure workforce disability prevalence for different purposes to the government (e.g.,retention, engagement, movement within an organization). Furthermore, while measuring disability prevalence is common among employers, monitoring disability relevance among applicants and candidates at recruitment stage (from application to appointment) is still relatively poor across sectors. This is recognized in a recent UK government paper that set out plans to transform employment prospects for people with a disability and those with long-term health conditions over the next ten years (Gauke and Hunt 2017). The *Improving Lives* strategy recognizes that the employment and workplace retention of people with disabilities is multifaceted and that welfare reform is needed to have a positive impact on the job retention of people with disabilities. They recommend the following interventions as a means to achieve their objective:

- more education should be given at school and throughout education about the rights of people with disabilities in employment and as users of services;
- more financial investment should be made in supporting businesses to make adjustments for people with a disability (employment and services);
- access to up-to-date information for businesses to stay informed;
- access to training for businesses on supporting and meeting the needs of people with a disability.

Initiative such as *Improving Lives* could be of value if they actually addressed the crucial issues discussed above. However, the problem with many of these government initiatives is that they do not provide in-depth knowledge for either individuals or organizations about how to interpret the legislation in a meaningful way.

Intersections

There are very few studies that actually look at the difference in demographics with regard to the condition/s under exploration: demographics including gender, age and education are routinely collected but not utilized as part of the analysis. For example, Varekamp and van Dijk (2010) undertook a study exploring workplace problems, with one of the key findings being that work/life balance posed a problem for 90 per cent of respondents and a serious problem for more than half. Interestingly, women accounted for 75 per cent of the sample, yet no connection was made between work/life balance and gender, although many studies have shown that work/life balance is a significant issue for working women (e.g., Kossek and Groggins 2015;Russo et al. 2016). It appears as though the general approach is to view people with disabilities as a homogeneous group, with disability eradicating all other intersectional issues and marginalizing identities and disadvantaged populations (see Chaps. 23 and 25). This may just result from a lack of intersection between disciplines—for example, there appears to be little cross-over between clinical and psychological research. In a meta-analysis of 86 samples (n = 15,616) looking at the relationship between self-efficacy and chronic pain outcomes, age was the only demographic that was included in the analysis (Jackson et al. 2014). They commented that it was likely that "substantial heterogeneity remained in moderator analyses of factors, such as sex, [and] occupational status". This clearly shows that, other than age, demographic factors that may add to the negative experiences of people with disabilities, including discrimination, harassment and bullying, are being ignored. This is particularly pertinent to gender, for example, in the USA,where women are more likely to report a disability (for most disability types) when compared with men (24.4 per cent vs. 19.8 per cent) (Courtney-Long et al. 2015).

Dynamics

The final section of the handbook explored the dynamics of employment which affect the experience of employment for individuals with a disability. It is apparent from the first two chapters that more work is needed to expose and challenge the very procedures and policies that are woven into the fabric of organizational culture that excludes those who are socially seen as 'other'. As is highlighted throughout the handbook the global impact of capitalism and neoliberalism within employment maintains the binary of abled and disabled which excludes those who are seen to be disabled compared to others (Charmaz 2019). This is rooted in the perception that employees with a disability are unable to produce/work to a set pace to enable those at the top of an organization to turn a profit. This is particularly true in this current era of global isolation and wealth maximization in the homeland.

Importantly, an organization's inclusive strategies need to be applied and accepted by all who are involved to aid in the success of the business. For instance, E&D initiative have to be supported by both key stakeholders and consumers for it to be successful. As has been shown throughout this handbook, the success of an organization is a complex entanglement of internal politics (Mikkelsen and Wåhlin 2019), procedures and policies within the business, but it is also affected by regional and global politics, cultural and societal norms and geopolitical factors (Williams et al. 2018). For instance, companies' personal image (especially within the UK) are being increasingly scrutinized and organizations with more than 250 employees are being required to publish data on any gender pay gap (17.3 per cent in the UK in 2019) (Office for National Statistics 2019a). This provides evidence that women are still enduring inequality compared to men; this is more so for women with a disability. There have also been calls for organizations to extend this publishing of employee data to other diversity categories such as for employees with a disability. Currently data (in the UK) is gathered through government (or other official channels) sanctioned population survey (2018 pay gap between disabled and non-disabled is 12.2 per cent) (Office for National Statistics 2019b).

Final Words

Research on disability management have generally centred around observers' or employers' attitudes towards people with disabilities, as well as the impact of discrimination (Nota et al. 2014: Santuzzi and Waltz 2016). From the view of people with disabilities, the focus has been on the number of workers with disabilities, rather than on the experiences of those workers (Fevre et al.2013). It is the experience of people with disabilities in work environments that is the key factor, as research has shown that employees with disabilities need work as a source of self-esteem, psychological security and socializing (Medina and Gamero 2017). Moreover, Lydell et al. (2019) found that those who remained in work did so because of motivators such as control, personal responsibility, self-image derived from work status and self-esteem derived from career development and income.

It is essential for organizations to behave socially responsible by supporting people with disabilities throughout all of the stages of employment, helping employees with disabilities to surmount the stigma surrounding their disability thereby increasing their sense of well-being and inclusivity (Luu 2019). It is not enough for organizations to have HR policies that adhere to the legislation; organizations must be proactive and actively engage in disability management (preferably starting at the top of the organization). Taking care of the well-being of employees with disabilities influences not only their performance but also customer experience, especially their perceptions of the organization's social responsibility a factor which is increasing in importance (Gostautaite et al. 2018). Managers at all levels in the organization should be trained and encouraged to help employees with disabilities to achieve their goals, building any necessary skills and knowledge as well as providing psychological support. Luu (2019) advocates that the recruitment, training and succession planning of managers should be designed to develop/enhance disability inclusivity leadership, which has at its core compassion and sensitivity towards people with disabilities.

One way in which organizations can evaluate how successful they are in the recruitment, retention, management and career development of employees with disabilities is through the Disability Standard, developed by the Business Disability Forum (2019). This standard is a whole-organization disability management audit, designed to help organizations measure and improve on their performance for all disabled stakeholders, including employees, customers, clients or service users. It helps organizations to measure and improve their progress towards becoming disability-smart and inclusive, as well as enabling employees with disabilities to understand how disability-smart their organization is across the whole of the business. The audit covers ten business areas:

- Commitment
- Know-how
- Adjustments
- Recruitment
- Retention
- Products and services
- Suppliers and partners
- Communication
- Premises
- IT

This is not designed to make organizations complacent, as previous standards have done, rather it is benchmark of progress and means of measuring the maintenance of standards, not the simple achievement. Along with all of the other incredible initiatives discussed in the handbook, high standards of best employment practice for all people with disabilities are essential if the issues highlighted in the previous 28 chapters are to be not only changed but eradicated permanently.

Finally, thank you to all of our authors who are working so hard to elicit effective change for people with disabilities, from those of us who have (or have had) to face such problems and challenges every day—our sincere gratitude.

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