

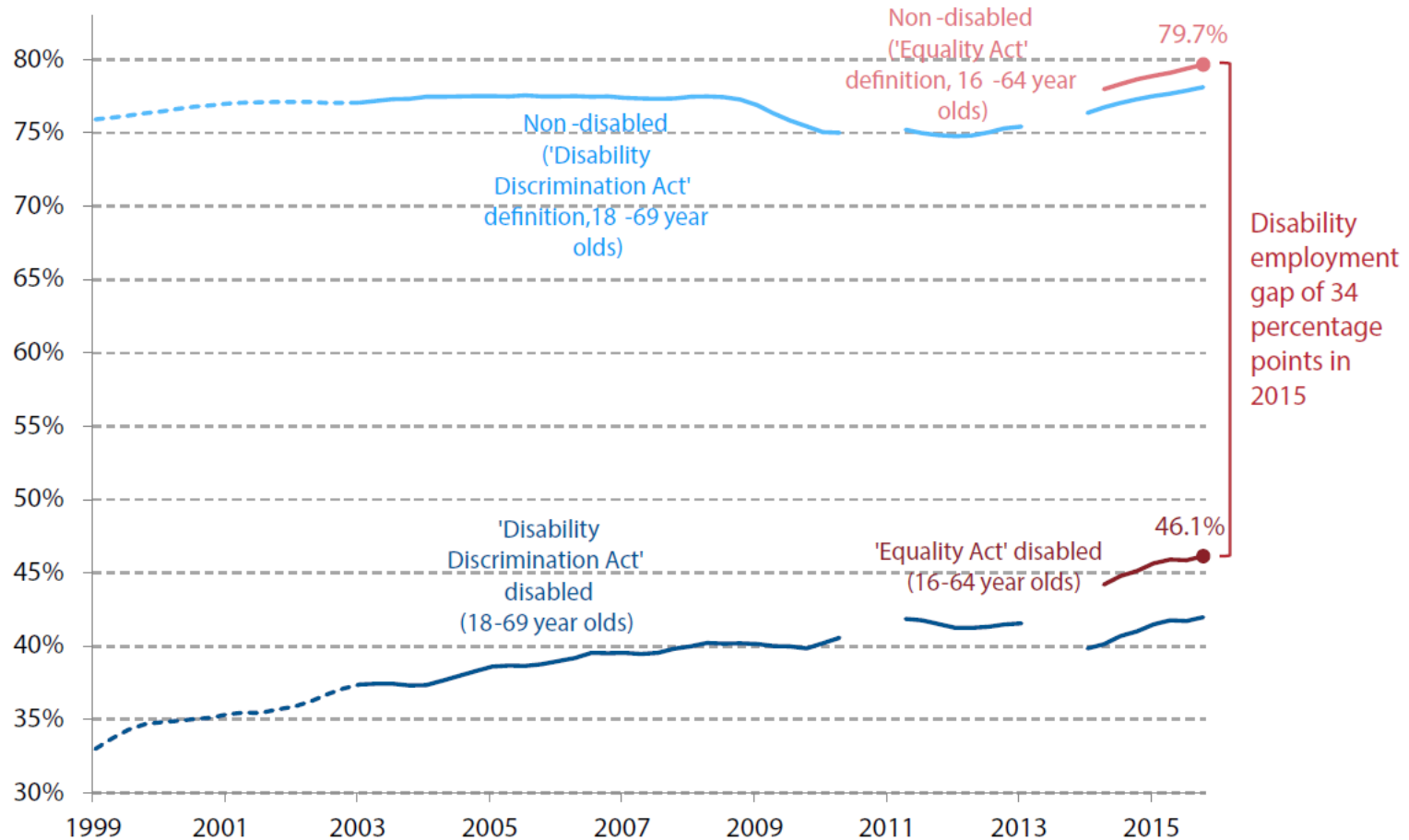
# The role of workplace accommodations in explaining the disability employment gap

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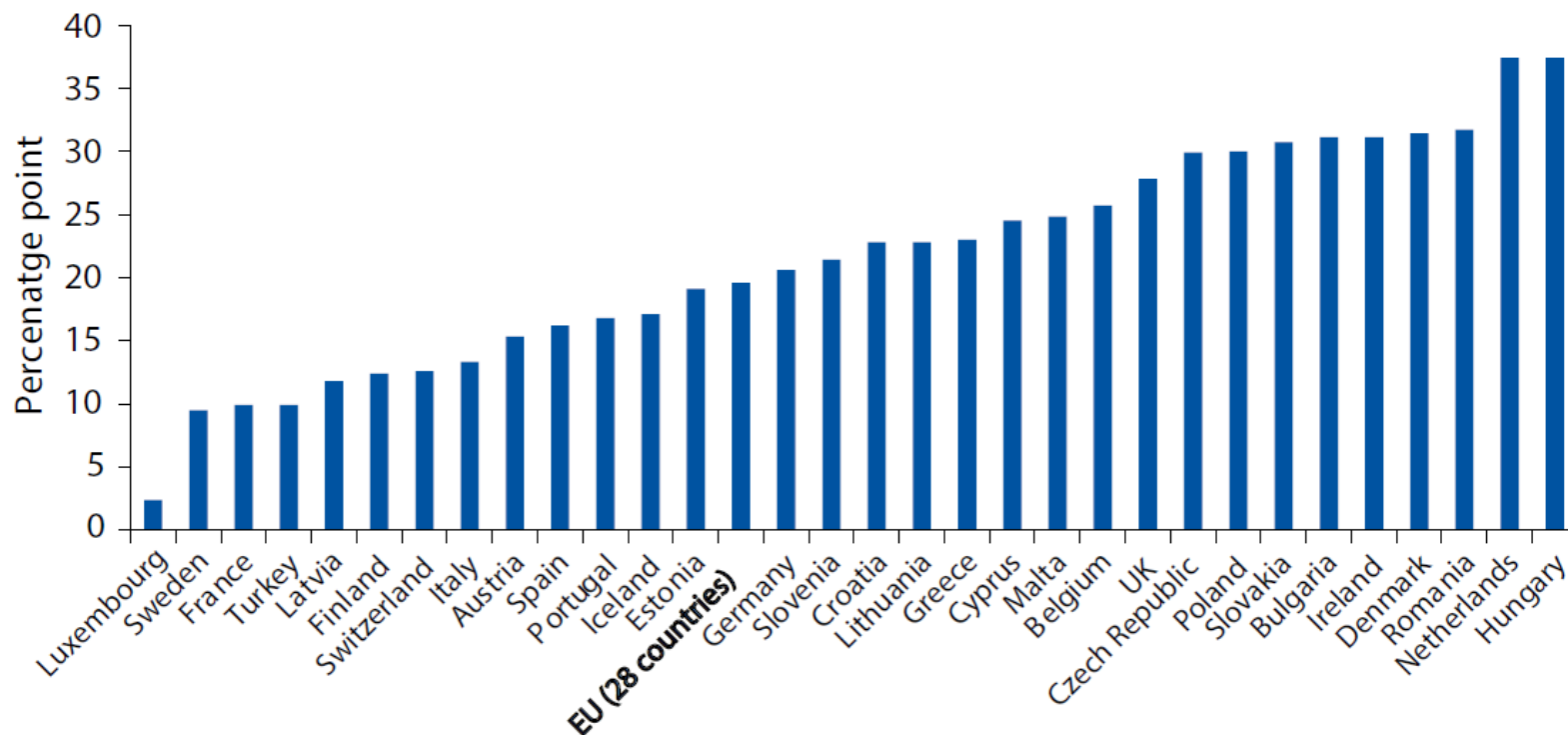
# Disabled and non-disabled employment rates, UK 1999-2015



Source: Resolution Foundation, [Retention Deficit](#), June 2016. Note: Annual rolling averages, historical dashed lines represent trends based on age 18-59 (women)/64 (men). Breaks represent changes in the survey questions or methods.

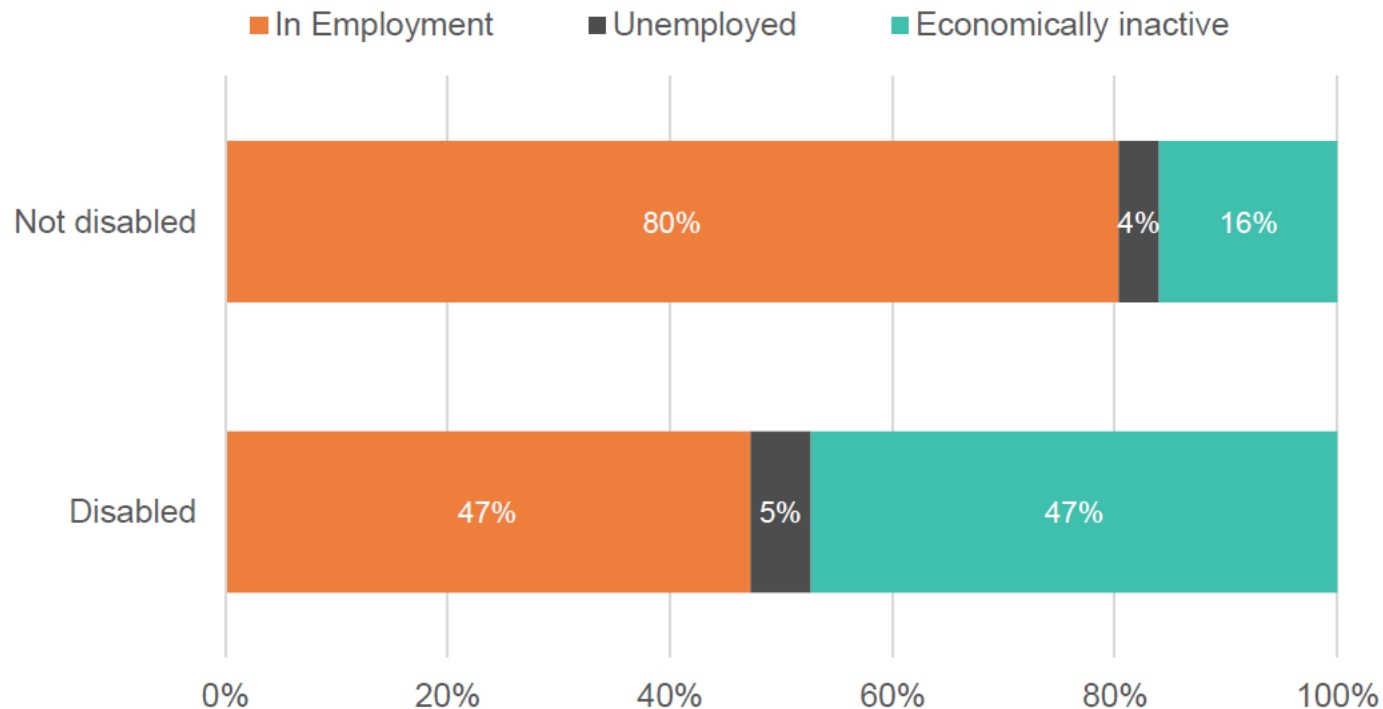
# Gap in disability employment rate, age 15-64, EU countries 2011

Gap in the employment rate between those report a disability and those who do not, aged 15–64: 2011<sup>2</sup>



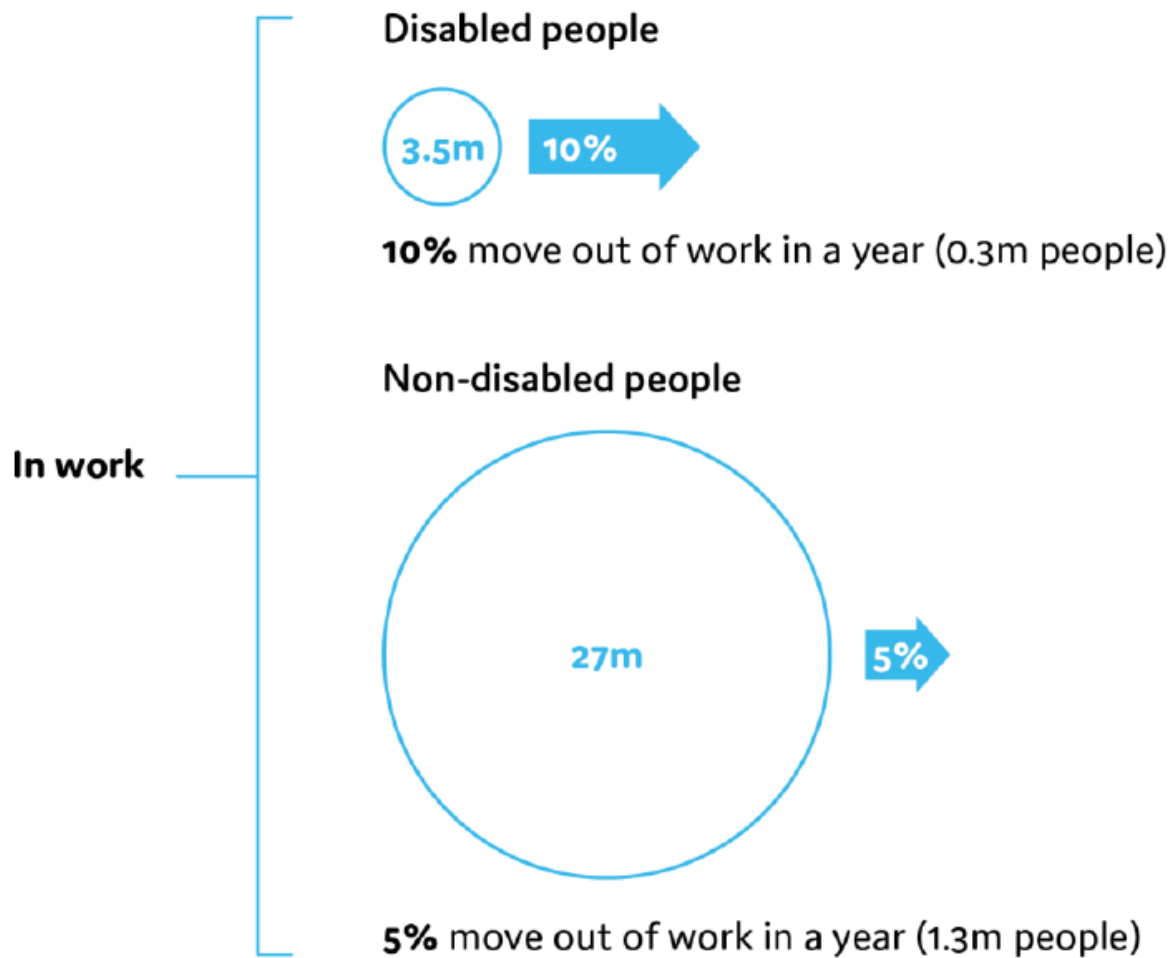
Source: Jones, M. [Disability and labour market outcomes](#), IZA World of Labor, April 2016

# Proportion of disabled and non-disabled adults aged 16-64, who are employed, unemployed or economically inactive, UK 2015

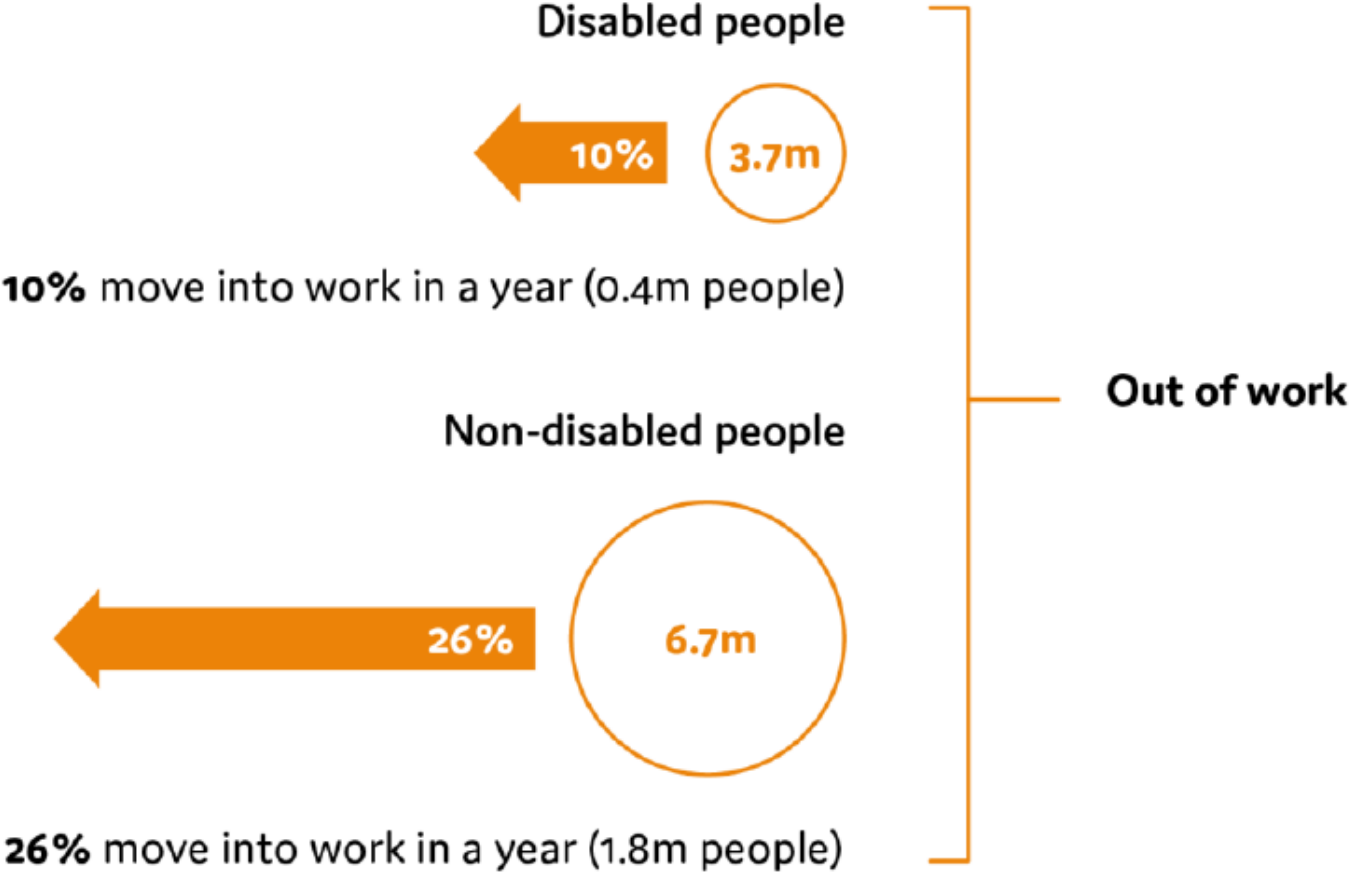


Source: Learning and Work Institute, [Halving the Gap](#), July 2016

# Disabled workers are twice as likely to move out of work compared to non-disabled workers



# Disabled adults are three times less likely to move into work compared to non-disabled adults (in 1 year)



# Improving Lives

- sets out policy changes intended to ‘transform employment prospects for disabled people and those with long term health conditions’



Department  
for Work &  
Pensions

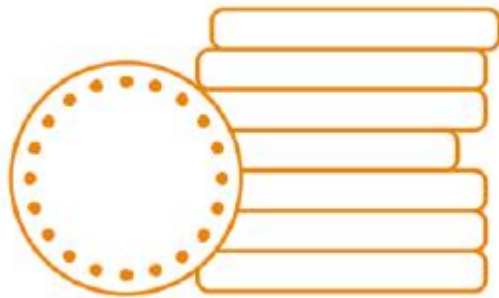


Department  
of Health

## Improving Lives

The Future of Work, Health and Disability

# The disability employment gap costs the government money....



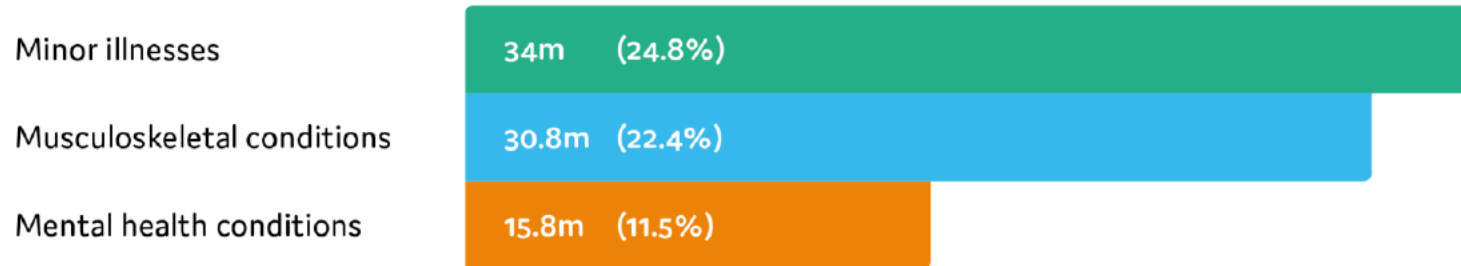
Ill health among working age people costs the economy around

**£100 billion**  
a year<sup>a</sup>



# The disability employment gap also costs the employers money....

An estimated 137.3 million working days were lost due to sickness or injury in the UK in 2016; musculoskeletal and mental health conditions were major reasons for absence, after minor illnesses like colds<sup>c</sup>



Working days lost due to sickness or injury

# Work for sick & disabled people:

- Is (generally) therapeutic
- Helps to promote recovery and rehabilitation
- Leads to better health outcomes
- Minimises the harmful physical, mental and social effects of long-term sickness absence
- Reduces the risk of chronic disability and long-term incapacity
- Reduces poverty and social exclusion
- Improves quality of life and well-being



# Improving Lives target

The Government is committed to seeing

**1 million**

more disabled people in work over the next ten years.

>

**3.5 million**

disabled people  
in work, 2017

>

**4.5 million**

disabled people  
in work by 2027

# *How to achieve the target?*

- Strong 'preventative' focus on supporting people to stay in work
- supporting people into employment.
- improve and join up services and remove barriers across
  - **the workplace**
  - the balance of employer incentives and obligations
  - assessments in welfare system
  - occupational health services and other parts of the health system
  - Prioritising interventions focused on mental health and musculoskeletal conditions
- Funding for a **more comprehensive evidence base** about what works, with new research and trial activity

# Existing research

- Focus on “barriers and facilitators” for disabled people
- Barriers- largely qualitative studies
- Facilitators- largely RCTs
- Many systematic reviews (in Cochrane Library) on workplace interventions
- RCTs use the medical model approach

# Medical vs Social Models of Disability



Disabled people as passive receivers of services aimed at cure or management



Disabled people as active fighters for equality working in partnership with allies.

# Are workplace accommodations effective?

- Moderate-quality evidence on workplace interventions for workers with **musculoskeletal disorders**
- Low evidence on workplace accommodations and modifications for persons with **mental illness**

<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD006955.pub3/abstract>

Foster (2007):

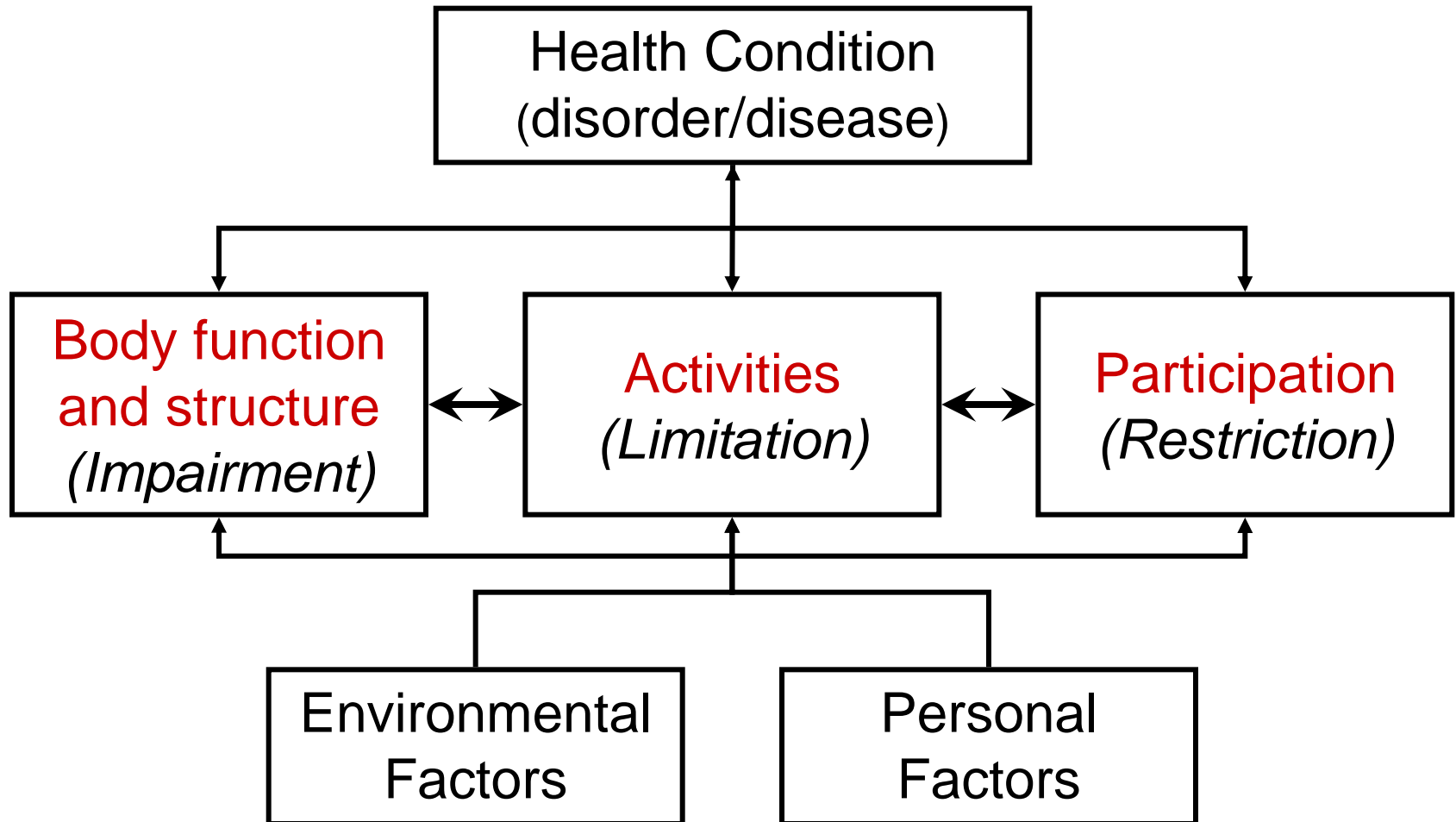
- negotiations on workplace adjustments are fraught
- approximately half of those interviewed said that they had experienced stress and ill health as a consequence of the workplace adjustment process
- absence of formal organizational procedures for implementing workplace adjustments

# Life Opportunities Study- 2009-2012

- first major large scale longitudinal survey of disability in Great Britain.
- compares the experiences of people with and without impairments across a range of areas, including education and training, employment, transport, leisure, social and cultural activities, and social contact.
- does not equate having an impairment with being disabled.
- to meet the social model definition of disability, as used in the LOS, people must have an impairment and have experienced barriers to participation.
- Wave One- June 2009 to March 2011
- Wave Two- June 2010 to March 2012
- Respondents followed up approximately one year after their initial interview.



# Interaction of Concepts International Classification of Functioning (ICF) 2001



# ICF Structure- Limitations arising out of impairments or chronic conditions

## Impairments

Vision

Hearing

Communication/speech

Mobility

Dexterity

Pain

Breathing

Learning

Intellectual

Behavioural

Memory

Mental

Other

## Chronic health conditions

Asthma/severe allergies

Heart condition/disease

Kidney condition/disease

Cancer

Diabetes

Epilepsy

Cerebral Palsy

Spina Bifida

Cystic Fibrosis

Muscular Dystrophy

Migraines

Arthritis or Rheumatism

## Chronic health conditions

Multiple Sclerosis

Paralysis of any kind

Any other long-term condition

# Life Opportunities Study- 2009-2012

All respondents in work were asked if anything from the following list helped them at work. This list included:

- modified hours or days or reduced work hours
- modified duties
- changes to your work area or work equipment
- equipment to help with a health condition or disability
- building modifications, such as handrails or ramps
- other equipment or services
- a job coach or personal assistant

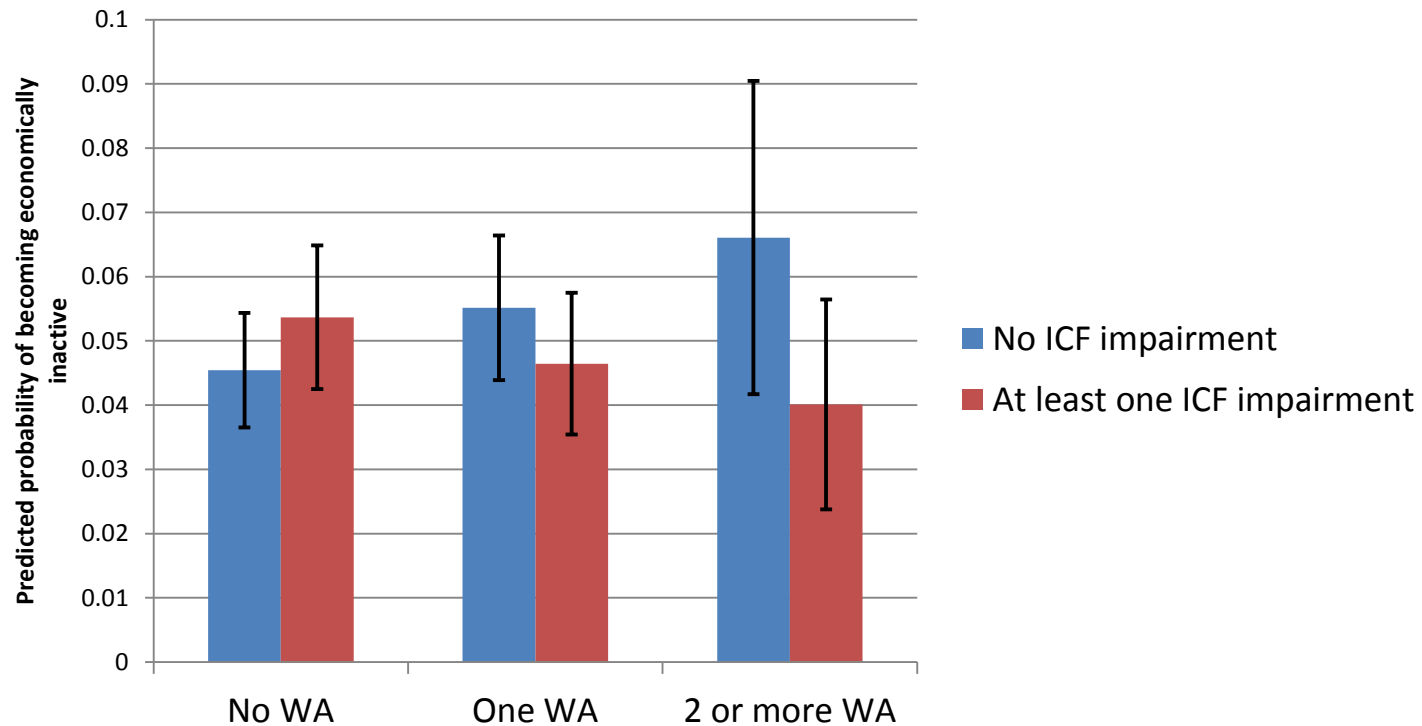
## **Accommodations vs Adjustments**

# Among those in employment: LOS wave 1

	No impairment (n=4274)	At least one ICF impairment (n=2285)
<i>n</i>	4,274	2,285
<b>Economic activity wave 2 (ref: in employment)</b>		
Seeking work	3.2%	2.5%
Economically inactive	4.5%	6.5%
<b>Modified hours/duties (ref: no modified hours/duties)</b>		
Modified hours/duties	18.0%	24.2%
<b>Modified work area/equip (ref: no modified work area/equipment)</b>		
Modified equipment	7.1%	14.4%
<b>Job coach/personal assistant (ref: no job coach/personal assistant)</b>		
Job coach/personal assistant	4.6%	4.9%
<b>Any work modifications (ref: no work modifications)</b>		
At least one work modification	25.3%	34.7%

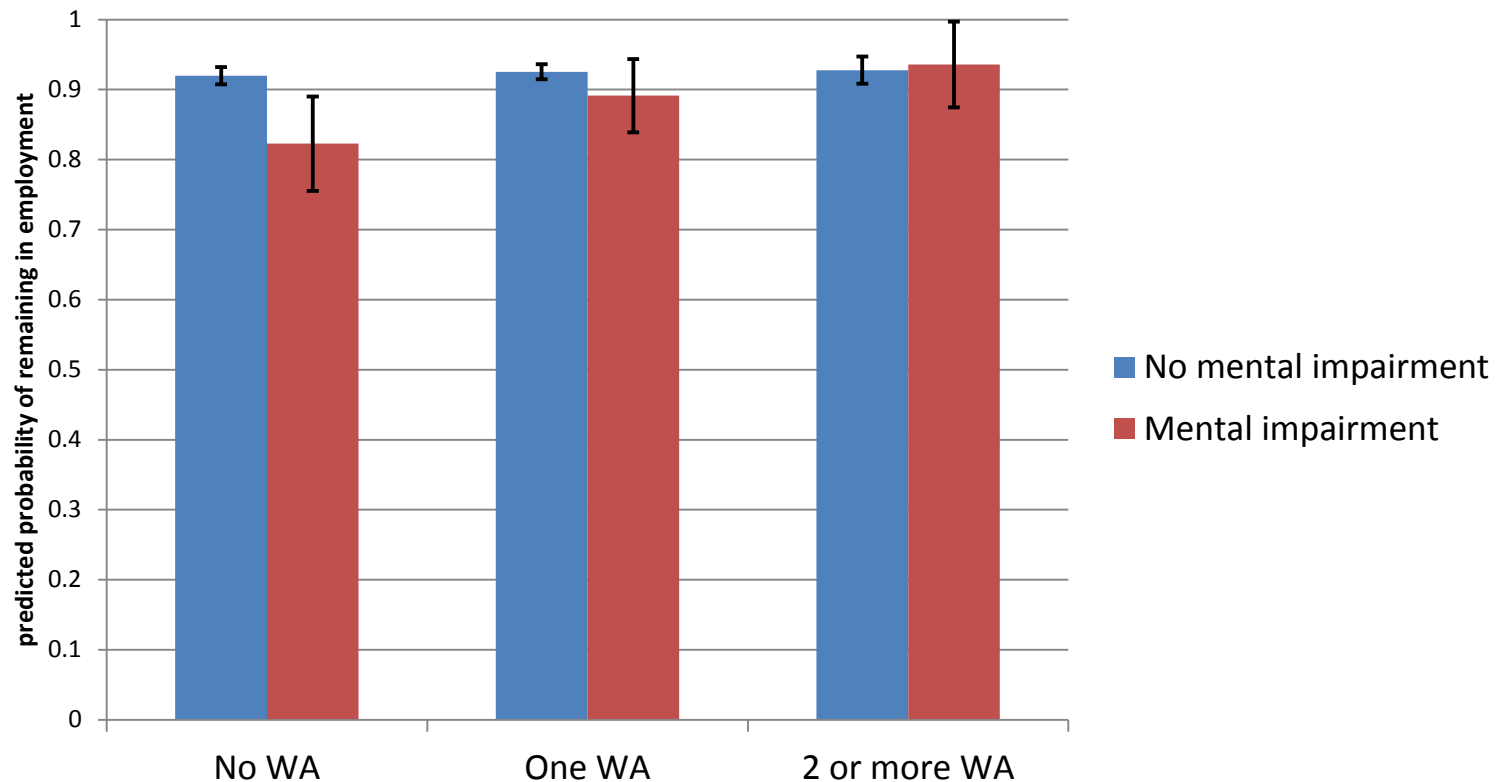
# Do Workplace Accommodations enable workers with impairments to remain economically active?

Predicted probabilities of becoming economically inactive after 1 year by workplace adjustments (WA) and ICF impairment status{ Workers with/without any ICF impairments at LOS wave 1



# Do Workplace Accommodations enable workers with mental impairments to remain in work?

Predicted probabilities of becoming remaining in work by workplace adjustments (WA) and ICF mental impairment status: LOS workers at wave 1 with/without a mental impairment



# Discussion

Workplace accommodations appear to help workers with impairments to remain economically inactive

RCT workplace intervention studies may be biased

- Blinding
- Population coverage
- Scaling up

Need for more high quality longitudinal studies following up workers with and without impairments