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\(^2\)

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.

10% of disabled people (3.5m people) move out of work in a year, compared to 5% of non-disabled people (27m people) who move out of work in a year.
Disabled adults are three times less likely to move into work compared to non-disabled adults (in 1 year)

10% move into work in a year (0.4m people)

26% move into work in a year (1.8m people)
 Improving Lives

- sets out policy changes intended to ‘transform employment prospects for disabled people and those with long term health conditions’
The disability employment gap costs the government money....

Ill health among working age people costs the economy around £100 billion a year.
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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Working Days Lost</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor illnesses</td>
<td>34m</td>
<td>24.8%</td>
</tr>
<tr>
<td>Musculoskeletal conditions</td>
<td>30.8m</td>
<td>22.4%</td>
</tr>
<tr>
<td>Mental health conditions</td>
<td>15.8m</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

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

The impairment is the problem

- Child development team
- Specialists
- Social workers
- Surgeons
- Special transport
- Educational psychologists
- Special schools
- Benefits agency
- Training centres
- Sheltered workshops
- Disabled people as passive receivers of services aimed at cure or management

The structures within society are the problem

- Lack of useful education
- Discrimination in employment
- Inaccessible environment
- De-valuing
- Prejudice
- Inaccessible transport
- Inaccessible information
- Segregated services
- ‘Belief’ in the medical model
- Poverty
- 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


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

Health Condition (disorder/disease)

Body function and structure (Impairment)  
Activities (Limitation)  
Participation (Restriction)

Environmental Factors  
Personal Factors
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
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

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