Disability and Employment – An Overview on the Role of Education and Educators

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Abstract

People with disabilities shall face many socio-economic constraints in their everyday life, starting at kindergarten and primary schools, and ending by finding a decent job and being adjusted to corporate culture. The key to this problem might be education in an integrated way, which allows people with disabilities to use and strengthen their abilities. It works in theory, but pupils, students, families and educators will face several problems in the course of this process.

The authors, based on literature review and own research, aim to gain insights into the different conceptual models of disability and the policies to benefit disabled people in the European Union and Hungary.

The paper focuses on two approaches to address and identify disability: the medical model, which discusses disability within individuals, and the social model, which represents the social phenomenon related to disability.

People with disabilities are often victims of labelling, stereotyping, exclusion and discrimination that will determine their life and behavior. The education and employment regarding people with disabilities may raise several problems. How could higher educational levels be reached without equal opportunities? How to teach teachers and educators to be able to educate people with disabilities? How can people with disabilities be integrated at work? What jobs are appropriate for them? Our research and focuses on the present conditions and challenges at different levels of education of people with disabilities based on the experiences of a case study.

Keywords: disability, education, integrative approach, employment, training

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Introduction

According to the data of the World Health Organization (WHO) 650 million people – i.e. approximately 10 per cent of the world's population – live with disability, so they should be considered as the world's largest minority. The WHO highlighted that this number may increase through population growth, medical advances and the ageing process. Eighty per cent of persons with disabilities live in developing countries (United Nations, 2006; United Nations, 2015; Mitra, Posarac and Vick, 2011). Disability rates are higher in groups of lower educated people, according to OECD data, on average 19 per cent of less educated people have disabilities, compared to 11 per cent among the better educated (OECD, 2010; WHO, 2011)

In the European Union one in six people has a disability that ranges from mild to severe making around 80 million. These people are often prevented from taking part fully in society and the economy because of environmental and attitudinal barriers. The rate of poverty is much higher for people with disabilities because of their limited access to employment (European Commission, 2010a). The European Commission's European Disability Strategy 2010-2020 was adopted in 2010. Its objectives are focusing on eight priority areas (European Commission, 2010a):

- 1. Accessibility: making goods and services accessible to people with disabilities and promoting the market of assistive devices
- 2. Participation: ensuring that people with disabilities enjoy all benefits of EU citizenship and removing barriers in public life and leisure activities
- 3. Equality: fighting against discrimination based on disability and promoting equal opportunities.
- 4. Employment: raising the share of persons with disabilities working in the open labor market
- 5. Education and training: promoting inclusive education and lifelong learning for students and pupils with disabilities, providing equal access to quality education and lifelong learning
- 6. Social protection: promoting decent living conditions, combatting poverty and social exclusion
- 7. Health: promoting equal access to health services and related facilities
- 8. External actions: promoting the rights of people with disabilities in the EU enlargement and international development programs.

These priority areas are fully harmonized by the Europe 2020 Strategy, which set out three priorities for delivering growth: smart (more effective investments in education, research and innovation), sustainable (establishing a low-carbon economy) and inclusive. Inclusive growth has two main flagship initiatives: an agenda for new skills and job creation, and poverty reduction through the European platform against poverty (European Commission, 2010b).

The paper examines how these goals can be achieved and what is the most appropriate approach towards people with disabilities in order to live a full and active life.

Definitions and models of disability

The definition of disability by Merriam-Webster dictionary is "a condition (such as an illness or an injury) that damages or limits a person's physical or mental abilities or the condition of being unable to do things in the normal way". According to

Oxford Dictionary, "disability is a physical or mental condition that limits a person's movements, senses, or activities". The Cambridge Dictionary defines disability as "an illness, injury, or condition that makes it difficult for someone to do the things that other people do". The situation is more nuanced if we explore the different legislative terminologies. Every country has a different approach to defining, identifying and treating disability. There are some common terms used all over the world such as, 'handicapped people', 'people with disabilities', 'disabled people', 'physically or mentally challenged', etc. In Hungarian legislation a special terminology is used, where in addition to the general terms of 'disabled persons', 'persons with disabilities', 'people with intellectual disabilities' the terms of 'people with altered working capacity' or 'persons with changed working capacity' is common. The usage depends on the ministry involved (Open Society Institute, 2005; NORSA).

Disabled people are often perceived in a negative way. Sullivan (2011) highlighted that people with disability are victims of stereotyping like weakness, dependency, incapacity and this negative attitude affects the professional life. Terminology of disability has undergone several changes, from the rude phrases that hurt or have psychological effects on people with disabilities towards the more polite and more nuanced forms. Some examples: 'birth defect' in the present terminology is 'congenital disability', 'deaf' is 'hearing impaired', 'mentally retarded' has more variations such as 'development disabilities', 'intellectual disabilities', 'mental disorder', 'normal person' is called 'non-disabled person' in the present terminology (Sharma and Dunay, 2016)

There has been a lot of discussion and awareness about disability in the past decades. The most frequently used conceptual models are 'medical' and 'social' models of disability.

Table 1: Models of disability

Medical model	Social model		
Problem of the person	 "Disability" as a social problem 		
• Caused by disease, trauma, or other	• Not an attribute of an individual, but		
health condition	rather a complex collection of		
Management of the disability is	conditions		
aimed at a "cure"	 Management of the problem requires 		
• focuses on the impairment and	social action		
what can be done to 'fix' the	 Pro-active thought is needed for 		
disabled person or provide special	participating in activities as non-		
services for them as an individual	disabled people		

Source: own summary

This framework helps to understand the concept of disability by which people are able to broaden their knowledge about disability and provide insights into the beliefs and attitudes which still exists in society regarding disability (Sullivan, 2011). The social model stated that these people are as disabled by the society not by their bodies (Shakespeare and Watson, 2002). The medical (or individual) model, describes how to improve, prevent and cure life of disabled people (Marks, 2007). According to the social model, a person does not 'have' a disability – disability is something a person experiences.

In the beginning the 1980s, the WHO published the initiative of International Classification of Impairments, Disabilities, and Handicaps (ICIDH). This model outlines a conceptual framework showing the relationship between the body, the individual's disability and the individual's position in the society in relation to long-term diseases, injuries and disorders (WHO, 1980). According to ICIDH, there are three main criterion for medical model which are impairment, disability and handicap, i.e. these are the consequences of disorder.

Impairment can be temporary or permanent situation and could be due to disease, birth complications, accident or genetic issues. Disability is a condition where individual is lacking to or unable to perform day to day activities (resulting from an impairment) which is considered ''normal'' to human beings. This may be temporary or permanent, reversible or irreversible, varying from case to case. Handicap is a social phenomenon representing the social, cultural and environmental consequences for the individual which arise from the impairments and disabilities which limits an individual to perform roles which are considered normal (Badley, 1993; Marks, 1997; Bickenbach et al., 1999; Llewellyn & Hogan, 2010).

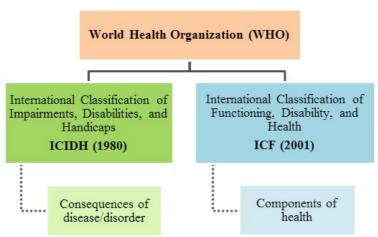


Figure 1: Overview of ICIDH and ICF Source: own

In 1993, the World Health Organization (WHO) initiated the process of revising ICIDH to incorporate three main groups - mental health, children and the environment (Bickenbach et al., 1999). The new International Classification of Functioning, Disability, and Health (ICF or ICIDH-2) models provides a consolidated and structured system which consider the impacts on health. It gives a framework for classifying the health components of functioning and disability and provides a so called "biopsychosocial model" with different perspectives – biological, individual and social – of health in two parts: (1) functioning and disability and (2) contextual factors, i.e. environmental and personal factors (WHO, 2001).

In 2007, ICF was revised and ICF Children and Youth (ICF-CY) was formulated. This was done in response to the criticism that the original ICIDH had not placed sufficient emphasis on children and youth (Simeonsson et al., 2000). The ICF-CY is an expanded version of ICF which covers body functions and structures, activities and environmental standards in relation to infants, toddlers, children and adolescents (WHO, 2007).

The European Union puts emphasis on the economic, social and vocational integration of disabled people. The first action program on the social integration of handicapped people was established in the 1980s. The second European Community action program, was the so-called HELIOS 1 (1988-1991) was designed to contribute to the objective in accelerating the raising of the standard of living through the implementation of a number of specific actions to promote the social integration and independent way of life of people with disabilities. The third action program for disabled people was HELIOS II, between 1993-1996. This program was launched for strengthening the economic and social cohesion of the people of Europe and for pursuing and intensifying work on a comprehensive and consistent policy for the integration of people with disabilities. HELIOS II program covered a wide variety of fields such as prevention and early assistance, functional rehabilitation, integration into the educational system, training and vocational guidance, employment, new technologies, technical aids, independent living, access to cultural, sport, leisure and tourism activities, family life etc. (European Council, 1993). The implementation of these programs was started in the new member states, too, and resulted improvements at different levels in accessibility, technical aids and training opportunities as well.

Children and disability

According to the estimations between 180 and 220 million of young people live with disabilities worldwide and nearly 80% of them live in developing countries. Young people with disabilities shall face the problems in the fields of poverty, family situation, education, transition to working life and employment (United Nations, 2016).

Poverty – Poverty is a significant problem even in well-developed countries for households with members with disabilities. These families generally have lower incomes than others, as the parents or other family members (mostly women) have to give up employment to take care for the family members with disabilities (Mitra, Posarac and Vick, 2013).

Family Situation – In some families, having a child with a disability may bring them closer together. Nevertheless, this situation will bring severe challenges for the whole family. Families believe that their children need protection, and it can lead to lower self-esteem and a weaker sense of identity. This attitude prevents youth with disabilities from reaching their full potential. (Inclusion International, 2006).

Education – Youth with disabilities face many challenges in education even with a supportive and encouraging family background. These challenges may origin from inappropriate accommodation possibilities, the lack of appropriate facilities or assistance. Moreover, children with disabilities at school can be exposed to discouraging behavior, violence, threats, physical abuse and bullish attitude by other students, teachers and school staff. This is the most important and sensitive phase of disabled life which leaves psychological imprints left on child's mind forever (Sharma and Dunay, 2016)

Transition into working life and financial independence – The next difficult period for young people with disabilities is the transition from childhood into adulthood. The most important problem is achieving successful employment and independent living.

Young adults shall face new problems of discrimination at work and their new, independent life without the caring families.

Employment – Not receiving the skills and qualifications will limit the employment opportunities for youth with disabilities. Unemployment rates for persons with disabilities are higher than for persons without disabilities. The unemployment rate of persons with disabilities is over 80% in some countries across continents. Many of them are offered low paying jobs, or may be employed in the informal sector (Mitra, Posarac and Vick, 2013). Work place discrimination is also a serious challenge.

As a summary, it is clear that education may bridge the gap between family care and individual life. Education should provide enough practical knowledge which can be used in private life and work. Inclusive and accessible schools are essential conditions to promote the social inclusion, acceptance, equality and opportunities in schools and colleges for people with disabilities. Teachers and school personnel should be prepared for this special situation, as the lack of knowledge and information may lead to the exclusion of youth with disabilities from certain activities (World Health Organization and the World Bank, 2011).

A good practice from Hungary – education and employment of people with disabilities

The Hungarian case study describes a social cooperative which works in the catering industry. The data collection for the case study was done by performing semi-structured interviews, on-site observation and document analysis. Interviews with the employees and customer were carried out on the spot.

When analyzing the data of people with disabilities according to their economic activities it can be observed, that most of them are inactive earners (i.e. they get pension or maternity support), the share of dependent persons (who do not earn money and they are fully depending on the earnings of their families) is relatively high (Figure 2).



Figure 2: People with disabilities according to economic activities (Hungary, 2011) Source: HCSO http://www.ksh.hu/nepszamlalas/tablak fogyatekossag

The high number of inactive earners represents a huge danger for the national economy. These people are fully depending on their families they cannot live their lives independently, and thus, they cannot be assessed as equal as other people in the society.

A case study was worked out to explore a good practices for training activities and employment, through the experiences of a social cooperative. The examined company is a small restaurant-café, which has only 25 employees, 11 men and 14 women at different age groups. Five employees are not disabled, they have mostly leaders' position. The number of people with intellectual disabilities is higher than other types of disability. The employees of the company are displayed in Table 1.

Table 2: Diversity of employees at the examined company

Type of disability	Male	Female
Orthopedic disability	1	
Visual disabilities	1	1
Hearing and speech disabilities		1
Mental or development or intellectual disabilities	6	8
Others (single or multiple-disabilities)	2	
Non-disabled employees	1	4

Own research

The educational achievements of majority of employees are limited only to elementary and secondary schools. Many of the employees have certificates at vocational courses acquired through government-recognized bodies aiming to integrate into the labor market (Table 3.). These findings represent well the Hungarian statistical data, as according to the data of the Hungarian Central Statistical Office (HCSO) (the census was conducted in 2011), people with disabilities have mostly primary school education (50%), 17% finished at special vocational schools, 20% graduated at secondary schools, only 9% have university degree and 4% have no education at all.

Table 3: The educational achievements of employees (person)

Education	Disabled employees	Non- disabled employees
Primary school (regular and integrated schools)	8	
Secondary school (regular and integrated schools)	12	5
Additional qualifications (vocational courses)	7	3
Higher education		

Source: own research

There were many ways of recruitment at the company, the candidates are recommended by the employees and friends but also through other non-governmental organizations. Moreover, the Facebook page was also a popular platform and the most popular source of recruitment which is highly browsed for job vacancies.

During the interviews, many employees mentioned that they have graduated at vocational training schools, and they have special skills. The typical courses/professions they have are pottery, plant groving, carpet weaving, brushmaking... that means they had relatively simple jobs previously.

When attending this company, the non-disabled staff and special experts trained them to be able to work in the catering sector, which is not a typical one for people with disabilities.

Based on the interviews, the managers revealed that although they have still some problems, the employees enjoy their work and represent a high quality labor force. The education and training period is longer when compared to non-disabled employees, but the job is well-done by everyone.

The managers also mentioned that employees are satisfied by their work and they can feel better the fruits of their work as they can observe their success from the positive feedbacks of the guests.

Conclusion

The case study shown above is just the first step of our present and future research topic for exploring the employment problems of people with disabilities.

Focusing on the Disability Strategy of the EU, we could state that this project helps equality and promotes equal opportunities. Employment, education and training is also present in the project, and the experiences show, that inclusive education, practice-oriented learning may open new perspectives for people with disabilities. Work in the open market (i.e. work in "normal" jobs like non-disabled people) will bring the decent living conditions for them, which may improve their well-being, and consequently, their health status may develop.

Of course, the study has many limitations at the present, but may be considered as a good practice for other companies and future projects.

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