



The Right to Work  
for Persons  
with Disabilities –  
**International Perspectives**

March 8th-10th 2017 at the  
**University Kassel (Germany)**

# **Comparability and convergence of work participation statistics and documentation**

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**Labour policy needs valid and robust statistics for development and implementation of sound and effective policy.**

**BUT: Persons with disabilities have been limited in their full participation in the labour force by the lack of conceptually sound and empirically accurate information about...**

***Work Capacity***

## ***WHY?***

- I. Failure to appreciate the complexity of the experience of disability
- II. Reliance on administrative determinations of work capacity that do not reflect modern understanding of the experience of disability
- III. Unintended consequence of Disability Movement.

# Preliminaries...

- ✓ *Disability assessment is an authoritative administrative process of determining the kind and extent of disability **as part of an administrative procedure called disability determination.***
- ✓ *Disability assessment is used throughout disability policy as part of the determination of eligibility for services, products or protections.*

**Disability Assessment**  
**Disability Determination**

# Preliminaries...

- ✓ *Historically, disability assessment has been closely tied to medical sciences and medical professions, both for perceived legitimacy and certainty.*

# Preliminaries...

## *Disability assessment used for ...*

- ✓ Health and rehabilitation services, including access to assistive technology
- ✓ Social security
- ✓ Disability pensions (social insurance or social security)
- ✓ Health and social insurance benefits, including short and long term sick leaves (workers compensation)
- ✓ General social benefits: income support and access to transportation; social pension for individuals with disability; housing or education services; social care service, personal assistant services; etc.
- ✓ **Employment-related benefits: including unemployment benefits, workers' compensation, and access to vocational rehabilitation**
- ✓ Protection against discrimination and human rights violations

# Preliminaries...

## *Disability assessment used for ...*

### **Work capacity (work disability, work ability) determination**

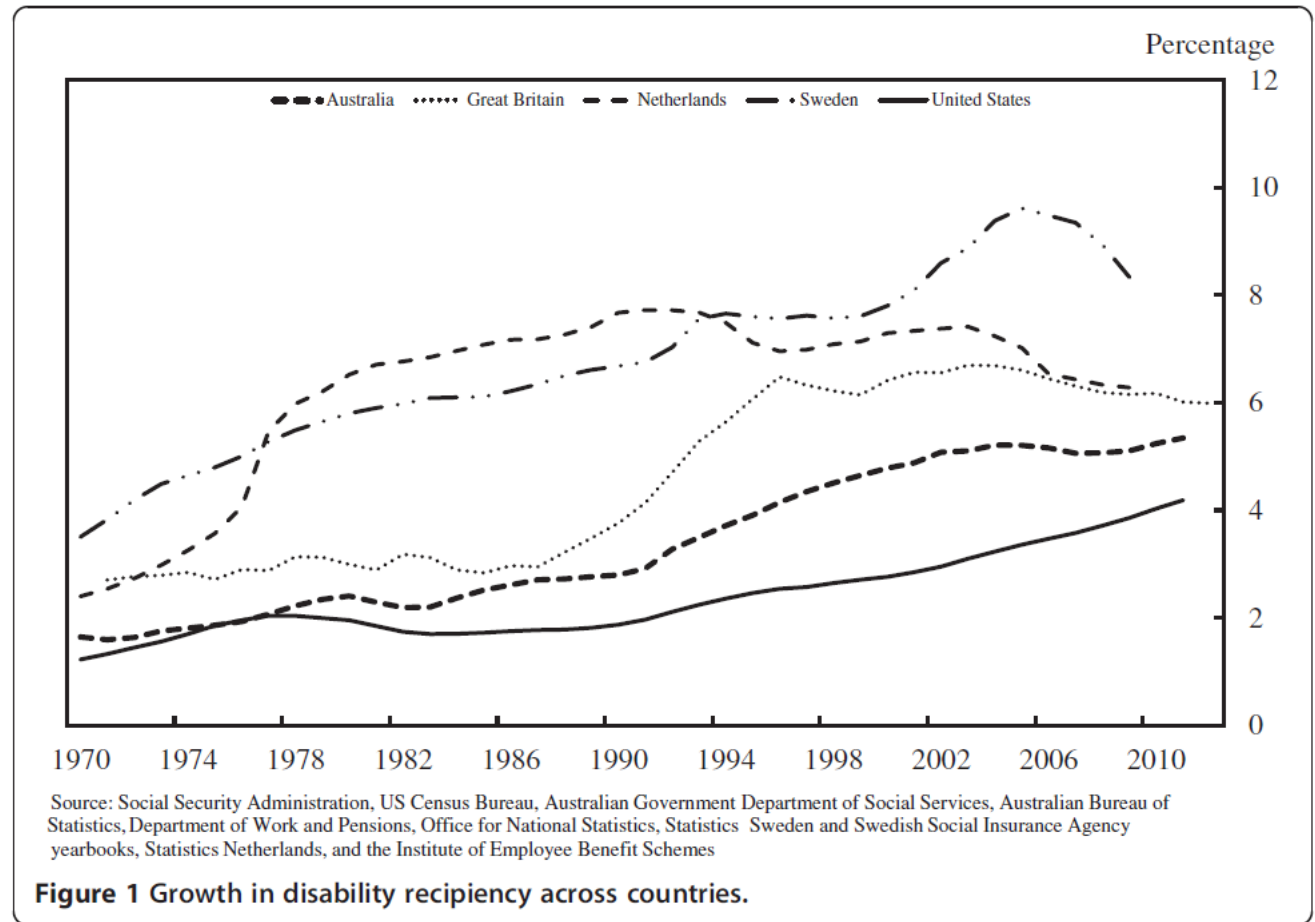
“...the overall ability of an individual to perform the physical, mental and emotional tasks that are needed for the requirements of a particular job, or class of jobs.”

Actually, work **in**capacity

**...The socio-economic  
context of disability  
determination for work  
capacity**



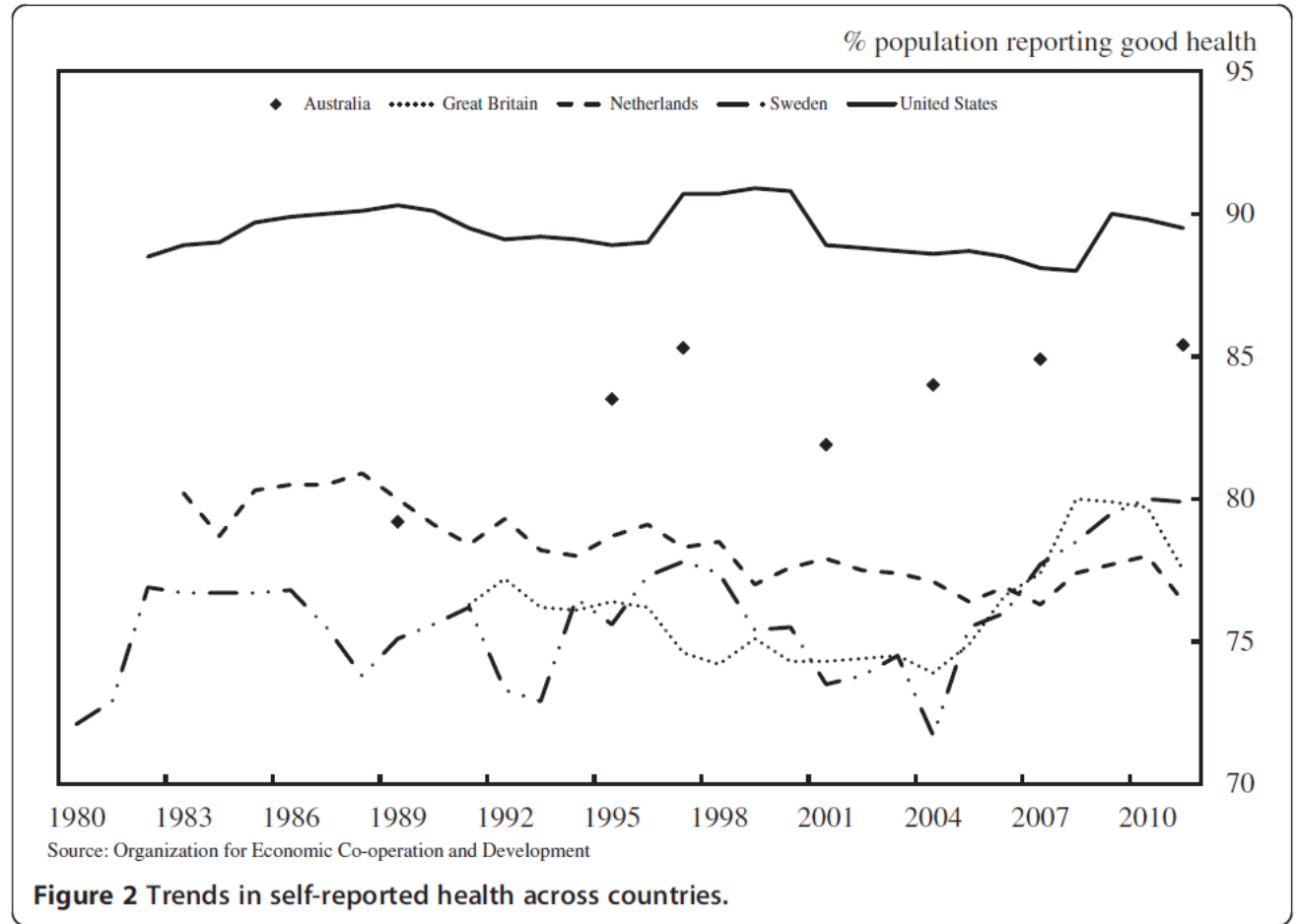
1. Unsustainable growth in program costs and beneficiaries of long-term disability cash transfers (not explained by population growth) ...



**'Disability reciprocity rate'** = beneficiaries as share of working-age population

Burkhauser, et al. 2014. Disability benefit growth and disability reform in the US: lessons from other OECD nations

... despite relatively little variation over time within countries of self-report 'good health'



Burkhauser, et al. 2014. Disability benefit growth and disability reform in the US: lessons from other OECD nations

## 2. Decrease in employment rates for those report 'work limitation'

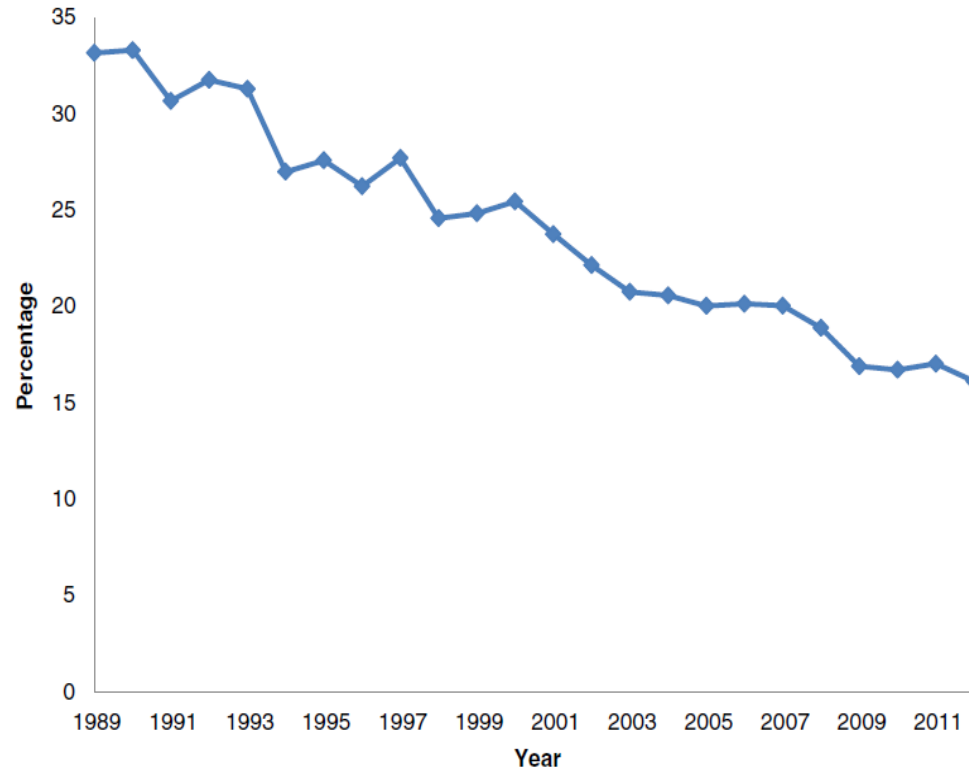


Figure 1 Employment rates for men, age 25-61, who indicate a work limitation, 1989-2012.

### 3. ...growing recognition that even people with severe impairments can work

#### Article 27 - Work and employment

1. States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation, to, inter alia:

CRPD

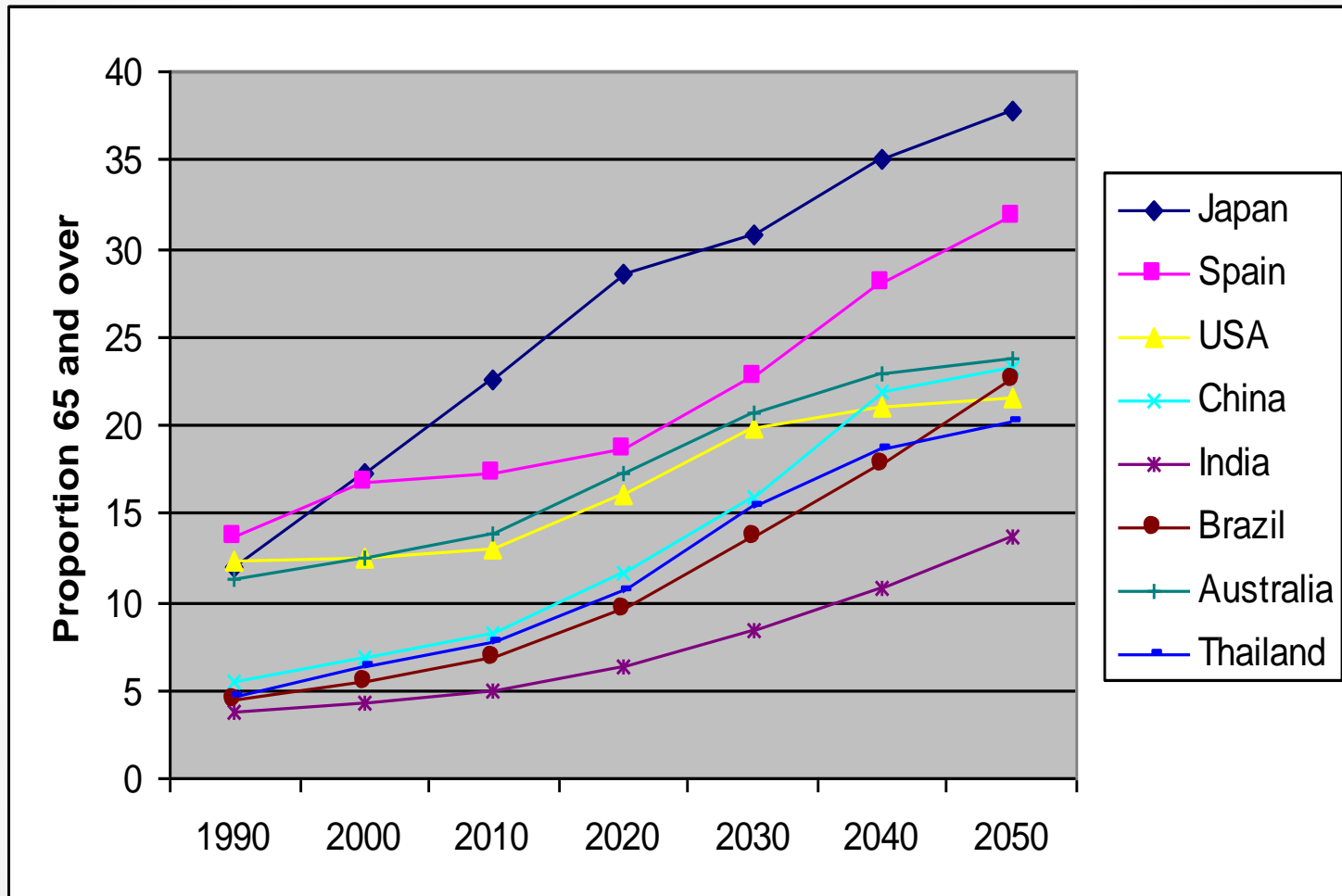
- a. Prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions;
- b. Protect the rights of persons with disabilities, on an equal basis with others, to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances;
- c. Ensure that persons with disabilities are able to exercise their labour and trade union rights on an equal basis with others;
- d. Enable persons with disabilities to have effective access to general technical and vocational guidance programmes, placement services and vocational and continuing training;
- e. Promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment;
- f. Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business;
- g. Employ persons with disabilities in the public sector;

“....over the last 20 years the medical model of disability underlying categorical disability programs in most OECD countries has been rejected and replaced by a conceptualization that recognizes that the social environment is as important as health in determining an individual’s ability to participate in society (World Health Organization 2001).

Under this model, “work disability” is a changeable state that depends on a number of factors, including an individual’s health impairment, the level of accommodation offered in the workplace, and the relative economic payoffs associated with working or exiting the labor force to receive disability benefits.”

# AGEING DEMOGRAPHICS

A confounder...



- I. Failure to appreciate the complexity of the experience of disability
- II. Reliance on administrative determinations of work capacity that do not reflect modern understanding of the experience of disability



**Disability assessment ...  
administrative models**

Report No: ACS14124

## Assessing Disability in Working Age Population

A Paradigm Shift: from Impairment and Functional Limitation to the Disability Approach

Jerome Bickenbach, Aleksandra Posarac, Alarcos Cieza, Nenad Kostanjsek

June 18, 2015

GSPDR





# *Three approaches to Disability Assessment:*

- **IMPAIRMENT APPROACH**
- **FUNCTIONAL LIMITATION APPROACH**
- **DISABILITY APPROACH**

# IMPAIRMENT APPROACH

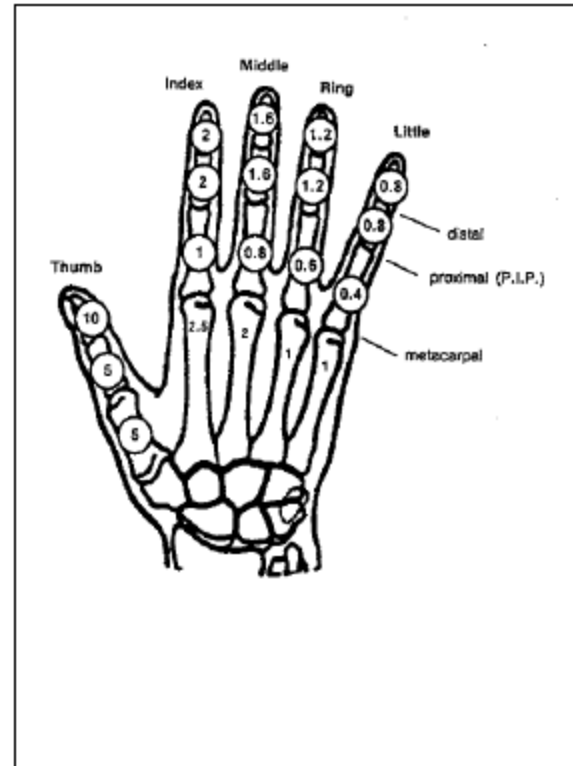
Making a determination of the existence and extent of 'disability' based entirely on medical information about health conditions, morbidity and/or resulting impairments.

*This is the oldest and still most commonly used strategy*

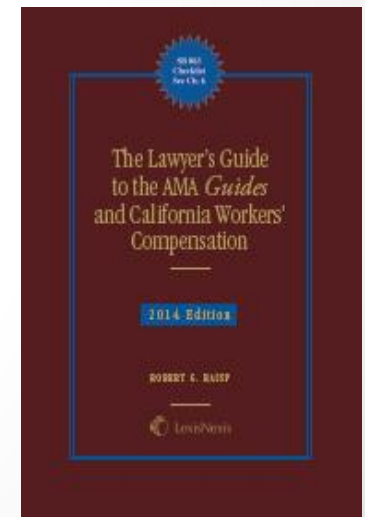
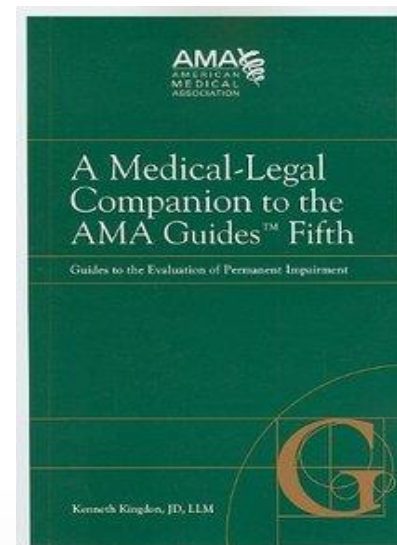
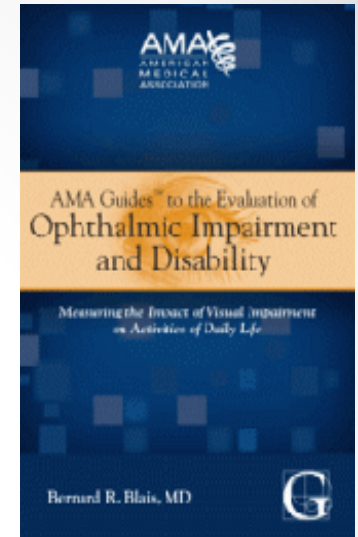
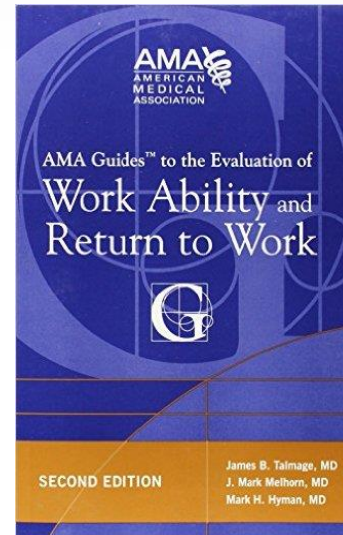
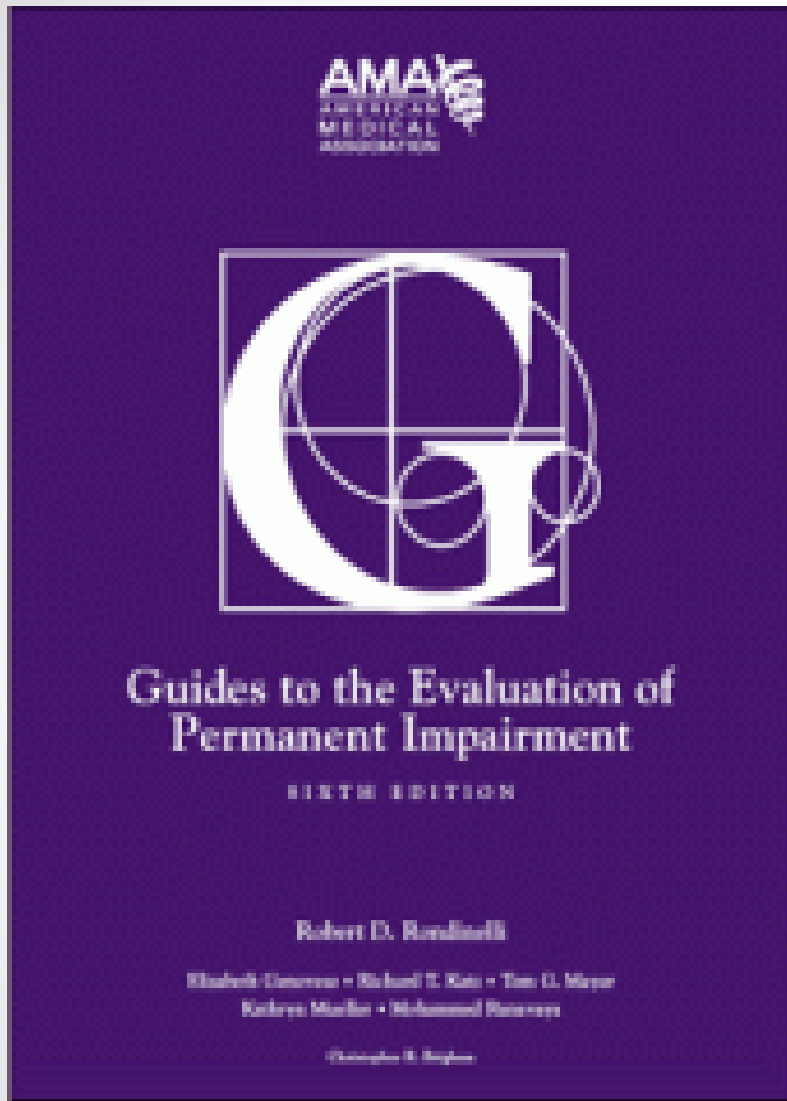
# IMPAIRMENT APPROACH

Figure 2.1: Bareme Table and Chart for the Hand

Hand Amputation	Percentage
Thumb, including metacarpal	20.
Thumb, both phalanges	15.
Thumb, one phalanx	10.
Finger, index	5.
Finger, index at P.I.P.	4.
Finger, index at distal	2.
Finger, middle	4.
Finger, middle at P.I.P.	3.2
Finger, middle at distal	1.6
Finger, ring	3.
Finger, ring at P.I.P.	2.4
Finger, ring at distal	1.2
Finger, little	2.
Finger, little at P.I.P.	1.6
Finger, little at distal	.8



## 'Bareme' Assessment



# FUNCTIONAL LIMITATION APPROACH

Augmenting the Impairment approach by adding information about basic simple actions – lifting, standing, handling, hearing, seeing, and concentrating – to determine ‘disability’ and ‘work capacity’.

The application of this approach has led to development of Functional Capacity Evaluation (FCE) instruments

# FIM™ instrument

<b>L E V E L S</b>	7 Complete Independence (Timely, Safely) 6 Modified Independence (Device)	<b>NO HELPER</b>		
	<b>Modified Dependence</b> 5 Supervision (Subject = 100%+) 4 Minimal Assist (Subject = 75%+) 3 Moderate Assist (Subject = 50%+)	<b>HELPER</b>		
	<b>Complete Dependence</b> 2 Maximal Assist (Subject = 25%+) 1 Total Assist (Subject = less than 25%)			
		<b>ADMISSION</b>	<b>DISCHARGE</b>	<b>FOLLOW-UP</b>
<b>Self-Care</b>				
A. Eating				
B. Grooming				
C. Bathing				
D. Dressing - Upper Body				
E. Dressing - Lower Body				
F. Toileting				
<b>Sphincter Control</b>				
G. Bladder Management				
H. Bowel Management				
<b>Transfers</b>				
I. Bed, Chair, Wheelchair				
J. Toilet				
K. Tub, Shower				
<b>Locomotion</b>				
L. Walk/Wheelchair	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	
M. Stairs	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	<input type="checkbox"/> W Walk <input type="checkbox"/> C Wheelchair <input type="checkbox"/> Both	
<b>Motor Subtotal Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Communication</b>				
N. Comprehension	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	
O. Expression	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	<input type="checkbox"/> A Auditory <input type="checkbox"/> V Visual <input type="checkbox"/> N Nonverbal <input type="checkbox"/> Both	
<b>Social Cognition</b>				
P. Social Interaction				
Q. Problem Solving				
R. Memory				
<b>Cognitive Subtotal Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>TOTAL FIM Score</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>NOTE:</b> Leave no blanks. Enter 1 if patient not testable due to risk				

- ✓ Eating
- ✓ Grooming
- ✓ Bathing
- ✓ Upper body dressing
- ✓ Lower body dressing
- ✓ Toileting
- ✓ Bladder management
- ✓ Bowel management
- ✓ Bed to chair transfer
- ✓ Toilet transfer
- ✓ Shower transfer
- ✓ Locomotion (ambulatory or wheelchair level),
- ✓ Climbing stairs
- ✓ Cognitive comprehension
- ✓ Expression
- ✓ Social interaction
- ✓ Problem solving
- ✓ Memory

## Washington Group on Disability Statistics



# Functional Limitation Approach

1. Do you have difficulty seeing, even if wearing glasses?
  - a. No - no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all
2. Do you have difficulty hearing, even if using a hearing aid?
  - a. No- no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all
3. Do you have difficulty walking or climbing steps?
  - a. No- no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all
4. Do you have difficulty remembering or concentrating?
  - a. No - no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all
5. Do you have difficulty (with self-care such as) washing all over or dressing?
  - a. No - no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all
6. Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?
  - a. No - no difficulty
  - b. Yes - some difficulty
  - c. Yes - a lot of difficulty
  - d. Cannot do at all

# DISABILITY APPROACH

Providing a full, direct and non-inferred description of all relevant dimensions of, for example, work capacity, including health condition, impairments, functional limitations and personal and environmental factors.

*This approach is based on the WHO ICF model of disability.*

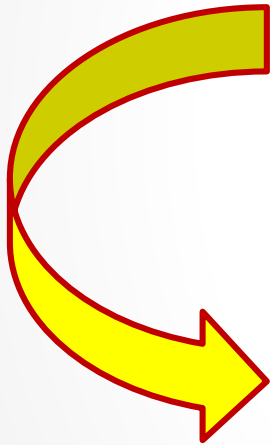


**Table 2.1. Impairment, Functional and Disability Approach to Disability Assessment: A Summary of Characteristics**

<b>Approach</b>	<b>Conception of 'disability'</b>	<b>Standardize tool or guideline</b>	<b>Criteria</b>
<b>IMPAIRMENT</b>	<p><b>Medical</b></p> <p>Health state (injury, disease or syndrome), Plus problems with body functions and structures</p>	<p><b>Impairment guidelines:</b></p> <p><i>AMA Guidelines for the Evaluation of Permanent Impairments (6<sup>th</sup> ed.)</i></p>	<p><b>'Baremas' criteria:</b></p> <p>Presence of problem at the body level as indirect indicator of 'whole person' or disability rating</p>
<b>FUNCTIONAL</b>	<p><b>Functional</b></p> <p>Problems or limitations in basic activities</p>	<p><b>Functional Capacity Evaluations (FCE):</b></p> <p><i>Functional Status Questionnaire</i> <i>Disability Assessment Structured Interview</i> <i>Work Ability Index, etc.</i></p>	<p><b>ADL/IADL criteria:</b></p> <p>Presence of a problem or limitation in basic activity as indirect indicator of disability rating</p>
<b>DISABILTY</b>	<p><b>Disability</b></p> <p>Disability is the outcome of an interaction of health condition and environmental factors at the body, person and societal levels</p>	<p><b>Disability Assessment:</b></p> <p>WHODAS2<sup>lvii</sup> ICF Checklist<sup>lviii</sup> ICF Core Sets<sup>lix</sup></p>	<p><b>Bio-psycho-social criteria:</b></p> <p>Description of kind and severity of disability as an outcome of interaction between an individual's health and functional capacity and environmental factors</p>
<b>INFORMAL</b>	Determined by assessor	Determined by assessor	Determined by assessor

**IMPAIRMENT APPROACH**

**FUNCTIONAL LIMITATION APPROACH**



**DO NOT ASSESS DISABILITY**

**ASSESS A PROXY FOR DISABILITY**

- ✓ ***Health conditions***
- ✓ ***Impairments***
- ✓ ***Basic activities or ADL***

# GLOBAL SITUATION:

**Impairment or Bareme approach has been standard since late 18th century: simple and politically legitimate**

**But has always been seen as invalid and unreliable**

**Hence the Functional Capacity approach which is now popular...although it too is known to be invalid and unreliable.**

# GLOBAL SITUATION:

Impairment and Functional Capacity are also  
seen as too costly

- ✓ **disputed results**
- ✓ **wasted working capacity**
- ✓ **increased cost of benefits when employment is possible**
- ✓ **inflexibility**

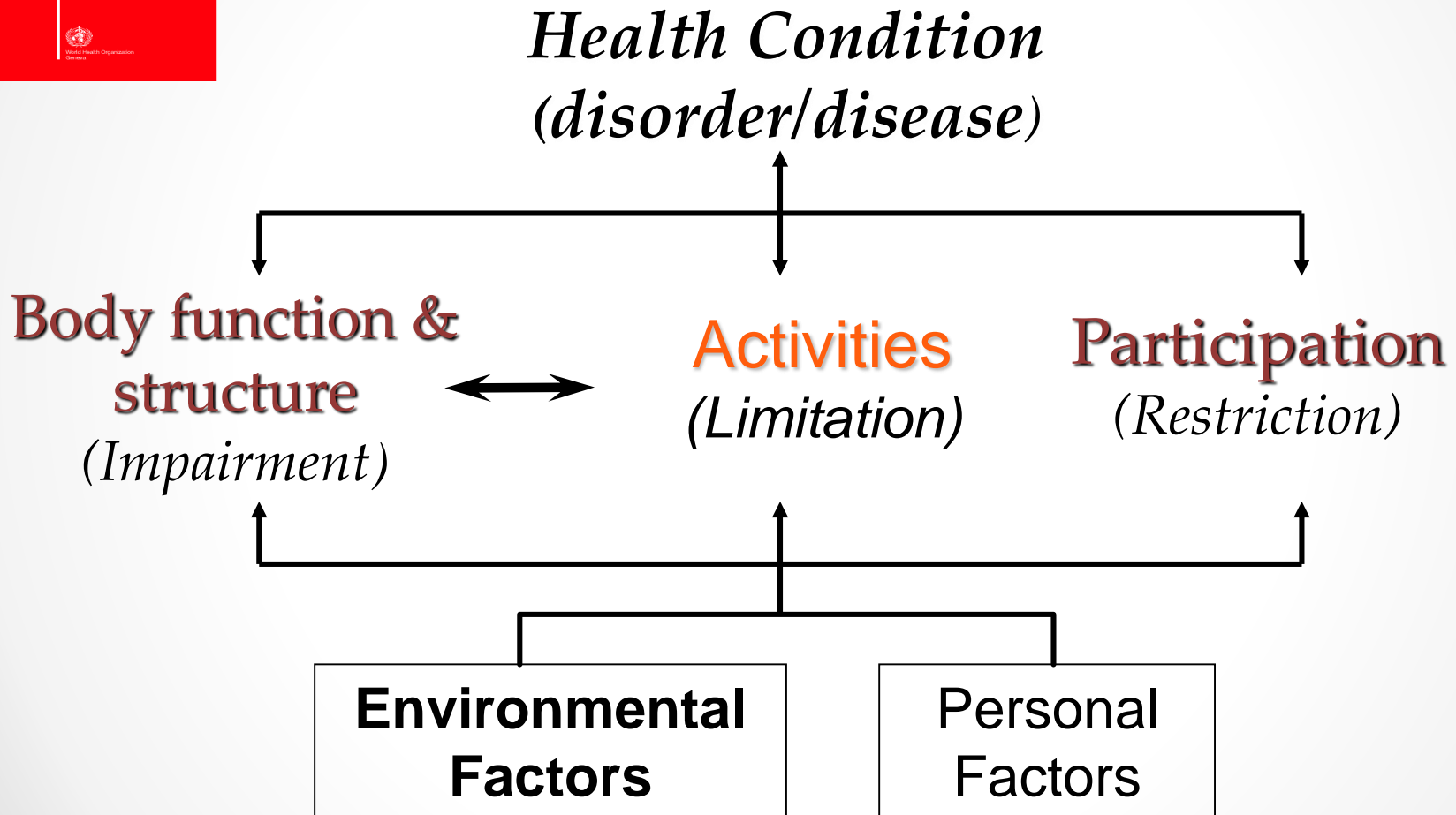
# International Classification of Functioning, Disability and Health (WHO, 2001)

# ICF

*International, evidence-based  
epidemiological classification  
based on*

**the Interactive Model of Disability**





# Convention on the Rights of Persons with Disabilities

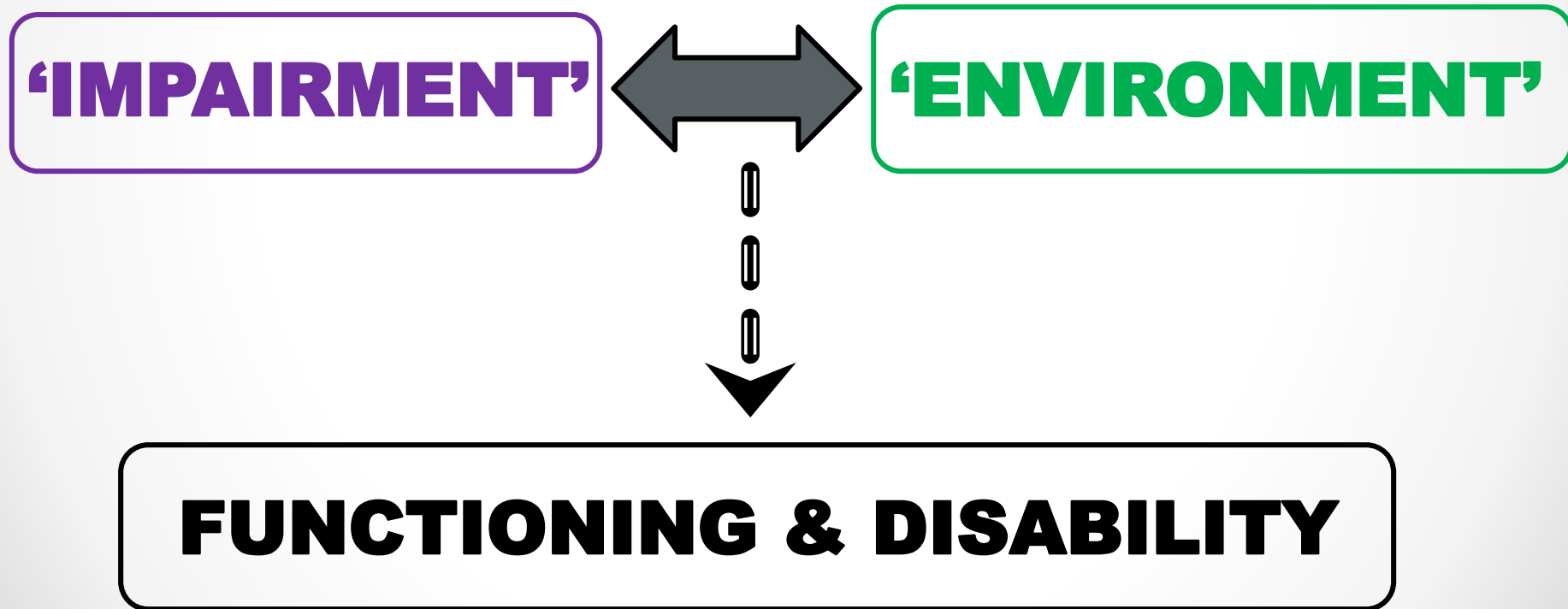
**“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments ...**

**which in interaction with various barriers**

**...may hinder their full and effective participation in society on an equal basis with others.”**



## *The Interactive Model...*





**ICF** is the only available  
basis for the **DISABILITY**  
**APPROACH**  
to Disability Assessment.

# Advantages of using ICF for Disability Assessment

- **ICF as an optimal reporting structure**
- **ICF guarantees process legitimacy**
- **ICF is a platform for assessment and measurement**
- **ICF-based information relevant to CRPD**

**Functioning is not only about what a person can't do but also what the person can do**

*ICF can be used to record both: can't do and can do*

**AVAILABLE  
CAPACITY**



# Systematic benefits of ICF approach

- **Move from default picture of passive recipient of benefits to participating member of work force (with relevant supports)**
- **Assess strengths (assets) as well as deficits**
- **Move from ‘at risk of restriction in work participation’ based on impairments, to useable profile based on full disability assessment**
- **Foster disability policy that links supportive responses directly to assessment**

- I. Failure to appreciate the complexity of the experience of disability
- II. Reliance on administrative determinations of work capacity that do not reflect modern understanding of the experience of disability



- I. Interactive – Person-Environment model
- I. Disability Approach to assessment of work capacity

## **WHY?**

- I. Failure to appreciate the complexity of the experience of disability
- II. Reliance on administrative determinations of work capacity that do not reflect modern understanding of the experience of disability
- III. Unintended consequence of Disability Movement.

**PERSONS WITH DISABILITIES**

**PERSONS EXPERIENCING DISABILITY**





