



Trends in Supported Employment: The Experiences of Ninety-Four Community Rehabilitation Providers Between 1986 to 1991

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Introduction

This fact sheet summarizes data on integrated employment (supported and competitive) and facility-based employment activities (sheltered workshops) from two national surveys of community rehabilitation providers (CRPs). These surveys were part of an ongoing national data collection project that addresses trends in day and employment services for people with disabilities. The 1986 survey used a random sample from all states while the 1991 survey used a stratified sample of 20 states. Of the 952 CRPs which responded to the 1986 survey and the 643 to the 1991 survey, 94 CRPs responded to both. The following presents some key findings from these CRPs.

Results

Between 1986 and 1991 most of the providers incorporated supported employment into their array of service options. At the same time, however, there has been no change in the percent offering sheltered employment services.

Consistent with the change in services, there has been a substantial increase in the *percent* of people in supported employment services, along with a decrease in the *percent* of people in sheltered employment.

More CRPs offer supported employment

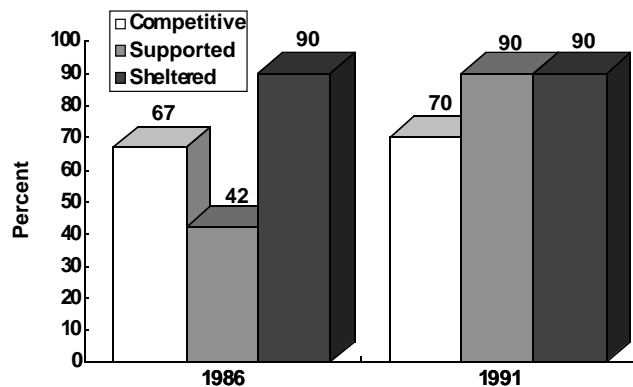


Figure 1

Increased proportion of people in supported employment

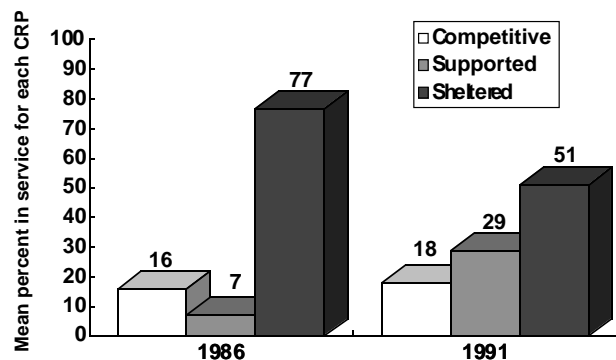


Figure 2

Data on the *number* served in each type of service show a different picture. Despite strong growth in integrated employment the number of people in sheltered employment has also grown between 1986 and 1991.

Increased number of people in sheltered employment

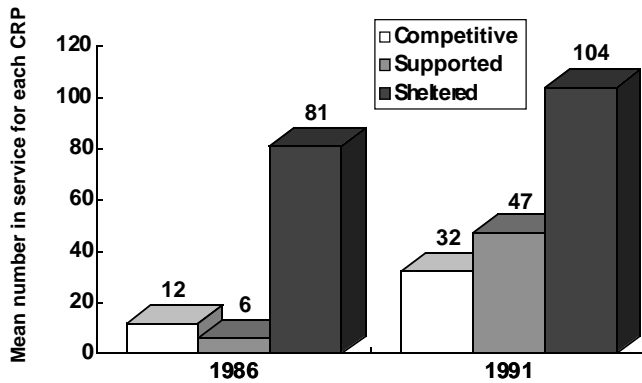


Figure 3

These results suggest that integrated options, especially supported employment, are being used as an “add-on” service with little effort to transition people away from sheltered employment.

Future Challenges

While the 1991 survey projected 304,034 people working in integrated settings nationally, there were still 711,872 people in facility-based settings. Changing this distribution to integrated settings is a task that will require major effort at all levels.

These data document increases in the utilization of integrated employment by CRPs. The results also, however, present the dilemma of whether development of supported employment will be viewed as an expansion of the array of day and employment services provided or, as was

originally conceived, a substitute for segregated employment. CRPs responding to the 1991 survey indicated that they felt that when public funding was tied to a commitment to expand integrated employment, such expansion would occur. There were a number of internal factors which CRPs reported as essential to the expansion of integrated employment including having a philosophy and mission emphasizing supported employment, state practices of adequately funding integrated employment services, and family pressures to offer integrated employment services.

Although there is strong evidence to show growth in the use of integrated employment, there is clearly a need for a continuation of the public efforts to support this growth. System change efforts, adequate funding of services, continued provision of training and technical assistance, development of innovative approaches to the design of integrated employment services, and the documentation of impact and effectiveness both locally and nationally are essential. Also needed are policy initiatives that create incentive for CRPs to shift resources from facility-based to integrated services. A challenge for the future will be one of offering services that are consistent with consumer preferences, are consumer designed, and are ultimately consumer controlled.

This project is funded in part by grant #99-DD-0183 from the Administration on Developmental Disabilities, Department of Health and Human Services. The full report on this topic, *Beyond the Workshop: National Perspectives on Integrated Employment*, is available for the cost of reproduction and handling. For a listing of available publications, alternative formats and ordering information, contact Institute for Community Inclusion, Children's Hospital, 300 Longwood Avenue, Boston, MA 02115 (617)355-6506 voice; (617)355-6956 TTY; ici@a1.tch.harvard.edu