

The National Survey of Community Rehabilitation Providers, FY2004-2005 Report 1: Employment Outcomes of People with Developmental Disabilities in Integrated Employment

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Introduction

Where do individuals with mental retardation and developmental disabilities (DD) work, and what types of jobs do they have? How many hours do they work, what do they earn, and who pays their wages? Do they have access to health care benefits and paid time off? This Research to Practice brief provides answers to those and other questions. It is the first in a series of brief products that present findings from the FY2004-2005 *National Survey of Community Rehabilitation Providers Individual Employment Outcomes Survey* funded by the U.S. Administration on Developmental Disabilities. The survey aimed to provide a current snapshot of employment outcomes for recently employed individuals with DD. Overall, survey results show that the majority of individuals with DD work part-time in individual jobs predominantly in the entry-level service industry, earn above minimum wage, and receive paid time off.

Background

Since the introduction of supported employment almost two decades ago, best practices have evolved to incorporate person-centered career planning, systematic instruction, supported entrepreneurship, coworker supports, job creation and restructuring, workplace accommodations, and assistive technology. At the same time, there has been an increasing national emphasis on the participation of individuals with disabilities in the workforce, and more broadly on community participation of people with disabilities in general. This brief will use the term “integrated employment” to refer to employment in a competitive working environment where most people do not have disabilities.

Despite signs of progress, current research shows that employment opportunities in the competitive labor market continue to be limited for people with disabilities. A national survey of community rehabilitation providers (CRPs) conducted by the Institute for Community

Inclusion in 2002-2003 found that the majority of individuals with DD were supported in facility-based employment/sheltered employment (41%), followed by facility-based non-work services (21%), indicating that facility-based programs continue to be the predominant service model for people with DD. Survey results also showed that individuals with DD participated in integrated employment at a lower rate compared to other populations receiving supports from CRPs: 26% versus 45% (Metzel et al., 2004; Sullivan et al., 2004).

The implications raised by those outcomes are contradicted by the findings of this brief, which provide evidence that persons with DD can be successful members of the workforce. This thus raises concerns about the service system’s commitment to the integration and employment of individuals with DD.

Main Survey Findings

Characteristics of Individuals with DD Who Had Recently Entered Integrated Employment

- About 40% were age 22-30.
- The majority were male (61%).
- 81% held only individual jobs, and 12% held only group jobs. The remaining 7% held a combination of positions.
- 9% were also supported in other settings: sheltered employment (6%) and non-work services (4%).

Individual Employment Outcomes

- Individuals worked an average of 23 hours per week, suggesting that most individuals with DD worked part-time.
- The average weekly earnings of people with DD in individual employment were higher than those for people in group employment: \$163 versus \$103.
- The primary source of wages for individual jobs was employers, compared to group jobs where the CRP was usually the employer.
- Approximately 60% of those with individual jobs received paid time off, compared to 40% of those with group jobs.
- Only a small number of individuals had access to their employer’s health plan. Health plan access was more likely for individuals in individual jobs (29%) than for those in group employment (9%).
- Compared to group jobs, individual jobs were more evenly distributed on a spectrum of job options, suggesting more opportunities for choice.

Study Sample and Characteristics

The sample consisted of 869 individuals with DD who entered integrated employment (either individual or group) between 2003 and 2005 with the support of a community-based rehabilitation provider (CRP), and who had been employed for at least 90 days. The individuals received services from 195 CRPs. (See *Data and Methodology* for more detailed information.) CRPs are the main providers of employment services to individuals with DD (Menz et al., 2003).

CRPs varied by organization type, with the majority (94%) being private nonprofits. The remaining 6% were distributed equally across private for-profit, public-sponsored (state or locally), and “other” types. There were also differences in the geographic location of respondents, with the majority located either in metropolitan or suburban areas, each at 34%. The total number of individuals (including those with DD) the CRP served annually, in all employment services, was used as an indicator of the organization’s size. Of the 184 organizations that provided that information, 40% served between zero and 100 individuals, 25% 100 to 200, and 11% 200 to 300. 24% of the responding agencies reported serving more than 300 individuals.

Findings

This section is divided into two parts. The first presents findings about the population of individuals with DD in integrated employment, including their age, gender, and how individuals distributed their time. The second presents findings related to individual employment outcomes, including wages (amount and sources), hours worked per week, job types, and access to benefits. (Please see page 5 for survey definitions.)

1. Characteristics of Individuals with DD in Integrated Employment

40% of individuals were aged 22-30 (see Table 1). Of those, 63% were male and 37% female. This finding mirrored the overall distribution of gender in the survey: 61% of all working individuals with DD included in this survey were male, and 39% female.

Table 1: Age and Gender of Individuals in Integrated Employment (N=869)

Age range	Total served (N=869)		Male (N=533)		Female (N=336)	
	Number	Percent	Number	Percent	Number	Percent
16-21	101	11	70	13	31	9
22-30	310	36	194	36	116	35
31-40	199	23	118	22	81	24
41-50	182	21	109	20	73	22
51-65	77	9	42	9	35	10

A significant majority of individuals (81%) worked in individual jobs, while 12% held group jobs (see Table 2). Only five individuals were in both individual and group employment.

In addition to integrated employment, many individuals were involved in other types of work and non-work activities. **9% of those in integrated employment were also supported in other settings, including sheltered employment (6%) and non-work services (4%)** (see Table 2). Of those individuals who also were in non-work (38 or 4% of all individuals in this survey), 68% received only community-based non-work services, compared to 8% who received only facility-based non-work services. 24% received non-work services in both community and facility settings.

Table 2: Distribution of Individuals (N=869) Across Multiple Settings*

Type of employment service	Work (N=869)		Non-Work (N=38)	
	Number	Percent	Number	Percent
Individual job only	706	81	14	37
Group job only	104	12	9	24
Individual and group jobs	5	1	1	3
Individual and sheltered jobs	43	4	9	24
Group and sheltered jobs	8	1	5	12
Individual, group, and sheltered jobs	3	1	0	0
TOTAL	869	100	38	100

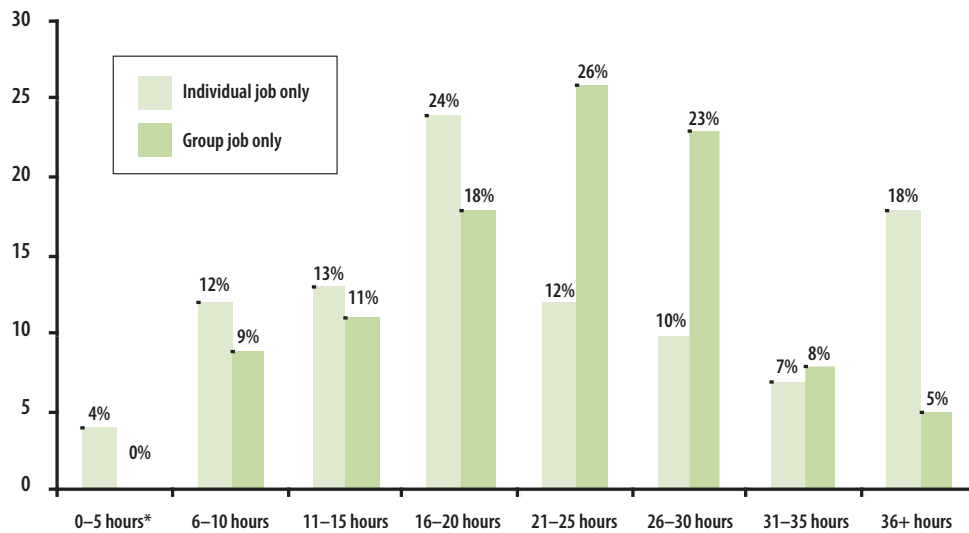
*Note that in addition to receiving services from the CRP, individuals may also have received services from other providers.

2. Employment Outcomes of Individuals with DD in Integrated Employment

This section compares those people with DD who only held individual jobs (N=706, 81%) with those who only held group jobs (N=104, 12%).

Individuals in both categories worked an average of 23 hours per week, suggesting that most individuals with DD were working part-time (see Figure 1). The largest percent of individuals with individual jobs (24%) worked between 16-20 hours per week. This contrasts with group employment, where more than 50% of individuals worked between 21-30 hours per week. The fact that the majority of individuals worked only part-time in the community meant that they were less likely to access health and other personnel benefits provided by employers. Furthermore, only one-sixth of those with individual jobs were reported working more than 36 hours per week, compared to 5% of individuals in group jobs. Thus, full-time employment was more likely for individuals in individual jobs than for those in group employment.

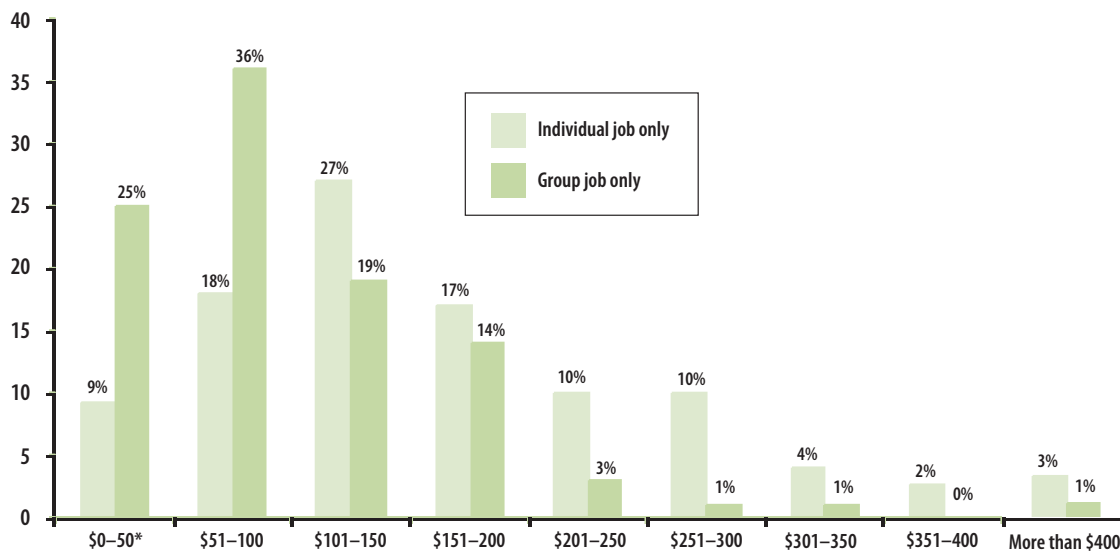
Figure 1: Hours Worked Per Week by Individuals in Integrated Employment (N=808)



* Note: Because an individual might not have worked in the week chosen for reporting, "zero hours" was a legitimate response.

Average weekly earnings were higher for people in individual employment than those in group employment (\$163 versus \$103). The largest percentage of persons with individual jobs (27%) earned \$101-150 per week. In comparison, the largest percentage of people working in group settings (36%) made \$51-100 per week (see Figure 2). These wage levels have a major potential impact on individuals' benefits, including Social Security, and thus on their poverty status.

Figure 2: Weekly Earnings of Individuals in Integrated Employment (N=802)



* Note: Because an individual might not have worked in the week chosen for reporting, "zero earnings" was a legitimate response.

The primary source of wages for individual jobs was the employer. This contrasted with group employment, where the CRP principally served as the employer (see Table 3).

Table 3: Source of Wages of Individuals in Integrated Employment (N=789)

Wage source	Individual job only (N=691)		Group job only (N=98)	
	Number	Percent	Number	Percent
Employer	652	94	20	20
CRP	39	6	78	80

Approximately 60% of those with individual jobs received paid time off (e.g., sick leave, vacation), compared to 40% with group jobs (see Table 4). A different picture emerged when looking at access to health care coverage through employers. Only a small number of individuals had access to their employer's health plan. However, health plan access was more likely for individuals in individual jobs (29%) than for those in group employment (9%).

Table 4: Access to Benefits of Individuals in Integrated Employment (N=810)

Benefit type	Individual job only (N=706)		Group job only (N=104)	
	Number	Percent	Number	Percent
Paid time off				
Yes	293	59	44	42
No	413	41	60	58
Access to employer's health plan				
Yes	206	29	9	9
No	500	71	95	91

Compared to group jobs, individual jobs were more evenly distributed on the spectrum of potential jobs. People were most likely to work in food services, the maintenance/janitorial sector, and sales (see Table 5). 13% of individuals in individual employment held "other" jobs in areas such as service coordination, adult/special education, or transportation services, as well as self-employment. Individuals with DD in group employment mainly worked in maintenance/janitorial types of jobs, plus some in manufacturing. These findings suggest that individual jobs offer more opportunities for choice than group jobs.

Table 5: Types of Jobs Held by Individuals in Integrated Employment (N=810)

Type of job	Individual job only (N=706)		Group job only (N=104)	
	Number	Percent	Number	Percent
Food service	190	27	9	9
Maintenance/janitorial	194	28	48	46
Assembly/manufacturing/packaging	36	5	23	22
Materials handling/mail distribution	29	4	5	5
Sales clerk/stock person	121	17	8	8
General clerical	37	5	0	0
Technical	9	1	0	0
Other	90	13	11	10

Discussion and Implications

This analysis of the FY2004-2005 *National Survey of Community Rehabilitation Providers* confirms that integrated employment is a viable option for people with DD. Survey results show that the majority of individuals in integrated employment work part-time in individual jobs, earn incomes above minimum wage from their employers, and receive paid time off. These findings are consistent with previous research (Mank et al., 1998, 2003). Despite these successes, annual income remains low and individuals have limited access to other employee benefits such as health care. Over 50% of those in individual employment worked 20 hours per week or fewer, suggesting that they are not fully integrated into the workforce and may need a more flexible system of supports to address non-work time.

Survey results also show that individual outcomes differ by type of integrated employment model (with the exception of average weekly hours worked), with those in individual employment (supported or competitive) achieving higher outcomes than those in group models (enclaves or mobile crews). Not only do people with DD with individual jobs earn higher wages, they are also more likely to get paid time off and have health plan access through their employers. The finding that individual jobs were also more evenly distributed across a spectrum of occupational options suggests that individual models provide more opportunities for choice.

Given these results, the question arises as to why persons with DD continue to be predominantly employed in

facility-based settings such as sheltered employment. Looking at the CRP service mix, will shed some light on this issue. The FY2002-2003 CRP survey found that the majority of CRPs that provided employment services offered **both** integrated and sheltered employment, indicating a continued investment in a dual service system (Metzel et al., 2004). The fact that integrated employment has not yet become the primary employment option for people with DD cannot be attributed to CRPs alone. Instead, it should be seen as a larger systems issue. If the goal is to make integrated employment not only a viable but a desirable employment option for people with disabilities, system and funding structures should be developed that not only encourage more full-time employment and a greater variety of jobs, but also allow for investment in program staff to assist individuals with DD with their career plans and provide guidance about the potential impact of work income on benefits.

Data Collection and Methods

The Institute for Community Inclusion has conducted a series of national studies, funded by the U.S. Administration on Developmental Disabilities, that focus on employment and non-work service for providers and people with developmental disabilities. The *National Survey of Community Rehabilitation Providers—Individuals Employment Outcomes Survey* covered the FY2004-2005 period and collected information from randomly chosen CRPs that provide employment services to individuals with disabilities. The survey methodology used a one-week, point-in-time snapshot of activities, wages, payroll status, and access to benefits. Each respondent was asked to report employment outcomes for five individuals with DD who had entered an integrated job (either individual or group) within the last two years (2003-2005) with the support of the organization, and had been employed in the job for at least 90 days.

The sample of providers was initially developed at the Research and Training Center on Community Rehabilitation Programs at the University of Wisconsin-Stout with input from project staff, and was cross-referenced with lists from other sources including Goodwill, The Arc, United Cerebral Palsy, and CARE. From this sampling frame, researchers randomly drew a subsample of 400 CRP addresses for questionnaire mailing. Of the final sample of 362 eligible organizations, 195 returned the survey, yielding a 54% response rate.

Survey Definitions

Developmental disabilities include, but are not limited to, mental retardation, sensory (e.g., visual and hearing impairments), neurological (e.g., autism, epilepsy, spina bifida, traumatic brain injury), and physical disabilities (e.g., cerebral palsy, muscular dystrophy, multiple sclerosis) that were acquired prior to age 22.

Employment Services and Programs

Individual Job

An individual with a disability works in a site where most people do not have disabilities, and receives either on-going job related supports (individual supported employment) or time-limited job-related supports (competitive employment).

Group Job

Group supported employment includes *enclaves* and *mobile crews*. *Enclaves* are groups of up to eight employees who have disabilities and work together at a site where most people do not have disabilities. *Mobile crews* are groups of employees with disabilities who typically move around different work sites where most people do not have disabilities. Individuals in enclaves and mobile crews receive ongoing job-related supports.

Sheltered Employment

Employment in a facility (*sheltered workshop*) where most people have disabilities, with ongoing work-related supports and supervision. This category also includes *Work center-based employment* that is affirmative industries, NISH, NIB, and other federal and state set-asides.

Non-Work Services and Programs

Community-Based Non-Work

Programs where people with disabilities spend the majority of their day in the community in places where most people do not have disabilities. The primary focus of their activities may include general community activities, volunteer experiences, recreation and leisure, improving psychosocial skills, and activities of daily living.

Facility-Based Non-Work

Facility-Based Non-Work includes, but is not limited to, psychosocial skills, activities of daily living, recreation, and professional therapies (e.g., OT, PT) in a facility setting. Includes *day habilitation, medical day care, and day activity programs*.

References

- Mank, D., Cioffi, A., & Yovanoff, P. (2003). Supported employment outcomes across a decade: Is there evidence of improvement in the quality of implementation? *Mental Retardation*, 41(3): 188-197.
- Mank, D., O'Neill, C.T., & Jensen, R. (1998). Quality in supported employment: A new demonstration of the capabilities of people with severe disabilities. *Journal of Vocational Rehabilitation*, 11(1): 83-95.
- Menz, F.E., Botterbusch, K., Foley-Hagen, D., & Johnson, P.T. (2003, April 7). *Achieving quality outcomes through community-based rehabilitation programs: The results are in*. Paper presented at the 2003 NISH National Training Conference, Denver, CO.
- Metzel, D.S., Boeltzig, H., Butterworth, J., & Gilmore, D.S. (2004). The National Survey of Community Rehabilitation Providers, FY2002-2003, Report 1: Overview of services and provider characteristics. *Research to Practice*, 10(2). Boston, MA: Institute for Community Inclusion/UMass Boston.
- Sullivan, J., Boeltzig, H., Metzel, D.S., Butterworth, H., & Gilmore, D.S. (2004). The National Survey of Community Rehabilitation Providers, FY2002-2003, Report 2: Non-work services. *Research to Practice*, 10(3). Boston, MA: Institute for Community Inclusion/UMass Boston.

Related Publications

This project has produced three related Research to Practice briefs for the 2002-2003 iteration of the national survey. **Report 1** presents findings on people with developmental disabilities in employment services and characteristics of the community rehabilitation organizations that provide those services. **Report 2** describes the role of non-work programs in the CRP service mix, individuals' participation in such programs, and activities and goals of non-work services. **Report 3** shares findings related to CRP involvement in the Ticket to Work and participation in the Workforce Investment Act. All can be found online at www.communityinclusion.org.

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