



**Doctoral School of
Sociology**

THESIS SYNOPSIS

Zita Éva Nagy

Is there a way to find work?

**Re-integration chances of disabled people and persons with partial work
capacities into the labor market**

titled Ph.D. dissertation

Supervisor:

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Institute of Sociology and Social Policy

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1. Research topic, literature review

1. 1. Research topic, problem statement

In previous decades, disability politics and disability movements aimed to improve the widening social participation of people concerned by stressing the principles of normalization and integration (and most recently, inclusion). Besides, parallel to the crisis of welfare states, developed countries have started to focus more on the labor market status and activity of persons with disabilities and changed working abilities in the past few years. Moreover, international organizations recommend in numerous publications expanding the labor market integration of persons with partial work capacities – of whom only a few percent has been employed –, utilizing their partial abilities and transforming their passive role (disability) to a social role that is integrated in the world of work [see for example OECD 2010, 2012].

Initiatives of activizing such target groups have transformed rehabilitation systems, disability support services, institutions and their operation substantially in several countries, including Hungary. According to current plans, nearly 120 000 beneficiaries of disability support services should be re-integrated into the open labor market and should receive vocational rehabilitation in Hungary in the upcoming period, as their financial benefits are terminated maximum 3 years following their disability assessment.

In the dissertation I make an attempt to assess the degree to which these attempts for activizing such target groups may be considered realistic and implementable within the new system of disability assessment and support in Hungary.

More specifically, the dissertation is concerned with the following research questions:

1. What interpersonal, institutional and social construct, attitudes and operating frameworks are related to the efforts aimed at increasing the labor force participation of people living with disabilities?.
2. What are the characteristics of people who already participate or wish to participate in disability support services?
3. What conditions do have an impact on the labor force participation of people living with disabilities?
4. Which groups of people living with disabilities are actually supported by the institutions that aim to improve their labor market participation?

1. 2. Literature review and previous research

To answer my research questions, I had to understand and combine the approach and related theoretical outcomes of the fields of sociology, disability studies, (social) psychology and labor economics. This section involves a brief introduction of previous theoretical concepts alternating among the above listed academic fields.

According to Social Dominance Theory, which reviews and summarizes numerous theoretical and empirical academic outcomes, group-based social hierarchies function by following three basic and correlated processes: interpersonal relations, institutional operation and discrimination, and individual behavioral asymmetry [Sidanius – Pratto 2005]. Social Dominance Theory distinguishes three systems of intergroup hierarchies: strata based on age, gender and favored groups.

Since Functional Role Theory [Parsons 1951, and others], labelling theory [see Fuller – Myers 1941, Becker 1963, and others], and the theory on social constructionism [Berger – Luckman 1966, and others] have emerged, theoretical works on disability have emphasized its socially constructed nature. The first disability researchers – primarily Goffman [1963], and then Foucault [1999] – highlighted the impact of interpersonal and institutional relations – and their possible modifying effects – on disability.

According to Social Dominance Theory, interpersonal and institutional relations are ruled by legitimizing myths. The medical model, which has become the “common enemy” of both theoretical researchers and disability movements, is a normative, exclusionary approach emphasizing individuals’ responsibility and is based on a disability image of the passive, dependent myth (legitimizing myth) serving as its main element [Oliver 2005]. Theoretical literature has confirmed that the myth of dependency shapes public policy and institutions even today [Schneider – Ingram 1993, 2012, Fraser – Gordon 1994, Takács 2014].

Labor economics has long served as the primary approach for scientific and political thinking on the labor market participation and receipt of welfare benefits of people with disabilities and partial work capacities. Related research has focused on supply with the assumption of participation in disability support services is a matter of individual (limited) rational choice by taking into account the utilities of beneficiary and non-beneficiary statuses. In this respect, the replacement rate of disability retirement compared to labor income, the certainty of employment acquisition and retention, and the opportunities for utilizing free-time are important. This approach presents employment and welfare benefits as two, equal alternatives that might be chosen alike.

A significant proportion of research focusing on the influx processes into disability support services have studied the macro-level processes and characteristics that correlate with disability influx trends. In the past few years some researchers identified the impact of the following factors: demographic and social changes (increasing numbers of active age cohorts, women's labor market participation, the pressure of aging populations and improved healthcare services) [see for example Rupp – Stapleton 1995, OECD 2010, Burkhauser – Daly 2012]; business cycles [see for example Rupp – Stapleton 1995, Black, Daniel and Sanders 2011]; disadvantageous economic conditions [Reno – Ekman 2012], transforming economic structures [see for example Csoba 2010, Argyrous – Neale 2001, Reno – Ekman 2012]; and other labor market factors (employment levels, undeclared employment, labor market discrimination, labor market inflexibility) [see for example Scharle 2008].

The most studied question in recent decades has been how the endogen features, that is, the characteristics and institutional system of disability support services affect influx processes. Previous – economic – papers confirmed that individual decisions might be equally influenced by application costs, the probability, stability and length of disability benefits, and their replacement rate compared to labor market wages [Bound – Burkhauser 1999, Autor – Dugan 2003, Erlinghagen – Knuth 2010, and others]. The institutional system might also be affected by who is considered to be eligible for disability benefits, whether administrative and political conditions are ensured for revising beneficiaries, and whether rehabilitation programs and incentives for partaking are available. Expanding the concept of disability, including non-traditional disabilities among eligibility criteria, and changing attitudes might all have contributed to the increase in application and influx into disability support services [Kerr – Smoluk 2011, Börsch-Supan and Roth 2011].

It is important that the most recent research has questioned the assumption that choosing disability retirement (or, deciding to wear the institutional stigma (?)) might be interpreted within the theoretical framework on choosing classic retirement, or rather, the former should be treated as a special case. Several research projects have revealed that most decisions on early retirements due to medical reasons are not free but forced choices [see for example Denton, Plenderleith and Chowhan 2010, 2013; Lachance – Seligman 2008, Schulz, Morton and Weckerle 1998]. Besides, researchers have identified the impact of gender [for example Bound 1999], age, education, minority status [see for example Denton – Plenderleith – Chowhan 2013], unemployment period [see for example Cai – Gregory 2005], and family status [see for example Szinovacz and Davey 2005] among individual factors associated with

influx processes. In Hungary, Monostori [2008] confirmed a bigger influx proportion among blue-collar workers, entrepreneurs and those that seriously worry for their jobs.

Last but not least, analyses that question some axiomatic assumptions of rational choice theory related to disability retirement are fundamental in my research. These analyses interpret decisions on disability retirement in a complex way, thus emphasize contextual factors, or they consider the role of contextual effects in partial work capacities, namely, they start with analyzing the (quite unequal) paths leading up to the phenomenon rather than individual decisions [O'Brian 2013].

Participation in disability support services has been interpreted as dichotomous pole until recently. The people concerned either stay in the labor market (that is, they are not “disabled”) or they become “disabled”, leave the labor market but then, there is no true need to examine their potential participation in the labor market (maybe in the case of changed support conditions, if re-entering the labor market is rational or obligate). Such a dichotomous approach (beneficiaries: passive role, non-beneficiaries: potentially active role) resembles the widely know notion of disability that people with disabilities are seen as passive, helpless, on relief as compared to able persons [Könczei – Hernádi 2011, and many others].

Consequently, research on people participating in disability support services and re-entering the labor market is extremely limited. Most recently gender, age, disability type and prior career path have been identified as being the most influential in successful (re)entry to the labor market [see for example Berthoud 2003, OECD 2010, 2012, Hutton – Bohle – Namara 2012, Jones 2008]. Murphy et al. [2007], Nagy – Krémer [2008] and Katona [2011] have emphasized the importance of mental and psychological status, role and position in the family of the people concerned.

Research has also confirmed that – related to (re)entering the labor market – transport or similar employment support services, impeded physical terrain, employers’ attitudes and workplace characteristics constitute a rather important and narrow set of contextual factors that are difficult to measure in an objective way. In this respect physically demanding/unsuitable positions, the lack of accessibility, employers’ negative attitudes and discrimination were typically mentioned [Murphy 2007, Morris 2006, Burke et al 2013, and others, Young 2010 synthesized a number of research projects].

Among macro-level factors that impact (re)employment ratios the system of disability support services, legal and labor market context, and the recent, permanent, typically structural changes in the labor market have been noted [Csoba 2011, and many others). What is more, Fogg, Harrington and McMahon [2011, quoted by: Burke et al. 2013] have found that the

economic crisis hit employees with partial work capacities more severely than their able mates.

Overall, international research has found that underemployment is more characteristic to people with disabilities – in addition to lower employment ratios – than to able persons, they work part-time and alternative forms of employment, positions below their qualification levels in higher proportions and they are overrepresented in positions involving physical work as well [see for example Jones 2008, and others].

Although related theoretical outcomes and policy principles claim that the most important tool for activizing people with partial work capacities is improving work abilities, activities promoting the improvement of human resource investments, OECD countries' prior experience with the activizing effect of employment rehabilitation programs have been quite mixed [OECD 2010, 2012]. However, recent research has also confirmed that “work-first” activities included in employment rehabilitation increase the success of re-integration into the labor market significantly and decrease inactivity time [for the success of Hungarian programs see Scharle 2011]. Despite this – and also the verbal commitment of public policy – employment rehabilitation services are “undeveloped, underfinanced and unutilized” in most European countries (except for Finland, France, Germany, the Netherlands and Sweden), including Hungary [Scharle – Váradi 2013].

2. Research methodology

While answering my research questions, I utilized both qualitative and quantitative research data besides reviewing previous academic literature.

My empirical analyses primarily rely on empirical research data collected with researchers from the National Institute for Family and Social Policy (NIFSP)¹ and TÁRKI² at the end of 2010 – just before the new disability assessment system was introduced in Hungary, thus our research might be considered as a sort-of “input measurement”.³

¹ “The Institute is one of the supporting organisations of the Ministry of Human Capacities. As a background institution, it is responsible for managing and facilitating social and family policies, child protection matters, equal opportunities, youth affairs and drug prevention strategies. Major activities in the Institute are the following: scientific research, methodological development and services, statistical and information services; besides these principal activities they participate in the preparation and implementation of the related development programmes.” <http://ncsszi.hu/national-institute-for-family-and-social-policy>

² “TÁRKI Social Research Institute is an independent, employee-owned research organisation that specialises in policy research in the fields of social policy and the social consequences of economic policies. TÁRKI has more than 25 years' experience of empirical social science research in Hungary.” <http://www.tarki.hu/en/about/>

³ I was the lead methodological expert in the research project.

The research projects involved probability samples of disabled people and persons with partial work capacities (which means that they had or had had official decrees of their partial work capacities) that were surveyed as part of the SROP 5.4.1/08/1-2009-0002 (Social Renewal Operational Programme) program [for detailed information on the research methodology, please consult Nagy – Pál – Ottucsák 2011, and Tátrai – Bernát – Gábos – Hajdú 2011].

Disabled people served as the target group for research “C”, namely, people that perceived themselves as having such long term – having lasted since at least 6 months – physical or mental problems that prevent them from performing daily activities and everyday duties. The definition of this target group strictly adheres to the UN Convention on the Rights of Persons with Disabilities, that is, the broadest concept of disability applied today.

Persons with partial work capacities served as the target group for research “D”, namely, people that had or had had official documents by medical expert committees diagnosing the nature and level of partial work capacity. In this case, we started from the external assessment of medical expert committees.

In research “C”, we formulated filter questions by following the techniques of Statistics Canada [n.d.] and PALS 2006 (Participation and Activity Limitation Survey, 2006). Besides, our items also adhere to the questions measuring disability applied by international assessments (EU SILC, ESS, etc). Consequently, research “C” involved people that answered “yes, strongly limited” or “yes, limited” to the following question: “For at least the last 6 months have you been limited in activities people usually do, because of a health problem? (If limited specify whether strongly limited or limited)”. In the filter questionnaire we collected information related to respondents’ social participation: “Do you have any difficulty in contacting people or institutions because of a health problem that has lasted for at least the last 6 months?”

In research “D”, we surveyed households to identify respondents that “had or had had official documents by medical expert committees diagnosing partial work capacity”.

Respondents were selected and interviewed in two different data collection phases. We selected respondents with multistage, stratified sampling. After visiting households, instructors identified potential respondents with filter questionnaires to decide whether any household member belonged to the target groups examined. Because of the sampling method – by taking into account sampling and non-sampling errors – our research data is suitable for generalizations regarding the entire target population.

As a result, we visited 19410 households and collected 2049 questionnaires in research “C”, and we contacted 18419 households and completed 2053 questionnaires in research “D”.

In my quantitative analyses, I applied multivariate statistical methods (k-means cluster analysis, logistic regression) besides basic mathematical-statistical functions (crosstabulation, t-test).

Besides utilizing NIFSP-TÁRKI research data, I also relied on the research data and research outcomes of the “Field studies for the Methodology of Transition” research⁴. The research project was requested by the Regional Social Resource Centre Non-profit Ltd in Szombathely, and it was conducted by the Revita Foundation⁵ as part of the “Rehabilitation Value Change (RÉV): Development a systematic training and service-development model program for the sake of labor market integration of disabled people” project (SROP-5.3.8-11/A1-2012-0001) that was launched by the Equal Opportunities of Persons with Disabilities Nonprofit Ltd [for more details see Nagy 2013].

I conducted primary and secondary database analyses in the research project and I introduced these analyses in my dissertation. I utilized the following resources for the analyses:

- The statistical data of the National Office for Rehabilitation and Social Affairs (NORSA), published on their official webpage and in the Statistical Yearbook of Hungary, 2012.
- The statistical data of the Central Administration of National Pension Insurance (ONYF), published on their official webpage.
- Statistical data provided by the Zala county Labour Centre, Hungary.

In my dissertation, I also utilized qualitative data and qualitative research outcomes from the “Field studies for the Methodology of Transition” research project, namely, policy expert interviews and field research. The field research was conducted in 4 sites (Budapest, Szabolcs-Szatmár-Bereg county, Hajdú-Bihar county, and Baranya county) and involved semi-structured interviews with the following actors:

- directors and human resource managers of sheltered employment organizations;
- rehabilitation mentors and rehabilitation consultants at sheltered employment organizations;

⁴ I was the lead researcher in the research project.

⁵ “Revita Foundation is a non-profit research organization located in the Eastern part of Hungary, specialized on sociological researches, analysis and expert works. We have references mainly, but not exclusively related to research, education and project activities of employment issues, disabilities and social innovation.” <http://www.revitaalapitvany.hu/index.php?l=35>

- managers or professionals at labor market service providers cooperating with sheltered employers;
- a focus group interview with employees (typically rehabilitatable) at sheltered employers.

Furthermore, in my dissertation I utilized the online survey database of 665 nonprofit organizations that was developed by the HETFA Research Institute and Center for Economic and Social Analysis⁶ and the Revita Foundation as part of the National Development Agency's "Measures Targeting the Improvement of Employment" evaluation study [for the final research report see Mike et al. 2013]⁷.

3. Results

On the basis of data analyses, the research questions can be answered as follows.

Research question No. 1.: What interpersonal, institutional and social construct, attitudes and operating frameworks are related to the efforts aimed at increasing the labor force participation of people living with disabilities?

In my dissertation, I argued for the socially constructed nature of the concept of disability, including its concept related to employment and labor market participation, namely, partial work capacity. By relying on Sidanius and Pratto's conceptual system [2005] and the outcomes of disability studies [primarily Oliver 2005], my main argument was that disability is interpreted as a dependent situation in social and interpersonal context and relations, which fundamentally impacts disabled people's "life potential".

However, acknowledging societies' responsibility, and understanding disability as context-dependent, and complex are underrepresented or slowly appearing in academic publications and analyses, similarly to the operation of everyday life and social institutions. All of these impose an important framework and significant constraints on activizing attempts, as daily interpersonal and institutional attitudes limit individual opportunities, while limited academic and policy research restricts the identification of appropriate activizing tools significantly.

⁶ "HETFA is an independent think tank in Budapest, Hungary established in 2009 by young economists, political scientists and sociologists sharing theoretical and practical experience in social research, public administration and consultancy." <http://hetfa.eu/about-us/mission/>

⁷ I was the lead methodological expert and researcher in the research project.

Research question No. 2.: What are the characteristics of people who already participate or wish to participate in disability support services?

Based on the reviewed previous academic literature, I argued for a new theoretical framework necessary for interpreting the influx processes of disability pensioners in the introductory section of the chapter on empirical outcomes. I highlighted the fact that most research on disability retirement – even to this day – apply the rational choice theory approach. However, the most recent theoretical outcomes and some empirical examinations have started to question the applicability of this approach. These outcomes note that the intent of applying for disability retirement is – typically – a forced decision made (enforced by labor market or financial problems and the resulting deteriorated health condition) rather than a result of free, rational, interest-based choice. All these imply that it is better to start thinking about disability retirement from the position of understanding deteriorated health factors and inequalities, and then continuing by analyzing the institutional and individual factors affecting the motives and intent of applying for disability retirement.

My empirical analyses clearly support the hypothesis, which has been emphasized by international literature but has not been empirically verified, that the people concerned form a rather heterogeneous group (in addition to the types of disability) and that each group is affected by daily and institutional operations (and thus activating attempts) in a different way. By analyzing 30 medical, social and economic characteristics as combined, I identified different groups among people that wish to participate in disability support services. One group involved people with “*severe or classic disabilities*” that are generally referred to as “disabled people”. Social and institutional attitudes with expectations of dependency and passivity were the most distinguishable in case of this group, especially people with congenital disorders. Most persons with congenital disorders are confined to take a forced (career) track, compared to people with non-congenital disorders, they are more likely to apply for disability support services (even if we eliminate the impact of medical condition and other differentiating factors) and they are more likely to receive such disability benefits despite similar medical and social characteristics.

Another group I identified among the people that wish to participate in disability support services involved people – mainly Roma – that are “*exiled from the labor market (and society)*”. Despite their poor human resource features, limited social resources, critical subjective and objective medical conditions, they are significantly less likely to receive disability support services as compared to other groups.

The third group of “*reserved*” people involves persons that I believe that most difficult to reach and integrate into the labor market, although they constitute the biggest group of people that either already participate or wish to participate in disability support services. These people are usually much older, women in majority that either live together with inactive spouses or partners (none of them have active, working partners), or have experienced severe private despairs (divorce or widowhood). Besides, they share poor human resource features, they are “less open to the world” (barely use the internet, have few friends, only a small portion of them has a driving license or speaks foreign languages) and most of them live in small settlements.

The second biggest target group among people that wish to participate in disability support services is constituted by “*protected*” persons that may be reached and activized more easily. They are typically married, live in active households and are more “open to the world” in terms of their opportunities. However, when analyzing their employment motivation I found that within this group, family may be a significant deterrent factor, one-third of this group was discouraged to be employed by their own immediate environment. Related to their characteristics, it might happen that this group is the “fortunate” “antecedent” of the “*reserved*” group.

It might also be easier to reach the group of “*relatively deprived*”, which is supported by data as well, the rate of people that had participated in rehabilitation services prior to the research is the highest within this group. The reason for this is that people in this group have much better human resources, speak foreign languages and use the internet widely. As compared to other group, their subjective and objective medical condition is significantly more improved, and as a result of this, fewer of them receive benefits.

My data analyses proved that both the motives for and actual participation in disability support services are fundamentally influenced by some personal characteristics of the people concerned. Besides, contextual, regional factors, and institutional aspects are also determining, in addition to their medical conditions.

The results of logistic regression analyses revealed that the main difference between disabled people that apply for disability support services (people with partial work capacities) and those that do not apply for such benefits is their medical condition. However, I identified some variance related to their basic socio-demographic characteristics. Data proved that people that previously applied for disability support services have poorer subjective and objective medical condition as compared to those persons that did not apply for such disability benefits. Contrary to international tendencies, the odds of women for becoming

“applicants” are roughly half (0.53) than of men. Data also showed that older persons are evidently more motivated to apply for disability benefits. People living in municipalities and county cities are more motivated to receive disability support, while the odds of persons living in Budapest or cities for becoming “applicants” are roughly half than of people from municipalities. There is significant difference among the Hungarian regions as well: the odds of people living in Western Transdanubia for becoming “applicants” are roughly half (0.462), while of persons in the Southern Great Plain region for applying for disability benefits are 2.66 times more than of respondents from Central Hungary.

People that differ in terms of their medical, personal and socio-demographic characteristics receive disability support of unlike odds.

There is also evidence supporting the assumptions on the “path dependence” of people with congenital disorders and the “unique, dependence-based” attitude towards them: the odds of receiving such support is 2.8 times larger among people with congenital disorders than among people who apply for disability benefits in adulthood. Receiving benefits and the “disabled identity” correlate, which supports the assumption on “institutional labels” contributing to the emergence of the “identity”. This is an important outcome even if data might imply that the system of disability support services (and assessment) is “not sensitive” to the area of disability.

Based on data it seems that the odds of people that had been unemployed for a long time and applied for disability support for becoming “applicants” are less – contrary to international research outcomes. The odds of people that live together with other disabled persons are also less for receiving disability benefits. I found that older people are more likely to become “applicants”, thus it seems that the assessment system takes into account their difficulties in the labor market and their “inflexibility”. However, there is no obvious difference between beneficiaries and non-recipients of disability support in terms of their educational attainment.

My outcomes question the assumption that the operation of the disability assessment system is not influenced by regional-institutional differences. Different labor market conditions might justify my outcome that while sharing the same characteristics other than labor market factors, the odds of people in Central Transdanubia are three (2,95) times, of people in Southern Transdanubia are six (6) times and of people in the Southern Great Plain region are five and a half (5.6) times more for becoming beneficiaries as compared to people in Central Hungary. However, data do not explain the similar likelihood of people living in Northern Hungary and Central Hungary to become beneficiaries, as data imply that by considering related factors, it is more difficult to receive disability benefits in these regions. This raises the question

whether there has been any “informal institutional limit” or “unique operation” in terms of entry headcounts, real operation at either governmental or local levels in these regions.

Although there was no difference in the likelihood of Roma people in either the separate logistic regression on application for disability benefits or the separate logistic regression on influx processes, the combination of these two steps (namely, analyzing the likelihood of Roma people to receive disability benefits among disabled people) revealed that the odds of Roma people for receiving disability benefits are 0.52 times as compared to non-Roma persons if we eliminate all other characteristics examined from the analysis.

Research question No. 3.: What conditions do have an impact on the labor force participation of people living with disabilities?

In the relevant section of my dissertation I introduced the socio-demographic characteristics that potentially determine the labor market participation of people with partial work capacities (especially those that are to be rehabilitated) first with the help of secondary analyses of statistical data as well as primary data analyses.

Previous research offers limited insight on the labor market (re)integration chances of people with disabilities that participate in disability support services despite the fact that their activating and labor market participation has become a priority in both disability movements and disability policy as well as labor market policies in the last decade. Considering the myth of disability dependence this is not surprising. In recent decades, the majority of academic research has associated participation in disability support services with passive roles on relief. Besides, previous research has not paid sufficient attention to contextual factors, most research has targeted supply (partially due to measurement and methodological issues) and has not covered the fundamental impact of demand, and the characteristics and attitudes of the local and wider environment.

By taking into consideration that I also focused on supply, my research outcomes highlight the necessity of changing attitudes primarily. The outcomes of logistic regression show that the type of disability and disorder, respondents’ age, respondents’ prior experience of being (“underfinanced”) unemployed and other related (unsupported) inactivity, respondents’ capability of mobility and their “openness to the world” essentially influence their chance of (re)employment. However, data also show that “hard” personal and indirect contextual factors explain only a small portion of the likelihood of employment. This implies that the likelihood of employment might be further explained by respondents’ other “soft” characteristics (such as motivation) and other related labor market contexts, characteristics and processes that have

not been measured in my research (for example, employers' attitudes to employ people with changed work capacities, the distribution of sheltered employment).

The strong impact of labor market context and regional characteristics is also present in other outcomes. First, almost all expert and target group interviewees indicated that the residence of people with partial work capacities is the most significant determinant of motivations and possibilities of employment, including its distance from potential support services and workplaces. Most respondents mentioned insufficient labor market opportunities, and disadvantaged external conditions as a reason of inactivity, they stated that there are no vacancies in their areas and that they did not know of any jobs that met their needs. The latter factor, that is, the adaptation of potential workplaces to their needs must serve as an important research topic in the future.

We should also pay significantly more attention to regional differences as the first data on the operation of the complex disability assessment system implies that there are huge regional differences in Hungary in terms of the proportion of people labeled as capable of being rehabilitated (and thus potentially reenter the labor market) by the complex assessment system.

The composition of people with partial work capacities is quite heterogeneous in terms of motivation for employment and job search as well. My logistic regression outcomes revealed that the willingness of people with partial work capacities for searching jobs is basically determined by their subjective medical condition, family status, the activity of their spouses and the replacement rate of their disability benefit. The determining role of immediate environment implies that seeking employment while receiving disability support is part of household strategies rather than individual plans.

Besides, the previously described groups of the people concerned differ from each other significantly with respect to their perception of factors that limit their employment the most.

Research question No. 4.: Which groups of people living with disabilities are actually supported by the institutions that aim to improve their labor market participation?

Based on the 2010 NIFSP-TÁRKI database I found that employment rehabilitation is nearly nonexistent in Hungary. Only 6.1% of people with partial work capacities had participated in any type of rehabilitation or training programs preparing them for being employed (including medical, basic, employment and social rehabilitation (!)) 5 years prior to the research. The ratio of persons participating in employment rehabilitation programs was only 3.4%.

In Hungary, people with partial work capacities may apply for a wider range of activizing services in two ways: either in the non-profit sector or in the public sector, including the SROP 1.1.1 programmes that were managed by the National Employment Service 2008-2013 and have been implemented by the NORSA since 2013. Considering the fact that the Budapest Institute⁸ completed a comprehensive impact study regarding this latter alternative, I primarily focused on the programs of the non-profit sector and I supplemented my examination with questions on the SROP 1.1.1 program goals.

My research outcomes clearly show that the non-profit sector that provides complex services is able to reach the people concerned quite limitedly and that the direction of their services does not necessarily suits the composition of the target group of people with partial work capacities. Supposedly it follows from the history of the most professional organizations of the non-profit sector that proportionally, they work with people with congenital disorders rather than persons that became disabled as adults. Furthermore, when selecting the people they provide for – possibly due to the logics of funding – they show preferences based on human resource characteristics and regional factors.

Data show that despite all of these, their programs are very successful, 29.6% of the participants were employed in the open labor market in the past few years.

After having answered my research questions I conclude that the activizing efforts directed towards the target group are “not realistic” because:

1. Social and societal psychological barriers substantially limit the labor market participation of people living with disabilities.
2. Labor market participation of the disabled depends on demand factors and not only on the supply side.
3. The system is practically “one-legged”, although the disability assessment system has been transformed, the institutions supporting integration (in theory) and employment rehabilitation barely function in Hungary (and even the ones that work are misdirected and preferential)
4. Unfortunately, we still know very little about what strategies do people living with disabilities follow in order to improve their life-chances.

⁸ “The Budapest Institute was founded in November 2008 as a partnership of young economists and political scientists sharing theoretical and hands-on experience in research and government administration. The Institute is an independent think tank that produces analyses and impact assessments to assist the preparation, monitoring and evaluation of policy interventions.” http://budapestinstitute.eu/index.php/about_us/bi_history/en

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5. List of publications related to the thesis

5. 1. Book chapters

- Zita Éva Nagy [2014]: Some thoughts on activizing people with partial work capacities in Hungary. In.: Judit Csoba (ed.): Without knocking. Debrecen: Debrecen University Press, pp. 387-404. (in Hungarian)
- Judit Csoba –Zita Éva Nagy – Fanni Szabó [2012]: A multivariate, control group analysis of active tools and labor market programs. In.: Ferenc Munkácsy (ed.): Research annals. Summaries on SROP 1.3.1. research projects conducted 2009-2011. Budapest: National Labour Office, pp. 89-110. (in Hungarian)
- Judit Csoba – Zita Éva Nagy [2012]: The evaluation of training, wage subsidy and public work programs in Hungary. In.: Fazekas – Gábor Kézdi (edit.): The Hungarian labour market. Budapest: Research Centre for Economic and Regional Studies, Hungarian Academy of Sciences and National Employment Non-Profit Public Company, pp. 96-122.
- Zita Éva Nagy – Judit Csoba [2011]: People with disabilities. In.: Judit Csoba (ed.): Labor market changes, marginalized social groups. Debrecen: University of Debrecen, SZOCIOTÉKA, pp. 133-141. (in Hungarian)
- Zita Éva Nagy [2011]: Network and its characteristics in the life of disabled people. In.: Zita Éva Nagy (ed.): The situation of disabled people and persons with partial work capacities in Hungary. Budapest: NIFSP, pp. 161-184. (in Hungarian)
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5. 2. Papers in scientific, peer-reviewed journals

- Zita Éva Nagy [2014]: Is there a way to find work? Examining the labor market chances of people participating in disability support services, with a special emphasis on their personal characteristics. In.: *Metszetek*, 2 (1), pp. 239-264. (in Hungarian)
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5.3 Other

5.3.1. Edited volume

- Éva Zita Nagy [2011, ed.]: The situation of disabled people and persons with partial work capacities in Hungary. Budapest: NIFSP

5.3.2. Main research report

- Éva Zita Nagy – Dóra Bari – Bianka Borza – Erzsébet Forrai – Ágnes Pakot – Orsolya Prókai – Anett Sőrés – Nikolett Szabó – Anna Szerepi [2013]: Field studies for the Methodology of Transition. Budapest: Equal Opportunities of Persons with Disabilities Non-profit Ltd – Revita Foundation (in Hungarian).
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