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From Sheltered Workshops to Integrated Employment: A Long Transition

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As the nation moves towards community integration for individuals with disabilities in our school systems and through independent living, it is essential that we also include them in competitive integrated employment. Federal legislation has supported integrated employment for nearly 30 years, yet the percentage of individuals with disabilities served in integrated employment is staggeringly low compared to those served in sheltered workshops and non-work services (Butterworth et al., 2012). It is clear from research that individuals with disabilities and their families want to be competitively employed, but systemic barriers keep many individuals unemployed or in segregated environments (Migliore, Mank, Grossi & Rogan, 2007). Between 1999 and 2010 the number of individuals with disabilities served in integrated employment actually declined from 23% to 20% (Butterworth et al., 2012).

Segregated environments have a variety of different attributes and serve different purposes. While services are often provided in non-work day care programs and data sometimes includes these individuals in measurements, this literature review focuses on sheltered employment. Sheltered employment has a variety of labels throughout the research including sheltered workshops, sheltered industries, training workshops, rehabilitative workshops, and work centers to name a few, but the core characteristics are the same (Migliore et al., 2007). The majority of employees are individuals with disabilities, who perform typically easy, repetitive tasks such as product assembly or packaging for low wages often below minimum wage and are provided on site supports and skills training (Migliore et al., 2007). This literature review uses the term sheltered workshops to be consistent with the majority of research reviewed.

Integrated employment also has a variety of attributes and different methods of supports. Integrated employment is also referred to as community-based employment, competitive employment, open employment, customized employment, inclusive employment or supported

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employment. The common characteristics for this type of employment include the setting which is within the community where individuals can work with coworkers who are not disabled, the wage which is comparable to coworkers who are not disabled and the support model which is place-train-support (Janero, Mank, Bottomley, Doose, & Tuckerman, 2002). The support model is individualized as case managers and counselors find the right employer, the right method of training and the type of supports that are most effective for the individual. There are many research studies that explore more in depth the different types of supports including job customization and natural supports, but this literature review focuses on studies that generalize integrated employment typically in comparison studies with sheltered workshops (Inge, 2006; Storey & Certo, 1996). Integrated employment and supported employment are the terms most commonly used in this literature review to be consistent with the majority of the research reviewed.

This literature review will examine the policy history of sheltered workshops and integrated employment and discuss the successes and limitations of the current legislation surrounding the employment of individuals with disabilities. The review will also explore the research that reveals the negative impacts of segregation and the benefits of integration both for the individual and community at large. It will review cost-efficiency of both sheltered and integrated employment and some of the barriers to organizational change that have slowed the transition. This literature review will conclude with summaries of current research as well as suggestions for policy and philosophy changes to encourage an expansion of integrated employment with a career-minded focus.

Sheltered Workshops

Policy History

Sheltered workshops began in the mid nineteenth century typically as extensions of educational or medical institutions (National Disability Rights Network (NDRN), 2012; Nelson, 1971). For example, the first American workshop was an adjunct to the Perkins Institute for the Blind which established in 1838 a vocational education program (Nelson, 1971). Workshops served a variety of clients as well as provided a variety of services. Their purposes ranged from meeting the needs for special education that was not provided for in public schools, to providing vocational training and work opportunities to marginalized populations including persons with mental illness, intellectual disabilities, orthopedic impairments, medical restrictions, education or cultural deprivation and delinquent or socially maladjusted behaviors (Nelson, 1971).

Workshops were supported by private organizations and charitable donations because the emphasis was on the rehabilitative and therapeutic function of the program rather than the productivity of the individuals and as such generally not self-sustaining (Nelson, 1971).

While the principles of free and universal education were generally accepted by the American public, many individuals in practice were excluded from meaningful education and therefore meaningful employment as they lacked the skills necessary to be even marginally competitive in the marketplace (Nelson, 1971). In 1920, the need for vocational rehabilitation was addressed with the federal policy, the Civilian Vocational Rehabilitation Act (Nelson, 1971). Funding, however, was only minimally directed towards workshops in the form of contracting services such as assessments for the state vocational rehabilitation agencies (Nelson, 1971). The reliance on workshops by state agencies increased by the middle of the twentieth century and a

second piece of federal policy was passed in 1954, the Vocational Rehabilitation Amendments, which provided grants to workshops serving clients of the state agencies (NDRN, 2012; Nelson, 1971).

Because few sheltered workshops were self-sustained and direct federal funding was minimal, workshops had to find ways of lowering business costs and raising external revenue (Nelson, 1971). The National Industrial Recovery Act, part of the New Deal policies in 1934, allowed businesses employing individuals with disabilities to pay below minimum wage (Whittaker, 2005). The sub-minimum wage policy was further supported by the 1938 Fair Labor Standards Act which allows employers to apply for a certificate (referred to as a Section 14(c) certificate) to pay individuals with disabilities less than the prevailing wage if their disability impacts productivity and the Javits-Wagner-O'Day Act of 1971 (now referred to as the AbilityOne Program), which requires federal agencies to purchase certain supplies and services from non-profit agencies that employ a minimum of 75% individuals with disabilities (NDRN, 2012; Whittaker, 2005). Federal funding of rehabilitation services began to level off in the 1970s and 1980s due to the economic recession and many workshops had to shift the services they provided to take advantage of alternative federal funding sources such as the Job Training Partnership Act of 1982 (Whitehead, 1986). Sheltered workshops have consistently struggled financially causing many to seek funding alternatives, close their doors or change their services and delivery model.

Impact of Segregation

The segregation of individuals with disabilities in sheltered workshops is contrary to the national philosophy of community integration expressed by many federal policies that support

integrated employment (Metzel, Boeltzig, Butterworth, Sulewski & Gilmore, 2007; NDRN, 2012). The Developmental Disabilities Assistance and Bill of Rights Act of 1984 states its purpose as assisting states to assure individuals with developmental disabilities “achieve their maximum potential through increased independence, productivity and integration into the community” (Sec. 101b). However, the majority of individuals with disabilities are not integrated into the community; they are unemployed or served in segregated work settings such as sheltered employment (Butterworth et al., 2012). In 2007, 74% of individuals with intellectual or developmental disabilities were still served in sheltered workshops (Metzel et al., 2007). In 2010, a staggering 79.9% of individuals with disabilities were served in facility-based and non-work settings with state data reports indicating a rise in service in non-work settings (Butterworth et al., 2012). Segregation is detrimental for individuals with disabilities for a number of reasons including a perpetuation of poverty, fostering poor socialization skills and limiting self-determination (NDRN, 2012; Rogan & Rinne, 2011). In 2010, 27.2% of individuals with a disability were living below the poverty line compared to 13% of individuals without a disability (Butterworth, 2012). In a study released in 2001 by the General Accounting Office, 84% of employers with Section 14(c) certificates (allowing employers to pay individuals with disabilities below minimum wage) were specialized work centers for individuals with disabilities (United States Government Accounting Office (USGAO), 2001). The report estimated that more than 50% of workers employed under the certificate earned \$2.50 or less and 86% worked only part-time (USGAO, 2001).

In addition to low wages and hours, individuals in sheltered workshops and non-competitive employment have less access to health insurance and other employee benefits (NDRN, 2012). According to a longitudinal study of the vocational rehabilitation (VR) services

program by Hayward and Schmidt-Davis (2002), very few employees in noncompetitive employment receiving VR services had benefits, but the most frequent was vacation leave which 25% had after the first year of services. After 3 years of VR services, 55% of individuals in noncompetitive employment still received some form of financial assistance (ie. Social Security Disability Income benefits) versus only 26% of individuals in competitive employment (Hayward & Schmidt-Davis, 2002). As individuals move into integrated employment they benefit from increases in wage, work hours and access to health insurance and other employee benefits reducing their reliance on public financial assistance (Hayward & Schmidt-Davis, 2002; NDRN, 2012).

Research also demonstrates that sheltered workshops and segregated settings have negative impacts on job satisfaction, psychological well-being, and social activity (Jiranek & Kirby, 1990; Griffin, Rosenberg & Cheyney, 1996; Kober & Eggleton, 2005). A study by Jiranek and Kirby (1990) compared two groups of 15 individuals with intellectual disabilities, one in competitive employment and one in sheltered employment, and found that the group in competitive employment experienced greater job satisfaction, lower levels of depression and greater internal locus of control or autonomy. Another study by Griffin et al. (1996) produced similar results when comparing two groups of individuals with disabilities in supported employment and sheltered employment. Individuals in supported employment experienced greater job satisfaction and self-esteem (Griffin et al., 1996).

In segregated environments, individuals with disabilities have fewer opportunities to interact with peers who are not disabled (Storey & Horner, 1991). When deinstitutionalization began, sheltered workshops were seen as an appropriate place for individuals with disabilities whom society perceived to be vulnerable to being taken advantage in the competitive market

(Whitehead, 1986). Storey and Horner (1991) compared three supported employment models: individually supported work environments, groups of individuals with disabilities working in enclaves, and individuals that were part of a work crew on contract work and found that individuals supported individually had greater interactions with their coworkers who were not disabled than those in either the enclave or work crew which resulted in individuals with disabilities interacting more with their coworkers who were disabled. Research is now showing us that integrated employment not only increases social tolerance for individuals with disabilities but also increases their opportunity to engage with peers who are not disabled and encourages them to participate more fully in the community (Jiranek & Kirby, 1990, Storey & Horner, 1991). In the previous study by Jiranek and Kirby (1990), individuals in competitive employment were more active in the community than those in sheltered employment. Furthermore, when individuals are placed in sheltered workshops they are more likely to experience job dissatisfaction, problem behaviors and poor attendance (NDRN, 2012).

Organizational Change

With the national trend of integrated community-based employment for individuals with disabilities, sheltered workshops have received significant criticism (NDRN, 2012; Rogan & Rinne, 2011). The primary concerns for these facilities are the low wage earnings of the clients they serve and the long-term nature of employment (Migliore et al., 2007). Secondary concerns include social limitations, inconsistent work contracts and menial, repetitive tasks (Migliore et al., 2007). Many workshops have added integrated employment into the services they provide, but in practice only 3.5% of people in sheltered workshops move into integrated employment (Taylor, 2002). A study by Cimera (2011b) compared the employment outcomes in a matched population of supported employees who had previously been in sheltered workshops and

supported employees who had not previously been in sheltered workshops. This study found that the population who had not previously been in sheltered workshops were just as likely to be competitively employed, earned more and worked more hours than the population who had been in sheltered workshops and also cost the vocational rehabilitation agency less to serve in the community (Cimera, 2011b). Given the on-going research supporting integrated community-based employment, it is no surprise that Rogan and Rinne in their study of 10 sheltered workshops in the process of changing to integrated community services found that organizations wanted to change because they recognized “a dissonance between their existing services and what they knew to be best practices for individuals with disabilities” (2011, p. 252).

There are several barriers to an organizational change towards integrated employment which has slowed the transition from sheltered workshops (Rogan & Rinne, 2011). These barriers include funding, staff and family resistance and serving individuals with high support needs (Rogan & Rinne, 2011). Funding and certain federal legislation has long been out of sync with a national philosophy of integrated employment (NDRN, 2012). The Developmental Disabilities Assistance and Bill of Rights Act in 1984, the Individuals with Disabilities Act of 1990 which mandates that all schools help students transition to employment, the Rehabilitation Act Amendments of 1992, the Workforce Investment Act of 1998, the Ticket to Work and Work Incentives Act of 1999, the Supreme Court decision in the case of *Olmstead v. L.C.* and the New Freedom Initiative of 2001 all demonstrate federal support for integrated employment for individuals with disabilities (Migliore et al., 2007; Rogan & Rinne, 2011). The definition of employment was even amended in 2001 by the State Vocational Rehabilitation Services program to eliminate sheltered workshops as an acceptable employment outcome (Migliore et al., 2007). Employment outcomes are now defined as “outcomes in which an individual with a disability

works in an integrated setting” (“State Vocational Rehabilitation Services Program, Final Rule”, 2001, p. 7250).

However there is still federal legislation in place such as sub-minimum wage laws, the federal AbilityOne program and Medicaid laws which stall organizational change and a national progression towards the implementation of an integrated employment philosophy for all individuals with disabilities (NDRN, 2012; Rogan & Rinne, 2011; USGAO, 2001). In a 2001 study by the Government Accounting Office (GAO), 46% of funding for sheltered workshops was provided by state and county agencies in the form of grants and reimbursements for support services. Medicaid spends 4 times as much on segregated day programs, including prevocational services such as would be provided by a sheltered workshop, than on supported employment with no priority given to supported employment (Rogan & Rinne, 2011). There is also an amalgamation of ways workshops acquire funds from Medicaid, Vocational Rehabilitation agencies, and Social Services which are not easily transferable if at all to supported employment services including: the Home and Community-based Services Waiver, Medicaid Rehabilitation option, targeted case management, title 1 of the Rehab Act, and Social Services Block Grants (NDRN, 2012). However, states are beginning to make changes to the vocational rehabilitation infrastructure through grants such as those provided through the Office of Special Education and Rehabilitative Services, which awarded grants to 47 states between 1985 and 1994 to increase the conversion of facility-based day services into programs promoting integrated employment (Migliore et al., 2007). Medicaid Infrastructure Grants, which by 2009 42 states had taken advantage of, also provide funding to facilitate the development of programs promoting integrated employment (Kehn, Croake, & Schimmel, 2010).

Rather than replacing sheltered workshops as an employment outcome with integrated employment, current federal and state funding has created a dual system where integrated employment is an option alongside traditional facility-based services (Migliore et al., 2007). Integrated employment has been successful for individuals with disabilities that are the most employable, but sheltered workshops are still the most common placement for individuals with disabilities particularly individuals with significant disabilities (McInnes, Ozturk, McDermott & Mann, 2010; Wehman & Revell, 2000). In fact in 2005, 3 out of 4 individuals with significant disabilities were served in day activity or sheltered work programs (Wehman & Revell, 2000). Studies such as the one conducted by Migliore et al. (2007), consistently reveal that most individuals with disabilities working in sheltered workshops, their families and staff are in favor of employment outside of the workshop. However a subsequent study by Migliore, Grossi, Mank and Rogan (2008), surveyed 142 individuals with disabilities served in 28 sheltered workshops, their families and staff and found that safety, transportation, long-term placement, consistent work hours, disability benefits, social environment, work skill requirements, negative previous experiences and agency support were the primary factors influencing their decision of sheltered workshop over integrated employment. In the same study 46% of the participants reported that no one had encouraged them to pursue employment outside of the workshop including workshop staff, vocational rehabilitation counselors and case managers (Migliore et al., 2008). In fact, many individuals with disabilities and their families reported that professionals encouraged them to choose sheltered workshops (Migliore et al., 2008). These findings suggest that many professionals in the field do not value integrated employment as the first option for all individuals with disabilities or do not require the skills necessary to serve

individuals in an integrated employment program and training or retraining is not adequately provided (Rogan & Rinne, 2011).

Individuals with significant disabilities have historically had low expectations for employment and especially integrated employment because of their high support needs in supported employment (Rogan & Rinne, 2011; Rusch & Braddock, 2004). While there is evidence that with extended and on-going services individuals with significant disabilities can be competitively employed, the system of services to support integrated employment and independence discourages individuals with significant disabilities (Conley & Conroy, 2009; Rusch & Braddock, 2004). There is no single program that coordinates all of the services and resources needed for individuals with significant disabilities to obtain gainful employment (Conley & Conroy, 2009). Furthermore, many of the services an individual needs for gainful employment and increased independence have contradictory eligibility (Conley & Conroy, 2009). For example, because individuals with significant disabilities are typically placed in part-time or low wage positions they cannot afford to lose funds from services such as the Social Security Income program, Social Security Disability Insurance, Medicaid and Medicare, but eligibility for these funds is dependent upon dependency and an “inability to engage in a gainful activity” (Conley and Conroy, 2009, p. 20).

Despite that the initial regulation for supported employment was designed for the target population of individuals with significant disabilities that require extended services to maintain competitive employment, state vocational rehabilitation agencies only provide time-limited employment services (West, Johnson, Cone, Hernandez & Revell, 1998). Extended services are typically funded through a variety of mechanisms such as state intellectual disability, developmental disability or mental health funding agencies that often contract to private provider

agencies (West et al., 1998). West et al. (1998) investigated the quality of extended services and access based on funding mechanisms and found that the fixed rates that state agencies use discouraged movement from segregated to integrated community-based programs because the provider agencies were not able to negotiate value added costs for more intensive supports in the community and therefore typically provided the minimum requirements often still in segregated settings. Rusch and Braddock (2004), researched intellectual disabilities and developmental disabilities state agencies and found three times as many individuals with significant disabilities in adult day care and sheltered workshops as supported employment and recommended an increased responsibility in the school system to prepare students with significant disabilities for integrated employment or post-secondary education.

Integrated Employment

Policy History

Providing vocational supports to individuals with disabilities to encourage successful integrated employment has been a priority in federal policy for over 30 years, beginning with the Developmental Disabilities Assistance and Bill of Rights Act in 1984 (referred to as the DD Act) (McInnes et al., 2010). The purpose of the DD Act was to provide grants to states and public and private non-profit agencies in order to establish programs that provide services to individuals with developmental disabilities that are not met under the Rehabilitation Act of 1973 (Developmental Disabilities Assistance and Bill of Rights Act, 1984). State Intellectual/Developmental Disability (I/DD) agencies now provide extended support and supplement employment options provided through states' VR agencies (Braddock, Hemp, Rizzolo, Tanis & Wu, 2011). Supported employment experienced rapid growth in the 1980s and

1990s as state programs developed utilizing funding from the DD Act, and Title I and VI of the Rehabilitation Act (Braddock et al., 2011; Wehman & Revell, 2000).

The enactment of the Americans with Disabilities Act (ADA) of 1990 underscored the national goals of equal opportunity, full participation and independent living for individuals with disabilities (NDRN, 2012). In 1991, regulations implementing the ADA required public entities to “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities, *i.e.*, in a setting that enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible” (Nondiscrimination of the basis of disability, 2010, p. 35.130 (d)). Amendments in 2004 to the ADA reflected the 1999 decision of the Supreme Court in the landmark case *Olmstead v L.C.* that reinforced that services must be provided in the most integrated setting appropriate (Metzel, 2004). Amendments to the Rehabilitation Act in 1998 and 2001 equally stressed the full inclusion and integration in society of individuals with disabilities to the degree that in 2001 the Rehabilitative Services Administration redefined “employment outcomes” to exclude segregated employment as an acceptable outcome (NDRN, 2012).

Recent public policy initiatives supporting integrated employment include the Ticket to Work and Work Incentives Improvement Act (referred to as the Ticket to Work Act) of 1999, and the Work Force Investment Act (WIA) of 1998 (NDRN, 2012; Wehman & Revell, 2005). The WIA replaced the Job Training Partnership Act and reformed the nation’s job training system streamlining services through a one-stop service delivery system (Wehman & Revell, 2000). The Ticket to Work Act is designed to assist beneficiaries of Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) in finding and retaining integrated employment with the opportunity to generate enough earnings that they can move off of Social

Security Administration (SSA) benefits (Wehman & Revell, 2005). The Medicaid Buy-In, Benefits Planning Assistance and Outreach, and Protection and Advocacy for Beneficiaries of Social Security are locally based programs within the Ticket to Work Act that provide supports so that individuals receiving SSA benefits do not have to choose between health coverage and work (Wehman & Revell, 2005). The Ticket to Work program provides financial incentives to service providers organized as Employment Networks to provide services to SSA Disability beneficiaries and provides greater choices to beneficiaries who are issued tickets that can be used for rehabilitation and employment services at an Employment Network they choose (Wehman & Revell, 2005). The goal of this initiative was to encourage services for particularly hard to serve individuals such as those requiring ongoing supports and high-cost workplace accommodations (Wehman & Revell, 2005). Other SSA work incentives such as the Plan for Achieving Self Support (PASS) and Impairment Related Work Expenses (IRWE) programs assist beneficiaries in overcoming barriers to employment (Wehman & Revel, 2000). However, the 2011 State Data Employment Report, reported that enrollment in work incentive programs had declined and remained underused (Braddock et al., 2011). According to the report only 4.6% of SSI beneficiaries worked nationally in 2010. Despite these public policy initiatives, the number of individuals supported in integrated employment has actually declined in recent years from 24% in 2001 to 21% in 2009 (Metzel et al., 2007; Braddock et al., 2011).

Impact of Integration

Many research studies have shown that individuals with disabilities, even individuals with significant disabilities, can be successfully integrated in the competitive market and contribute in meaningful ways to the communities they live in (Conley & Conroy, 2009; Rusch & Braddock, 2004; West et al., 1998). Some of the positive impacts of integration for

individuals with disabilities include increased wages, hours and benefits which result in positive impacts for the individual and the community as a whole in tax revenue and reduced dependency on governmental aid (Cimera, 2011a; Hayward & Schmidt-Davis, 2002, USGAO, 2001). The cost efficiency of supported employment has been reviewed in several studies since the 1980s, but these studies have been limited by a small sample size and localized data (Cimera, 2011a). A recent cost-efficiency report by Cimera (2009) used data from 231,204 supported employees served by Vocational Rehabilitation across the United States between 2002 and 2007. He included in his analysis the change in subsidies, costs of an alternative program (ie. sheltered workshop), taxes paid based on wages reported at the close of the VR case, cost of supported employment services and the Targeted Jobs Tax Credit available to employers who hire supported employees (Cimera, 2009). Cimera found that supported employment was cost-efficient with an average benefit-cost ratio of 1.46 and a range from 2.20 for the most cost-efficient disability group, other learning disabilities, to 1.17 for the least cost-efficient disability group, traumatic brain injury (2009). A second study by Cimera (2011a), made a direct comparison of costs for individuals in supported employment and individuals in sheltered workshops that had been matched on nine variables. Cimera (2011a) reported that sheltered and supported employees generated comparable costs per month of service, but that sheltered employees received services on average 28 months longer than supported employees generating greater cumulative costs. Cimera (2011a) also found that in 56.1% of the cases sheltered employees worked more hours than supported employees, but that supported employees earned more than the sheltered employees earning an average of \$390.96 per month versus \$164.79 per month for sheltered employees.

Studies have shown that integrated employment has positive financial outcomes, but there are also positive outcomes on the quality of life and psychological health as well as improved social integration for individuals with disabilities (Cimera, 2009; Cimera, 2011a). Studies such as Jiranek and Kirby (1990) have shown increased job satisfaction among individuals with disabilities in integrated employment compared to individuals in sheltered employment or who are unemployed. However, job satisfaction and quality of life is a multidimensional construct with many variables affecting the individual (Flores, Janero, Orgaz & Martin, 2011). Petrovski and Gleeson (1997) asserted that “it is fundamental that job satisfaction is looked at in conjunction with psychological health” (Conclusion, para. 1). Simply obtaining a job is not enough to guarantee job satisfaction or improvements in quality of life, there must be a balance of normalization and supports that address the psychosocial risks associated with integrated employment (Janero et al., 2002). Petrovski and Gleeson (1997) assessed job satisfaction and psychological health for participants with mild intellectual disabilities using a variety of questionnaires. Using the job satisfaction scale simplified by Jiranek and Kirby (1990), the participants indicated a high level of satisfaction. However, analysis of results from other questionnaires revealed that 40% of participants wished they were working somewhere different citing reasons such as “getting bored, doing the same thing over and over again, wanting to do more and wanting to do something better” (Petrovski & Gleeson, 1997, Results and Discussion, para. 4). Results also indicated a significant negative correlation between job satisfaction and stigmatization and loneliness at the workplace (Petrovski & Gleeson, 1997). While the majority of participants reported they had friends at work, 47% reported feeling “different” than their co-workers and 53% reported feeling left out. Individuals with the most job satisfaction felt the least stigmatized (Petrovski & Gleeson, 1997).

Interestingly, there was no correlation found between job satisfaction and self-esteem or aspirations (Petrovski & Gleeson, 1997). The majority of participants had aspirations that were attainable and self-esteem was not influenced by job satisfaction or an awareness of stigma (Petrovski & Gleeson, 1997). The self-esteem findings of this study are consistent with the research of Paterson, McKenzie and Lindsay (2012) who found that individuals with lower self-esteem were more sensitive to stigma rather than stigma being the cause of low self-esteem. Petrovski and Gleeson (1997) concluded that positive attitudes about work may not be indicative of psychologically healthy processes which providers need to be aware of and able to provide appropriate supports to mediate.

Social relationships are an essential element to psychological well-being and quality of life, but individuals with disabilities often experience difficulties developing social networks and relationships that are reciprocal despite being involved in community activities (Lippold & Burns, 2009). Forrester-Jones, Jones, Heason and Di'Terlizzi (2004) mapped the changes in social network size and the impact on adaptive skills and quality of life for individuals after a year of supported employment. The average social network size did increase significantly for participants and there was a decrease in social network density meaning there was greater variety within the network and fewer inter-connected relationships, but the average social network size still remained below average for the general population (Forrester-Jones et al., 2004). There was an increase in the number of work colleagues in the social network from 7% to 14%, but the majority of network members were still staff, family and other individuals with intellectual disabilities (Forester-Jones et al., 2004). These results were consistent with research comparing non-employed individuals with intellectual disabilities and physical disabilities (Lippold & Burns, 2009).

Lippold and Burns (2009) also reported that on the Life Experiences Checklist individuals with intellectual disabilities generally scored higher than the general population in all domains except the domain Freedom in which there was no significant difference and the domain Relationships, where individuals with intellectual disabilities scored significantly lower than the general population and individuals with physical disabilities. The individuals with physical disabilities had a more balanced social network with an equal number of friends with disabilities and without disabilities while the individuals with intellectual disabilities had a social network that included 22% friends with intellectual disabilities and only 6% friends without intellectual disabilities (Lippold & Burns, 2009). Furthermore, Forrester-Jones et al. (2004) revealed that only 50% of the relationships reported were reciprocal both before and after engaging in supported employment. The relationships with the highest reciprocity were with staff, family and other individuals with disabilities (Forrester-Jones et al., 2004). The group of individuals in supported employment also experienced improved adaptive behavior scores and a greater satisfaction with home life, which the researchers contributed not to an increase in social network size, but rather to the employment activities which improved particular skills and provided environmental and social change (Forrester-Jones et al., 2004). Supported employment can increase the size and diversity of the social network of individuals with disabilities which can improve their overall well-being and life satisfaction, but relationships with individuals who also have intellectual disabilities is important for this population to experience reciprocity in their friendships.

Several studies have suggested that successful outcomes of supported employment have been a result of high employability qualities in participants (Kober & Eggleton, 2005; McInnes et al., 2010). Kober and Eggleton (2005) investigated the effect of competitive employment

versus sheltered employment on the quality of life of individuals with intellectual disabilities measured with a quality of life questionnaire. Their study revealed a higher quality of life when placed in competitive employment compared to sheltered employment (Kober & Eggleton, 2005). However, when the same data were analyzed, participants classified by the Functional Assessment Inventory as having high functional work ability had results consistent with the original findings, but individuals classified as low functional work ability had results that were inconsistent (Kober & Eggleton, 2005). The results for individuals with low functional work ability demonstrated no significant difference between individuals in competitive and sheltered employment (Kober & Eggleton, 2005). McInnes et al. (2010) examined the benefits of job coaching in a South Carolina supported employment program controlling for the bias of selection and heterogeneity. Their study revealed that the assignment of job coaches was not random and that participants who received job coaching on average had higher IQs, lower incidence of emotional and behavioral problems and lived in areas with an average lower employment rate (McInnes et al., 2010). Once these factors were controlled for in the analysis, the difference in the likelihood to be employed one year after job coaching compared to no job coaching was still significant at 3 times as likely, but was half as much as the original analysis (McInnes et al., 2010). These two studies suggest that supported employment results in significant benefits for individuals that are high functioning and possess employable characteristics, but caution should be reserved in interpreting that the same benefits will be received by individuals that are low functioning (Kober & Eggleton, 2005).

Discussion

Since the inception of integrated employment in the 1980s and the first federal initiatives, the philosophy of community integration has garnered national support and research has investigated the fiscal and non-monetary benefits. Research consistently reveals to us that individuals with disabilities want to be more integrated in the community by having competitive employment like their peers who are non-disabled even if families and staff are hesitant about the transition (Migliore et al. 2007; Rogan & Rinne, 2011). Cost-efficiency studies report that serving individuals in the community cost as much or less than serving individuals in sheltered workshops and on average requires fewer hours of support services (Cimera, 2011a). Studies examining the benefits to psychological health and job satisfaction are multifaceted as there are many variable to both. However, overall studies have shown that being employed in the community with peers who are non-disabled and being adequately supported can increase the quality of life for an individual with disabilities (Flores et al., 2011; Jiranek & Kirby, 1991; Kober & Eggleton, 2005; Lippold & Burns, 2009; Petrovski & Gleeson, 1997). Petrovski and Gleeson (1997) revealed that there may be underlying issues that service providers should be aware of and prepared to address even though individuals are satisfied with their job such as stigma and social inclusion which are persistent challenges for individuals with disabilities.

Organizational change can be difficult and the transition from sheltered workshops to integrated employment has been a slow transition over the past 30 years (Rogan & Rinne, 2011). Federal legislation supporting integrated employment has not been consistently funded and incentive programs have been underused (Braddock et al., 2011.) The Developmental Disabilities Assistance and Bill of Rights Act and Medicaid Infrastructure Grants provided grants to start state programs for integrated employment which all states now have, but further funding

to support these programs comes from state and local coffers which have been historically directed towards sheltered workshops (Kehn et al., 2010; NDRN, 2012). Federal funding for services specifically targeted at integrated employment has not been widely accessed by state programs, relying more on traditional funding sources through Medicaid waivers and thus traditional placements in segregated settings (Hayward & Schmidt-Davis, 2002; Migliore et al., 2007).

There are also a few policy changes that should be addressed to reflect the national philosophy of integrated employment. Sub-minimum wage laws should be amended to reflect the equality and dignity that all employees deserve and end the discrimination against individuals with disabilities. Furthermore, to address the poverty gap between individuals with disabilities and individuals without disabilities the qualifications for receiving government financial supports should be amended so that individuals are not penalized for seeking employment, but rather supported until they are truly independent. Extended services should be funded in a way that encourages integrated employment, perhaps through state VR agencies, so that individuals with significant disabilities can also have greater access to integrated employment because they deserve an opportunity to earn competitive wages despite their support needs.

Recent research studies of supported employment success have only collected data for 1-3 year periods, but already a trend is emerging that reveals the frequent job changes among individuals with disabilities (McInnes et al, 2010). Frequent job changes not only increases the service hours required to find an employer, train the employee for the new job and provide extended services until the job skills are mastered, but also indicates that job placements are not career focused, rather simply the entry-level, low wage, menial task jobs that are easiest to place individuals with disabilities. This is no different than the type of work provided in sheltered

workshops. A study by Gewurtz, Cott, Rush, and Kirsh (2012) found that while funding changes have evolved from supporting pre-employment services to funding employment outcomes, this funding model encourages rapid placement with little focus on career development. Further research, especially longitudinal research, should be conducted on the impact of policy changes and supporting individuals with disabilities in career development.

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