

Disability Research Series 1

Disability and work

The picture we learn from official statistics

Disability Research Series 1

Disability and work

The picture we learn from official statistics

Abbreviations used in text, tables and charts

A prof.	Associate professional and technical
Blind	Seeing difficulty
CSO	Central Statistics Office
DA	Disability Allowance
DB	Disability Benefit
Deaf	Hearing difficulty
ESRI	Economic and Social Research Institute
FÁS	Foras Áiseanna Saothar, Ireland's National Training and Employment Authority
Housebound	Difficulty in leaving one's home alone
ILO	International Labour Office. The ILO definition of employment covers anyone who worked at least an hour a week in the previous week
Learning	Difficulty in learning, remembering or concentrating
LIS	Living in Ireland Survey
L-term	Long-term
Mental	Mental, nervous or emotional
n.a.	Not available
Pers. Serv.	Personal and protective services
Prof	Professional
Progressive	Progressive illness
QNHS	Quarterly National Household Survey
Sensory	Impaired vision, hearing or speech
UA	Unemployment Assistance
UB	Unemployment Benefit

Foreword

One of the objectives identified by the National Disability Authority in its Strategic Plan is gathering essential information on the key policy areas of health, education, transport, poverty, employment and training.

This report on Disability and Work brings together in an accessible way the range of data we now have on employment and disability in Ireland, drawn from a range of statistical and administrative sources. The report uses these figures to paint a picture of the issues around work for people with disabilities.

People with disabilities are two and a half times less likely to have a job than non-disabled people. Increasing participation in work would reduce the incidence of poverty and isolation and would open doors to wider participation in society.

The report sets as a modest minimum target to raise the number of disabled people in work by 13,000. As 85% of working-age disability is acquired, the report emphasises the importance of job retention and return to work strategies in achieving this target.

The report also calls for active recruitment strategies, and active promotion to employers of the FÁS supports for workers with disabilities. It calls for accessible workplaces and access transport. It calls for easing of the benefit traps, and reiterates the case for a Cost of Disability Payment.

The report also highlights the high drop out rate from education of teenagers with disabilities. A successful education is a key to a successful career, and a significant minority of young people with disabilities are losing out from an early stage in their lives.

This report from the National Disability Authority's research unit raises important policy questions. I hope it will provide food for thought among policy-makers and disability organisations.

Angela Kerins
Chairperson
National Disability Authority

Summary

People with disabilities are two and a half times less likely to be in work than non-disabled people. This in turn contributes to the significantly higher rate of poverty of households headed by disabled people.

People who are more severely restricted in what they can do enjoy very significantly lower rates of employment than others. Only a small minority of employers have employees with a disability, relatively few have made changes to the job or workplace to facilitate disabled workers, and half of employers are unaware of the grants and supports available to employ disabled workers. Sheltered work accounts for a relatively small percentage of employment for disabled people.

About 85% of working-age people with a disability or chronic illness have acquired that disability. This underlines the importance of strategies to retain people in work after the onset of a disability if we want to increase the proportion of disabled people in a job.

Participation in education by young people with disabilities is significantly lower than their non-disabled counterparts. About a third of those aged 15 to 19 are already out of the education system.

The National Disability Authority recommends the following actions to increase employment rates among disabled people:

- Reduce the drop-out from education of young people with disabilities, and raise their participation levels to those of their non-disabled peers
- Increase recruitment of people with disabilities in the public and private sectors
- Inform employers about grants and supports for workers with a disability
- Increase job retention rates after onset of a disability
- Make contact through the benefit system to offer vocational guidance
- Tackle benefit traps and make work pay
- Address access and transport issues

Disability and work

The picture we learn from official statistics

Introduction

Work is a central part of most adult lives. People with disabilities are far less likely to have a job than other people of working age. This is one of the principal ways in which people with disabilities are outside the mainstream of Irish life.

The Commission on the Status of People with Disabilities (1996) highlighted the importance of having a job as a means to achieve economic and social independence. Having a job allows people to earn their own living, not to be financially dependent on other family members or on the state.

People who can earn their own living are far less likely to live in poverty. For example, Irish figures for 2001 show that families where the breadwinner had no job due to illness or disability were twelve times more likely to be below the official poverty line than families where the head of the house had a job (Whelan et al, 2003).

Work is an important part of belonging and participating in society. Having a job is good for mental health. Apart from bringing in an income, work is a valuable social outlet, taking people out of the house to become part of a wider community. Work is a place where people meet others and make friends. Absence from the workforce, on the other hand, can contribute to social isolation, and joblessness is associated with a higher incidence of mental health problems.

Participating in the workforce also offers people with disabilities the chance to make a positive contribution. In a job, the focus is on ability, not disability. It is on what people are adding to society, not on dependence.

Apart from the talents people bring as individuals to a job, the inclusion of people with disabilities in the world of work also brings their perspectives to bear on aspects of work and economic life. Service industries (including the public service) which employ people with disabilities are likely to be more disability aware in their dealings with the wider public.

Internationally, indicators on social inclusion invariably cover employment. So if we want to measure social inclusion of people with disabilities, it is important to track levels of participation in the world of work.

Exploring statistics on disability and work

In its report dated 1996, the Commission on the Status of People with Disabilities drew attention to the absence of hard statistical information on the exclusion of disabled people from the world of work. In the meantime, new figures have become available on disability and work, from the 2002 Census, from the Quarterly National Household Survey, from data and research studies from the ESRI, and from administrative records. Because this information is in several different places, and as

it may not be too easy for those unfamiliar with this data to make sense of the different numbers, the National Disability Authority felt there would be value in bringing together the main statistical data we have on work and disability in Ireland.

This paper therefore sets out the main data available for Ireland on employment of people with disabilities, and explains the significance of these numbers. The paper explores some of the factors behind this lower participation in employment and looks at the issues which are raised.

Using different sources of information

The main sources of data we have are specific statistical questionnaires; administrative records such as social welfare claimant numbers; and the National Intellectual Disability Database.

It is important to remember when interpreting or comparing findings from different sources of data that the different criteria that are used to identify disability turn up different numbers of people as disabled in different sets of data.

Statistics taken from administrative records do not necessarily match with how people describe themselves in statistical surveys. For example, people qualify for social welfare disability payments on the basis of a medical certificate that they are not able to work. But some of those who describe their main work status in the Census as "unable to work due to permanent sickness or disability" may not appear in the social welfare figures, for example if a spouse's income puts them over the means test.

Three statistical questionnaires which included questions on disability and on employment status are the Census of 2002; the Quarterly National Household Survey (QNHS) disability module in 2002, which was repeated in limited form in 2004; and the Living in Ireland Survey (LIS) conducted on a uniform basis every year from 1995 to 2001. Each of these used somewhat different questions to identify people who were disabled. The "disability" question in the case of the QNHS and LIS also covered people who were long-term or chronically sick. (Appendix A gives more details on the questions asked and how these statistical inquiries were conducted). While this paper refers to those answering yes to any of these questions as a "disabled person" or someone "with a disability", it should be understood that these terms are shorthand and can also cover people with long-term illnesses.

Different questions give different answers

The proportion of people in the working age group (age 15 to 64) recorded with a disability or long-term illness ranged from 6 per cent in the Census to 11 per cent in the QNHS (both in 2002 and 2004) to 17 per cent in the Living in Ireland Survey. Some of these differences may relate to the explicit inclusion of long-term illness in the QNHS and the LIS.

Despite the differences in definitions used, there are some strong similarities in what these three sources of information show. The age profile of people with disabilities is very similar, with the incidence of disability rising steadily with age. These three sets of figures also show that participation in work is much lower for people with disabilities. People with severely restricting disabilities are much less likely to be in work than

those whose disabilities are less limiting. Employment rates also vary by the type of impairment.

Bearing in mind the warning that figures from different sources may be based on different definitions of disability, this paper builds up a composite picture of work and disability by bringing together information from several sources of official statistics.

Large gap in employment rates

However disability is measured, the proportion of people with a disability who are in work is significantly lower than for the rest of the community (see Table 1). All three sources show significantly lower participation rates of people with disabilities than their non-disabled counterparts.¹

Table 1: Work participation rates People with disabilities

Age group	Census 2002 %	QNHS 2004 %	QNHS 2004 %	LIS 2000 %
15-24	23.2	36.3	39.8	n.a.
25-34	36.6	55.6	49.3	n.a.
35-44	31.3	50.2	49.3	n.a.
45-54	25.4	41.7	38.3	n.a.
55-64	15.5	27.0	24.5	n.a.
15-64	23.2	40.4	37.1	44.3
No disability, 15-64	63.3	65.1	69.5	71.7
Gap	40.1	25.0	32.4	27.4

Note: These figures from the Census and Living in Ireland Survey use Principal Economic Status and those from the QNHS use the ILO definition of employment

The differences in employment rates between these sets of figures may reflect that the QNHS and LIS cast their net wider than the Census and brought in a higher proportion of people under the "disabled" category. It is possible that some of the extra people included through using wider definitions of long-term illness and disability may have had milder levels of disability than the average. We know that substantial minorities of those included as "disabled" in these two surveys reported that their long-term illness or disability did not restrict everyday activities or the type or amount of work they could do.² People whose disability does not limit their activities are more likely to be in work. So it is not surprising to see a narrower gap than in the Census between these surveys' employment rates for disabled and non-disabled people.

Table 2 shows the percentage gap in employment rates in each age group between people with disabilities and the rest of the population, using the Census figures. Apart from teenagers, most of whom are still in school rather than at work, there is a large jobs gap in each age group and for both men and women.

1. The figures in 2004 for the numbers of disabled people in work and for the proportion of people with disabilities in the population were virtually the same as recorded in the 2002 QNHS. With a higher underlying population, a constant level of employment resulted in a slightly lower employment rate

2. About a quarter of those in the Living in Ireland Survey who reported a chronic illness or disability said this did not hamper their daily activities. About a third of those who reported long-term illness or disability in the Quarterly National Household Survey said this did not limit the type or amount of work they could do.

Table 2: Percentage gap in employment rates of people with disabilities

Age	Men	Women
15-19	7.0	2.1
20-24	31.1	25.8
25-34	45.7	40.8
35-44	49.1	37.7
45-54	53.9	35.9
55-64	49.2	22.2

Source: Census 2002, Principal Economic Status "at work"

Chart 1 illustrates these differences between the employment rates of men with disabilities and other men, Chart 2 does the same for women. As the charts show, the employment rate of people with disabilities in each age group is roughly half that of non-disabled people, and falls to about a third in the fifty-plus age group.

Chart 1: Comparative proportions of disabled and non-disabled men in work.
Census 2002

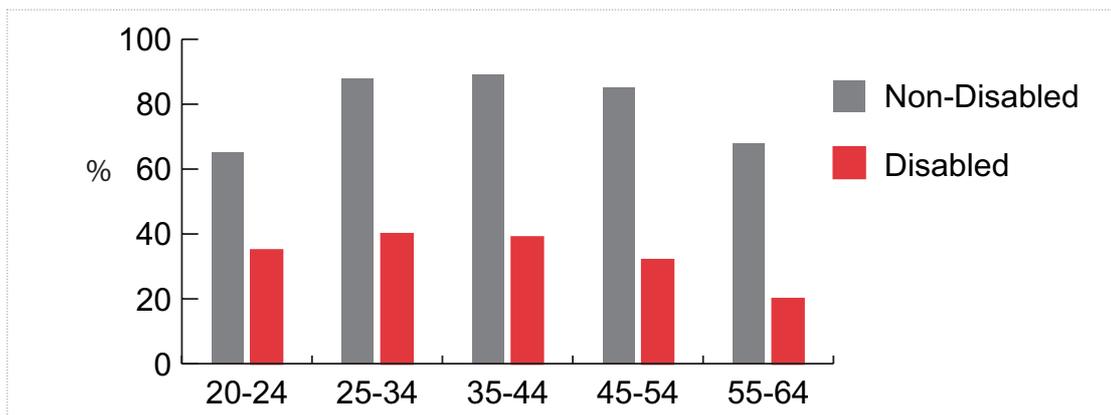
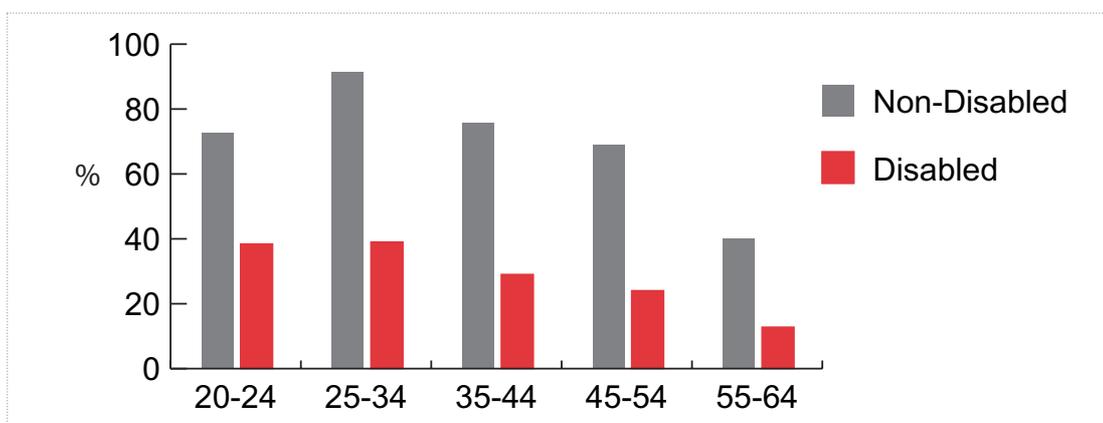


Chart 1: Comparative proportions of disabled and non-disabled women in work.
Census 2002



A majority are economically inactive

The great majority of people with disabilities who are not at work describe themselves as economically inactive rather than as looking for work. The largest single group are those saying they are "unable to work due to sickness or disability". Only 13% of disabled men and 6% of disabled women who are not working describe themselves as unemployed.

Table 3: How disabled people not in work describe their status
(age group 20-64)

	Men %	Women %
Unable to work due to sickness/disability	69	54
Retired	9	5
Home duties	2	29
Student	3	3
Unemployed or looking for first job	13	6
All non-employed	100	100

*Source: Census 2002
Principal Economic Status "at work"*

Men are more likely than women to be receiving long-term social welfare payments in connection with their disability. When we compare the number of people shown as disabled in the Census with the number of people claiming welfare payments for long-term conditions or occupational injuries,³ it seems about 84% of men but just 60% of women with a long-term condition would get a disability welfare payment.

Employment rate and severity of disability

Research has established clear links between the employment rates of disabled people in Ireland and how restrictive their disability is. This research was conducted by the ESRI for the Equality Authority, and used statistical techniques to establish what effect the degree of restriction had on employment rates, when the influence of factors such as age, education, family status and region are stripped out (Gannon and Nolan, 2004).⁴ The study used the data from the QNHS of 2002 and the LIS for 2000. Although these two sources measure the restrictions imposed by disability somewhat differently, the results are very similar whichever definition is used.⁵

Table 4 shows how the severity of disability impacts on the likelihood of having a job.

3. Including those on Disability Allowance, Invalidity Pension, Blind Pension and Occupational Injuries payments, but excluding people on Disability Benefit which covers short term sickness absences and where only half of recipients are long-term claimants.

4. This study analysed the microdata from the QNHS and the Living in Ireland Survey using a statistical technique called a probit. This technique related the probability of being employed if you had a disability to the probability of being employed if you had no disability, and analysed separately the impact of severe, moderate and non-restricting disabilities. This technique made corrections for such differences as in the age composition and education level of people with disabilities compared to non-disabled people. The intention was to isolate the influence of the severity of limits on work or life activities on the likelihood of having a job.

5. The QNHS asked about restrictions on the amount of work someone could do, the Living in Ireland Survey about whether people were hampered in their daily activities.

Table 4: Percentage reduction in labour force participation rate of people with disabilities, by extent of restriction or hampering
(correcting for age, education, family status, region)

Degree of restriction or hampering	Men		Women	
	QNHS	LIS	QNHS	LIS
	%	%	%	%
Considerable/Severe	66	61	42	52
Some	12	29	14	22
None	1	1	3	7

Source: Gannon and Nolan, tables 6.1, 6.2, 6.3, 6.4

There is clearly a strong link between how severely restrictive the disability or chronic illness is, and the rate of employment. Both sources of data show that men who are severely restricted in work or living activities have employment rates that are about 60 percentage points lower than people who are not disabled. People who come into the "some restriction/hampering" category also have lower employment rates than their non-disabled counterparts, although here the size of the gap is much lower.

This ESRI research also showed that where people reported no restriction arising from their disability, then there were no statistically significant differences in whether they were working compared to people without a disability. So, leaving aside the part of the jobs gap for this group that can be explained by differences in age or education levels, any other apparent jobs gap is simply due to the random element that comes from a sample survey.

Participation in work and difficulty in working

The Census of 2002 asked people with disabilities if they had difficulties in working at a job or business. Not surprisingly, a high proportion (almost 87%) of those who said they had a problem in relation to work did not have a job, although a small minority were in work. However, what is interesting to note is that people with a disability who did not put themselves in the "difficulty in working" category nevertheless had a significantly lower employment rate than their non-disabled peers.

Comparing these two groups over the age range from 20 to 64, the employment rates are 45% and 70% - a difference of 25 percentage points. As Table 5 shows, there is a consistent gap for both men and women, and in each age subcategory apart from the under 20s (most of whom are still in education).

If we want to achieve equal participation in society for people with disabilities, at a minimum it would be desirable to equalise the rate of employment of those disabled people who don't have a difficulty in holding a job to that of their non-disabled peers. If the employment rates of the "no work difficulty" group were raised in each age and gender category to that of their non-disabled counterparts, this would lead to an extra 13,000 disabled people at work. The overall employment rate of people with disabilities would rise by 7½ percentage points. This should be an achievable

minimum target to aim at for raising employment of people with disabilities. Setting such a target as a minimum should not preclude actions designed to eliminate barriers to employment among those who experience difficulty in taking up work.

Table 5: Gap between employment rates of disabled people who do not report a work difficulty, and non-disabled people

Age	Percentage point gap	
	Men	Women
15-19	5.4	1.3
20-24	17.5	14.7
25-34	25.3	21.5
35-44	23.4	17.3
45-54	26.5	18.5
55-64	28.4	13.9
15-64	22.7	19.1

Source: Census 2002

Principal Economic Status "at work"

People disabled for longer are less likely to hold a job

Among those of working age with a disability or longstanding illness, 15% have had the condition from birth and for the rest disability has been acquired, according to QNHS figures. The length of time since the onset of the illness or disability affects employment rates, with higher employment rates the more recent the onset, and the longer a disability has lasted, the lower the level of employment. There is a sustained drop-off in employment after a year has elapsed since onset of a disability (Table 6).

Table 6: Employment rate of people with disabilities (aged 15-64) by duration of disability

	%
0-6 months	57.0
6-12 months	55.1
1-2 years	43.5
2-3 years	45.1
3-5 years	40.6
5-10 years	37.1
10+ years	37.4
since birth	39.0
Total	40.1

Source: QNHS 2002

Because a high proportion of disability is acquired in later life, this shows how important it is to have strategies that can keep people in work after the onset of a disability if we want to raise the employment rates of disabled people. It is much harder for people who lose their job after the onset of a disability to re-enter employment, than it is to return to work in a previous job. The Work Integration Project, a research project conducted in six countries for the International Social Security Association in the mid 1990s, showed that countries where employees were retained on the employer's books after the onset of a disability had higher return to work rates. Countries where people generally lost their jobs after the onset of a disability found it much harder to get people back into work after a period of absence.

For private sector companies, there are FÁS grants of up to €15,000 available to support reintegration of a disabled worker into work, and FÁS grants of up to €6,300 towards adapting workplaces for someone with a disability. FÁS report almost no take-up for these schemes – 84 recipients of the Workplace Equipment Adaptation Grants in 2003, and fewer than ten recipients of the Job Retention Grants – and the Manpower survey of companies (2003) shows little awareness of them. This suggests there is great scope for more active promotion of these schemes as part of a wider return to work strategy.

Occupations

There are no major differences between disabled people who have a job and other workers in the kinds of jobs they do (Table 7 and Chart 3). This may reflect the fact that many people acquire a disability after they have settled into a career.

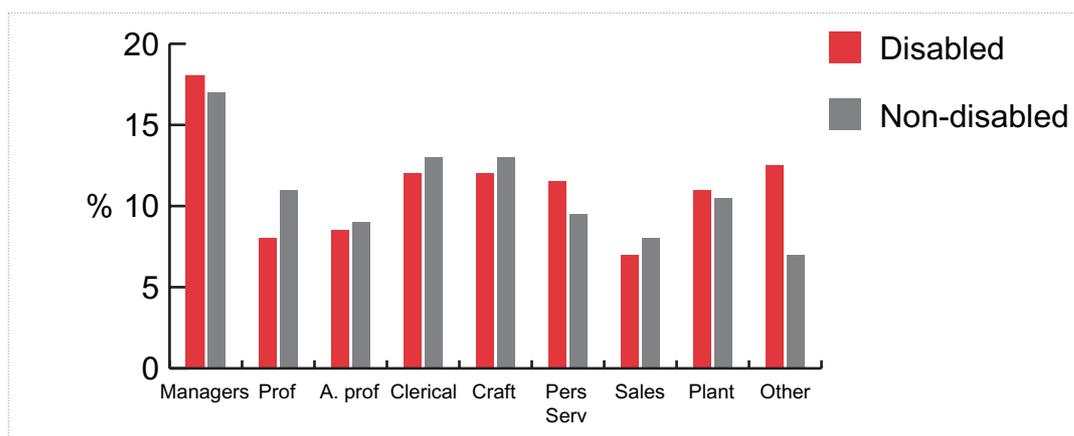
Table 7: Occupation and disability

	People with disabilities	Non-disabled
	%	%
Managers and Administrators	18.3	17.0
Professional	8.3	11.0
Associate Professional and Technical	8.6	9.0
Clerical and Secretarial	11.6	13.0
Craft and Related	11.4	13.1
Personal and Protective Service	11.1	9.5
Sales	7.3	8.3
Plant and Machine Operatives	10.9	10.6
Other	12.6	8.6
Total	100.0	100.0

Source: QNHS 2002

6. There is a grant of up to €2,500 for specialised assistance (e.g. an occupational therapist) to evaluate an individual's occupational capacity, to devise workplace assistance and draw up a job retention strategy for that person. A subsequent grant of up to €15,000 or 90% of costs may be paid for retraining and the services of a job coach for a period. The Workplace Equipment Adaptation Grant is up to €6348.70

Chart 3: Occupations of disabled and other workers, 2002



Working hours

However, people with disabilities are more likely to work part-time than their non-disabled counterparts. About two thirds of people of disabilities of working age report restrictions on the amount of work they can do (QNHS). Some of this translates into remaining out of the workforce, some into reduced working hours (Table 8).

Table 8: Part-time work and disability

	People with disabilities	Non-disabled
	%	%
Working full-time	75.3	84.2
Working part-time	24.7	15.8
Total at work	100.0	100.0

Source: QNHS 2002

In fact only a quarter of disabled workers work part-time whereas 40% of disabled workers report there are restrictions on the amount of work they can do (QNHS).

Apart from reduced capacity to work, the potential loss of welfare payments may be another influence on working part-time hours. People receiving disability-related welfare payments may engage in a limited amount of work and retain their welfare payments, if that work is considered to be therapeutic or rehabilitative. People on means-tested payments (the main one is Disability Allowance) may earn up to €120 a week and hold on to their primary welfare payment and associated secondary benefits in full. People on PRSI-based payments (principally Disability Benefit or Invalidity Pension) may work a maximum of 20 hours a week, subject to approval of the Department of Social and Family Affairs, while keeping their social welfare payment. For people on PRSI benefits, such transitional arrangements last a maximum of a year.

It may be difficult to leave the safety of an arrangement where you can retain your welfare payment as well as associated benefits such as Medical Card, Mobility Allowance, free electricity and other household benefits and take up a job. It is particularly difficult for people whose earning power may be low because of their level of education or their disability.

For example, the FÁS Supported Employment Programme is aimed at participants who may, with assistance of Job Coaches, get work in open employment for a minimum of 15 hours a week. However, an evaluation of the scheme showed retention of state benefits was a major issue and the minimum working hours became effectively the maximum. 96% of the 775 participants placed in open employment retained their state benefits. Workers on the programme worked on average about 16 hours a week and earned an average €99 from their jobs. (Martin, 2003)

Work participation and type of disability

Both the Census and QNHS show the kind of disability affects the employment rate. Each of these sources classified disability differently, the QNHS using a strongly medically-based classification. Where it possible to compare them, the two sources broadly agree on rates of work participation by disability (Table 9).

Table 9: Employment rates by disability: Census and QNHS compared

	Census %	QNHS %
Blindness, deafness, or a severe vision or hearing impairment	45.0	
- Hearing impairment		46.4
- Vision impairment		38.3
- Speech impairment		38.5
Difficulty learning, remembering, concentrating	25.5	
Mental, nervous, emotional difficulty		22.0

Source: Census 2002, QNHS 2002

Table 10 drawing on Census data shows the impact of different functional difficulties on employment rates. People with sensory disabilities have the highest employment rate, while those who have difficulty with tasks such as dressing themselves have a very low employment rate. Someone experiencing difficulty with basic living tasks would be unlikely to be able to take up a job unless he or she had the support of a personal assistant.

Table 10: Work participation rates (age 15-64)
people with disabilities by type of disability

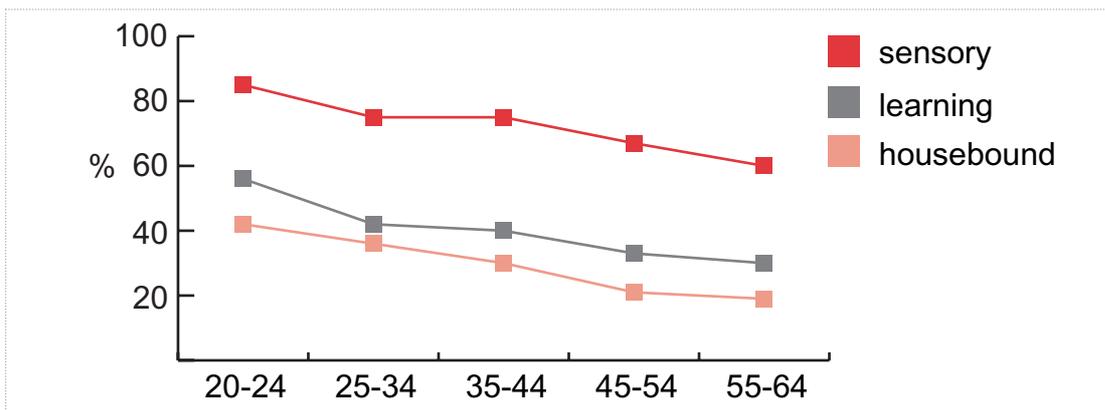
	%
Blindness, deafness, or a severe vision or hearing impairment	45.0
A condition that substantially limits one or more basic physical activities	23.8
Difficulty in learning, remembering or concentrating	25.5
Difficulty in dressing, bathing or getting around inside the home	16.1
Difficulty in going outside the home alone	17.5
Difficulty in working at a job or business	17.3
Total persons with a disability	29.3
Total non-disabled persons	63.3

Source: Census 2002

Are the different employment rates for different disabilities influenced by the age distribution of particular kinds of disability, given that the incidence of disability rises with age? It is possible to strip out this age factor by examining how the employment rates of people with disabilities compare to those of non-disabled people in the same age group. These ratios are virtually identical for men and women. The results of this exercise, illustrated in Chart 4 below, show an interesting pattern.

First, when we remove the age factor, the rank order stays the same – people who have sight or hearing problems are still more likely to have a job than people who have learning disabilities or who need help in getting dressed. Where we have data for impairments not shown on the graph, the rank order is equally consistent. Secondly, there is a consistent pattern showing that as age increases, the employment rate of people with disabilities falls relative to others in their peer age group. There are two possible explanations, and it is possible that both of these factors are involved. There could be a cohort effect – in other words, employment prospects have been better for more recent generations of disabled people than for earlier generations. The other explanation is that disabled people’s capacity to stay in work may diminish with age faster than it does for non-disabled people.

Chart 4: Ratio of employment rates of people with disabilities to those of non-disabled



Work participation by medical condition

Table 11 sets out the figures from the QNHS on employment rates by type of disabling condition, and ranks them from the lowest to the highest rates of work participation.

People with mental or emotional disabilities (the definition used in the QNHS did not distinguish between intellectual disability and mental illness) have the lowest rate of work participation while skin conditions and diabetes have the lowest negative impact on work.

Some of the conditions listed are associated with poor health, so high levels of absence from work might be expected. In other cases, the physical or medical condition need not be an intrinsic barrier to employment, but nevertheless very low work participation is recorded. We can get some idea of the overlap between disabling conditions and poor health from the Living in Ireland Survey. There, 44% of disabled people described their health as good or very good, 46% as fair, and 11% as bad or very bad.⁷

Table 11: Work participation rates by type of disability

	% at work	% point gap v. non-disabled
Mental, nervous, emotional	22.0	-46.5
Other progressive illness	28.4	-40.1
Arms or hands	34.7	-33.8
Legs or feet	35.4	-33.1
Other longstanding problem(s)	36.2	-32.3
Seeing difficulty	38.3	-30.2
Speech impediment	38.5	-30.0
Heart, blood pressure, circulation	40.4	-28.1
Back or neck	42.7	-25.8
Epilepsy	44.1	-24.4
Hearing difficulty	46.4	-22.1
Stomach, liver, kidney, digestive	48.3	-20.2
Chest or breathing	50.5	-18.0
Skin conditions	58.7	-9.8
Diabetes	58.9	-9.6

Source: QNHS 2002

Mobility difficulties reduce employment

People whose disability involves their legs or feet, in other words it affects the ability to walk, have a low rate of employment. There are very many occupations today where ability to walk is not an intrinsic requirement, and which someone in a wheelchair could do perfectly well. Most office jobs are in this category. Yet as Table 11 shows, the employment rate of this group is 33 percentage points lower than the

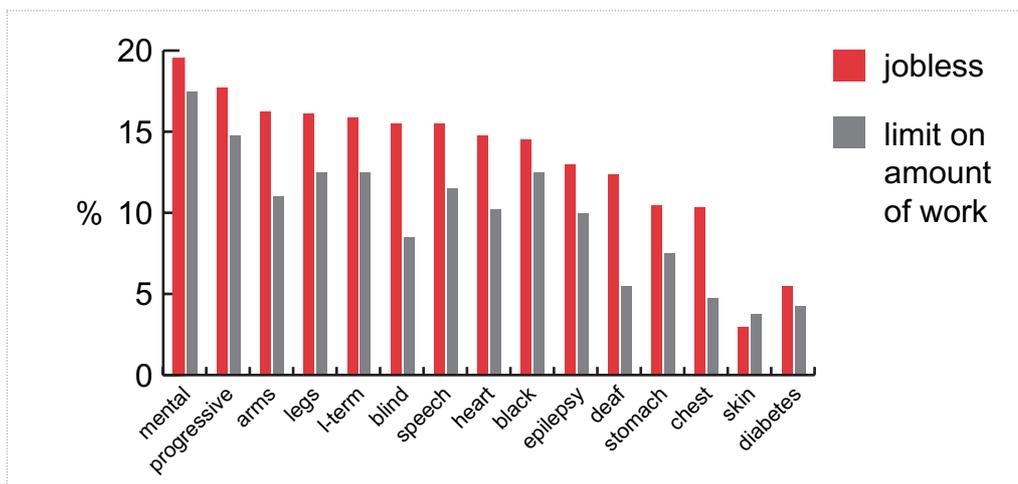
non-disabled population. This large gap may reflect barriers other than the ability to perform a job.

People who have difficulty in walking need accessible workplaces and suitable access transport. There are also financial obstacles to employment. People who are out of work can get a Mobility Allowance, but there is more limited assistance with transport costs for those at work. The gap in employment rates may largely be due to these barriers to employment.

Severity and joblessness

Another way to assess the information on employment by medical condition is to see whether there is any systematic association between the percentage rate of joblessness for a given medical condition and the percentage of disabled people with that condition who say the amount of work they could do would be severely restricted. This relationship is depicted in Chart 5.

Chart 5 Percentage of disabled people who are jobless, and percentage who are severely restricted in the amount of work they can do, by type of impairment



This chart shows that while the proportion of people who are severely restricted in the amount of work they can do is loosely related to the jobless rate for the particular medical condition, in a number of cases the proportion who are jobless are higher than would be expected. This excess joblessness rate for different health conditions, in terms of the gap between the percentage of people who are jobless, and the percentage who have difficulty with the amount of work they can do, is shown in table 12. On this analysis, a disproportionate number of people with hearing and seeing difficulties, and with heart or chest conditions are out of work, as well as people whose disability affects their arms.

Table 12: Gap between jobless rate and severity rate*, by medical condition

	%
hearing problems	27.4
vision problems	27.2
chest	22.8
arms	20.9
heart	19.0
speech	16.2
legs	14.5
other long-term conditions	13.2
progressive	12.8
epilepsy	12.1
stomach	10.4
mental	8.6
back	7.4
diabetes	6.8
skin	-1.7

**percentage with severe difficulty in the amount of work they can do*

Source: QNHS 2002

Assistance to work

From the workers' perspective only 8% of people with disabilities (and just 5% of those in open employment) report their employers have provided assistance to enable them to work (QNHS 2002). A significant minority (19%) of disabled people who are out of the workforce, including over a quarter of those reporting mobility problems, would require such assistance to be able to work (QNHS 2002 statistical release on disability, tables 13 and 14). A survey of 500 Irish employers (Manpower, 2003) paints a similar picture with only 10% of companies having made any changes to facilitate workers with disabilities.

Employers and disability

The same Manpower survey shows 88% of employers say they had no workers with disabilities. It is likely that some workers with disabilities, particularly hidden disabilities, were not so recorded. In research on the public service jobs quota, (Murphy et al., 2002) two and a half times as many workers identified themselves as having a disability as were officially recorded as such. Under the Employment Equality Act, it is illegal to discriminate in employment, for example in hiring, training or promotion, because of a disability. Employers also have a duty to make reasonable accommodation for people with disabilities, provided this does not constitute a disproportionate burden.

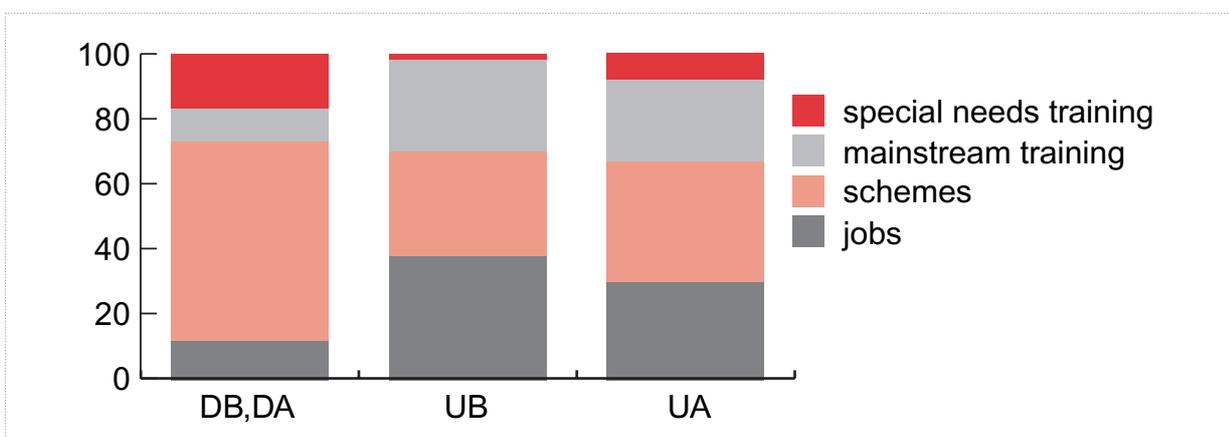
There is no requirement on private sector employers to employ a minimum quota of people with a disability. However there has been an informal 3% quota in the public service since 1977. The Disability Bill 2004 proposes to give statutory effect to a public sector quota (which may vary up or down from the 3% in individual agencies), with the National Disability Authority to be assigned a role in overseeing this quota provision.

Job placement services

Arising from the recommendation from the Commission on the Status of People with Disabilities that mainstream services should include disabled people in their ambit, the FÁS job placement service covers disabled people as part of its overall placement role.⁸ FÁS figures for the first six months of 2004, which are illustrated in Chart 6, suggest that placement outcomes are somewhat different for disabled clients.

A slightly higher proportion of people from an unemployment background were placed in a training environment, than those who had been on sickness or disability payments. As trainees, the disability payments group were more likely to be placed in a specialised training centre, either special needs training or a community training workshop, rather than in mainstream training than those who had previously been on unemployment payments. The disability payments group were also more likely compared to unemployed FÁS clients to go on to a job scheme than into mainstream work. So overall, people coming from disability payments were more likely to be placed in a semi-sheltered environment rather than in open employment or training, compared with their counterparts from the unemployment register.

Chart 6: FÁS placement outcomes
People on disability payments v. unemployed



Employment of people with mental or emotional impairments

Supported, sheltered or protected work settings are a widespread feature of the employment of people with mental or emotional impairments. As Table 11 above has shown, the employment rate of this group, at 22%, is particularly low. However measured, about three quarters of this group do not hold a job (Census, 74%; QNHS 78%), and almost 40% of those not in a job report they would need assistance to work (QNHS 2002).

8. People can register that they have a disability, but after that the FÁS tracking system only records whether people had been getting a social welfare sickness or disability payment. The numbers registered as disabled with FÁS were 2,400 in 2002, 2,600 in 2003, and 2,200 for the first six months of 2004. Tracking people by social welfare status recorded about twice as many "disabled" people in the FÁS system in 2002 and 2003 as those who self registered.

For many people with these disabilities who go to work, the primary income comes from social welfare rather than earnings. Internationally, mental and psychological conditions account for between a quarter and a third of recipients of social welfare disability payments in developed countries (OECD 2003:10). As noted earlier, people receiving disability and illness welfare payments are entitled to keep their payments while undertaking limited employment of a rehabilitative or therapeutic nature. Almost 60% of those in work whose primary income comes from social welfare are people who are in sheltered work settings (Table 13). These centres primarily cater for people with intellectual disability or mental health difficulties.

An unpublished study of sheltered employment services (KPMG 2003) shows average earnings as €13 a week, with some centres paying as little as €3 a week, while a minority of workers whose productivity is higher earn up to €95 a week. Work where the weekly remuneration is less than what would be earned at the minimum wage in two hours does not constitute employment in the usual sense of earning a living. Indeed, on average these earnings represent a drop in income from the €31.80 a week participants receive as a training allowance, in addition to their Disability Allowance.

Table 13: People on welfare engaging in limited therapeutic work (2002)

	Nos.
Invalidity pension	2,909
Disability Benefit	1,500
Occupational Injuries	21
Disability allowance – mainstream work	156
Disability Allowance – CE	1,489
Disability Allowance – sheltered work	8,000
Total	14,075

Source: Review of Illness and Disability Payment Schemes, table 8.1

While there are no detailed data on the employment settings for people with a mental illness, figures on employment of people with intellectual disabilities are available from the National Intellectual Disability Database. This source provides details of day activities, including employment, of people registered on the database. However people with mild intellectual disabilities who are not users of disability services are generally excluded from this database.⁹

For 2004, these figures show (Table 14)

- 36% of adults with an intellectual disability are in some form of work, 29% in sheltered centres and 7% in an open employment setting.
- Only a small minority (1% of adults with intellectual disabilities) in sheltered employment services are considered to be in employment. The remainder are in what is termed sheltered work, where a normal employment relationship does not apply, there is no entitlement to a minimum wage, and earnings are nominal

9. The Intellectual Disability Database only includes people with a mild intellectual disability where they are using or considered in need of intellectual disability services. A higher proportion of those with mild disabilities who are registered in the database are in open employment. However it is likely that the adults with a mild intellectual disability who are not registered on the database are less likely to hold a job than the population at large.

Table 14: Training, employment and other day activities of adults with an intellectual disability (2004)

		Nos.	%	%
School		364		2.3
Training		1,765		11.9
- <i>generic</i>	231			
- <i>special centre</i>	1,534			
Employment		5,666		36.0
- <i>sheltered work</i>	4,430		28.1	
- <i>sheltered employment</i>	130		0.8	
- <i>supported employment</i>	953		6.1	
- <i>open employment</i>	138		0.9	
- <i>enclave in open employment</i>	15		0.1	
Activation centre		4,722		30.0
High support, intensive and elder services		1,313		8.3
Other day services		1,913		12.2
Total		15,743		100.0

Source: National Intellectual Disability Database 2004, table 3.7

Education

One of the major influences on employment levels and earning capacity is the level of education achieved. Education can open more doors for disabled people into the world of work. Unfortunately, the figures paint a picture of fewer education chances for people with disabilities, which compounds their disadvantage in the employment arena.

There is a significant difference between the education levels attained by people with disabilities, and the rest of the population; 46% of people with disabilities left after primary school compared to 18% of the overall population. While some of this may be explained by the radical difference in age profile, differences in education persist to this day.

Participation rates in education for boys aged 15 to 19 are 10% lower for those with disabilities. For girls, the difference is 15% (Census 2002). This is illustrated in Chart 7. There are also differences within types of disability – young people with learning or intellectual disabilities are at the average for all disabled students, young people with sight or hearing disabilities are more likely to remain at school, while those with mobility problems more likely to leave early (Chart 8). A survey of second-level schools conducted by AHEAD in 1997/8 showed less than one in five schools was fully accessible. This may contribute to the low participation rate in education of teenagers with physical disabilities, if they experience restricted mobility. The National Disability Authority has drafted guidance for schools to improve their accessibility to students with a range of disabilities.

Chart 7: Education Participation Gap

% gap in participation in education between disabled and non-disabled students
Census 2002

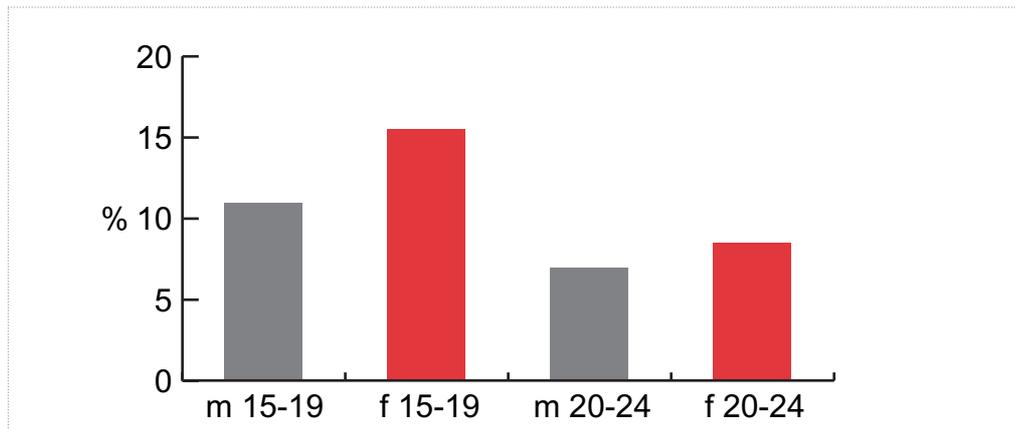
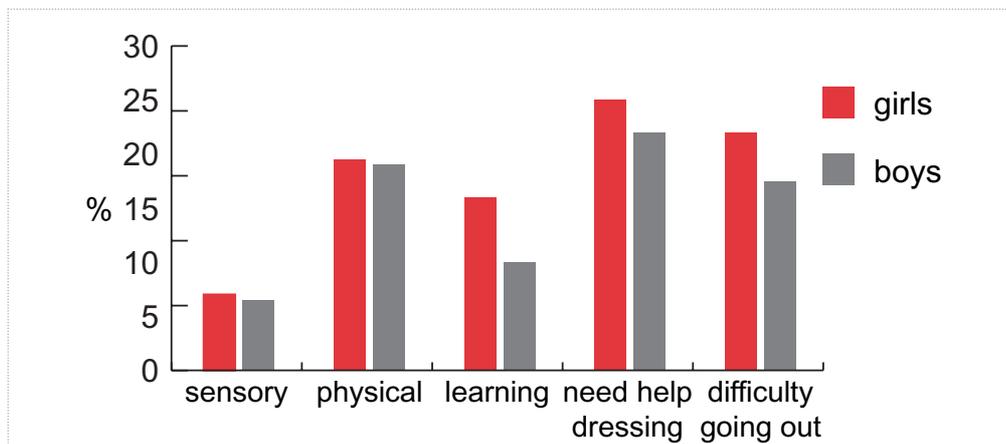


Chart 8: Education Gap by type of disability
age 15 to 19 Census 2002



As education is a critical influence on earnings, lower education levels lead to lower earning power. Compared to people with primary level education only, on average people with Junior Cert or equivalent earn about 10% more, those with a Leaving Cert., about a quarter more, and people with a degree, about three quarters more (ESRI, 2003: Table 3.2). So when people with disabilities lose out on education, they may end up with a lifelong reduction in earning capacity. This in turn makes it less attractive to move off welfare and into employment.

Training

In spite of the transfer of responsibility for training of people with disabilities to FÁS on the dissolution of the National Rehabilitation Board, the training of people with disabilities remains overwhelmingly segregated

There are three main training streams

- Rehabilitation training funded by the Department of Health and Children
- FÁS training contracted to specialist providers of training for people with disabilities
- FÁS mainstream training

Most training funnelled via the Department of Health and Children, which is labelled as rehabilitation training, is for people with an intellectual disability. Funding is for a fixed number of rehabilitation places. A majority of these trainees transfer into linked sheltered occupational services on completion of training. As many disability service providers offer a spectrum of employment-related services, there is considerable overlap between the organisations providing rehabilitation training, and those providing FÁS-funded specialist training.

Table 14: Training of people with disabilities, 2003

	Nos.	%
Health-funded training	2,557	49.8
FÁS-funded specialist training	2,112	41.1
Mainstream FÁS training (2002)	466	9.1
Total	5,135	100.0

Source: Towards Best Practice in Employment, Education and Training Services for people with disabilities in Ireland

Pending the implementation of a common way of measuring disability at different points as people move through the FÁS system, it is currently not possible at present to accurately compare how well disabled trainees do in mainstream training or whether they fare as well as non-disabled trainees.

Conclusions and recommendations

Work is a central part of most adult lives. Paid employment provides people with an income, with financial independence, with the opportunity to meet and socialise with colleagues and participate in the wider society, and the chance to make a worthwhile contribution.

People with disabilities are significantly less likely to participate in the world of paid work. Few of those who are not working describe themselves as looking for work, they are more likely to have opted out of the workforce altogether. Lower employment rates are associated with more severe restrictions on activity, and with particular types of impairments. In particular, people with intellectual disabilities predominantly work in sheltered settings.

Social welfare system

Severe incapacity and chronic illness do limit people's ability to work. Two thirds of those with a disability say there would be restrictions on the kind or amount of work they could do. The social welfare system is there to provide a substitute income for people unable to work due to illness or disability. But many disabled women, the statistics show, describe themselves as looking after a home or family, and these women are less likely to acquire entitlement to an independent income through the social welfare system. A recent report from the National Women's Council entitled *A Woman's Model for Social Welfare Reform (2003)* has examined options in relation to improving women's personal entitlement to social welfare payments.

The Report of the Working Group on the Review of the Illness and Disability Payment Schemes (DSFA, 2003) has examined the contradictions in a social welfare system which labels people as incapable of work, while at the same time it is a policy objective of the Department to encourage people into employment. That Report argued (recommendation no. 30) that the social welfare system should recognise the diversity of people's situations, and in principle provide employment support options for those capable of some work and those capable of part-time work, although it recognised these could create control problems.

The DSFA report also acknowledged that, unlike for unemployed recipients, there are no systematic links in respect of people on disability or sickness payments between the social welfare service and job placement services. The report suggests pilot schemes of early intervention with Disability Benefit recipients to encourage return to work. It also recommends that vocational guidance and support be offered to young people on Disability Allowance – a pilot scheme to that effect began in the Midlands in early 2005 (recommendations 34 and 35).

Setting a target for raising employment

If we want to achieve equal participation in society for people with disabilities, at a minimum it would be desirable to equalise the rate of employment of those disabled people who don't have a difficulty in holding a job to that of their non-disabled peers. This would lead to an extra 13,000 disabled people at work. The overall employment rate of people with disabilities would rise by 7½ percentage points. This should be an achievable minimum target to aim at for raising employment of people with disabilities.

In setting such a target as a minimum it is important to establish that this would not preclude actions designed to eliminate barriers to employment among those who do experience difficulty in taking up work

How is this to be achieved?

The evidence presented in this paper suggests a number of key areas which could be targeted in order to raise the employment rate of people with disabilities

- Reduce the drop-out from education of young people with disabilities, and raise their participation levels to those of their non-disabled peers
- Increase recruitment of people with disabilities in the public and private sectors
- Inform employers about grants and supports for workers with a disability
- Increase job retention rates after onset of a disability
- Make contact through the benefit system to offer vocational guidance
- Tackle benefit traps and make work pay
- Address access and transport issues

These are not an exhaustive list of effective measures to raise the employment rate but they are areas where intervention seems strongly supported by the evidence.

1. Reduce the drop-out rate, increase education participation

Low rates of participation of disabled students at third level have their origins in low rates of participation at second level. A first priority must be to reduce the drop-out rate of students with disabilities from second-level school, while continuing to support disabled students at third level. The high drop-out rate of students with physical disabilities is particularly notable. Accessible schools, teacher training, adequate student supports and an active focus on ensuring disabled students complete their education are needed.

2. Increase recruitment

Only a minority of employers are disability aware, only one in ten admits to employing people with a disability. The Workway programme, a joint initiative of the ICTU and IBEC and funded by FÁS, is piloting active ways of promoting higher employment rates by the private sector. Giving statutory effect to the 3% employment quota in the public service is a welcome development, provided the flexibility envisaged under the Draft Bill is not used to dilute the size of the target quota.

3. Inform employers of supports available

Clearly, there is a need to increase awareness among private sector employers of the supports that are there to retrain workers and to adapt the workplace or purchase equipment to facilitate a disabled employee. Given the evidence that there are few companies employing workers with a disability, and that there is widespread ignorance among employers of the support that is available if they employ or retain a worker with a disability, it is likely there are other information barriers to be overcome. These may include lack of information on what kind of work people with disabilities can do. Even in the public service, which has a formal quota policy for employing people with disabilities, people with disabilities are under-represented at senior level.

Raising awareness among employers of the grants and other supports available, as well as practical guidance on workplace accommodations, health and safety issues, and training in relation to disability are all initiatives which could promote an increase in employers willing to recruit people with disabilities.

4. Increase job retention rates

Most disability is acquired in adult life, not in childhood. To raise employment levels of people with disabilities requires not only access to the job market for disabled people who have finished their education, but strategies to retain people in employment after they acquire a disability.

There is a lot of economic research to support the view that returning to the previous employer is one of the key determinants of going back to work after the onset of a disability (Galizzi and Boden 2003; Burkhauser and Daly, 1996). The longer a person is out of work, the less likely they are to return, so early return is also key. The evidence from other countries suggests that the practice of holding open a job for a disabled worker, perhaps where employers fill it on a temporary basis, increases the return to work rate and lowers the disability benefit rolls. The EU's RETURN project gives examples of good practice in return to work strategies.

5. Offer vocational supports, make contact via the benefit system

The OECD review (2003) of disability and employment policies has noted how different countries vary in terms of the proportion of disability payment recipients offered vocational rehabilitation services. In Ireland, the first pilot initiative involving an offer of vocational guidance to young people under 25 who are on disability payments is being developed in the Midlands. This is the first structured link of this kind in Ireland for disability welfare recipients. If this proves successful, it could be a model on which to build.

6. Tackle benefit traps and make work pay

People with disabilities who go out to work stand to lose a significant array of benefits. Alongside loss of the weekly welfare payment such as Disability Allowance, going to work will generally put someone over the income limit of a medical card, and entitlement to linked services such as free disability aids is also forfeit. The Household Benefits Package, Free Travel, Mobility Allowance and Rent Allowance could also be lost by someone entering employment. If the state were to meet the extra costs of disability without tying that help to subsistence-level incomes, it would be more financially attractive to people with disabilities to take a job. The NDA has argued (NDA/Indecon, 2004) that assistance to disabled people to help meet the cost of their disability should be independent of employment income, for example in a Cost of Disability payment. The Review of Illness and Disability Payments (DSFA, 2003) also endorsed the NDA's call for a Cost of Disability payment.

Another important key to increasing employment is to make work pay, by ensuring workers with disabilities have the skills and education levels to command decent wages.

7. Access and transport issues

Transport and access issues remain a problem particularly for people with mobility difficulties. There is a legacy of buildings which are not accessible that have been built prior to the introduction of part M of the Building Regulations. Getting to work via public transport is problematic on most routes for people with impaired mobility, and private transport can be prohibitively expensive.

The availability of a personal assistant to help with key tasks of daily living may be a prerequisite to being in a position to look for or take up work.

Finally...

Addressing the employment gaps calls for multi-faceted action. The recently-available facts and figures on disability and employment in Ireland assembled in this paper highlight important aspects of the jobs shortfall for people with disabilities, and help point to areas where policies may be able to deliver real change.

References

- Burkhauser, R. and Daley, M.C.(1996) "Employment and economic well-being following the onset of a disability: the role for public policy" in Disability, Work and Cash Benefits, ed.s Mashaw J. and Reno V. (W.E. John Institute for Employment Research)
- Central Statistics Office: Census 2002
- Central Statistics Office: Quarterly National Household Survey – Disability module Q2 2002; Disability module Q1 2004
- ESRI: Living in Ireland Survey (1994-2001)
- ESRI (2003) Mid-term evaluation of the National Development Plan 2000-2006
- Galizzi, M. and Boden, L. (2003) "The return to work of injured workers: evidence from matched unemployment insurance and workers' compensation data, Labour Economics 10: 311-337
- Health Research Board: National Intellectual Disability Database (annual since 1996)
- International Social Security Association (2001) Report on Work Integration Project
- KPMG (2003) Review of sheltered employment services funded by the Department of Health and Children, Department of Health and Children (unpublished)
- Manpower Skillsgroup (2003) Working with disabilities – employer survey
- Martin, Tom and Associates (2003) Evaluation of the National Pilot for the Supported Employment Programme (FÁS)
- Murphy, Candy et al. (2002) Employment and Career Progression of people with a disability in the Irish Civil Service. Dublin: Department of Finance
- Murphy, Mary (2003) A Woman's Model for Social Welfare Reform. Dublin: National Women's Council (www.nwci.ie)
- National Disability Authority (2004) Towards Best Practice in the Provision of Employment, Education and Training services for people with disabilities in Ireland
- OECD (2003) Transforming Disability into Ability. Paris: OECD
- RETURN project (2001) Between Work and Welfare – improving return to work strategies for long-absent employees. Brussels: EU
- Whelan C. et al. (2003) Monitoring Poverty Trends in Ireland: Results from the 2001 Living in Ireland Survey, Dublin: ESRI

Appendix A

There are three main statistical data sources on disability and the labour force

- Census 2002
- The Quarterly National Household Survey module on disability (Q2 2002) (QNHS)
- The Living in Ireland Survey (1994-2001) (LIS)

The Census recorded the lowest incidence of disability, and the Living in Ireland Survey the highest (Table A1). The age profile of people with a disability is very similar between the three surveys (Table A2).

Table A1: Proportion of the population with a disability, age 15-64

<i>Age group</i>	<i>Census 2002</i>	<i>QNHS 2002</i>	<i>LIS 2000</i>
	%	%	%
15-24	3.1	4.9	8.6
25-34	4.1	6.9	12.7
35-44	5.9	9.4	15.6
45-54	8.9	15.0	21.1
55-64	14.2	25.7	31.5
15-64	6.4	10.8	16.6

Table A2: Age composition of people with a disability, 15-64

<i>Age group</i>	<i>Census 2002</i>	<i>QNHS 2002</i>	<i>LIS 2000</i>
	%	%	%
15-24	11.6	10.7	11.3
25-34	14.7	14.8	18.1
35-44	19.4	18.3	20.6
45-54	25.2	24.9	24.0
55-64	29.2	31.2	26.0
15-64	100.0	100.0	100.0

Some of the differences in the incidence of disability reported in the three data sets may reflect differences in how particular disabilities, e.g. mental illness, were recorded. However, it may be where a higher incidence of disability was reported, this brought in more people on the less severely disabled end of the spectrum.

Two of the data sources explicitly refer to severity of disability – the QNHS asked about restrictions on the kind or amount of work which could be done, in three severity categories, and the Living in Ireland Survey asked whether people were hampered in daily living by their illness or disability. The Census did not calibrate the severity of disability, but asked whether people had any difficulty in working. Table A3 sets these different measures of work or living difficulty alongside each other. The proportion in the "no difficulty" group is broadly of the same order of magnitude in each of the sources, but given the differences in definitions of what dimension of severity is being measured, there are caveats about the comparability of the figures.

Table A3: Difficulty in working or daily activities
People with disabilities

Severity	Census 2002	QNHS 2002	QNHS 2002	LIS 2000
	Can't Work	Kind of work	Amount of work	Daily living
	%	%		%
Severe	60.6	44.9	42.1	16.8
Moderate	-	21.6	21.6	55.3
No difficulty	39.4	33.6	36.3	27.9
Total	100.0	100.0	100.0	100.0

Census: difficulty in working (Yes/no)

QNHS: restricted in kind or amount of work (3 grades)

LIS: hampered in daily activities (3 grades)

Differences in methodologies - Census, QNHS, Living in Ireland Survey

The different questions, coverage and methodologies used give different answers on the incidence of disability.

Coverage

The Census covers the entire population, the QNHS and LIS cover private households only. The Living in Ireland Survey covered people aged 16 and over, the other two data sources covered those aged 15 and over.

Sample size

The Census covers the entire population. Sample size for the QNHS is about 39,000 households a quarter, for the Living in Ireland Survey, about 3,000 households are surveyed every year.

Method of data collection

The Census is a self-completed paper form, delivered and collected by an interviewer. One member of the household completes it on behalf of the other members.

The QNHS data is collected by computer-assisted personal interview. In the QNHS, 40% of individual questionnaires were answered by proxy. There was a higher incidence of reported disability in those directly interviewed.

The Living in Ireland Survey is a personal interview with a paper interview schedule. Attempts are made to interview each adult separately, and only 14% of interviews for the 16-64 age group were by proxy. The incidence of reported disability was 12% for those interviewed directly and 9% for proxy responses

Questions

The Census questions used the term "condition", the other two surveys referred to illness/ill-health of a long-term kind as well as disability.

(i) Census of Population 2002 Disability Questions

14 Do you have any of the following long-lasting conditions? (all persons)

- | | Yes | No |
|--|----------------------------|----------------------------|
| (a) Blindness, deafness or a severe vision or hearing impairment? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (b) A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

15 Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities?

Answer (a) and (b) if aged 5 years or over.

- | | Yes | No |
|--|----------------------------|----------------------------|
| (a) Learning, remembering or concentrating? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (b) Dressing, bathing or getting around inside the home? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Answer (c) and (d) if aged 15 years or over.

- | | | |
|---|----------------------------|----------------------------|
| (c) Going outside the home alone to shop or visit a doctor's surgery? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (d) Working at a job or business or attending school or college? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

(ii) QNHS Quarter 2 2002 Disability Module

(Persons aged 16-64 in private households)

a. Filter question: Do you have any longstanding health problem or disability?

- 1: Yes
- 2: No
- 3: Refusal

b. If yes: Which of the following categories would best describe your health condition?

If more than one condition exists, then only the category which the respondent feels to be the most important or troublesome is recorded.

- 01: Problems with arms or hands (which include arthritis or rheumatism)
- 02: Problems with legs or feet (which include arthritis or rheumatism)
- 03: Problems with back or neck (which include arthritis or rheumatism)
- 04: Difficulty in seeing
- 05: Difficulty in hearing
- 06: Speech impediment
- 07: Skin conditions (including disfigurement or allergies)
- 08: Chest or breathing problems (including asthma or bronchitis)
- 09: Heart, blood pressure or circulation problems
- 10: Stomach, liver, kidney or digestive problems
- 11: Diabetes
- 12: Epilepsy
- 13: Mental, nervous or emotional problems
- 14: Other progressive illnesses (including cancers, MS, HIV, Parkinsons disease etc.)
- 15: Other longstanding health problems
- 16: Refusal

(c) Does (would your health condition or disability restrict the kind of work that you can (could) do

- Yes considerably
- Yes to some extent
- No

(d) Does (would) your health condition or disability restrict the amount of work that you can (could) do

- Yes considerably
- Yes to some extent
- No

(iii) Living in Ireland Survey

(a) Do you have any chronic physical or mental health problem, illness or disability

(b) What is the nature of this illness or disability

(c) Are you hampered in your daily activities by this physical or mental health problem, illness or disability

Yes, severely

Yes, to some extent

No

This report is available on request in other formats

25 Clyde Road, Dublin 4. Tel: 01 608 0400 Fax: 01 660 9935
Email: nda@nda.ie

www.nda.ie