Promoting Career Development after Personal Injury

James A. Athanasou
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Promoting Career Development after Personal Injury is written for anyone who has professional contact with adolescents or adults that have a disability arising from injury. The text provides postgraduate students with a comprehensive introduction to career development for this specialised field. It covers the disadvantages commonly experienced in education and work by someone with a disability. The relevance of ability, interest and values for job choice is stressed. Assessment, guidance and counselling are outlined. Job placement and accommodation to the workplace are treated as key issues. This book is the second in a series of books and could be read usefully in conjunction with the author’s previous Sense publication, Encountering Personal Injury (2016). However, there is no pre-requisite knowledge needed.

The current text arose from a background of some 30 years’ teaching, research and clinical practice in this field. Each chapter builds towards the satisfactory educational and vocational placement of a person. A total of 19 clinical case studies are used. This text is written in an informal, easy-to-read and light-hearted style. It will find applications wherever personal injury is encountered in special education, career development, vocational and rehabilitation psychology, rehabilitation counselling, social work, occupational therapy and physiotherapy.

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This book is dedicated to the Estia Foundation for people with disabilities
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>ix</td>
</tr>
<tr>
<td>Chapter 1: Disability</td>
<td>1</td>
</tr>
<tr>
<td>Chapter 2: Learning and Earning Limitations</td>
<td>15</td>
</tr>
<tr>
<td>Chapter 3: Traits and Factors – A Good Way to Exclude a Career</td>
<td>37</td>
</tr>
<tr>
<td>Chapter 4: Work Interests</td>
<td>55</td>
</tr>
<tr>
<td>Chapter 5: Work Values</td>
<td>87</td>
</tr>
<tr>
<td>Chapter 6: Career Development</td>
<td>109</td>
</tr>
<tr>
<td>Chapter 7: A Clinical Vocational Assessment</td>
<td>131</td>
</tr>
<tr>
<td>Chapter 8: Adult Vocational Guidance</td>
<td>153</td>
</tr>
<tr>
<td>Chapter 9: Career Counselling for the Undecided</td>
<td>167</td>
</tr>
<tr>
<td>Chapter 10: Job Placement</td>
<td>181</td>
</tr>
<tr>
<td>Chapter 11: Reasonable Adjustment</td>
<td>193</td>
</tr>
<tr>
<td>Chapter 12: The Wonderful World of Work</td>
<td>207</td>
</tr>
<tr>
<td>Chapter 13: Overview and Summary</td>
<td>215</td>
</tr>
<tr>
<td>About the Author</td>
<td>221</td>
</tr>
<tr>
<td>Index</td>
<td>223</td>
</tr>
</tbody>
</table>
In this little book I want to show you some aspects of the theory and practice of how to help people who have suffered an injury and disability find work.

The content comes mainly from my clinical practice. It also comes from my research in career development as well as from teaching *Vocational Development and Counselling* at the University of Sydney to graduate students in the Master and Postgraduate Diploma of Rehabilitation Counselling.

This book is not a theoretical buffet. The selection has been intentional. It is restricted mainly to those viewpoints that would be accepted by the educators, rehabilitation providers or disability employment services as well as the legal system, insurance companies or professionals that deal with personal injury matters.

The emphasis is inherently practical. The skills and knowledge sufficient for professional practice are given priority. It leans towards vocational assessment, career counselling, accommodations in the workplace and job placement. I try to emphasise the aspects that are beneficial for a practitioner. There should be enough in this book for you to earn a living.

It is the second book in a series that relates to personal injury. It could be read usefully in conjunction with the Sense edition (2016) of *Encountering Personal Injury*.

This book would not have been possible without Professor Elias Mpofu who gave me the opportunity to teach in the Discipline of Rehabilitation Counselling in the Faculty of Health Sciences at the University of Sydney. The cooperation and support of Sense publishers is also gratefully acknowledged.

I am indebted to many people: firstly, to my students; secondly, to my longstanding colleague Professor Greg Murphy with whom I have collaborated over a 38-year period; to Dr Rodd Rothwell for many esoteric conversations; but above all, to each
of the patients from my vocational practice. Over some 30 years they have taught me more than anyone else.

Every attempt has been made to reference sources but over the years some material has merged into my notes and may not have been acknowledged. Please feel free to draw any forgetfulness or omissions to my attention.

The sources for the excellent illustrations are the very useful public domain sources, Wikimedia Commons and Art Today. For those who might be bewildered by the multiple illustrations of dogs, do not despair but the answer is somewhat eccentric and tangential. They allude to the idea that we can help adults to change and that – in contrast to the old proverb – we can teach an old dog new tricks.

I do apologise in advance if at times the treatment of the topic seems somewhat subjective or idiosyncratic. This is because it reflects my personal journey and experiences in vocational assessment over many years in the formal and highly contested field of medico-legal vocational evaluations. In this journey I had the opportunity to test many theories and approaches and in essence, this book is a distillation of what works. No claim is made that it is comprehensive or complete.

May I thank you for your patience with this preface and may I wish you every success in your academic and professional career in educational and vocational rehabilitation. Please contribute as best you can to making the world a better place through your profession.

James Athanasou

University of Sydney
CHAPTER 1

DISABILITY

In this opening chapter I provide you with an introduction to the field. There is some guidance on defining disabilities and categorising its extent. Then I show you a way of determining rehabilitation potential.

So – mesdames et messieurs – without further ado, let us look at some background to disabilities.

There is no better place to begin our journey into vocational aspects of injury and disability than with a typical case that one might encounter.

Case Study

Mr A is a 20-year-old male referred for vocational assessment. He is a personal trainer. He was injured in a motor vehicle accident when he was aged around 18 years.

He suffered a head injury with a Glasgow Coma Scale of 3 rising to 13. He now has diplopia in some head positions, has some facial scarring and chest pain through a fractured sternum.

He claims some disabilities that include, amongst others, back and neck pain, chest pain, double vision, bad headaches, memory loss, depression, trouble sleeping and concentrating.
Prior to the accident he had obtained the Higher School Certificate without an Australian Tertiary Admissions Rank. His best subject was sport and his worst was English.

He likes to read but loses attention because of double vision; his spelling is described as adequate; and he did not consider his level of arithmetic as satisfactory. He has computing skills. He is able to use office equipment such as a photocopier. He is able to complete forms, write a letter and interpret a bank statement if required. His reading for work purposes was assessed briefly using the oral word reading list from the *Wide Range Achievement Test 4*. Results indicated an educational standard of around middle high school level.

Results of an independent, psychological assessment of his intellectual ability indicated someone of below average IQ.

At the time of the accident, he had just enrolled in a Certificate II Fitness course. Future plans and interest for further education or training were to complete the Fitness Certificate but have been put on hold.

At school he had completed a period of work experience at a fitness centre and his ambition was to become a personal trainer.

On the *Career Interest Card Sort* he displayed a major preference for Creative and People Contact activities and a dislike of Business and Office activities.

He had some part-time work while at school on a casual basis in retail. He now resides in an area of medium unemployment.

As you will come to realise quite quickly, the effects of any disability go well beyond work and education. They also impact on quality of life. Typically, I like to round out the picture with some other personal and social aspects of a disability. In our work it would be inappropriate to consider only the medical or vocational aspects of disability.

Some standardised basis for analysis of overall well-being and all its components may be helpful. A brief guide to some key aspects of living has been developed
for survey purposes. This is the EUROHIS Quality of Life Scale. It considers one’s health and quality of life in the last two weeks. The interpretation is straightforward and taken at face value. It provides a broad indication of different aspects of well-being.

Mr A rates his overall quality of life in the last few weeks as neither poor nor good. He is dissatisfied with his health as well as his ability to perform his daily living activities. He has little enough energy for everyday life. He is dissatisfied with himself but satisfied with his personal relationships. He does not have enough money to meet his needs but is satisfied with his conditions of living.

There is much more one could say about this case. For instance, I have omitted personal and social details; the results of functional ability assessments; evaluation of mental status; descriptions of appearance; post-accident education and employment, as well as relevant medical opinions. Here it is used merely as a typical example of the patients or clients I encounter on a day-to-day basis.

My first question to you is does the person in our case study have a disability? The second question is what type of disability? The third question is whether it could be described as profound, severe, moderate or mild? The fourth question is whether there is a restriction in employment or education? The final question is about the vocational potential of Mr A? Let me attempt to provide some guidelines for you to answer these questions.

Does Mr A have a Disability?

One needs a definition of disability in order to answer this question. You will encounter many perspectives on disability. In answering the question, I refer to the Survey of Disability, Ageing and Carers. This is undertaken by the Australian Bureau of Statistics and I use its formal criteria.

A disability involves a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. Typically, this is associated with a medical diagnosis. Mr A does have a disability.

What Type of Disability?

The question about the type of disability for Mr A is complex because there is more than one condition involved. Disabilities have been categorised formally and cover:

- loss of sight (not corrected by glasses or contact lenses)
- loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used
- speech difficulties
- shortness of breath or breathing difficulties causing restriction
- chronic or recurrent pain or discomfort causing restriction
- blackouts, seizures, or loss of consciousness
CHAPTER 1

• difficulty learning or understanding
• incomplete use of arms or fingers
• difficulty gripping or holding things
• incomplete use of feet or legs
• nervous or emotional condition causing restriction
• restriction in physical activities or in doing physical work
• disfigurement or deformity
• mental illness or condition requiring help or supervision
• long-term effects of head injury, stroke or other brain damage causing restriction
• receiving treatment or medication for any other long-term conditions or ailments and still being restricted
• any other long-term conditions resulting in a restriction.

Possibly Mr A has some loss of sight, restriction in physical activities or in doing physical work, long-term effects of head injury, disfigurement or deformity, maybe some difficulty learning or understanding and a nervous or emotional condition causing restriction.

Is the Disability Profound, Severe, Moderate or Mild?

The third question dealt with the extent of disability. Disability status is characterised according to a series of graded categories from no reported disability to profound core activity limitations.

The core activities are communication, mobility and self-care and the categories are defined in Table 1.1. Around 16% of the population reported a disability that had specific limitations or restrictions.

Limitation means a person needs help with, or uses aids or equipment for the activity and the overall level is determined by their highest level of limitation in these activities.

It was not clear to me that the person in our case study fell neatly into the profound, severe, moderate or mild classification. It is more likely that they have a general employment or education restriction.

Is There a Restriction in Employment?

A schooling or employment restriction is claimed by 1.69 million Australians (7.4% of the population). Four levels of employment restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in their employment. The four levels of limitation used by the Australian Bureau of Statistics are:

• Profound – the person's condition permanently prevents them from working
• Severe – the person: requires personal support; needs ongoing supervision or assistance; requires a special disability support person; receives assistance from a disability job placement program or agency
• **Moderate** – the person is restricted in the type of job and/or the numbers of hours they can work or has difficulty in changing jobs

• **Mild** – the person needs: help from someone at work; special equipment; modifications to buildings or fittings; special arrangements for transport or parking; training; to be allocated different duties

In this case study there was a moderate employment restriction. It was considered that there is a restriction in the type of work that he can undertake and the likely number of hours that he can work.
CHAPTER 1

Is There a Restriction in Education?

Four levels of schooling restrictions are also determined based on whether a person needs help, has difficulty, or uses aids or equipment in their education. The four levels of educational limitation are:

- **Profound** – the person’s condition prevents them from attending school.
- **Severe** – the person: attends a special school or special classes; receives personal assistance; receives special tuition; receives assistance from a counsellor/disability support person.
- **Moderate** – the person: often needs time off from school; has difficulty at school because of their condition(s); has special assessment procedures
- **Mild** – the person needs: a special computer or other special equipment; special transport arrangements; special access arrangements; other special arrangements or support services

Although the terms relate to schooling, I have applied them liberally to post-school education. Mr A had just left school and enrolled in a course. In this case study my estimate was that of a moderate educational restriction.

You may not agree with this official categorisation but it offers a formal, standardised framework. It provides a national basis for data collection.

What Is the Vocational Potential of Mr A?

This question is directly relevant to vocational development. I am now trying to link the current disability of Mr A with future educational and vocational rehabilitation. In order to do this, I will use the *Vocational Rehabilitation Index* as my example.

The *Vocational Rehabilitation Index* (VRI) is a seven-item assessment. The VRI was developed from an analysis of variables associated with early return to work in a representative sample of persons who received compensation for injuries at work or in road traffic accidents.

This index ranges from 7 (very high potential for rehabilitation) to a maximum of 24 (very low potential for rehabilitation).

The index is based on the age, sex, occupational skill level, length of medical treatment, local labour market conditions, history of spinal injury and the psychological problems following injury. It is scored as follows:

- **Age**: 16–30 years (1 point); 31–40 years (2 points); 41–50 years (3 points); 51+ years (4 points).
- **Sex**: males (1 point); female (2 points).
- **Occupation**: professional/associate professional (1 point); skilled manual (2 points); semi-skilled manual (3 points); other non-manual (4 points); unskilled manual (5 points).
• Length of treatment: less than 6 months (1 point); 6–12 months (2 points); 13–18 months (3 points); 19 or more months (4 points).
• Labour market: low unemployment (1 point); medium unemployment (2 points); high unemployment (3 points).
• Spinal injury: none (1 point); whiplash, simple fracture (2 points); lumbar disc lesion, spinal cord injury (3 points).
• Psychological problems: none (1 point); minor (post-traumatic neurosis, anxiety state) (2 points); major (personality change, cognitive deficit, functional overlay, poor motivation) (3 points).

Cornes, who developed the Vocational Rehabilitation Index, classified the overall result into four levels (lower, 7–11; lower middle, 12–14; upper middle, 15–17; and upper, 18–24). These levels are a guide to educational and vocational rehabilitation. He set out the rehabilitation requirements and vocational objectives as follows:

a. lower group (7–11) the vocational rehabilitation requirements were minimal, possibly needing facts or recommendations; the vocational objective included obtaining a position in the open labour market;
b. lower middle (12–14), the vocational rehabilitation requirements were for facts, career recommendations, advising and adjustments to the workplace; the vocational objectives were obtaining a position in the open labour market promptly and ideally retaining one’s previous job;
c. upper middle (15–17), the vocational requirements were career advising, educational and vocational assessment, employment training, re-skilling, workplace modifications and equipment needs; the vocational objectives included an eventual placement in the open labour market following medical and vocational rehabilitation;
d. upper (18–24), the rehabilitation requirements were considered to merit specialised medical, social and individual attention; the vocational objective directed to part-time or casual employment, non-vocational activities or subsidised employment.9

The Vocational Rehabilitation Index is only a rough guide but it has discriminated between persons who return to work and those who do not. The percentage in employment at 12 months varied from 86% for lower, through 45% to lower middle, to 10% for upper middle and only 5% for the upper Vocational Rehabilitation Index levels.

Only some of the Vocational Rehabilitation Index criteria fit the person in our Case Study A so we need to interpolate some values. He is aged 16–30 (1 point); he is male (1 point); he was a student at the time of the accident but the closest occupational background is possibly that of fitness trainer or other non-manual (4 points); the length of treatment was less than six months (1 point); he lives in an area of medium unemployment (2 points); there may well be some whiplash or simple fracture (2 points); and he is likely to have some major psychological problems (3 points). On the basis of these criteria one would estimate a Vocational Rehabilitation Index of 14. His vocational rehabilitation requirements were for information provision, career recommendations, advising and adjustments to the workplace; his vocational objectives might centre upon obtaining a position in the open labour market fairly promptly.

The Vocational Rehabilitation Index is not a perfect index by any means but at least it is standardised and testable. There are other indices like this but the main point here is to indicate its descriptive use and application to a typical case. In any event it shows some vocational consequences for the person in our case study.
Some Definitions

Before we embark any further on our journey of helping people with an injury and disability find work, I would like to outline the definitions of some terms. I make no apology for using the national dictionary (Macquarie Dictionary) as my point of reference rather than the various terms defined by different authors or researchers. Using this source ensures that we use the commonly accepted meaning of a word in a standardised fashion.

- **Work** is defined as exertion to produce or accomplish something; it is something on which exertion or labour is expended; it is something to be made or done; it is a task or undertaking; it is a productive or operative activity. In the field of employment, work is a job, especially that by which one earns a living (Macquarie Dictionary, p. 2016).

  Of course, work may mean many different things to people and ‘job’, ‘occupation’ ‘career’ and ‘career development’ are also used in relation to work and the formal definitions of these terms are:

  - **Job** – a post of employment (Macquarie Dictionary, p. 947).
  - **Occupation** – one’s habitual employment, business, trade or calling (Macquarie Dictionary, p. 1230) but more specifically a set of jobs with similar tasks1 (Source: Australian Standard Classification of Occupations, 2nd edition, p. 5).
CHAPTER 1

- **Career** – the general course of action or progress of a person through life, as in some profession, in some moral or intellectual action; also an occupation or profession followed as one’s lifework (Macquarie Dictionary, p. 274)
- **Vocation** – a particular occupation, business or professions; a trade or calling. It also refers to a calling or summons, as to a particular activity or career (Macquarie Dictionary, p. 1953).
- **Vocational guidance** – the process of helping pupils and students choose their future careers (Macquarie Dictionary, p. 1953).

Of course, you will see many fancier definitions of these terms but it is probably best to restrict our use to the commonly accepted meaning of the words, so that laypersons can also understand us without misconceptions.

**Summary**

In this chapter I outlined a straightforward case study and used it as an example for the definition of disability. The different types of disability were described and the categories of restrictions from no disability through to profound were outlined. Official definitions of the schooling and employment restrictions were provided. The basis for calculating the Vocational Rehabilitation Index was summarised. I outlined how a disability has a broad impact on different aspects of quality of life. It should now be possible for you to take a case, classify the disability using...
the official statistical criteria, categorize the restrictions and determine the potential for vocational rehabilitation.

**Exercise**

Read the following case study and answer these six questions as best you can. It is satisfactory to make some assumptions if details are not provided but indicate any assumptions.

- Does the person in the case study have a disability?
- What type of disability?
- Is there a disability?
- Is the disability profound, severe, moderate or mild?
- Is there a restriction in employment or education?
- Determine the *Vocational Rehabilitation Index* for this person?

**Case Study B**

Mr B is a 37-year-old male, bus driver who was injured following a chemical explosion when he was aged around 35 years. The major injuries were burns and lacerations to face and hands. There is a hearing problem (tinnitus). He has problems using his hands. There is no whiplash or disc injury.

He completed his schooling to Year 10 level but did not obtain the School Certificate.

His reading was assessed briefly using the oral word reading list from the *Wide Range Achievement Test*. Results indicated an educational standard around middle high school level.
He has no formal post-school qualifications but holds various driving licences. His pre-accident employment history is centred on work as a commercial driver. His employment history has been stable but there have been some periods of unemployment.

He attempted to return to work after the accident but lasted only a few days. He has not been referred for rehabilitation training. He has looked for work and was referred to job network providers. He lives in a region of high unemployment.

His personal and social adjustment appeared normal. He indicated that he never had a nervous breakdown and had never seen a doctor for nerves. He never made a suicide attempt and has never been in a psychiatric ward. He does not smoke and said that he does not drink. He has never been a heavy drinker. He has never taken hard drugs or been in trouble with the law. He manages his own finances.

He is left-handed but cannot grip. Writing was not a problem for him. He cannot use hand tools easily and cannot move, twist or turn things by hand.

The history was coherent, internally consistent and spontaneous. His capacity in dealing with the affairs of the examination was within normal limits.

Appendix: Glasgow Coma Scale

<table>
<thead>
<tr>
<th>Response</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye opening</td>
<td>4</td>
</tr>
<tr>
<td>Opens eyes spontaneously</td>
<td>3</td>
</tr>
<tr>
<td>Opens eyes in response to speech</td>
<td>2</td>
</tr>
<tr>
<td>Does not open eyes in response to any stimulation</td>
<td>1</td>
</tr>
<tr>
<td>Motor response</td>
<td></td>
</tr>
<tr>
<td>Follows commands</td>
<td>6</td>
</tr>
<tr>
<td>Makes localized movement in response to painful stimulation</td>
<td>5</td>
</tr>
<tr>
<td>Makes nonpurposeful movement in response to noxious stimulation</td>
<td>4</td>
</tr>
<tr>
<td>Flexes upper extremities/extends lower extremities in response to pain</td>
<td>3</td>
</tr>
<tr>
<td>Extends all extremities in response to pain</td>
<td>2</td>
</tr>
<tr>
<td>Makes no response to noxious stimuli</td>
<td>1</td>
</tr>
<tr>
<td>Verbal response</td>
<td></td>
</tr>
<tr>
<td>Is oriented to person, place, and time</td>
<td>5</td>
</tr>
<tr>
<td>Converses, may be confused</td>
<td>4</td>
</tr>
<tr>
<td>Replies with inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td>Makes incomprehensible sounds</td>
<td>2</td>
</tr>
<tr>
<td>Makes no response</td>
<td>1</td>
</tr>
</tbody>
</table>

NOTES

1 To preserve anonymity and confidentiality these case studies are derived from multiple sources. They have been modified with demographic as well as other details altered randomly. Unless otherwise indicated, any resemblance to actual persons is coincidental.

2 Teasdale, G., & Jennett, B. (1974). Assessment of coma and impaired consciousness. *Lancet*, 2(7872), 81–84. The Glasgow Coma Scale (GCS) was designed to assess the impact of acute brain damage. Head Injury Classification: A Coma Score of 13 or higher correlates with a mild brain injury: 9 to 12 is a moderate injury and 8 or less a severe brain injury (see Appendix for scoring).


6 I work exclusively in a medical setting and prefer to use the word “patient” rather than “client”.


9 Based on Cornes (1990), op. cit., Table 6, p. 35.


12 Note also that disability is defined as lack of competent power, strength, or physical or mental ability; and as incapacity (Delbridge et al., op. cit., p. 501); rehabilitation is restoration to former health and rehabilitation in medicine, is the use of medical, social, educational or vocational measures or a combination of these to train or retrain someone who has a disability as a result of illness or injury (Delbridge et al., op. cit., p., 1453).
LEARNING AND EARNING LIMITATIONS

This chapter describes some of the consequences that disabilities have on learning, earning and working. The big picture is that 4.2 million Australians have a reported disability. Around 2.2 million are aged 15–64 years.

These figures and the subsequent information I will provide are derived from the official results from the Survey of Disability, Ageing and Carers from August 2012 to March 2013 by the Australian Bureau of Statistics.¹ This is the official categorisation that I referred to in the previous chapter.

Of the persons aged 15–64 years with a disability, some 1.8 million have a specific limitation or a schooling or employment restriction.² This is a sizable group that hardly features in textbooks on career choice.³

In the next section I will consider some educational aspects of disabilities and then turn to the employment restrictions. I need to warn you that there will be quite a few charts and tables in this chapter, so I hope that this is your cup of tea.

Education⁴

Most laypersons would anticipate that disability has an impact upon the highest level of schooling achieved as well as the level of post-school education and training. They are correct.
Firstly, schooling or employment restrictions increase with age (see Figure 2.1) so age must figure as a first component in rehabilitation thinking about disability.

![Figure 2.1. Schooling or employment restrictions, 15–64 years – Australia, 2012](image)

Secondly, fewer people with a disability completed the highest level of schooling (Year 12) and greater proportions completed Year 10 or below (see Figure 2.2). Please remember that these are generalisations and that group statistics may not apply to an individual case.

![Figure 2.2. Proportion completing level of schooling, with and without a reported disability – Australia, 2012](image)
Persons with disabilities have around a one-third probability of completing the highest level of secondary schooling. This fact places them at an educational disadvantage as a group right from the start of their career.

Figure 2.3 illustrates the impact of the level of disability (profound, severe, moderate, mild or nil) on the completion of Year 12. So, in addition to age, we might add the level of disability into our vocational rehabilitation equation.

![Figure 2.3. Core activity limitation and proportion completing Year 12 – Australia, 2012](image)

The educational consequences of disabilities do not stop with schooling. They continue after schooling is completed. Disabilities also have a direct effect on the level of highest non-school qualification achieved. For instance, around 15% of those with disabilities will achieve a bachelor degree or above compared with about 26% of those without a reported disability. Table 2.1 summarises the overall situation.

<table>
<thead>
<tr>
<th>Highest non-school qualification</th>
<th>With disability</th>
<th>No disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor degree or above</td>
<td>14.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Diploma</td>
<td>9.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Certificate</td>
<td>25.8%</td>
<td>21.3%</td>
</tr>
<tr>
<td>No non-school qualification</td>
<td>47.6%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Level not determined</td>
<td>2.7%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Although these statistics paint a bleak picture of educational disadvantage, there is a positive aspect – people with a range of disabilities are able to achieve
educationally. That is why I emphasise repeatedly that these are group findings and may not apply to an individual case. It is now time to look at the field of employment.

Labour Force Status

Whichever way one slices the employment cake there is an inherent inequality for people with disabilities. It is related directly to the extent of disability, increasing from those with a mild limitation to those with a profound limitation. For persons aged 15–64 years the government statistician has also defined an employment restriction and this was outlined for you in Chapter 1. To refresh your memory, it means that they meet one or more of the following conditions: (a) permanently unable to work; (b) restricted in the type of work they can or could do; (c) need or would need at least one day a week off work on average; (d) restricted in the number of hours they can or could work; (e) require or would require an employer to provide special equipment, modify the work environment or make special arrangements; (f) require assistance from a disability job placement program or agency; (g) need or would need to be given ongoing assistance or supervision; or (h) would find it difficult to change jobs or get a better job.

In the following sections, I will examine the relationship between disabilities and labour force participation, unemployment, work life expectancy, occupation and earnings.

Labour Force Participation

The labour force participation rate is a key labour market measure. It is the number of employed persons plus unemployed persons as a percentage of the population in
the same group. It is affected by factors such as age and sex. It is an indicator of what proportion of the population is working or available for work.

The labour force participation for males with a profound restriction in core activities is 19.4%, increasing to 34.1% for males with a severe restriction, through to 49.4% for those with a moderate restriction and 59.8% for those with a mild restriction compared with 88.5% with no reported disability.

The picture for females is similar with 18.0% for females with a profound restriction, through to 35.4% for those with a severe restriction, to 45.8% for those with a moderate restriction and 51.5% for those with a mild restriction compared with 76.5% with no reported disability.

The overall participation rate for persons with a disability is 52.8% compared with 82.5% and as shown above is directly related to the extent of restriction. So, the first general impact of disabilities was on education and now we can see that it results in lowered labour force participation. But there is more to come.

**Unemployment**

Even when people with disabilities have the chance to enter the labour market, they encounter markedly higher levels of unemployment.

By way of background, the Australian Bureau of Statistics has a formal and internationally agreed upon categorisation of someone who is unemployed. It is not the number of unemployed on welfare benefits.
Unemployed persons are defined as: aged 15 years and over and not employed during the reference week of the official survey but they had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week of the survey. Note that you have to look actively for work to be categorised as unemployed.

The actual unemployment rate that you will see cited in newspapers or other media is the number of unemployed persons as a percentage of the labour force. Note that there is a margin of error around this figure as it is always based on a sample. It is important not to interpret small differences in unemployment as being significant.

In the case of those with disabilities versus those without disabilities, however, the differences in unemployment are large. In 2013, the unemployment rate for all persons with a reported disability was 9.4% compared with 4.9% for those without a disability. Hence, not only was the labour force participation rate for persons with a disability reduced but there was also a higher rate of unemployment.

Employment

The proportion of people with disabilities who are employed full-time is directly related to the extent of the restriction they face. This is illustrated in Figure 2.4. So, our general model for portraying the effect of disabilities is starting to take shape – it includes age, sex, the level of restriction (profound, severe, moderate, mild or nil) and this has an impact not only upon educational achievement but also labour force aspects such as participation and full-time employment or unemployment.

Here is the disclaimer again – this applies to people with disabilities in general; it does not necessarily apply to an individual case. The disclaimer is important because there is a tendency for some to make inferences from group findings to individuals.

![Figure 2.4. Full-time employment rate and level of core restrictions – Australia, 2012](image-url)