Exploring transitions from higher education to employment of occupational therapy graduates with seen and unseen disabilities: A European Study

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Overview of The Symposium

What we will be saying?

- Introduction to the ENOTHE funded project
- Irish Findings
- UK Findings
- Norway Findings
- Discussion – what can we do to help transition.
- Ongoing work…
Individually think of a time when you changed job or changed roles – you transitioned.

Think about

What made this transition easy or smooth for you?

What made it challenging or difficult for you?

Record on post-its ....
Social inclusion and full participation in society are considered to be key components of good health and quality of life for all (Davidson et al, 2001).

Access to tertiary education is an integral right and a major condition for social and professional inclusion (Krupa, Kirsch, Gewurtz & Cockburn, 2005).

Education helps to reduce the burden of prejudice with respect to disability and increases the chances of employment (OECD Report 2011).
One of the key findings of the OECD (2011) report is that for young adults with disabilities, there still remains an insufficient link to preparing these adults for their future social and/or professional inclusion.

Even with easier access to higher education young adults with disabilities remain unemployed or underemployed (Stewart, Law, Rosenbaum & Willms, 2002).

With healthcare professions there is the added burden of achieving competency and demonstrating fitness to practice in diverse settings (Hoong Sin and Fang, 2007).
General Literature and knowledge gap

- The majority of the literature describes the Individual Placement and Support Model (IPS) and individuals experiences utilizing this model (Mellard, Hall, and Parker, 2000; Luecking and Luecking, 2006; Robdale, 2008; Moll, Huffand Detwiler, 20003; McGilloway and Donnelly, 2000)

- The Knowledge Gap?
- There appears to be little literature specifically on how students with disabilities transition into the workplace.
- And even less on how students from health and social care professions make this transition.

The employment rates for people with disability are considered to be lower than is typically found in other European countries (Watson, Kingston, and McGinnity 2012)

Employers are concerned about potential health and safety or liability issues in relation to employing people with disabilities (AHEAD 2008)

Impossible to predict the destination/outcome for graduates with disabilities when they leave college as there is no centralised database within Ireland that collates information on the movement of graduates from third level education onwards (AHEAD 2008)

Employees with disabilities are underrepresented in the workplace, despite numerous UK schemes and legislation (DoH, 2000; Kim and Williams, 2012; Office for National Statistics (ONS), 2011.

Chacala et al. (2013) report 23% of the UK’s National Health Service (NHS) workforce have a disability, of this the figure for occupational therapists with disabilities is suggested to be disproportionately low.

It is unlawful in the UK for employers to discriminate against individuals with disabilities (DoH, 2000; Newton et al., 2007; Stanley et al., 2011).


They place a duty upon employers to accommodate individuals with disabilities in the workplace (Piggott and Houghton, 2007).
Norway Literature... In Norway

- The employment rate for those with secondary level education is 53\% (Legard 2009).

- For those with a higher education qualification it is 82\% (Legard 2009).

- The Working Environment Act (date?): Employers are responsible for making the work accommodations and providing the assistive equipment with advice from the NAV Centre for Assistive Technology or Working Life Centres (Ministry of labour and Social Affairs).

- Transitional support services include career guidance and follow-up in upper secondary centres and career centres in higher education.

- Higher education is the main facilitator to a smooth transition into employment. (Molden, Wendelborg & Tøssebro 2009; Vedeler & Mossige 2010)
Overview of the research project

- This project aimed to examine European occupational therapy graduates experiences of their transition into the workplace in their countries: Ireland, UK and Norway.
- To develop practice guidelines to assist in this transit process going forward.
- These guidelines can then be shared amongst the ENOTHE members and beyond.
In Ireland qualitative interviews were conducted (n=9).

UK online survey and qualitative interviews (n=27).

Norway online survey (n=50)

Data was collected in 2013–15 analysed using content analysis and SPSS.

Participants had a range of conditions including:
- dyslexia,
- mental health issues
- physical disabilities
The Three Projects

- Combined findings re Disability and transition
- Discussion
- Where now…. (last slide)
Disability and Transition

- Disabilities
  - 87% invisible
  - 9% visible
  - 4% both

- 76% of informants had disclosed their disability

- Overall, 61% have rated the experience of transitioning into work as easy or very easy.
Disclosure

- If you live in the UK you are more likely to disclose your disability compared to if you live in Norway.
- In the UK informants disclosed earlier, often in the application, while in Norway the informants often waited until they had started working.
- Informants with a visible disability disclose earlier compared to informants with invisible disabilities.
To disclose or not to disclose?

Reasons for disclosing (N=58)

- Access to benefits
- Access to work support
- To enable adjustment at work
- To remain independent
- To avoid negative judgement
- Other, why yes

Reasons for not disclosing (N=18)

- Stigma
- Negative judgement
- Fear of consequences
- Lack of opportunities to progress
- Other, why not
Strategies utilised at work

- Supervision: Norway 6, UK 17
- Occupational...: Norway 1, UK 2
- Support from...: Norway 12, UK 15
- Work mentors: Norway 0, UK 1
- Adjustment...: Norway 9, UK 10
- Adjustment...: Norway 13, UK 6
- Other: Norway 17, UK 9
UK Findings

- Twenty six women and one man, from England (N=26) and Ireland (N=1)
- The majority of participants were aged between 25–34 years
- Working in various settings including inpatient mental health
  - (N=5, 19%)
  - inpatient physical health (N=5, 19%)
  - community physical health (N=4, 15%)
  - charity organisations (N=4, 15%)
  - social services (N=3, 11%)
- A greater number of participants were working in community posts (N=11) and charity organisations (N=4) than acute inpatient settings (N=12).
- Participants had a range of physical and mental health disabilities.
- The majority disclosed to have dyslexia and co-morbid conditions (N=17, 63%).
UK Findings: Support & Legislation

- The majority of participants (N=22, 81%) state their employers offer disability support services: 56% (N=15) had not accessed them and 41% (N=9) ‘assume’ that services are available.

- Strategies learnt whilst at university and information technology were reported as sufficient support.

- Additional support is predominantly accessed through management (N=4) and occupational health (N=4).

- **Legislation**
  - Mixed views were uncovered: 52% (N=14) believe legislation supports employees with disabilities, whereas 15% (N=4) do not feel it has made a difference and 33% (N=9) are unsure of legislative influence.
  - Only 43% (N=10) of participants believe that legislation has supported their transition into employment, through improving awareness of reasonable adjustments, what to expect from employers and how to justify the need for adjustments.
  - It offers a choice for disclosure (N=6, 42%).
Ireland Findings

- Work Experiences are needed earlier in the programme
- Disclosure and asking for reasonable accommodations was context and disability specific.
- Individuals felt under pressure to match their skills with the job requirements and to ‘fit’ into the workplace.
- Self management programmes need to be developed for the individual to enable them to manage their disabilities within the work place and more education on disability awareness needs to be provided within the work place.
- More needs to be done in the HEI’s to prepare students for the world of work and to enhance the student journey to work.
Informants with a visible disability disclose earlier compared to informants with invisible disabilities.

When disclosing they talk to the leader, if possible, not to colleagues in the first place.

Statistical significant coherence between accommodation and experiences of successful transition to work.

A positive transition is generally associated with regular supervision, supportive attitudes and workplace support; these enable graduates to perform to their best abilities.
Keypoints from the research

- There is a need to discuss our understanding of disability – treated as an individual problem, not as a product of the relationship between the individual and environment.
- Temporary employment makes it difficult to disclose disability.
- More informants have chosen to make personal adjustments than asking the employer to make reasonable adjustments.
- Employment important to get an opportunity to demonstrate competence.
- There is a need to prepare transition to employment for students with disabilities.
What can we do going forward?

- HEIs have a responsibility to ensure students prepare for transition.
- Increase awareness of rights and legislation.
- Additional Support who is responsible – Academic Dept or Disability services?
- Practice Colleagues – understanding of legislation/accommodations/supportive attitudes.
- ???
References