# 5. Diversity and Change in the Labour Market Careers of Persons with Disabilities

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The concept of Active Citizenship presumes that for ‘full and effective’ participation in society to be achieved, three principles must be observed. These are the principles of *security*, *autonomy*, and *influence* (see Chapter 1). Autonomy is of particular relevance for labour market participation. Active Citizenship is promoted when persons with disabilities make choices about work without the impediment of socially imposed barriers and sources of control not experienced by persons without disabilities. As employment is accorded the status of a right by the UN Convention on the Rights of Persons with Disabilities (CRPD), and improved access to work an established goal of the OECD, the EU and its member states, this chapter examines how persons with disabilities experience employment and the degree to which they make choices about employment.

To explore these questions, this chapter analyses life-course data from 217 interviews with persons with disabilities born around 1950, 1970 and 1990 in nine European countries (see Chapter 3). It asks how choice shaped people’s employment trajectories ‘within the opportunities and constraints of history and social circumstance’ (Elder, Johnson, & Crosnoe, 2003: 11). The chapter is divided into six parts. The first sets out how the data is used. Three further sections offer accounts of the diverse labour market experiences of individuals in the three age cohorts. The final part reframes the discussion about choice in terms of risk in order to make connections between the life courses of disabled persons and wider socio-economic structures. The chapter ends by drawing broad lessons for the future.

## Interpreting the data on labour market careers

### Methodological considerations

The data analysed in this chapter derives from questions asked about employment as one of several themes explored in the life-course interviews. Research participants were asked to provide biographical information on work they had done, choices they had made and about the ease or difficulty in accessing the labour market over their lifetime. Not all interviews were transcribed, nor were translations available to the study consortium. Instead, data from the interviews was summarised using a template in which researchers recorded the main trajectories, transitions and turning points from each interview (see Chapter 3). These offer rich data on labour market careers, but do not have the detail of full transcripts. Another challenge has been how to present findings from a large number of interviews. In this chapter the summaries are used to identify broad trajectories, transitions and turning points – what Biewer et al.(2015)refer to as ‘pathways’ – and major sources of opportunity and constraint. In this chapter individual accounts are aggregated to offer a thematic overview organised by age cohort rather than by country, gender or disability. Where relevant, however, these other dimensions are highlighted.

### Structure, agency, and narratives of disability

The structuration theory that guides the DISCIT study informs this chapter (Stones, 2005). Following Heinz (2003: 185), labour market careers are seen as shaped by a ‘reciprocal relationship’ between individual agency and structure. Accordingly the chapter highlights structures, conceived of as the enabling and constraining practices of powerful agents (e.g. employers, service providers and policy makers – at international, national, regional and local level) as well as the agency of disabled persons (Fraccaroli & Depolo, 2008; Heinz, 2003). Conceptually, the practices of state actors, employers and disabled persons are seen as guided by existing narratives of disability (alongside those of age and gender (Mik-Meyer, 2015; Vick & Lightman, 2010)). For instance, the labour market careers of persons with disabilities are often characterised by labour market exclusion, rationalised by a narrative of deficit (Barnes & Mercer, 2005). Such narratives have legitimised practices of exclusion and preference for income replacement. Challenging such narratives, social and relational models of disability argue that the ‘limitations’ of disability result from oppressive structures and practices (Traustadóttir, 2009). They tell a counter-narrative of inaccessible workplaces, discrimination and limited support.

By analysing the employment experiences of persons with disabilities, the chapter offers evidence of how choice has been promoted or constrained for this group. Also, by reframing some issues in terms of risk in the final section, it also highlights some concerns raised by the research participants about potential labour market outcomes.

### Trajectories, transitions and turning points

Labour market careers are described in this chapter using the concepts of *trajectories, transitions,* and *turning points.* *Trajectories* are long-term patterns of stability and change, usually involving multiple transitions (Hutchison, 2010; Priestley, 2003). They represent progressions through the labour market over the life course. *Transitions* and *turning points* indicate progression and changes of direction within trajectories. Choice features as people make decisions about what they do, who with, and where (Elder, Johnson, & Crosnoe, 2003). Importantly, in the case of disabled people’s labour market careers, choices are not always made by disabled persons themselves. The following sections explore the labour market careers of the three age cohorts. Each section provides an overview of trajectories, transitions and turning points and the factors that provided opportunities for or constraints on active agency in employment. A broader discussion of choice and risk is presented later in the chapter.

## The 1950s Cohort

### Trajectories

Even more so than the other two cohorts, interviewees born around 1950 afford a long-term perspective on disabled persons’ labour market careers. In the present context of employment histories, entering the labour market after school graduation and eventually retiring from working life represent two major life course transitions. Together, they set the perimeters of the 1950s cohort’s career progression, which is interspersed with a variety of transitions and phases, including job changes and spells of unemployment. With the exception of persons with intellectual impairments, numerous participants had ‘mainstream’ employment biographies, although it became clear that they often had to overcome particular challenges and expend great effort to achieve these. While the available data (across all three cohorts) did not allow for a ‘typology’ of employment trajectories like, for example, that presented by Latcheva and Herzog-Punzenberger (2011) for migrant workers in Austria, factors such as gender, national disability policy frameworks and, in particular, impairment type seem to have had a certain structuring impact.

### Transitions and turning points

One quarter of the cohort with early onset of their impairment had undergone vocational training and, partly overlapping with this group, one in three had pursued tertiary education. After completing secondary or tertiary education, most started out with a job in the open labour market with a range of employers from the private, public and the third sectors (e.g. disabled people’s organisations). There were, however, marked differences based on impairment group. While all persons with psychosocial impairments and most persons with visual or mobility impairments found employment in the open labour market, the majority of persons with intellectual impairments started work in sheltered settings, often continuing their previous segregated educational pathways. There was however some variation. At least six persons with cognitive difficulties from five of the DISCIT countries took up their first job in the open labour market whilst two persons with mobility impairments (an Irish woman and a German man) started off in a sheltered workshop. A very small number of participants, for example one British man in the visual impairment category, and a Serbian man and British man in the intellectual impairment group, reported no work throughout their entire adult life.

Securing a first job in the mainstream labour market was a relatively smooth transition for some, such as in cases where a person stayed on with an employer after an apprenticeship or where there were reserved occupations (e.g. telephone operators and masseurs) and quotas, as was the case in Italy and Sweden for persons with visual impairments. But work could also be a daunting experience. As in the other cohorts, participants with visual impairments spoke about applying for jobs but not receiving any response; for instance, a male Irish interviewee with a visual impairment had applied for over 70 jobs but got called for only four interviews. A female Irish interviewee got her first job after one attempt but reported being subjected to verbal abuse in the process due to her disability. People in other impairment categories spoke of long periods of unemployment, and feeling they were unable to get a job due to their disability (e.g. a male Czech interviewee in the mobility impairment category).

Employment patterns among the interviewees were varied. While part-time and temporary work was common, a number of participants had also worked full-time in permanent jobs and for an extended part of their careers. Most showed patterns of lateral career mobility, i.e. moving from one job to another at an equivalent skill and remuneration level. Vertical career advancement, either within the same organisation or by moving to better-paid and more prestigious jobs, was less prevalent. However, most people experienced lateral movements positively if they led to more suitable employment. In addition, unemployment and parenthood represented major changes. While only four persons were unemployed at the time of the interviews, many more instances of unemployment were mentioned. Periods of redundancy were generally difficult, but occasionally offered a time of personal reorientation, leading to new employment opportunities more attuned to people’s interests and capabilities. Similarly, and notably for women, marriage and parenthood constituted significant turning points in their employment trajectories. These often led to temporary or extended withdrawals from the labour market, but could also open up new employment paths when they later returned to the labour force after, for example, having undergone occupational retraining or taking up further education.

Not surprisingly for this cohort, most participants’ present status was (early) retirement, although a few continued to work beyond the official retirement age, were self-employed or pursued voluntary work. Early retirement was not always voluntary. Often people’s pathways seem to have involved the gradual and sometimes early withdrawal from the labour market before reaching the official retirement age, due to a growing mismatch between increasing work demands on the one hand and limited work ability on the other. These trajectories also often involved a gradual shift from permanent full-time employment to a reliance on disability benefits, with temporary part-time jobs and unemployment benefits forming intermediate steps. This tendency might have been exacerbated by a perceived unwillingness of employers to hire persons who have a disability and/or are already past the age of 50. Disability benefits could then be seen as becoming a substitute for expiring unemployment benefits and a means of tiding recipients over until the official retirement age is reached.

### Barriers and facilitators

The major personal and structural factors and dynamics influencing the careers of the 1950s cohort were similar to those found in other studies (e.g. Lindstrom, Hirano, McCarthy, & Alverson, 2014; Vick & Lightman, 2010). In the interviewees’ narratives, family members (e.g. parents, spouses or siblings) played either a constructive and supportive or, in contrast, a restrictive and constraining role. Similarly, there were stories about employers and co-workers who had been helpful and others who had not, depending on their attitudes towards persons with disabilities. In the case of persons with psychosocial difficulties, there was no discernible trend with regard to the (non)disclosure of their condition. In some cases the interviewee preferred not to disclose their difficulties (e.g. the female Czech participant) and in others they found it helpful to let the employers and work colleagues know about their psychosocial issues (e.g. the Swiss male participant). Interactions with representatives of the various disability services were also often described as difficult and unsatisfactory, such as disagreements about retraining needs. The availability of appropriate state support and services was an explanatory factor for the participation in the mainstream labour market as well. The female Italian interviewee with psychosocial difficulties, for instance, was very dissatisfied that after her mental health problems had stabilised she was only offered a place in a cooperative and that no additional efforts were made to move her closer to the mainstream labour market over time.

## The 1970s cohort

### Trajectories

Individuals in the 1970s cohort entered the labour market at a time when a perception of disabled people as rights-bearing subjects was developing (Waddington & Hendriks, 2002). Improvements in workplace accessibility, new technologies and anti-discrimination policies shaped the prospects of a group who, until the mid-nineties, had been marginal in employment policy (Hohnen, 2004). Whilst these developments were gradual and uneven (for example countries such as Serbia developed policies only relatively recently), they nonetheless shaped opportunities for people entering the labour market from the mid-1980s onwards. Most found regular work, securing a diversity of part- and full-time jobs, and some had opportunities for advancement. This cohort also had opportunities for education; over a third entered higher education and several studied to Masters or PhD level. Most in the mobility impairment and several from the visual and psychosocial impairment categories attended university.

Some took alternative pathways. In the UK, four participants were wholly supported by the social care and benefits systems. In Ireland, Norway and Sweden, men and women in the intellectual impairment category entered day services or activities. In Germany, Norway, Sweden and Switzerland, individuals from the same group spent large parts of their careers in sheltered contexts. One German woman spoke of the assumption that she was not ‘fit’ to work in the open labour market. In Serbia, participants in the intellectual and psychosocial impairment categories started in institutional settings, followed by un-contracted casual labour. Across several countries, women and some men in the intellectual and psychosocial impairment categories took low-paid jobs, as kitchen workers or cleaners for instance, either casually, in sheltered settings, or under integration schemes. A small number felt that long periods on training contracts had reduced their active agency.

Over time many participants reduced their work activities or left the labour market due to changes in health or impairment. Despite histories of work, some felt they got little support to stay on from the social security systems and employment services. Redundancy and non-renewal of contracts were also an issue, notably for women raising children. Dismissal protection kept people in work for only a short time. Others spoke of difficulties finding jobs relevant to their qualifications and skills, of the impacts of demanding and challenging roles, and of the effects of limited accessibility and discrimination on employment.

### Transitions and Turning Points

In most cases participants started jobs after leaving education. Some were out of work initially, but these periods were not usually extensive. Many worked in part-time, temporary posts before moving on to longer-term roles. As is also the case for the 1990s cohort, work entry was usually facilitated by the *social service subsystem*. Vocational and skills-based training, employment subsidies and quota jobs were all identified. Many maintained their careers over time. The majority of the 1970s cohort was in work in 2014, either in a regular contract, subsidised or supported employment or a sheltered job. Few had had only one job, although some stayed on in sheltered, subsidised or quota jobs, only moving into new roles in one company. Many spoke of leaving jobs and finding other work, and of undertaking retraining, particularly people in the visual and mobility impairment categories. One woman from Sweden retrained in computer science after a number of administrative roles. She went on to teach and become an author. Lateral career mobility allowed many to find work better suited to them. Several in the visual, psychosocial and mobility impairment categories also talked of vertical mobility, of promotion and career advancement, describing trajectories that led to a high level of satisfaction. This was often enabled by accessible working environments and support from colleagues and superiors.

There were differences between those in the open labour market and those in segregated employment. Whilst a few had moved from sheltered work to regular or supported work, several had wholly segregated careers or moved into sheltered work soon after entering the open labour market. As in other cohorts, most movement into segregated work was among those in the intellectual impairment group. These respondents, many of whom had segregated school backgrounds, reported fewer opportunities to choose work in the open labour market, reflecting the influence of family and support workers. For instance, one Irish man in the intellectual impairment group held two non-contract jobs. These were identified by a support worker at the day centre he attended. Whilst he was content with his situation, others felt more could be done to extend their range of options.

Employment downturns were also reported. By 2014, nearly half of the individuals in the psychosocial impairment group had retired due to ill health and time in treatment. This included one British man who, after a period of mental illness that led to reduced physical health, spent much of his time in a day centre. More broadly, a large portion of the cohort saw their health deteriorate. At times this preceded retirement from work or led to people re-entering work in a different way (e.g. part-time and with income maintenance). Changing family circumstances also influenced employment trajectories. Several women with visual, psychosocial and mobility impairments described leaving or taking time off to raise children. Some returned to jobs they were doing before they stopped work, some got different jobs, often in different conditions, and others stayed out of the labour market. Whilst some made use of dismissal protection, a couple had their contracts terminated after that protection ran out. One German woman in the psychosocial impairment group found that accessing employment services was made more difficult by being a mother. The view was that she should not seek work while her children were young.

### Barriers and facilitators

A range of factors facilitated and restricted people’s labour market careers. One major factor was health, which many saw as restricting their options (and thus as a barrier in itself).In some cases people spoke about the mismatch between their work capacity and the jobs available and about lack of support and inappropriate working expectations. Some entered the labour market with an ongoing mental or physical condition whilst others faced new issues over time. Taking time out or changing working patterns (e.g. going part-time) were often mentioned as ways to adjust to changes in health and impairment that were not necessarily matched to existing work arrangements. Many decided to seek alternative employment, a decision that could be positive as people sought better roles.

Others talked about inadequate support. Whilst some benefited from adaptations, in-work support, and assistive technologies, others described the unavailability of these or difficulties accessing them. Others complained about restrictive assessments of work capacity and of a lack of opportunities to retrain (again including many in the psychosocial impairment group). One Norwegian man, who had previously been a successful businessman, felt that after changes in his physical health it was seen as easier to grant him a full disability pension than to help him find appropriate work. In such cases barriers were the result of the attitudes of employment service staff and health professionals and the lack of or inefficiency of structures designed to promote labour market integration. Likewise, the attitudes of employers could be a barrier. Some people experienced difficulties getting work, while others described how they lost work due to assumptions about their ability. Some spoke of difficult relationships with supervisors and co-workers. Difficulties entering and staying on were further compounded by environmental factors, such as transport problems.

Whilst barriers were numerous, there were also facilitators. Several people in the visual and mobility impairment groups noted how the workplace had improved as attitudes to inclusion changed and adaptations, technologies and personal support became more available. Others mentioned employers, service provider staff and other people who actively provided support or an accessible environment, and encouraged them to seek out what satisfied them. For instance, a German woman in the mobility impairment group who after completing a PhD held a range of jobs, each of which was adapted to her needs. In addition people talked about training schemes as a way into work. Employment programmes, wage subsidies, quotas, rehabilitation services and support through the income maintenance subsystem structured the employment trajectories of the cohort. Finally, whilst there were accounts of discrimination, many also had support from employers. Family also provided support (frequently as sources of work) and disability organisations employed several participants.

## The 1990s cohort

### Trajectories

The employment trajectories of the 1990s cohort reflected young people’s aspirations and efforts to ‘get in’ and ‘stay on’ at work. Trajectories were characterised by movements through training, education and early work experience as individuals hoped to find jobs they liked to do. In most cases their trajectories and concerns resembled those of young people in Europe generally (Mascherini, Ludwinek, Vacas, Meierkord, & Gebel, 2014). Many described their hopes for work and their worries about navigating a competitive and demanding labour market. Experiences of work were also, for many, transitory, part-time, and punctuated by periods of unemployment. Across the countries, many had held non-standard jobs, including temporary, casual, freelance and voluntary roles.

There were differences from this picture however. Whilst most took ‘mainstream’ routes into work direct from school or following vocational training or higher or further education, a small number entered sheltered work or day services. Such pathways were structured by national policy systems. For instance, day services in the UK, Ireland and Sweden provided out-of-work activities, whilst sheltered work was still available to people in the Czech Republic, Germany and Switzerland (although with a greater range of options of employment and training, such as new social enterprises and government training schemes). Mostly these were provided to young people in the intellectual impairment category after segregated education, and to some in the psychosocial impairment category. In Serbia, one young woman described visiting an organisation where she made clothes and jewellery. This unpaid role provided her with activities through the day.

Those entering the open labour market also spoke of barriers such as a lack of accessible jobs, limited skills and qualifications, and discrimination from employers. Some remained unemployed or moved out of the labour market in the absence of effective early support (Greve, 2009). Formal assessments by state agencies determined access to benefits on the basis of work capacity. These incorporated different assumptions, ranging from medical models of functional deficit in countries such as Serbia and the Czech Republic to work capability models in the UK and Norway, to assess people as able to work or entitled to out-of-work support.

### Transitions and turning points

Trajectories were typically characterised by engagement in employability schemes (run by public services, or alternatively NGOs as in the Czech Republic), which individuals from each country made decisions to enter. Participation in these schemes gave access to job placements, job search support, and job coaching. Such activities could enhance employment prospects where individuals experienced difficulty in finding work after education or vocational training, or, in a few cases, after a period of illness. One young Swedish man with a visual impairment had applied for multiple jobs over the course of seven months. He eventually got a permanent job contract after a short subsidised placement supported by the public employment service. In a small number of cases, participants had no access to such support. One young woman in the psychosocial impairment group in Serbia returned to the family home after school and carried out domestic work. In other countries, people entered a scheme but had not found work. Some made use of the available services but for others services were limited or unavailable and expectations that work could be found were reduced.

One feature of the employment trajectories of the 1990s cohort was the time spent in casual, short-term or temporary roles (such as seasonal work). Many labour market careers started in non-contract or seasonal jobs. For a small number still in education (including postgraduate education) this represented most or all of the work they had done. In addition several people spent time doing freelance work. One young Czech woman in the psychosocial impairment category (the only woman in the cohort to have had children) had done home tuition whilst her children were young. Such work was often done without a regular contract, and provided income and experience in the absence of an employment contract. It was also common for participants to enter voluntary work to gain experience in the hope that such work would lead to a contracted and paid role. For example, this was reported by one young British man who was managing projects for a visual impairment charity – a common practice as young people approached disabled people’s organisations to strengthen their CVs.

Time in employability schemes and casual roles meant most young people had some experience of work. Most eventually entered periods of relative work stability (an artefact of the study sampling criteria which sought people with work experience, although not all people worked extensively). For some this happened soon after entering the labour market or after a period of skills development. It was common for people to highlight when they ‘got in’. Many spoke of the importance of finding a first job, especially if they found they were not getting called for interviews, as many young people with visual impairments reported. Others also spoke about finding better work after doing jobs they felt were unsatisfactory. One young Czech woman in the intellectual impairment category decided to go back to school because her job in a sheltered workshop (which her mother had secured) was ‘boring’. Two interviewees from the 1990s cohort in Ireland similarly attended a course designed to expand the options of people with intellectual impairments.

As a result there was movement for many into work, and some found work satisfaction after a while. There were multiple cases where people lost or left a job. People spoke of unrewarding or demanding jobs, or jobs in which they had been in conflict with colleagues or supervisors or had been labelled as ‘underachieving’. Bad relations with supervisors featured in several of the summaries in the psychosocial impairment category. For instance, a young Italian woman was compelled to leave one job after complaints about her behaviour. After hearing about a job in another co-operative from her mother, she found work with a supportive supervisor. Having been employed since 2011, she was considering other ways in which she could be more independent. Leaving a job was not always a negative transition. In some cases it led to periods of unemployment, but often it eventually led to alternative opportunities in employment, education or training.

### Barriers and facilitators

Some barriers related to personal circumstance. Across all nine countries, people said that lack of experience, qualifications or skills presented barriers to work. Many also felt that impairment made job entry harder. In contrast, there was less attention (even among young women) to unpaid domestic work as an employment barrier (Henriksson, Liedberg, & Gerdle, 2005). These factors were seen as a barrier in relation to a job market that many said was competitive, demanding, and provided few job opportunities. One young Norwegian man spoke of a loss of practical jobs that visually impaired people could do, whilst a young Swedish woman said there were no longer any established career paths for visually impaired people. One common experience reported by young people with visual impairments was of applying for jobs but of hearing no response. Prejudice was also often cited as a barrier. Many said employer assumptions about their ability limited their prospects.

Combined barriers of personal circumstance, labour-market and employer prejudice meant many young people in the 1990s cohort experienced difficulty finding work. These factors also shaped experiences in work. Some said they were working in jobs that paid low wages and gave few progression opportunities. Some also made conscious decisions around work, such as to only work part-time or to leave jobs in which they faced difficulties with supervisors or colleagues or with the allocation of tasks, and to enter employability schemes to boost their skills and experience. In this context some spoke of efforts to minimise or conceal impairment (notably a psychosocial impairment) in order to prove their ability as reliable and productive employees (often however this led to periods of stress-related illness).

In some cases barriers to work were not reduced by the disability policy system. For example, whilst services could positively influence employment trajectories, they were not always available or sufficient. In several countries, people described unhelpful employment service staff. One young Swedish woman felt she was not listened to by one employment agency. With the support of a new employment counsellor and an EU initiative she eventually started her own business. Others highlighted the difficulty of getting technologies or support due to delay or lack of employer support. In addition, some spoke of the inadequacy of anti-discrimination laws and quota systems. One young German man said that quota systems set an informal upper employment limit for disabled people. A young British woman in the visual impairment category said anti-discrimination laws failed to prevent discrimination. For those who relied on sheltered work programmes, some complained about a lack of range in their jobs, low pay and low prospects, and of difficult relationships with managers.

Not all relationships with colleagues and supervisors were problematic. For some, a good manager who showed confidence in them could be influential. It was also common for participants to identify the importance of support from family and friends. Several were employed by a family member. Relationships with staff from employment services were less often seen as influential, although the *social service subsystem* alsofeatured prominently. Workplace adaptations, employability schemes and structured employment opportunities offered choices to disabled young people who found ‘getting in’ difficult. Jobs were also made sustainable by sheltered, subsidised or supported work programmes, or by technologies, adaptations or support. A few people who entered sheltered workplaces chose to change jobs without leaving the organisation. Finally, the *income maintenance subsystem* enabled some people classed as having a partial disability to work part-time. The presence or absence of appropriate services and support was crucial in determining if a person worked or not (Halvorsen & Hvinden, 2015; Mascherini, Salvatore, Meierkord, & Jungblut, 2012).

## Discussion: Choice and Risk

The previous sections have provided an overview of the labour market careers described by persons with disabilities in three age cohorts. Reflecting on the factors that enhanced or constrained labour market participation, it becomes possible to make some sense of the ways people seemed to have limited choice at times or no power to make a difference, and how governments can aim to influence choice. In this way we can explore further the key Active Citizenship principle of *autonomy* and the extent to which persons with disabilities are able to exercise it. In addition, this section explores the issue of risk, and asks to what extent risk is a feature of disabled people’s life courses that might modify choice.

### Exercising choice

Some participants in the DISCIT study described high levels of choice and control in their labour market careers. For instance, several in the 1950s and 1970s cohorts felt they had been able to decide which jobs they had done and where they had worked. Often they felt they had little use for employment services and had achieved things through their own efforts. Such narratives came mainly from people in the mobility impairment group whose careers unfolded in the open labour market in the context of support and modifications. Other people’s trajectories were marked more by constrained choices. In the psychosocial and visual impairment groups, people talked about choice and lateral mobility. Having choice was realised in being able to take new jobs, although choices may have been made in consideration of things such as impairment and available support. In each case, choice was linked to expressed satisfaction.

Choices were not only experienced in open labour market trajectories. Different opportunities were available to people in segregated employment. For instance, people in sheltered employment, predominantly in the intellectual impairment group, felt they had chosen where they wished to work and what they had wanted to do. Typically this meant that they had been given a *limited range* of options by social workers and family. As in other cases, satisfaction was at times reported by individuals in the intellectual impairment group. Some however reported *very* limited choices in where they worked and what they did. This suggests that choices have historically been distributed differently to disabled persons. People with intellectual impairments have long been seen as having limited capacity to make choices, and other actors have stepped in to make decisions in their place. Indeed, across the older cohorts were people (notably in the intellectual impairment group, but in other categories as well) who had little employment history. In such cases it seemed that a choice to work was not offered and that people were instead directed towards social care systems or had been in institutions.

Choices could also be restricted in other ways. For instance, many participants who made use of employment services spoke about having choices made for them, or having being offered a narrow set of choices. Women in particular talked about being denied opportunities to pursue work after having children. In these cases people felt their choices were restricted, sometimes from vocational education onwards. These included people with visual and intellectual impairments. Another restriction, reported by persons in the psychosocial impairment group, was of people having failed to give them choice. For some the only option seemed to have been to exit the labour market and to move onto benefits.

In the 1990s cohort, choice was more often linked to the directions people hoped to take in life. Choices were available in education and in the kinds of jobs people hoped to get. More often however people in the 1990s cohort felt that labour market conditions restricted their choices. Just as young people felt empowered to make choices about their lives, they also felt that the structures were not favourable enough for the realisation of their aspirations.

**Experiencing risk**

The data not only showed the extent to which participants made choices but also provided evidence of the enduring degree of risk experienced by persons with disabilities, which influenced their labour market careers. These risks were not necessarily ‘new’, for instance the sense that prejudice, ill health and lack of support might lead to unemployment and exclusion, although the experience of them could take on new forms as people felt compelled to see finding work as their responsibility (Taylor-Gooby, 2004). From the analysis of the life-course interview data the *role of employers, public employment services* and the *state of the labour market* emerge as key determinants of people’s labour market trajectories. This is not surprising – in difficult labour market conditions persons with disabilities are vulnerable to losing their jobs if companies reduce their workforces, and are disadvantaged in the open labour market as larger numbers of non-disabled people begin competing for fewer job vacancies. Here it is possible to identify the limitations of countries’ disability policy systems that have no direct influence over labour market factors, particularly the demand for labour. There were examples of changes in the labour market that reduced opportunities for persons with disabilities. Lower numbers of secure low-skilled jobs and the difficulty of entering higher skilled occupations made finding work harder for persons with disabilities. These barriers could also be exacerbated by employment services not offering appropriate support either due to lack of funds or due to the assumptions of service provider staff about the capacity and willingness of individuals to work.

For younger individuals, emerging labour market conditions, underfunding of services and the apparent weakness of anti-discrimination legislation forged *new experiences of risk*. For example, across all age cohorts, people with visual impairments felt that employers were less willing to take them on in jobs generally advertised. This barrier was heightened for younger people by the loss of established career paths for visually impaired people, in part due to technological changes making roles such as telephone operator less necessary, but also due to an emphasis on individual aspiration. Prejudice was not necessarily reduced by new assistive devices and in-work supports. Whilst many in the 1970s and 1990s cohorts felt these could be effective, too often they were hard to access due to slow administrative processes, tough entitlement criteria and under-resourced employment services. Some thus felt that an emphasis on open labour market entry and individual choice increased risk as routes to work were largely on the same terms as non-disabled people. As one young participant said:

In reality I think people would rather employ somebody with no disabilities whatsoever because it’s less hassle. You know, what’s easier? Getting an ergonomically adapted chair for someone with a spinal injury or saying here’s a normal chair, crack on? (UK, Female, 1990s cohort, visually impaired group)

For many of the younger participants, the emphasis seemed to be on creating their own paths in the absence of large structures designed to guide the labour market careers of disabled persons. Risk appeared to have been individualised for these participants (O’Rand, 2003). Conversely, across all the countries in the DISCIT study some people referred to improved *attitudes towards persons with disabilities* and a greater recognition of disabled people as valuable employees. In other cases people spoke of good services, of securing technologies, adaptations and support, and of the positive effects of a general ‘consciousness’ about disabled persons’ rights. This mirrored suggestions that people had benefitted from changes in anti-discrimination law and policy, and indicated the positive influence of government policy on the life course (Leisering, 2003). However, it must be added that for some the benefits of improved attitudes were reduced by other shifts in the economy (such as the introduction of austerity measures) and the labour market (such as the loss of jobs particularly suited to disabled people). In the accounts of their employment trajectories many people also described *changes in their health* as influencing their work and work prospects. For some, health improvements enabled them to think about work if they were unemployed and make progress towards the labour market, but declining health meant reducing their labour market participation or leaving the labour market completely. These experiences point to *risk as an enduring feature* of the life course of persons with disabilities.

## Conclusion

This chapter has presented findings from the DISCIT study about the labour market careers of persons with disabilities in three age cohorts. It has reflected on the diverse trajectories *across* and *within* the three age cohorts and also for men and women in different impairment groups. It has shown the different routes by which people entered the labour market and the different forms of employment they took up. It has also shown the divergent paths people embarked on as a product of changes in family life, the labour market, policy, health and impairment, and public provisions. Importantly it has shown some of the continuing and common difficulties persons with disabilities face, such as the challenge of discrimination, and of fluctuations in people’s capacity to enter work over time. As should be expected from such a diverse sample, careers varied in a large number of ways. This was due to (1) varying labour market conditions and levels of labour market integration, (2) key stakeholders’ perceptions of employability and work capacity (e.g. family, employers, health professionals and service providers), (3) the availability of services, regulations and social protection, and (4) individual and collective decisions around education, training, work, family life, health and welfare. These factors represent a range of opportunities and constraints.

In general it has been possible to identify factors that have shaped the employment trajectories of the disabled people participating in the DISCIT project and to identify transitions and turning points that have been associated with employment progression. The life-course approach also provides some detail on how changing labour market conditions and developments in countries’ disability policy systems were experienced across the different age cohorts, although the degree to which these can be reviewed systematically or in detail is restricted by the limitations of the DISCIT data. It must be remembered that this chapter is based on an innovative qualitative design with a large sample spread across multiple countries. It is currently not methodologically appropriate to try to derive any generalised conclusions from such data about the employment trajectories experienced by the three age cohorts. What has been possible however is to demonstrate the diversity in people’s experiences and trajectories over time, and from these to raise some issues that may be considered in further research.

For instance, one enduring issue across the three cohorts is employers’ attitudes and behaviour towards persons with disabilities, often experienced as prejudice and discrimination, and thus as a source of risk in that labour market exclusion entails a range of other problems for persons with disabilities. This presents a persistent challenge for policy makers, NGOs and others seeking to promote employment opportunities. A focus on potential risks created by the practices of external agents, including employers, but also state actors, is as important as any emphasis on the degree to which persons with disabilities feel empowered to make choices.

One policy lesson emerges from the finding that *all* forms of policy and programme initiatives have produced some beneficiaries, i.e. disabled people who have found meaningful and satisfying work, including policies such as quota systems and sheltered employment that have fallen out of favour or been rejected in some countries. This is not to suggest a return to large, segregated institutions as the settings for providing employment opportunities for persons with disabilities. Rather the findings suggest that some useful lessons could be learned about what was valued by the people working within those structures and about how that might inform practices in other, less stigmatising environments. More widely, in thinking about the future there is arguably merit in re-considering the full range of policy mechanisms used over the past 50-60 years and reassessing them in the light of current economic and social conditions.

At a theoretical level the life-course data collected in the DISCIT study provides further evidence of how the interaction between structure and agency shape disabled people's labour market trajectories. We can also see how structures, in the form of components of countries' disability policy systems, can increase or restrict agency. The 1950s cohort arguably had fewer opportunities to benefit from social services provision compared to the two later cohorts for the simple reason that fewer services existed. However, the data also suggests that they had more chances to enter the open labour market in the mid- to late 1960s when the economies of Europe provided more employment opportunities compared with those open to the 1990s cohort. The ‘labour market exclusion’ narrative of Barnes and Mercer (2005) certainly finds support in the accounts of people in the interview sample from all three cohorts, whilst a narrative of oppressive structures and practices argued by Traustadóttir (2009) is also identifiable in accounts that describe restricted choice and the experience of discrimination.

To conclude: this chapter shows the need to recognise the continuing challenges faced by disabled people in the labour market and the need for increased efforts to design appropriate support and help that gives persons with disabilities real choice and autonomy in pursuing their individual labour market goals and aspirations. Until that has been accomplished the prospects for persons with disabilities achieving full and active participation in society will continue to be severely limited.

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