



## **People are not medical conditions**

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*Second part*



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# Introduction

This document was produced as part of the ANDIW project, which began in October 2009 and ended in September 2011. During our first year we interviewed representatives from public employment services and from five companies who have fulfilled their legal requirement to take on people from “protected categories” or offer internal work placements even though they are not legally required to employ people with disabilities.

After this initial stage we exchanged information with our partners and drew up a chapter which became part of an on-line course for employers and public employment services consultants.

The second stage of the project allowed us to reflect on what we had learned during our first year, and to assess the significance of the feedback we received.

We then decided to publish a summary of our work. Rather than specialist readers, we were aiming to reach all those who want to better understand how employment services work today as well as the guiding principles behind them.

We believe that the results are significant both in terms of quantity, given the number of people who are finding employment, and in terms of quality, given the care which goes into training staff both for career guidance and employment services.

As things stand today, there is still widespread confusion over the meaning of “finding employment for people with disabilities”. Italy’s public employment services are not targeted specifically at people living with any kind of disability. The percentage (extent) of

disability recognised by medical boards; people's motivation to become part of a circuit which requires long-term commitment and availability; living in a context which correctly understands concepts such as inclusion and functioning; and the evolution of individual and social situations are key features affecting the number of people involved when we talk of targeted employment.

It is important to describe employment service users, who are often affected by one or more of the following issues:

- multiple disabilities;
- a series of strictly health-related problems plus social and learning problems;
- a social disadvantage, resulting from poor qualifications: this is more likely to result in a disability if a person has done hard physical work for most of his/her working life.

All these aspects must be kept in mind when tackling the issue of targeted employment services.

When we exchanged ideas with our non-Italian partners, we noticed that not concentrating on a person's medical condition – or indeed not knowing anything about it – produces extremely positive results. The most immediate effect of respecting a person's privacy is seeing him or her for what he/she can do, rather than for things which are described in abstract and generic terms.

Just because people have the same medical condition, it does not necessarily mean that they have that much in common. Gaining and updating one's qualifications, looking for a job and then working at it: these things require not only knowledge but also know-how. And a person's physical, mental and sensory abilities play only a minimal role in this.

We have tried to present the complex processes and contradictions behind our project using simple language. We hope that reading about it will inspire people to explore the issue further, and, as our interviewees said, that it will help “increase awareness”.

We would like to thank the Province of Genoa for its assistance. We accept full responsibility for any errors contained in the text.

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# **People with disabilities and employment: the Italian approach<sup>1</sup>**

The purpose of this document is to provide general information about how people with disabilities are helped to find a job in Italy.

To do this, we will first give some information about the public system, the main provider of information and support services for people with disabilities and other groups who face difficulties in finding a job.

Public services have been significantly reshaped in the last few years. Therefore we decided to focus on the new legislation, referring only marginally to the previous one. Within the ANDIW project we deem it important to focus on the situation faced nowadays by job seekers with disabilities.

The new national legislation gives significant freedom to the Italian regions, which have a general role but defer to the provinces to organize practical services on the territory. We decided to focus on a province that can be considered, for number of reasons, an example of good practice: the Province of Genova.

Therefore, in the second part of this document, you will read, the words of the coordinator of 7 employment services aimed at people with disabilities and of the coordinators of the two main services offered, the “Vocational Guidance service” and the “Job Matching service”.

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<sup>1</sup> Italian and English versions are different.

They will explain how the legislation answers the real needs of people looking for employment, and how numerous challenges are met thanks to the work of competent, dedicated staff.

Finally, we have sketched five examples of good practice, chosen from companies not obliged by law to employ people with disabilities.

## ***Public employment system***

In Italy the “public employment system” has always been the tool used by the government to offer equal opportunities for unemployed people or people looking for a new job.

Traditionally, employment offices were managed by central government, unfortunately with low efficacy.

Private companies existed, but were restricted to the selection of personnel, mostly for high profile roles or in career guidance.

Through Law n. 59 (15<sup>th</sup> March 1997) the state delegated to the regions<sup>2</sup> a number of functions, including those related to the employment market. The aim was standardise, at regional level, career guidance, training and employment services, organizing public services capable of helping citizens deal with the labor market.

Thus the Regions took over quite recently, in 1997, from the previous

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<sup>2</sup> The regions of Italy are the first-level administrative divisions of the state. There are twenty regions, of which five are constitutionally given a greater autonomy under special statutes. Each Italian region is divided into Provinces, and each province is divided into communes. The organization of the provinces, midway in size between regions and communes, is analogous to that of the communes; they each have councils, committees, and presidents. Since 1990 several laws that modify the organization of these local autonomies have been introduced in a trend toward greater decentralization.

Employment Offices (Uffici di Collocamento) managed by central government.

A further Legislative Decree - D.lgs 23 december 1997 n. 469 - gave the regions and to other local bodies responsibility for organizing and managing employment services, previously managed by the Ministry of Labor.

D.lgs n. 469 also defined the criteria regions must refer to in order to reshape the employment system.

The government kept the general role of directing, promoting, coordinating and monitoring the system.

The regions in turn kept the strategic planning of services and delegated the management of the services to the provinces, through *Employment Centres* (Centri per l'Impiego – CpI)

The main aim of the change has been to integrate employment services, active labour market policies and training services, giving more freedom and power to the regions, the provinces, and other local authorities.

In short, the regions now have strategic planning, while the Provinces are in direct contact with the territory and with other local authorities.

## **Private Employment agencies**

In Italy there are also private agencies, which often focus on finding workers for medium sized enterprises. They collect data through the National Employment Service, through their personal contacts, advertisements in newspapers and periodicals, the Internet etc. They usually take fees both from the job-seekers and from the employers. These agencies function primarily in Metropolitan cities. They concentrate on job placement and do not offer other services

(training, advice, counselling, etc.). People with a disability may also contact these private agencies.

## **Employment Centres**

The current Employment Centres fall under the responsibility of the Provincial Authorities and are designed to provide a series of specially targeted services for workers and enterprises, namely:

- Reception
- Guidance
- Matching labour supply and demand
- Pre-selection
- Counselling
- Assistance for the weaker categories

We will focus on this last aspect to explain how this assistance is organised and provided.

In order to utilise the Employment Centre's services and certify their employment status , people looking for employment must register and declare their immediate willingness and availability to work.

Start-up for the various services is subject to regional and provincial regulations and can vary throughout the country.

## **Registration at the Employment Centre**

Employment Centre reform has removed ordinary and special employment lists as well as the 'employment record book'.

Today it is no longer necessary to be registered at an Employment Centre, in fact employers contact the worker directly, except in the

following cases:

- \* Workers on mobility lists
- \* Entertainment workers
- \* The disabled who are registered in compulsory employment lists

Of course, non-employed or unemployed job-seekers, as well as employed people seeking another job, can continue to register, if they intend to utilise the services of the Employment Centre, but must declare their intention to promptly accept a job.

The procedures for registering data on job seekers include a 'personal data' list and a 'professional record card'

The procedures and documentation necessary for registration at the Employment Centre are subject to regional and local rules and can be different throughout the country.

## **People with disabilities, compulsory and targeted employment**

As we saw on previous pages, in Italy, finding employment for people with disabilities is supported by a series of targeted actions, and in particular by the compulsory employment service available at local Employment Centres.

Law No.68, known as the “Regulation on the right to work of disabled people”, was approved in 1999, replacing legislation dating back to 1968 (n. 482 of 1968). The concept of Compulsory Employment has been integrated with a new perspective, that of Targeted employment.

## **Compulsory employment**

Unemployed disadvantaged people who aspire to a job suited to their

work abilities must enrol in the compulsory employment list at their local Employment Centre. The list is ranked in chronological order.

Compulsory employment is specifically restricted to a number of categories of unemployed people:

### **Disabled People**

- People of working age with physical, mental, sensory disabilities or a cognitive handicap leading to a work ability reduction exceeding 45%
- Invalids due to work accidents with a degree of disability exceeding 33%
- The sightless or the deaf and dumb
- War invalids, civil war invalids and invalids due to service (not relevant to this report)
- Other Categories (not relevant to this report, including surviving orphans and spouses of people killed in work accidents, war or service, victims of terrorism etc.)

People registering on the compulsory employment lists must be unemployed (except for the victims of terrorism) and have not reached retirement age.

The documentation required to register may vary according to the requirements specifically expressed by the compulsory employment offices and is also subject to regional and local regulations, which may differ throughout the country.

Special laws have been not modified by Law 68/1999, art.1, paragraph 3: these laws refer to blind operators, Law 113/1985; blind masseurs, Law 686/1961; blind physical therapists Law, 29/1994; blind teachers

Law 270/1982.

Companies with more than 15 employees are obliged to hire a certain number of workers with disabilities, otherwise they pay penalties.

## **Targeted employment**

In 1999 Law n. 68/99 replaced legislation dating back to 1968 (n. 482 of 1968). Now the new employment services are required to support the new perspective of the 1999 law, which redefined mandatory employment and introduced the idea of targeted employment.

The **targeted employment** system consists of a series of tools which evaluate the work abilities of disabled people, aimed at finding them an appropriate job. These are:

- Job-analysis activities
- Support forms
- Positive actions
- Solutions of problems arising in workplaces

It is worth mentioning that a series of benefits is allocated to enterprises or public administrations which hire disabled people with certain percentages of disability.

The Employment Centres offer a number of opportunities helping disadvantaged workers in finding employment through:

- Agreements between temporary employment agencies and public bodies
- Incentives for enterprises who give contracts to social co-operatives employing disadvantaged people
- Work-Entry Contracts

The most interesting solutions are found thanks to the concept of targeted employment. In the next section you will read an interview with the Coordinator of the Targeted employment service (Responsabile Ufficio Inclusione socio lavorativa e collocamento disabili) of the Province of Genova, Lidia Prato.

### ***The targeted employment service***

To give some figures about the activities performed by the Targeted Employment Service of the Province of Genoa, in 2008 7,667 people with disabilities were enrolled in the service (972 of them joined in 2008). In the same year the Province of Genova gave the green light to hire 629 workers with a disability, 45% of whom were women. 34% of the workers were between 36 and 45 years old.

Each year the Service receives about 2000 prospectuses from enterprises in the Province. In the prospectus the enterprise gives information on how many people with disabilities they employ. It is worth mentioning that 39% of prospectuses are sent by enterprises that are not obliged to employ people with disabilities (for example because they have fewer than 15 employees): this reflects the Service's excellent network of cooperation, capable of raising awareness and cooperation also among enterprises not obliged by law to employ people with disabilities.

Only 2% of enterprises are not up to date and do not employ the correct number of people with disabilities required by law.

## **The Targeted Employment service of the Province of Genova**

Interview with Lidia Prato, General Manager of the Targeted Employment service of the Province of Genova.

### **Q. What is your opinion of the law introducing the concept of targeted employment?**

A. Very positive. Compared to the previous legislation, where the first person on the list had to be chosen and automatically assigned to a job without considering his/her situation, this new perspective is a cultural revolution. In the past we were not asked to evaluate either the limits or the potential of the person. The new law originally kept a quota of automatic employment, but I am particularly proud of the fact that the Liguria region decided not to use this possibility, and to work only in a perspective of targeted employment.

### **Q. First of all, who are your clients? What kinds of disabilities are seen most in the Targeted Employment Centers?**

A. Few of our clients have only a physical disability; very few need a wheelchair on a permanent basis, for example, or have physical characteristics that identify them at first sight as having a disability. That's why it is so important for our team to speak with the person, to meet him or her several times.

The majority of them come to our offices after having acquired a disability as adults. Usually the cause of the disability is a disease, cancer, heart disease, stroke, diabetes, multiple sclerosis...diseases that may have resulted in the person having little stamina, or having parts of their body amputated, or a limited range of motion, or visual

difficulties, it depends.

Very few people are born with a disability, because there has been a general decrease in this type of disabilities (cerebral palsy, spina bifida, etc.) and also because unfortunately they often have a higher percentage of disability than the percentage recognised by law to have access to our services.

**Q. Are there any qualifying tests or other mechanisms suitable for creating equal opportunities for disabled candidates?**

A. In our system there are no tests. We work through vocational guidance and skills balance evaluation. A person who enrolls in our service will not be chosen for a job from a group which also includes able-bodied people. Of course s/he may be in competition with other people with disabilities, and in this case the employers will make the choice on the basis of their criteria.

**Q. What are the first steps the person takes on arriving at the Employment Center?**

A. People with disabilities enrolling in the employment service need a number of documents and certificates we require by law. One document is particularly important, as it declares their suitability to work (Certificazione di idoneità lavorativa).

This document shows personal data, information about the disease, his/her family situation, and the percentage of impairment.

The medical committee who compiled the document may conclude it in two different ways: “the person is suitable for targeted employment” or “the person is suitable for targeted employment plus the “orienting service” (vocational guidance service)”.

This distinction shows the first step in an individual project, the vocational guidance service, which will hopefully find that person employment.

The person will thus meet an expert on vocational guidance, a guidance counsellor who will create an individual path with the person in order to search for a suitable job. There are no formal courses yet to become a “guidance counsellor” specialised in this field. The Liguria region is currently starting the process to give official recognition to this activity, and this will later open the path to creating formal training courses with a specific diploma.

**Q. What happens if health problems interfere when searching for a job or later on, when the person has a job?**

A. When the person is still enrolled in our service and has not yet found a job, there are no problems if for some reason s/he has to interrupt the job search for health reasons. S/he will keep the place and will not lose any opportunities once the emergency is finished. If the person is already working, a specific law (Law n. 104/99, regarding assistance, social integration and the rights of the handicapped) grants any person with an officially recognized disability up to three paid working days off every month, in case they need rehabilitation, physical examinations, etc.

**Q. Are the recruitment staff and selection panel members trained in equal opportunities, diversity issues and disability awareness?**

A. Since there is still no official training for becoming a counsellor working in targeted employment services, the curricula of the staff members may vary. However the majority of the staff members are

very well trained, with a significant number of updating courses. Recently, thanks to a Grundtvig project, they were able to attend an online pilot course titled ADAT Aversive Discrimination Awareness Training, five modules focused on aversive discrimination, aversive disablism, heterosexism and sexism, and intersectional discrimination.

**Q. Are there disabled staff members on recruitment panels?**

A. At the moment there is only one person with a disability. In principle, there are no obstacles to employing people with disabilities in our services.

**Q. Are applicants with disabilities invited to identify any particular arrangements they might need at the interview?**

A. Yes, they may need sign language interpreting, or to eliminate architectural barriers. We work in close cooperation with a number of other services, for example a service from the Local Health Unit (ASL 3), specialised in placing people with physical disabilities, or another public service that offers video-interpreting for deaf people.

If the person needs an ergonomic evaluation there is a special laboratory at the INAIL office in Genova. INAIL is the Italian Workers' Compensation Authority. Its objectives include re-integrating work accident victims in the labour market and in social life.

However it is important to remember that the match between person and workplace follows several steps before it reaches the interview. If the person needs an accessible workplace our staff will search for a firm or a company whose offices are already accessible.

Remember that only a few of them have only a physical disability.

**Q. Is the same scoring/assessment system used for disabled and non-disabled candidates?**

A. This situation does not apply to us, as we simply match the person to the job.

**Q. Is the disabled person consulted where modification or refurbishment work is planned, to the workstation or premises, prior to commencing the work? Are individuals asked if the modifications meet their needs?**

A. Yes, this is exactly what we do together, first with the person and later on with the company.

**Q. Do you ensure that information about any practical consequences of an individual's disability is only passed on to the rest of the staff and managers as necessary with the person's consent?**

A. The person is fully aware at all stages of the process, as this is controlled by Italian law. We do not inform the employer about the person's diagnosis, as Italian law forbids this information to be circulated. The employer is informed about the risks the person may incur in doing specific activities, what the person can do and what s/he cannot do.

The Italian Authorities for Data Protection say that not even our services should be informed of the diagnosis, but we receive it from the medical team.

The perspective of targeted employment is oriented towards the person's functioning and not to his/her diagnosis. We agree that if the

medical team which issued the certificate makes a complete description of how the person functions, the employment services do not need the diagnosis. However the problem is that the medical team sees too many people, it does not have the time to make a complete evaluation and to fill in the forms properly. It is important to remember that approximately 1,000 new people enrol in our service each year. Forcing the medical team to make a comprehensive evaluation would slow the system down too much.

## **The Vocational Guidance service**

Interview with Marisa Massolo, coordinator of the Vocational Guidance Service of the Targeted employment Office.

### **Who are your clients?**

The Vocational Guidance service was set up in 2004, with the aim of helping disadvantaged people to find a job. By disadvantaged people we mean basically two main groups: people with disabilities and people who, due to social disadvantages, need support to be included in the labour market.

People with disabilities having the characteristics described in Law 68 may use our service: they are people of working age with physical, mental, sensory disabilities or a cognitive handicap leading to a work ability reduction exceeding 45%; invalids due to work accidents with a degree of disability exceeding 33%; the visually and hearing impaired.

### **Which paths do they follow?**

When a person asks for an appointment we assign him/her to a

specific counsellor on the basis of his/her diagnosis. We have counsellors specialised in counselling people with physical disabilities, others specialised in counselling people with psychiatric disorders, etc. After having been “counselled” some of these people are sent directly to the job matching service, which works in close contact with the “Enterprise office” (Ufficio impresa) where, again, two paths are possible: apprenticeship or direct employment in the enterprise.

The percentage of people sent to this second step is about the 30% of the total.

This is because we face very difficult situations and in many cases people need more “care” than job matching. Therefore they are sent to other services capable of giving them the care they need before thinking again to find a job.

Therefore our activity also consists of choosing which of the wide range of services is most suitable for the person at that phase of his/her life.

The services may be health services, services offered by the municipality, etc. all of them focusing on helping the person gain the skills needed to find a job. This is done to avoid burdening the job matching service with “impossible” cases. The word “orientering” (orientamento<sup>3</sup>) adequately describes our service, because this is what we do; we help the person find their way around the wide network of services available at local level.

In some cases people simply need information, in other cases they are not ready, for a number of reasons.

The matching service, as you will hear from the Job matching

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<sup>3</sup> However, in other parts of the document we chose to translate this term with Vocational guidance, avoiding an over- literary translation.

coordinator, Monica Moisello, has two channels: apprenticeship or direct employment in the firm/company.

Those clients who are “ready” are assigned to direct employment, called targeted employment, where the company makes a specific requirement for a job, describing its characteristics, and we select the curricula of clients with a suitable profile. The clients are then interviewed by the company, which makes the final choice.

Those people whose skills are no longer suitable, either due to their disability, or to the job market in general, and those who are still too fragile for direct job matching, are offered the possibility of an apprenticeship, either with companies which are obliged by law to employ people with disabilities (companies with more than 15 employees), or even with companies which are not obliged.

### **What is the aim of the “vocational guidance service”**

The main aim is to understand what the person’s skills are, if the person can continue doing the job s/he was doing before becoming disabled (and unfortunately in general it is NOT possible). Then we try to see if it is possible to re-train the person, and we have several options, like training vouchers, training courses, etc. When this phase is finished, we can send the person to the job matching service, with clear information about his/her new skills, and it will be the task of the job matching service to look for a suitable job.

A typical situation is a man, who has always been a building worker but can no longer do a physical job because he has heart problems. A possible solution is training him to use software to manage warehouses, and then he can find a job as a warehouseman.

### **Do prejudices interfere with your work?**

Yes, of course. Each of us may have prejudices in relation to specific problems. For example towards drug addicts, or people with psychiatric disorders. It is important for us to recognise and admit these prejudices, because we can choose to concentrate on different problems, working at our best. This is the reason why, when a new person arrives at our service, s/he may be assigned to different counsellors. Each of us is specialised in a specific type of disability/disadvantage, and can work at his/her best with people living with that condition. We are human beings.

We have 2 full time and 1 part time counsellors specialised in psychiatric disorders, 2 on disabilities related to drug addictions and prisoners (of course having a disability), 1 counsellor working with adults with heart problems and with people with learning disabilities, 2 counsellors specialised in motor disabilities, 1 specialised in working with non Italian disabled people.

(The office also deals with people who do not have a disability but are followed by social services for other reasons, but this goes beyond the interests of ANDIW)

In our reports the data is not divided by diagnosis; the only broad division is between people with psychiatric disorders and people with other types of disabilities. To give an example, a man with paraplegia following a car accident is in the same category as a woman having lack of stamina as a consequence of Multiple Sclerosis.

### **Typical examples**

There are, obviously, cases that are more frequent, typical situations that change and evolve down the years. The first frequent case is that

of men, approximately 45-50 years old, building workers, with a low level of education (8 years, corresponding to primary and low secondary level), with heart problems. Usually these are men who have been working all their life, almost always married and with children, who cannot continue working as before. This is a common situation where the person needs to be re-trained, paying attention to his limitations in terms not only of physical needs but also of previous education (and training). Often these men have been working without a contract, unfortunately this is a typical situation in Italy in this field. The first job we do in these cases is to help them understand and accept that they cannot continue doing what they were doing before, that they must attend a training course, sometimes even a short one, to obtain a specific driving licence, to learn how to use software for warehouses, how to manouver a fork lift, etc.

These activities require time, some months, after which they will be referred to the job matching services where, through apprenticeships, they will hopefully find a new job.

If the men had been working with a regular contract before becoming disabled, they have at least financial “parachutes”. In fact there is a law stating that, if in the last five years you have been paid national insurance contributions for at least three years, you are entitled to a salary (that does not forbid you to look for a job).

### **Which are other typical situations?**

People who have had accidents, with not only physical consequences but also head injuries and other problems. Genoa is a very difficult city if you use a wheelchair, for example only a limited number of buses are accessible, and it is difficult to travel everywhere. We have a

good relationship with the specialised office of the local health unit where there is a team specialised in physical disabilities. Therefore if the problem is only physical we refer these clients directly to them. Usually, however, people who are highly qualified have no problems in finding a new job through their network. But there are very few of them.

On the contrary, it is very common now to have what we call a “triple diagnosis”: young people who had a motorcycle accident while being under the influence of drugs or alcohol (or both) and are followed by the mental health service. We noticed these situations thanks to our relationship with the SERT Service (SERT is the service for people with drug addictions). Young people often use drugs to compensate for psychiatric disorders. This fact is linked to a widespread prejudice against people with psychiatric disorders, which as a consequence makes people prefer having the stigma of being drug addicted than having a psychiatric disorder. In these cases it is very difficult deciding which service has to follow them, whether SERT or the psychiatric services.

Sometimes these young people also have legal problems, linked to their use of drugs....

These cases are becoming frequent nowadays, while until 2005 I do not remember any of them.

### **What about women? Are there typical situations?**

Yes, of course. Divorced, with children, having a disability because of cancer or heart problems, or neurological diseases, like Multiple Sclerosis.

Often they have not been working in recent years, while raising their

children, or they have been doing part time jobs without qualifications. So they have little or no experience, are of an age that creates problems in finding a job even when you have no disability, are untrained and unskilled. The disability does not allow them to do jobs where physical effort is required, like cleaning lady, a job where little specific competence is needed.

I remember a case where a woman in this situation first followed a six month course (paid 400 euros per month) on computer skills and secretarial work. Then she followed another course for women in difficulty, to be trained to become a check-out clerk in supermarkets or similar. Then we found her a placement in a big enterprise where she finally has been employed. Working as a check-out clerk is very difficult because you must be very quick and you are responsible for the cash register. Usually you do not have a fixed schedule every day but you work on rotating shifts based on the whole week as these shops are often open seven days a week from 9a.m. to 8 or even 9 p.m.

Another difficulty is that there are different ways of paying, cash, cheques, credit cards, etc.

Many people do not succeed in this work because of the high level of stress.

What has been important in this case is that during training she was always paid, even a small amount, as she had to raise her children no matter what. We had to work a lot on her self-esteem, as of course she was depressed about her situation and lacked confidence in her capabilities and resources.

We had to underline how important it was to be well presented, adequately dressed and so on. The final selection she had to pass to

be chosen for the job was very tough, as the company is very demanding, but she succeeded and we are proud of this result.

### **What is your opinion about the fact that the enterprise does not know the diagnosis?**

It depends. Of course the person is free to declare his/her diagnosis, if s/he feels that this will not create problems. We know that the stigma is still strong, mainly towards drug addicted people and people with psychiatric disorders. The enterprises do not ask us to tell them the diagnosis. They know the law and we have been working a lot on this aspect “educating” them in understanding that what is important is to know what the person can and cannot do and not the name of a disease. We noticed that in public services (like the University, for example) people with a drug addiction are not regarded well while in private enterprises the stigma is more on people with psychiatric disorders.

For example, there are frequently people with Multiple Sclerosis who have memory problems and it seems that their performances are low because of their lack of interest in the job. In these cases we teach the person strategies to cope with the problem (use of diaries, etc.) but sometimes we also speak with the enterprise (with the person’s consent) so that they can understand that the problem is linked to the disease and not to the lack of willingness of the person.

### **The Job Matching service**

When the person is ready to be matched to an enterprise (after having been trained by the Vocational Guidance Service, or immediately after accessing the targeted employment service) the Job Matching

Service starts looking for possible matches. We asked the Job Matching Service coordinator, Monica Moisello, to tell us about the Service's activities.

**The Job Matching Service works not only with big enterprises but also with small and medium enterprises. Can you tell me something about this aspect of your activity?**

We have good contacts not only with small enterprises, but also with associations (cultural, unions, etc). We do not ask them to employ people, but mainly because we need “places for employability”, in other words places where we can test people in real activities. We need practical training to know our clients better, and our clients need to test themselves in real situations, without the anxiety of knowing that the enterprise is actually looking for an employee, as they know that this type of training will not end in any case (there are only a few exceptions) with the offer of a job.

So we contact small artisans, associations, etc, telling them that we are looking for small enterprises who can offer a training period to people with disabilities. This activity is at no cost to the enterprise, as the person is paid with other funds, managed by the Province. Nor does the enterprise have any obligation to offer the person a job at the end of their training. Even the insurance costs are paid for by our Service. We only ask for “real” training, based on “real” activities usually performed in the enterprise, and for a tutor who can follow the person, teaching them what to do and verifying the results. Our clients can therefore test their skills, both specific ones, related to the activity, and also so called transversal ones, the fact of arriving on time, respecting the atmosphere and the context, etc.

In this way both the employer and our client are free to cooperate in a relaxed way, giving their best.

After this experience, the clients are ready to try targeted training, in an enterprise which must employ a certain number of people with disabilities and organises training aimed at choosing the best person for a specific job.

### **Why do small enterprises accept this offer? What are their characteristics?**

Big enterprise also organise training activities, aimed either at “observing” the person or finding the right person for a task.

But we thought that the fact of being obliged to do something might encourage prejudice. If I am obliged to employ these people, I am afraid I will be sent people I may not like. I know that if I do not employ them I will be fined, therefore my attitude is not so participative.

We can change this attitude, encouraging a different culture, explaining that people with disabilities are not only people with Down’s syndrome, but also people with slipped spinal discs or heart problems. At that point our relationship with the enterprise usually changes.

Therefore we started looking for small enterprises, associations and similar, because training people can be very rewarding. Ethical values are also involved in this process, helping people who have had problems, and these aspects have been winning in recent years. In fact we have succeeded in matching people with enterprises which were not obliged by law.

In some cases, after training, the enterprise decided that the person

was the right one, and they employed him or her.

When a company is obliged by law to employ people with disabilities, we assure them that the specific training is only aimed at training the person, with no obligations. But both the company and the person know that, if during the training there is a vacancy, the person will have the right to apply for the job. On the contrary, small company are free from this idea.

The benefits of employing people with disabilities are the same as those for large companies; therefore it may also be convenient from an economic point of view.

Tax relief is applicable when the person with a disability has more than 65% of disability.

An enterprise obliged by law can employ people with more than 46% of disability, and this person counts among the number required by law. But to have tax relief the person must have more than 65%.

Beyond tax relief there are also other mechanisms, financing schemes offered by the Province, which can be added to the other benefits (for example if the person is a woman, or has a certain age, it depends).

**In your experience, what does the average people have in mind when they think of people with disabilities looking for a job?**

People with Down's syndrome, people with physical disabilities and, more recently, when people have no physical evidence of a disability, employers think of people with HIV or psychiatric disorders.

**What does "creating a culture" mean?**

First of all we do not impose ourselves on the enterprises. We must clearly divide our personal attitudes and values from our professional

ones. If I sit in front of a manager who says “I do not want a psychiatric person, I do not want a person with HIV, I do not want a black” (and it has happened) I, Monica, leave the room. But as manager of the Job matching service I cannot behave in the same way. I do not debate with the manager about the concept of disability or other theoretical issues. My first aim is to clearly understand the context I am in, as anything that is said to me gives me hints about the situation and, in any case, helps me reach my aim of matching a person to that company. That company will not be suitable for “x, y and z” but maybe it will be suitable for “m”. So I remember what I was told, and I will not match people with the characteristics rejected by that manager. Not because I share the manager’s point of view, but because I know for sure that a person with those characteristics will be put in a difficult position in that company. I explain what disability means in general, that any person may develop a disability because of a disease, for example, that some diseases do not change the person, but may change their skills, and this starts changing the relationship with the person sitting in front of me.

I will send people with other characteristics to that enterprise, without declaring their diagnosis, and I will have a successful result, as I will not “lose” that enterprise and I will match a person to it in any case. Obviously I will choose people who will survive in a place like that, because what I have been told is in any case a strong message about the atmosphere in that company. But sometimes the manager does not work in the office where the person will be employed, and this is another factor, because I know that the atmosphere may be more positive.

### **What do you think about the fact that the diagnosis is a secret?**

There are positive and negative factors in any situation. We always work with people, our clients on one side and the people working in the enterprises on the other side. In some cases people want to be clear about everything but in other cases you clearly sense that others do not want to be informed.

In general terms the method is correct. But I think that in some cases giving this information might be an added value, reassuring the company decision makers. In fact, I only declare the diagnosis if the person agrees. There is not just one way of “making culture”.

The ideal situation would be to have the choice of using different approaches.

### **Are there “easier” situations, where you know, meeting the person for the first time, that things will go smoothly?**

Yes, but disability has nothing to do with this. This aspect is more related to the characteristics of the person. I may have a person with heart problems, with a difficult character, who has difficulties in working with other people and a person with a psychiatric disorder (the most stigmatised one) who works very well with other people because s/he feels reassured by being and working with others.

The diagnosis is not important per se, it is the person who makes the difference, with his/her competences and personal characteristics, a good balance of a number of aspects.

Diagnoses can become easily cages.

### **Are there psychologists in your team? Is it necessary to have a qualification in this field?**

To do our job you need to know “the human being”, which does not mean being a psychologist. If a psychologist wishes to work with our team, s/he must be capable of working as a matching counsellor, not as a psychologist.

Otherwise there may be problems, because our approach is a pedagogical one not a psychological one. We do not want to change people with disabilities; we do not want to change people working in enterprises. We bring competencies which may help people in changing attitudes related to the job. If a psychologist thinks they have to analyse the person, to try to get access to their subconscious, to personal aspects and not to aspects related to the job, this might cause damage. Because people come here to use the services of experts in the job market, with expertise in communication, with good knowledge of legislation, capable of helping the person let his or her competences emerge: this has nothing to do with psychoanalysing a person.

However, it may be that a client causes us some problems and in these cases we have the supervision of a professional psychologist, but this is a totally different situation.

### **How many counsellors work in this office?**

Twenty. The majority of us (twelve people) work with people with disabilities, through targeted nine month programs or, directly through the targeted match, with those who are more self assured and do not need re-training before being matched to an enterprise.

A group works directly with enterprises which are obliged by law to employ people with disabilities. Others, who have fewer clients, work with companies who are not obliged by law, contacting them for the

whole service.

Then there are four people who work at the inclusion service, with people with social disadvantages, or prisoners.

The last four people are specialised in working with people with psychiatric disorders.

### **What happens if after nine months the person has not found a job?**

The person is entitled to go back to the vocational guidance service. Sometimes this may happen before the ninth month, when it is clear that the person was not clear about his/her needs or interests.

We chose nine months because the average time needed to find a suitable job is a year, while before it was four months.

This is due to two factors: the recession, which has been very serious in these last two years, and diagnoses, that are now more serious than before, often including more than one factor.

However we always remain in contact with the person, who can always come back to our office for any need they may have.

### **How long are the contracts offered to people?**

Minimum six months, barring exceptional cases. The six months can be transformed into a long term contract. Our job does not end with the contract, as we continue to monitor the situation for a while. This always happens with people with psychiatric disorders. In other cases there may be a request from the person, the enterprise or even our decision.

## **Legislation**

### **2002**

Legislative Decree No. 297, dated 19 December 2002 Rules amending and correcting Legislative Decree No. 181, dated 21 April 2000, containing provisions to promote job-matching, implementing Art. 45, Paragraph 1, letter a) of Law No. 144 dated 17 May 1999

### **2000**

Presidential Decree No. 442, dated 7 July 2000 Regulation with provisions for the simplification of the procedure for the ordinary employment of workers pursuant to Art. 20, Para. 8, of Law No. 59, dated 15 March 1997

Presidential Decree No. 333, dated 10 October 2000 Detailed regulation for the implementation of Law No. 68, dated 12 March 1999, containing provisions for the right to work of the disabled

Legislative Decree No. 181, dated 21 April 2000 Rules to promote job-matching, implementing Art. 45, Paragraph 1, letter a), of Law No. 144, dated 17 May 1999

### **1999**

Law No. 68, dated 12 March 1999 Provisions for the right to work of the disabled

'Ministry of Labour' Circular No. 77, dated 24 November 1999 , Law No. 68, dated 12 March 1999, containing: "Provisions for the right to work of the disabled"

## **1997**

Legislative Decree No. 469, dated 23 December 1997 Assignment to the Regional Authorities and Local Authorities of functions and tasks concerning the labour market, pursuant to Art. 1 of Law No. 59, dated 15 March 1997; Delegation to the Government for the assignment of functions and tasks to the Regional Authorities and Local Authorities for Public Administration reform and administrative simplification

Law No. 59, dated 15 March 1997 Delegation to the Government for the assignment of functions and tasks to the Regional and Local Authorities for Public Administration Reform and for administrative simplification

## **1992**

Law 104/92, dated 5 February 1992 Social Integration of handicapped people

## **1988**

Legislative Decree No. 509, dated 23 November 1988 Provisions for the revision of the categories of people with disabilities and those with debilitating diseases, and of the benefits provided in current legislation for those categories, pursuant to Art. 2, Paragraph 1, of Law No. 291 dated 26 July 1988

## **1987**

Law No. 56, dated 28 February 1987 Provisions on the organisation of the labour market

## **1970**

Law No. 381, dated 26 May 1970 Increase of the ordinary contribution of the State in favour of the "Ente Nazionale per la Protezione e l'Assistenza ai sordomuti" (National Association for Protection and Assistance of Deaf-Mutes) and deaf-mute assistance

Law No. 382, dated 27 May 1970 Rules for assistance for civil blind people



## **The development of appropriate conditions in the workplace for people with disabilities**

The process of inclusion in the workplace involves various different figures:

- the person with a disability who is seeking their first job or returning to the labour market following an accident or illness which has affected their ability to work;
- the employer, the person's direct superiors and colleagues in the company which will employ him/her;
- the public (sometimes private) structures which provide "targeted employment" services.

Unlike in the past, in Italy people are no longer assigned to any available job with no specific criteria. The whole cultural approach and employment methodology have changed completely today.

What do we mean when we talk about developing appropriate conditions in the workplace for people with disabilities?

The answer is complex. Firstly, the expression "people with disabilities" covers such a vast range of situations that there cannot be a single workplace which is suitable for everyone. This should not be a cause for concern, however, because the current approach is designed to match the right person with the right job.

Every job requires certain skills (knowledge of a foreign language, of specific warehouse management software, of a cash register...) and

physical/sensory abilities (manual dexterity or the ability to lift weights – in manual jobs – the ability to hear audio alarms or see visual alarms, the ability to use a computer keyboard...) or cognitive and relational abilities (deciding which procedure to use, handling a job where workers often come under pressure...).

Once an employer has specified which skills and abilities are needed to carry out a particular job, the person(s) who are put forward for interviews will have the skills required. This is thanks to the pre-screening process carried out by counsellors at Employment Centres.

As far as abilities are concerned, a person may possess them without the need for assistive devices or aids if the disability does not interfere with the tasks they will be required to do. In other cases assistive devices and aids may be necessary. These will be supplied by the ASL (Local Health Authority) and the person concerned will already know how to use them.

If the workplace needs to be adapted (changes to furnishings, bathrooms, etc.), this will be discussed with the service providers, who will also tell the employer which laws apply and which grants are available to help towards their costs.

In the past, it was thought useful to have lists of assistive devices or suggestions on how to approach people with various types of disabilities. It is now thought, by contrast, that these only reinforce stereotypes, since there is a huge variety of possible scenarios. Having information on a series of problems and difficulties only serves to reinforce the image of people with disabilities or chronic illnesses as having weaknesses and inabilities. This image no longer corresponds to the context we are dealing with, since today we refer to the

individual's abilities rather than his/her limitations.

The text below describes how this shift in perspective has come about, as well as the types of tools used today to classify a job seeker and his/her potential job.

## **A model for matching supply and demand**

When we talk about employment inclusion services, we are talking about a model which matches supply and demand. Supply and demand can only be matched if there are common, compatible characteristics between the two.

The task of people working in the employment inclusion sector, and particularly those involved in targeted employment, is to ensure that the matches are prepared as efficiently as possible.

Today we aim to work alongside companies and employers, always seeking to adopt a socially responsible approach towards people with disabilities. Employers are therefore involved in the process, and their cooperation is essential.

Employment services are more likely to achieve their goals when they personalise their approach. People with disabilities are now included in the employment services' sights alongside people with limited qualifications and "older" unemployed people, to name just some of the groups they assist. What these groups have in common is the fact that they are seeking employment: this means that the organisation itself does not stigmatise a disability in this sense.

Employers are no longer left to cope on their own, liaising directly with the disadvantaged person. There is a network of responsible organisations to help them: medical boards, specialist employment

services, rehabilitation services. Each of these partners has specific competencies which help match the right person to the right job.

Their competencies are backed up by a series of tools and concessions which make it easier to match the skills of a person with a disability to the job description.

There are various aspects to the process:

- assessing compatibility between various types of disability and the jobs available. In other words, the targeted employment services and Health Boards must be in a position to provide a professional profile for the worker which can be matched to the needs expressed by the employer;
- constant monitoring of the relationship between the worker with a disability and their working environment;
- initial and ongoing training;
- managing information at local and national level through protocols for exchange between all parties involved.

The process goes beyond administrative aspects, naturally. In order for a service to work properly, as well as administrative aspects it needs human and financial resources, competencies and cultural approaches to produce active policies which match the right person to the right job.

To make matching easier, it is essential to have an accurate overview of the characteristics of workers with disabilities and the companies involved.

Over the past few years, the ICF classification has been used as a means of summarising workers' characteristics.

## ***The ICF Classification***

In May 2001 the World Health Organisation published the International Classification of Functioning, Disability and Health (ICF), recognised by 191 countries as the new standard for classifying disability and health.

The ICF is a means of describing and classifying the health and disabilities of populations. It is not a means of assessing or measuring the same.

What does improving the health of an individual or a nation mean?

More than reducing the number of premature deaths through illness or accident. Health is also to do with functioning: our ability to live our lives fully and as a member of society.

The WHO starts from the premise that at some stage in our lives, we may all experience a decrement in health which, in unfavourable circumstances, becomes a disability.

As a result, disability is not an

invariable objective condition. Furthermore, beyond variations linked to the individual's changing conditions, anyone may become "less disable" if they receive a series of different types of assistance

"I'm here and you cannot know if I have a disability. Where shall we draw the boundary? If I had brought a visually-impaired person with me, she would have asked for Braille documents, or a special telephone. If I had brought a hearing-impaired person along, she might have needed other things, like a sign language interpreter. And so on, depending on the disability. If we put all these people together, they have their needs in common. If we put people with and without disabilities together, where is the boundary?"

Bedirham Ustun, Team Leader, Classification  
Measurement and Health Information Systems,  
WHO.  
ICF and Employment policy seminar, Rome,  
Ministry for Employment and Social Policy,  
15 July 2005

favouring social and occupational integration.

The ICF classification sets out to describe the health of individuals in relation to their life context (social, family, work-related), in order to understand the difficulties which may cause disabilities within their social and cultural environment.

Analysing an individual's social, family and work-related context underlines not only how people live with their disability, but also what can be done to improve their quality of life.

The concept of disability set out in the ICF introduces further innovative concepts:

- universalism;
- an integrated approach;
- a multidimensional model for functioning and disability.

1. The ICF's characteristics mean that it can be applied universally, since disability is not considered the problem of a minority in a community, but something which everyone may experience over the course of their lifetime. Through the ICF, the WHO proposes a universal means of classifying disability which can be applied to anyone.

2. The integrated approach to classification involves making a detailed analysis of all the individual's contexts – social, family and work-related – and placing them on the same level, without distinguishing between possible causes.

3. The concept of disability is placed within a multidimensional continuum. All of us may find ourselves in a disadvantaged

environment, and this may cause disabilities. The ICF acts as a means of classifying our health in these circumstances, taking the social aspects of disability into consideration. If a person experiences difficulties in the workplace, it is of little importance whether the cause is physical, mental or sensorial. What matters is that we act on the social context, setting up networks of services which reduce the disability.

The fact that the ICF uses universal and multidisciplinary approaches means that it can be used in different disciplines and sectors.

It is important to be able to refer to a single classification. We can improve people's health if we can describe it using common factors, then measure it and measure the changes we have made through various courses of action. The ICF is the right tool to do this at the present time.

The ICF's main innovation is that it also takes environmental factors into consideration. The new definition of disability is in fact: "a medical condition in an unfavourable environment".

It is important to emphasise that the term "handicap" (or "handicapped") has disappeared from the new classification. Its use is discouraged. Research carried out by the WHO in different countries has shown that this term has negative connotations in many languages.

The ICF's new approach sees disability as a life condition which does not only affect individuals and their families. In a wider sense it affects the whole community and, first and foremost, the institutions, and it requires integrated cooperation across every sector.

Disability is not the problem of one or more (minority) groups within

a community, but rather a condition which everyone may experience at some stage in their life. The ICF is therefore a classification which:

- applies to EVERYONE, since everyone may have a medical condition which, in an unfavourable environment, causes a disability; and which

- DOES NOT classify people but rather their related states of health.

We are therefore dealing with a bio-psychosocial model for health (and disability) which concerns various areas of public policy: particularly welfare, health, education and employment.

Why is the ICF model considered a potential success?

Because it provides a basis for assessing people's performance and abilities in relation to their life and relational (and therefore employment-related) context.

With the new classification the focus is on pinpointing what a person really can do. The old model based on what a person cannot do has been abandoned.

## **Structure of the ICF**

The information gathered through the ICF describes situations linked to human functioning and its restrictions.

The classification divides this information into two closely related parts.

<b>Part</b>	<b>Includes</b>	<b>Components</b>	<b>Description</b>
Part 1	Functioning and disability	Body functions	<p>Categories:</p> <p>Mental functions</p> <p>Sensory functions and pain</p> <p>Voice and speech functions</p> <p>Functions of the cardiovascular, haematological, immunological and respiratory systems</p> <p>Functions of the digestive, metabolic and endocrine systems</p> <p>Genitourinary and reproductive functions</p> <p>Neuromusculoskeletal and movement-related functions</p> <p>Functions of the skin and related structures</p>
		Body structures	<p>Categories:</p> <p>Structures of the nervous system</p> <p>The eye, ear and related structures</p> <p>Structures involved in voice and speech</p> <p>Structures of the cardiovascular, immunological and respiratory systems</p> <p>Structures related to the digestive, metabolic and endocrine systems</p> <p>Structures related to the genitourinary and reproductive systems</p> <p>Structures related to movement</p> <p>Skin and related structures</p>

		Activities and participation	<p>Categories:</p> <ul style="list-style-type: none"> <li>Learning and applying knowledge</li> <li>General tasks and demands</li> <li>Communication</li> <li>Mobility</li> <li>Selfcare</li> <li>Domestic life</li> <li>Interpersonal interactions and relationships</li> <li>Major life areas</li> <li>Community, social and civic life</li> </ul>
Part 2	Contextual factors	Environmental factors	<ul style="list-style-type: none"> <li>Products and technology</li> <li>Natural environment and human-made changes to environment</li> <li>Support and relationships</li> <li>Attitudes</li> <li>Services, systems and policies</li> </ul>
		Personal factors are not currently classified in ICF but users may incorporate them in their applications of the classification.	Personal factors include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character, and other factors that influence how disability is experienced by the individual.

The first part concerns the individual, therefore the functions of the body structures, activities and participation. These components can be used in two ways: firstly, they can be used to describe problems (impairments, restrictions to activities, grouped under the term disability); secondly, they can be used to describe “neutral” aspects of health and related states (that is, what we define as “functioning”). The Activities and Participation component covers an individual’s

ability to carry out a specific activity in his/her environment.

Each component is allocated an alphanumeric code and qualifiers which indicate the extent or seriousness of impairments to body functions and structures, and the individual's ability to carry out certain activities. This technical aspect does not concern the future employer, however, and he/she will not receive information in the form of codes or qualifiers.

The components are influenced by contextual factors, divided into environmental and personal. The environmental context includes the physical and social environment and the prevalent attitudes against which people live their lives. These factors may have a positive or negative impact on an individual's participation as a member of society, on their ability to carry out activities, on their functioning or body structures.

Personal contextual factors (sex, race, socio-economic factors, age, lifestyle, education, etc.) are not classified under the ICF due to the wide cultural and social variations which exist.

By analysing the various defining components, the ICF classification underlines the importance of approaching disability with consideration for the multiple aspects which make it a universal human experience, one which everyone may experience during their lifetime.

Disability is not just a mental or physical deficit, loss or insufficiency. It is a condition which goes beyond limitations and one which overcomes mental and architectural barriers. Disability is a universal condition, and therefore it is not restricted to a person confined to a

wheelchair, or someone who cannot hear or see. The ICF underlines the importance of assessing the environmental impact on an individual's life. Society, our family and our working environment can influence our health, reduce our ability to carry out the tasks required of us and place us in a position of difficulty.

## **Applying the ICF to inclusion in the workplace**

It is logical that a potential employer will be keen to find people who can perform the tasks required of them, and will be willing to make small changes to the working environment or procedures if such are clearly requested by the person concerned (who is aware of his/her needs) and/or the organisations responsible for matching potential employers and employees.

ICF training projects currently being run in Italy are aimed at all those organisations and bodies involved in promoting inclusion for people with disabilities:

regional and provincial councillors with responsibility for employment, social, health and education policy;

members of the Integrated Medical Commissions (Law 104/92)

members of the Technical Committees<sup>4</sup>(Law 68/99)

Managers and operators from Public Employment Services

Managers and operators from Employment Inclusion Services

Trades Union representatives

INPS (National Institute for Social Security), INAIL (National Institute for Work-related Injury Insurance), and other professionals

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<sup>4</sup> Technical committees are made up of operators and experts from the social, medical and legal sectors, assisted by a committee of trades union representatives and disabled people's associations.

involved.

As a result of this training, the process of placing individuals in work is made easier through the use of information records:

a record of each person's social, professional and functional profile (individual and skills record)

a record analysing the features of each company and the positions available

a record with comments on the working situation of the newly-employed person.

Unlike in the past, when emphasis was placed on the "motor/sensorial/cognitive" characteristics of the individual and the workplace, it is now possible to give a reliable description of the distinguishing features which enable us to match a person to the right job. As well as a person's characteristics, consideration is given to his/her expectations and, naturally, his/her abilities.

It is important to note that only part of the data from the records will be used to help match supply and demand. Most of the data is used to match individuals to a job and to bring in placement support mechanisms; it is not handed on to the employer.

As far as data on the company is concerned (relating to accessibility, for example), how can we provide an adequate answer to the seemingly simple question, "are the company premises accessible"?

The approach set out in the ICF involves gathering a series of information, including:

- whether and how the premises be reached by public transport or car;
- whether there is a carpark, and what it is like;

- the entrance to the premises;
- the means of getting between each floor (stairs, lifts, etc.)
- the layout of furniture and equipment on the premises;
- the accessibility of bathrooms;
- emergency routes and exits.

Having access to this information enables us to assess the potential difficulties which an individual may face at work based on his/her physical characteristics (these are almost never invariable in the course of a lifetime, and this applies to everyone). It is obvious that the more accessible the premises are, the easier it will be for someone to be included. A wheelchair user may not face any work-related restrictions if their working environment is totally accessible. But it may be impossible for the same person to even enter an inaccessible workplace, even though they have the same abilities and potential to carry out their job.

### ***A different viewpoint***

Today classification goes beyond illness and impairment to include relational and motivational aspects, as well as means of support or obstacles linked to an individual's background and place of work.

While classifications of invalidity refer to a person's generic ability to work linked to physical impairments alone, classifications for targeted employment consider other factors.

The medical model merges with the social model, which tells us that disability is linked to environmental factors which obstruct or inhibit inclusion for people with disabilities. It is these obstacles and barriers which must be removed.

The new model is not linear and progressive. It takes into account the dynamic relationships between aspects of functioning and disability. As a result, making changes to one component may modify one or more of the other components.

The WHO check list enables us to produce a profile of a person's functions so that we can see where the problems lie:

- with the environment, due to barriers or a lack of facilitators;
- with the individual, whose abilities may be limited;
- or with a combination of different factors (this is the most frequent case).

The check list provides three levels of data: a person's case history, their current conditions and the impact of their medical condition on their participation.

The check list has been adapted in Italy in order to provide specific information for people's future inclusion in employment.

It is important to point out that gathering information on a person is not limited to putting ticks on a standard check list. Instead it involves interviews, direct observation, certification, contacts and meetings with operators/trainers. The operators from each service then process the data using the same system.

Once data has been gathered, the next stage begins: deciding what kind of training the person may need with a view to future employment. In a handful of cases, the person is matched directly with a company.

Someone who has had a heart attack and can no longer do the job they once did (a warehouse worker, for example) because they cannot lift things is not completely excluded from returning to work. Their

practical experience may make it easier for them to learn how to use software for incoming and outgoing goods. Once they have completed a course, they will be ready to put themselves forward if a company is seeking a computer operator for warehouse management. We do not match the worker's profile to the company's requirements until we have seen how the worker's potential and abilities translate into their actual capacity for work.

As well as understanding how a person operates in day-to-day life, in some cases we also need to see which assistive devices are needed so that they can adapt to a specific job, or which barriers (of any type) need changing so that the environment adapts to their needs.

## **Medical condition or potential?**

We hope that the paragraphs above will make it easier to understand why the module we wrote six years ago as part of the ANDE project – the basis for this manual – has been substantially modified.

The module described the characteristics of various types of conditions (autism, cerebral palsy...) and gave suggestions on how to “deal with” people with disabilities. In 2011 we can no longer approach the matter in this way. Employment services and, more importantly, employers, never receive information on an individual's condition. Even if employment services are aware of a person's condition since they have access to

The approach of that chapter seems based on a medical perspective. Counsellors need to be aware of how to modify the environment (physical and not) in order to guarantee a better inclusion of people with disabilities. Knowledge of disabilities is not useful.

M. Massolo. Job counsellor.

Comments on the chapter written for in 2005 for the ANDE project

medical documents, they cannot disclose this information to potential employers. Only the individual can decide to talk about his/her condition in the workplace if he/she thinks it could be of use.

There is no reason for employers to create a “medical” culture as regards the symptoms and anatomical, physiological and pathological characteristics of people with disabilities.

Furthermore, a medical condition in itself does not predetermine the services a person may require, the level of assistance he/she may need, the disability benefits or pensions he/she may be entitled to and, most importantly in view of this document, his/her capacity for work and the level of social integration he/she is able to achieve.

When a placement is based on matching a person with certain characteristics to a job which requires those characteristics, there is absolutely no need to concentrate on negative aspects. What a person is unable to do will not create problems in that specific working environment, although it may create problems in other contexts.

The employer will be given information on what the individual can do, and if these characteristics are compatible with the job on offer, there will be no need for any further information. In other cases, however, it is important to state the individual’s limitations (“he/she cannot do night shifts”, for example) if the type of job means that the employee will be asked to do something he/she cannot do, even occasionally.

If the person uses assistive devices or needs the working environment or equipment to be adapted, once again it is not the employer who is responsible for deciding the extent and nature of the modifications. The new employee will not just turn up straight from the

interview. He/she will have been part of a multidisciplinary context for some time, and a full assessment of the type of assistive devices and support he/she needs will already have been carried out.

The chapter we wrote six years ago opened with a list of terms – Blind; Cerebral Palsy (CP); Communication disorder; Deaf; Dyslexia; Hard of hearing – followed by a brief definition of each one. Anyone who has read this far will understand that this type of list does not give a full idea of the situations an employer may face, even more so given that the employer will never know if their employee has Multiple Sclerosis, or has had a heart attack or herniated disk. Even employment services operators do not necessarily have this information. A service employee interviewed for the ANDIW project stated that when she is presented with new cases, she looks up information on the Internet then contacts her colleagues on the Technical Committees for more details of an individual case, thereby

The terminology list at the beginning has no clear meaning. It is not complete. Is it important to have a list of all the possible disabilities, impairments, etc? No, as we work in the ICF perspective, and the diagnosis is not relevant to us, I do not see the reason for this list of words (which also gives very, very generic characteristics, which can be misleading).

Moreover, people can or cannot do things in relation to the work they have to do. I could not work myself as a bricklayer, so what?

M. Massolo, Job counsellor, commenting on the chapter written in 2005 for the ANDE project.

avoiding risky generalisations.<sup>5</sup>

Therefore, once a future employer has provided a description of the job on offer and details of the skills and abilities needed to perform it, he/she knows that when a person is put forward by the public services he/she will have the skills and abilities required. If assistive devices are needed, the person will already have them. Similarly, someone who is short-sighted will wear his/her glasses at the job interview knowing that when he/she needs to read something, he/she can take them off, and will put them back on to look further away. Of course, if the same person was to work somewhere where they could not wear their glasses for technical reasons, they would have to use contact lenses. And if they were unable to use lenses because they were allergic to them, unfortunately they would not be able to do the job.

There will be no need to discuss what the person cannot do, since any incapacities will not create problems in the job which has been selected for them.

An unemployed administrative assistant

would probably not have the physical strength to work as a bricklayer. No one would dream of asking him/her if he/she has this physical ability at the interview, and nor would he/she be

If a counsellor meets a person with a condition which s/he is not familiar with, s/he can search on the Internet, in books, and even contact our board of medical and legal doctors, with whom we have periodic meetings, to better understand what problems the person may have as a consequence.

L. Prato, responsible for the Inclusion Service Office  
Province of Genova

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<sup>5</sup> As in many other countries, Italy has a privacy laws which protect “sensitive” personal data, including that concerning a person’s medical condition. The Italian labour market is therefore based on this prohibition. This reinforces the theory/methodology which states that people must NEVER be confused with a medical condition.

discriminated against because he/she does not know how to build a wall and is not strong enough to do so.

Someone who packs boxes on a production line probably does not have advanced mathematical skills. No one would dream of asking him/her about it at the interview, and nor would he/she be discriminated against for not knowing how to do complicated equations.

If a person uses an electric wheelchair which needs room to manoeuvre, and needs special lifts or specially adapted toilets, he/she will not be put forward for a job in a company which does not have these facilities, and which for various reasons is unable to quickly remove architectural barriers. This would be a huge mistake and would prove frustrating for the candidate, who would certainly be turned down. Even worse, the experience would reinforce the idea among company management that it is difficult to employ people with disabilities. The same company and the same job might be ideal just as they are for someone who has a non-motor-related disability or a motor-related disability which requires smaller-scale assistive devices.

A successful employment service has no business creating difficulties and misunderstandings. It knows that it might return to the same company further down the line and put forward other people with disabilities. It therefore seeks to create a relationship based on trust. It does not set out to prove that employers are “bad” or “inadequate” and nor does it seek to “punish them”. Its main aim is simply to place as many people with disabilities in work as it can.

If it manages to create a less discriminating culture at the same time,

then this is certainly a highly positive result.

Therefore, even though service operators need to have general knowledge of the various conditions which may cause a disability, the employer and the employee's colleagues do not need it. They will be given the information on a need-to-know basis to help them interact successfully with the employee. Often the only information they need concerns the activities a person cannot do, in case they are occasionally required to do them as part of their job.

Unfortunately, much work is needed every day to overcome the prejudices which have taken root over the years. These stereotypes portray people with disabilities as dependent individuals who cannot do anything and who need assistance, care and attention. This image does not reflect the average job-seeker.

This observation leads us to another aspect which is important to consider. Do people with disabilities seek jobs? What kind of conditions or accidents caused their disability or disabilities? If they have had their disability or disabilities from birth, what are they?

Over the years emphasis has quite rightly been placed on the right to work of people with disabilities. In some ways, for reasons which we will not go into here, a series of images has been fixed in the public's eye: a visually-impaired person working as a switchboard operator; a person with Down's syndrome working in a protected laboratory; a wheelchair user who comes to a stop at the bottom of a staircase.

The great debate between those concerned and the associations representing people with disabilities which has helped make the sweeping changes mentioned in this chapter has not filtered down to the general public. In people's minds, greater impact has been made

by headline-grabbing newspaper articles and, naturally, the negative experiences caused by sending the first person on the list to interviews for jobs which they are completely unable to do (due to their skills and physical abilities).

We should also remember that social services' definition of disability was formulated at a time when most jobs required considerable physical effort and 100% of people's physical functions. Today there are many more jobs which do not involve physical effort. This has certainly widened the scope for finding suitable employment for people who are unable to do physical labour or who have limited use of parts of their bodies.

At the same time, there are now more assistive devices which compensate for missing functions and abilities. The high tech devices available to people who are partially or completely visually impaired is a good example. Telephoning, using a computer and surfing the Internet are no longer problems today.

What certainties does an employer have as regards his/her new employee?

What is certain is that in 2011, we are dealing with a multi-dimensional concept of disability and one which is not easy to categorise. The simple categories (in theory) were once identified with terms which are considered completely inappropriate today. Fortunately, terms such as blind, paralysed, lame and mentally retarded have completely disappeared today. The WHO states that disability is "the consequence or result of a complex relationship between an individual's health and the personal and environmental factors making up the circumstances in which the individual lives".

What will the disabled person who comes for an interview be like?

In Italy, for example, we know for certain that people eligible for enrolment in the social security lists are those “with physical, mental or sensorial impairments, with a reduction in their capacity to work of more than 45%, as established by the appropriate commissions; individuals who have been invalided out of work whose disability exceeds 33%, as established by the INAIL commissions; disabled service personnel and the visually-impaired and deaf-mutes”. (The fact that the terminology used in these laws lags behind the new versions promoted by the WHO helps us understand models which, although dated, are certainly more familiar to those who are not experts in the sector).

Italian Law N°. 68/99 states that an individual’s disability must be assessed before they can use an employment placement service. For people whose work-related disability exceeds 33 per cent, disabled service personnel and civilians disabled during a war, a pre-existing certificate of invalidity can also be used as proof of their disability when they are accessing employment services. By contrast, civilian invalids, the visually-impaired and deaf-mutes are required to undergo an additional assessment of their disabilities.

These may seem superfluous distinctions, but a distinction must be made between disability per se and a person’s ability to work.

The latest and most widely-accepted international definitions of disability state that a disability exists “when a person’s degree of functioning is restricted as regards the sum of dimensions concerning their body functions and structures, ability to carry out activities and

degree of participation in life situations”. An assessment of disability differs from an assessment of civil invalidity and occupational invalidity, in that the capacity for work alone is considered.

Furthermore, the extent of a person’s disability is not directly linked to the degree in which their body functions and structures are compromised. For example, if we take two people with the same functional disability, only one may have significantly reduced abilities and/or restrictions as regards social inclusion. This may produce different conditions of disability and diverse assessments of a person’s possible inclusion in employment and the support he/she may require.

Even an analysis of data from Italy’s National Statistics Institute (ISTAT) does not provide us with further information on the causes of people’s disabilities. ISTAT documents refer to “people with visual, hearing or speech-related disabilities”, “people with motor-related difficulties” and “people with functional disabilities”.

This provides further indirect confirmation of the fact that it is inappropriate to give out information on people’s conditions or symptoms.

It is possible to indirectly establish the major categories of disabilities by looking at the areas in which some employment centres specialise. This shows us, for example, that the majority of people using these services have degenerative conditions and disabilities linked to cancer-related conditions. Another major group is made up of those who have suffered repetitive strain injuries linked to heavy labour, and have damaged their joints, for example. As a result they can no longer do this type of work.

Other significantly large groups are made up of people with mental health problems or AIDS-related conditions.

First and foremost, it is obvious that most people who are accepted by the employment services are not immediately recognisable as having a disability. The vast majority of these people walk into a job interview, sit down and begin talking to the interviewer. The interviewer will only have information on the characteristics (skills and abilities) which make the person suitable for the job.

## **Conclusions**

To sum up, as regards the new services available to people with disabilities or chronic illnesses and their potential employers, there is no reason to give out information on an individual's medical conditions and assistive devices. People who are interviewed by an employer will have the skills and abilities needed to carry out the job in hand. If they require support or assistive devices to carry out their job, it is the candidates themselves or the employment services who tell the employer which aids they use. Any modifications required to the workplace will be carried out in agreement with the employer, who will get all the practical assistance he/she needs to carry them out from the employment services.

In the rare cases where specific information is required in order to interact with an individual, once again it is the employment services and the person him/herself who passes it on beforehand to the potential employer and, where necessary, his/her colleagues.



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