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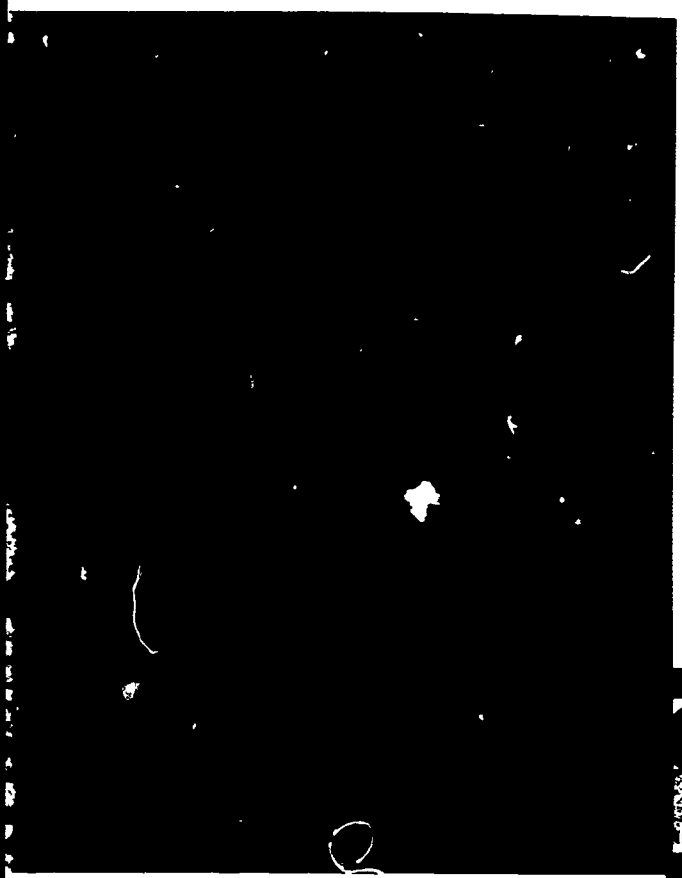
ABSTRACT

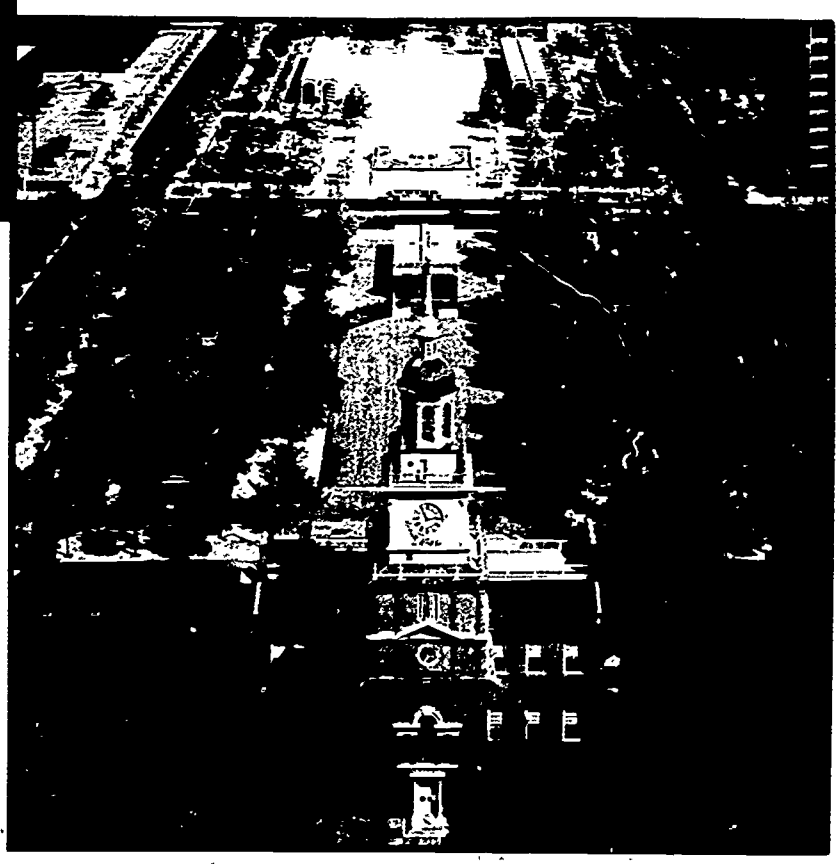
A study compared the barriers to employment facing handicapped persons in Israel and the United States. Five vocational rehabilitation centers (two in the United States and three in Israel) were examined. Each was studied in terms of the type of center, population served, goals, nature and scope of services provided, sources of income, staff and staffing patterns, organizational structure, architectural accessibility, geographical area served, local labor market conditions, and business and industrial bases in the area. Greater variation was found among the centers in each country than between the countries with respect to stated rehabilitation goals, nature and scope of services provided, and staff-to-client ratios. Centers were 100 percent government-supported in Israel but only 59-90 percent government-supported in the United States. A greater proportion of the clients served in the U.S. were mentally retarded, whereas the Israeli centers served a greater proportion of physically disabled clients. A pyramid structure was more evident in the U.S. centers as were unemployment problems in the areas surrounding the centers. Considerable differences in opinion concerning the most important outcomes of vocational rehabilitation were evident. The three most important outcomes identified in the United States were competitive employment, stable employment (sheltered or competitive), and increases in total income, whereas improved independent living, increased wages, and increased job satisfaction were the three most important outcomes identified in the Israeli centers. (MN)

BARRIERS TO EMPLOYABILITY OF PERSONS WITH HANDICAPS

A BI-NATIONAL STUDY IN THE UNITED STATES AND ISRAEL

(EXECUTIVE SUMMARY)





BARRIERS TO EMPLOYABILITY OF PERSONS WITH HANDICAPS: A BI-NATIONAL STUDY IN THE UNITED STATES AND ISRAEL

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INTRODUCTION AND OVERVIEW

Introduction

Embedded in one's own culture, it is easy to arrive at narrow ideas, perspectives, and conclusions regarding the nature of a problem, factors causing or intensifying a problem, as well as potential solutions and obstacles to solving the problem. In contrast, a cross-cultural study of any social problem provides numerous advantages. First, one learns about one's own cultural assumptions which influence the very ways in which problems are defined and solutions are sought and evaluated. Sensitization to these embedded assumptions often results in a broader and more critical view of the nature of the problem in one's own culture and its potential solutions.

Second, cross-cultural investigations offer new insights into problems and solutions by introducing variables not previously considered, possibly resulting in new ways of defining a problem (or even identifying a new problem). These additional variables may also provide partial explanations of, or new approaches to, existing problems. Third, cross-cultural examination may allow observers to determine which part of a problem is inherent in the situation and which part is due to environmental factors. Finally, cross-cultural studies often highlight many of the unrecognized positive approaches available in one's own country. One of the possible effects of this discovery is a more positive and professional outlook among service providers.

In sum, a cross-cultural approach to barriers to employment offers a powerful way of understanding that attitudes and vocational services to persons with disabilities are complex phenomena which evolve from and reflect a whole range of cultural variables (e.g., demographics, cultural values, political systems). It is through an understanding of the interplay of such variables that services can be improved so that persons with handicaps can be better served in each nation.

Overview

Barriers to the employment of persons with handicaps were studied in the United States and in Israel. The two rehabilitation systems were described and analyzed to provide an understanding of the vocational rehabilitation goals and practices in each country. Five vocational rehabilitation centers -- two in the United States and three in Israel -- were chosen for a more detailed study of barriers. Selection of the centers was based on two criteria: (1) the stated goal of the rehabilitation process being, in part, competitive employment of the individuals, and (2) a target client population which included persons with mental retardation, emotional disabilities, and/or physical handicaps. Each of the five centers was described and analyzed in terms of the type of center, the population served, the goals, nature, and scope of services provided at the center, the source(s) of income, staff and staffing patterns, organizational structure, architectural accessibility, geographical area served, local labor market conditions, and business and industrial bases in the area.

Greater variation was found among the centers in each country than between the countries with respect to stated rehabilitation goals, nature and scope of services provided, and staff:client ratios. Noteworthy differences between the countries were found with respect to the extent of government support for rehabilitation centers (100% government supported in Israel, and approximately 59% to 90% supported in the U.S.), type of clients served (a greater proportion of persons with mental retardation in the American centers, and a greater proportion of persons with physical handicaps in the Israeli centers), professionalization and specialization of staff (American staff have higher academic degrees, more professional training, and more specialized training in rehabilitation than professionals in Israel), organizational structure of the centers (American structures are more pyramidical, resulting in significant differences between countries in staff/client interactions), and local labor market conditions (greater unemployment in

the areas surrounding the American centers).

Based on the analyses of the rehabilitation systems in each country and analyses of the five centers, a set of potential barriers to the employment of persons with handicaps was identified, including (1) personal characteristics, (2) the tradeoff between wages and government benefits, (3) family support and attitudes, (4) support networks, (5) goals of the center, (6) nature and scope of services provided by the center, (7) staffing patterns, (8) center funding, (9) center services and their relationship to local labor market demands, (10) local labor market conditions, and (11) employer attitudes and concerns. These were studied in order to determine which of the potential barriers are actual barriers to employment. In addition, the study examined whether the constellation of barriers to employment in the United States differed from those in Israel.

There were three components to the study. First, the Delphi Process was used to determine the valuation of a variety of vocational outcomes in each country and among the staff of the centers within each country. The results of the Delphi Process were used to determine to what extent consensus existed regarding the relative importance of a variety of outcomes within and between Israel and the United States. This process also generated the outcomes to be used as criterion/outcome measures in the cross-cultural, client-based longitudinal study. The third component encompassed the labor market analysis which explored how well each center prepared its handicapped trainees/clients for jobs that were both available and appropriate in the local labor markets.

The major aims of the study were:

(1) To identify desired outcomes of the rehabilitation process in each country, and to compare the relative importance of these outcomes within and between Israel and the United States.

(2) To determine how well disabled trainees/clients in each country achieved the most important outcomes as determined in (1) above.

(3) To identify the factors and variables (e.g., personal, environment, family) that related to the achievement of desired outcomes in each country.

(4) To identify and assess those variables that were barriers to employment in the open market in each country.

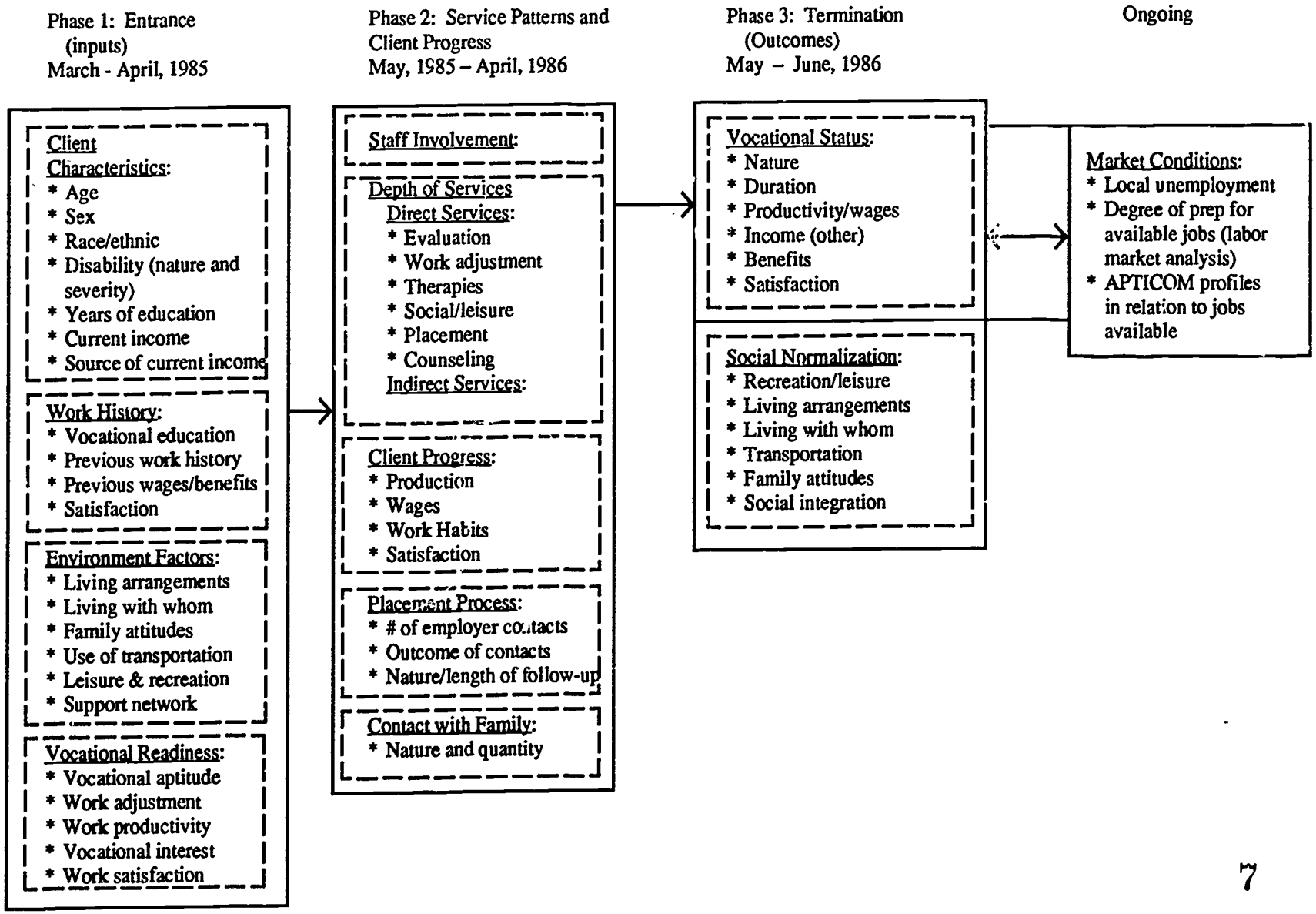
(5) To determine the impact of local labor market conditions on employability in each country.

The client sample included 184 persons with handicaps (approximately 40 from each of the four rehabilitation centers and 20 from a sheltered vocational center). Most were people with either mental retardation, mental health problems, physical handicaps, or brain injury. All 184 persons were studied for 18 months. Data were collected from each individual and his/her family. Additionally, data on the local labor markets, and on the nature and scope of services each person received at the center were collected. As shown in Figure 1, data were collected (1) when the handicapped person entered the center (Phase 1 -- Inputs), (2) during their time at the centers (Phase 2 -- Service Patterns and Client Progress), and (3) at the end of the study (Phase 3 -- Outcomes).

The findings of this study demonstrated that there was no consensus between Israel and the United States nor within the United States, on what are the most important outcomes of the vocational rehabilitation process. The three most important specific outcomes in the United States were: competitive employment, stable employment (competitive or sheltered), and increases in total income. In contrast, in Israel the three most important specific outcomes were improved independent living, increased wages, and increased satisfaction with work. Also, in Israel there was more consensus regarding the primacy of these three outcomes. These six outcomes served as criterion variables in the cross-cultural, longitudinal client-based study.

After 18 months of study, 16% and 20% of the trainees/clients were competitively employed in the United States and in Israel, respectively. Barriers to competitive employment were a combination of limited and limiting services patterns, remaining in the centers for a prolonged period of time and being satisfied with the wages and

Figure 1 Design of the Study



benefits earned while at the centers, families not supportive of competitive employment, and limited previous satisfying work histories or limited vocational aptitudes.

Similarity in outcomes of the Israeli and American trainees/clients was suprising, especially given the differences in their histories, welfare orientation, rehabilitation systems, stated and implicit goals of the centers, and trainee/client populations served. The importance of families and centers working in mutually supporting roles to "push" trainees/clients towards appropriate work preferences should be stressed in both countries.

MAJOR FINDINGS: BARRIERS TO EMPLOYABILITY

Major findings of this bi-national study are clustered within six general areas: (1) consensus about desired outcomes, (2) trainees/clients and their families, (3) service patterns, (4) achievement of desired outcomes, (5) factors affecting trainee/client outcomes, and (6) local labor markets. From these major findings a set of barriers to employability emerged.

Consensus about Desired Outcomes

According to the American panel, the most important outcome of the vocational rehabilitation process should be the employment of persons with handicaps in the open labor market. However, there was notable variation in opinion within the panel. That is, there was not consensus among members of the panel regarding the primary importance of this vocational outcome.

Staff at both the Bronx and the Orleans Centers gave primacy to work-oriented outcomes, but only staff at the Orleans Center strongly valued competitive employment and financial gains. There was greater congruence in the weighting of the outcomes between the Orleans Center and the expert panel than between the staff at the Bronx Center and the expert panel. These differences may reflect the nature of the clients served by the two centers, as well as their general orientations towards vocational rehabilitation.

Based on this finding, the following vocational rehabilitation practices were expected at the two centers: At the Orleans Center, it was expected that there would be a focus on improving the work adjustment and specialized vocational skills of its clients, the active placement and follow-up of clients in jobs in the open labor market, and improvement of their overall income. However, service patterns and client outcomes were only minimally congruent with expectations derived from staff's Delphi weighings. At the Bronx Center, it was expected that there would be a focus on improving clients' general work adjustment and production rates so that these clients could be stably employed, independent, and integrated with the family, regardless of improvements in the total income. Service patterns at the center and client outcomes were generally congruent with these expectations.

In Israel, there was a strong emphasis on broader and perhaps more subjective outcomes of vocational rehabilitation. Individual personal competencies and inclinations, such as independent living, job satisfaction, and self concept, were seen as the most important outcomes of vocational rehabilitation. Even when the specific outcomes were narrowed to include only those listed in the American questionnaire, specifically work-related outcomes, such as improved income, competitive or general employment did not emerge among the most important outcomes of the vocational rehabilitation process. More consensus existed among the Israeli panels on the relative importance of the vocational outcomes than among the American panels.

Two different vocational rehabilitation philosophies were found in the United States and in Israel. In the United States, the emphasis was on an employable person who seeks financial gains and has work skills. The assumption appeared to be that if these outcomes were achieved by handicapped workers, then independence, job satisfaction, and integration would also occur (or that the latter were not critically associated with the vocational rehabilitation process). In Israel, the emphasis was on an independent person who seeks satisfaction from work and also has work skills. The Israeli assumption appeared to be that if these three outcomes were achieved, then employment, integration and financial gains would follow (or that these latter outcomes were simply not that important to the process of vocational rehabilitation).

Based on the Delphi process in the United States and in Israel, the following specific vocational outcomes were considered most important (received the highest mean weightings) and were the outcome variables used in the client-based study:

United States: Competitive employment
United States: General stable employment (competitive or sheltered)
United States: Improved income

Israel: Improved independent living
Israel: Improved work adjustment skills
Israel: Increased job satisfaction

Barrier: Lack of Consensus. In the United States, there was a lack of consensus regarding the most important outcomes of the vocational rehabilitation process. There was variation among members of the expert panel, among staffs, and among the groups that comprised the panel. It should be noted that there was more consensus among Israeli panel members than among their counterparts in the United States. This may reflect the fact that Israel is a much smaller country, and that it has a more unified cultural orientation -- the Judiaic tradition of "tzadakah" and "mitzvot" -- in addition to its being a social welfare state.

This lack of consensus about the relative importance of vocational outcomes may also be evident among families and the clients themselves (although the last possibility was not directly investigated in this study). Lack of consensus may also exist among those agencies which establish policies for vocational rehabilitation, those agencies which fund vocational rehabilitation services, those staff who implement vocational services, and the consumers themselves (persons with handicaps and their families). Just how much lack of consensus existed among these groups, and the "real" effects of this lack of consensus is an important target for future investigations. In other words, while lack of consensus is a potential barrier to the achievement of vocational outcomes, just how it actually impacts on individual clients remains to be determined.

Clients' Personal Characteristics, Social Integration, Family Attitudes, and Vocational Readiness

Clients in the United States were generally single, between the ages of 20 and 30, were mildly to moderately cognitively disabled, had not finished high school, were their only dependent, and had no previous vocational education. The majority had no work history and received some type of public benefits (SSI, SSDI, Medicaid, and/or food stamps). Those who had previously worked did so for less than one year in unskilled or semi-skilled jobs in industrial or service occupations, earned less than minimum wage, received no or limited benefits, and were generally satisfied with their previous jobs.

Their vocational readiness, as measured during Phase 1 of the study (April-May, 1985), was quite variable. However, the majority of clients were producing less than the norm doing subcontract work at the centers and earned less than minimum hourly wages. Their work adjustment (as rated by their respective foremen) was less than optimal, but certainly not incompetent. More than one-half of the clients were untestable using the APTICOM (a computerized vocational evaluation of aptitudes and interests). Those who were testable demonstrated vocational aptitudes generally for semi- or unskilled occupations in mechanical or industrial occupations. There was a limited match between their vocational aptitudes and their vocational interests (which were mostly in humanitarian occupations).

Most clients lived with their parents or relatives and were financially dependent on them. They were, however, able to use transportation independently. Most clients were not socially integrated into their communities. Their leisure and recreational activities were somewhat limited, and were usually done alone or with their families. Their support network was limited primarily to their family members. For most of these clients, the family was an integral part of their lives (financially, daily living, leisure and recreational, and support when help was needed).

Most of their families were supportive of future employment, although most were also satisfied with their disabled family member's current vocational status. The majority did not fear loss of benefits or that their family member was too disabled to work, or that he/she would be mistreated. They did, however, have real concerns about the appropriateness of available jobs, and possible frustration experienced on the job. They expressed clear opinions regarding why they would want their family member to work: to increase their independence (not congruent with the American Dephi outcomes), to increase their job satisfaction (also not congruent with the American Delphi vocational outcomes), and to improve their income (congruent with the Delphi outcomes).

In Israel, the major findings with respect to clients' personal characteristics, social integration, vocational readiness, and family attitudes were quite similar to those in the United States with a few exceptions. Like the American clients, the majority of Israeli clients were single, between 20 and 30 years old, had not completed high school, claimed themselves as their only dependent, received public support, had no previous vocational education, and were mildly to moderately disabled. However, unlike the American sample, only one quarter of the Israeli sample were mentally retarded. Also, unlike the American sample, more than one-half of the Israeli clients had previously worked (although many were not very satisfied with their previous job).

The vocational readiness of the Israeli clients is less completely described than that of their American counterparts. Their work adjustment (as rated by their foremen) was less than optimal although certainly not suggesting vocational incompetence. Even though the APTICOM was translated, adapted, and standardized on an Israeli population, most clients were untestable. Those who were tested demonstrated vocational aptitudes for semi- or unskilled jobs in mechanical and industrial occupations. Vocational interests (mostly in humanitarian, business detail, and leading and influencing) showed little correspondence to their vocational aptitudes.

Most clients lived with their families and were financially dependent on them (clients from the Acco Center being exceptions). They were transportationally independent, but not fully socially integrated into their respective communities. Recreational and leisure activities were somewhat limited, and mostly done either alone or with family members. Like the American sample, the main support network was that of the family. Their families were quite supportive of future work (sheltered or competitive) for their family member and did not feel their disabled family member was too disabled to work, nor were there concerns about loss of benefits or transportation barriers. They did express concerns about future employment -- mostly concerns about possible frustrations met on the job, possible mistreatment, and the appropriateness of available jobs. Most families also expressed clear reasons why they wanted their disabled family member to work. These included job satisfaction, increased independence, improved income, and increased social contact. Of note is the degree of congruence between Israeli families' desired vocational outcomes and those of the Israeli Delphi panel.

Potential Barriers: Clients and Families. Three major findings emerge from this summary of findings. First, in addition to most of these clients having no testable vocational aptitude as measured by the APTICOM, clients in both countries who did demonstrate "testable" vocational aptitudes did not have aptitudes for occupations for which they also had demonstrable interest. There was a real gap between their vocational aptitude and their vocational interest. If these clients were placed in jobs for which they have aptitude but not interest, one must question whether they would be satisfied with their work, and therefore remain on the job.

The second major finding was that in the United States, there was little congruence between families' desired outcomes (increased independence and job satisfaction, and improved income) and those of the American Delphi Panel (competitive employment, stable employment, and improved income). This was in contrast to more congruence expressed among Israeli families and the Israeli Panel (both rated improved independence and increased job satisfaction as highly important). The question emerges whether outcomes can be successfully achieved if there is not consensus among policy-makers, service providers, and consumers.

Related to the second major finding, and underscoring its significance was the importance of the family in both Israel and the United States. Most clients in both countries were dependent on their respective families for living arrangements, finances, leisure and recreation, and support when help is needed. These same families were also supportive of their disabled family member working. However, they had clearly expressed concerns about future employment, which include but are probably not limited to possible frustration met on the job, possible

mistreatment of their family member, and the appropriateness of available jobs. Therefore, families should be an integral part of the vocational rehabilitation process of the clients. If their concerns are not addressed and their support for future employment not reinforced, their potential facilitating influence is likely to be neutralized and weakened. The family may be the greatest facilitator or the greatest barrier to the employment of disabled persons.

Service Patterns, Client Progress, and Staff Involvement

Work Adjustment Services

Regardless of center or country, most clients spent the great majority of their time at the centers doing subcontract work, which purportedly was designed to accomplish two client goals: (1) to develop better work skills and habits, and (2) provide some income--whether small and insignificant incentive or fixed pay in Israel or wages based on production in the United States. It was difficult to determine which of the two client goals were primary. If the improvement of work skills and habits was primary, then one must seriously question whether the amount of time (both in intensity and duration) spent working on subcontracts is really effective in achieving this goal. Based on the results of this study, the following conclusions can be drawn regarding the effectiveness of work adjustment activities.

Orleans and Bronx Centers. The average amount of time clients spent engaging in work adjustment activities was not positively related to any substantive degree with clients' production rates, wages, work adjustment ratings or satisfaction. Amount of work adjustment did not significantly change over time, and it was negatively related to time spent on activities more directly related to finding, being placed in, and being supported in jobs in the open labor market. Additionally, clients did not improve in work adjustment nor job satisfaction as a function of time spent at the centers.

Thus, in the two American Centers, the almost exclusive involvement by clients in work adjustment activities over a long period of time did not appear to be justified based on the data collected bi-weekly over a 10- to 12-month period. It was not justified even if the goals of the centers were (1) to promote better work skills and habits and/or (2) to improve clients' income. It was certainly not justified if the goal was competitive employment.

Haifa, Acco, and Hameshakem. The average amount of time spent in work adjustment activities, though less than that spent by clients in the two American Centers, was also large. However, time spent in work adjustment had only limited positive relationship with improved attendance (Acco and Hameshakem), consistency of effort (Haifa), evenness of mood (Haifa), acceptable personal appearance, and cooperation with authority (Acco). Time spent in work adjustment increased over the 10- to 12-month period studied, although client progress in work adjustment ratings and job/work satisfaction did not show corresponding improvements as a function of time.

In Israel, too, predominant and increasing involvement in work adjustment activities over a long period of time did not appear to be warranted since it did not promote improved work skills and habits and/or increased satisfaction with their work at the centers. Furthermore, it did not promote activities that were directly related to competitive employment.

Job Search, Placement, and Follow-up Services

In all five centers, limited direct and indirect services were provided that focused on finding, securing, and following up these clients on a job in the open labor market. This limited pattern of job-related services existed regardless of how staff rated the importance of competitive employment in the Delphi Process. Additionally, these job-related services did not increase as a function of time. Thus, continuously limited effort was focused on competitive employment. In fact, staff at all five centers spent very little time in general coordinating with outside agencies (e.g., social security, employment agencies, potential employers) -- between an average of 1/2 to 3 1/4 hours per week.

This finding is particularly troublesome for the Acco and Orleans Centers because it represented a lack of congruence between their expressed goals (and for the Orleans Center staff's Delphi ratings) and their actual practices. At least for the Haifa and Bronx Centers and for Hameshakem, there existed greater congruence between stated goals, staff's Delphi ratings, and their actual practices.

Services to Families

In all five centers, very limited service was provided to the families of these clients, and this limited service pattern did not increase as a function of time. Additionally, staff at all five centers spent the least amount of time in general working with families -- between an average of less than 1/4 hour to 1/2 hour per week. This is potentially problematic since families were quite integral to the daily lives of most of the clients studied, and since most of these families have real concerns regarding the future employment of their disabled family member.

Client Progress at the Centers

In general, except for production and wages at the Bronx Center, clients' progress in production rates, work adjustment ratings, and satisfaction remained unchanged or regressed as a function of their tenure at all five centers. This lack of progress occurred despite the finding that staff spent the majority of their time working with these clients in all centers. One must seriously question what benefits there were for clients to remain at the centers beyond an initial and short period of time if the purposes of their being there were to (1) be prepared for competitive employment, (2) to improve their work skills and habits, or (3) to increase their job/work satisfaction. If a major goal of these centers was to provide stable and sheltered employment, and some incentive or fixed wages for work done (as expressed in the goals of the Haifa and Bronx Centers and Hameshakem), then tenure at these centers appeared justifiable.

Barrier: Service Patterns and Staff Involvement. From the major findings just described, it can be concluded that existing service patterns and current patterns of staff involvement in both countries were barriers to:

- competitive employment,
- improved work skills and habits,
- increased job/work satisfaction,
- involving families as active facilitators in clients' developing and retaining motivation to work in the open labor market.

It must be noted, however, that some clients did overcome these barriers and did demonstrate improved work skills and habits, job satisfaction, and did find jobs in the open labor market.

Changes and Achievement of Outcomes

The majority of clients from the Orleans and Bronx Centers remained single, dependent on their families, and not employed in the open market after 18 months of study. As a group, these clients were slightly more integrated into their communities (leisure and recreation), but the scope of their support network continued to be limited to members of their families -- once more underscoring the enduring influence of the family on decisions affecting these clients.

Eighteen months later, the majority of families still wanted their disabled family member to have a job, primarily in order to promote increased independence, job satisfaction, and to provide additional income. However, they continued to have concerns about their family member's future employment. The primary concerns, like 18 months earlier, were the availability of appropriate jobs and possible frustration experienced on the job, and to a lesser extent, possible mistreatment and loss of benefits.

Barrier: Lack of Work with Families. Most of the clients continued to be dependent on their families and sought help primarily from them. It would appear, therefore, that if clients are to be successfully employed,

family fears, concerns, and interests must be seriously taken into account by staff when preparing clients for placement in the open labor market and when following them up on the job once placed. The family, not the client him/herself, must be the unit of intervention. However, this did not occur at any of the centers, since so little service was focused on the family.

Clients at Work vs. Clients Still at the Centers vs. Those at Home: The American Sample

Thirteen American clients (16%) were working in the open market at the end of the study -- either in semi- or unskilled mechanical, industrial, clerical handling, or service occupations. Most of these occupations were those for which clients had vocational aptitude but not vocational interest. The average worker was working part-time, made little more than the minimum hourly wage, had worked for only 3.5 months, had limited or no benefits, and was satisfied with the type of work and with their supervisors and co-workers. Less than 50% of the new workers from the Orleans Center would like to continue at their current job due to dissatisfaction with wages and lack of vocational interest in the particular occupation. This is compared to 100% of the new workers from the Bronx Center, who stated that they would like to continue at their current jobs (attested to by the fact that when rechecked eight months later in February, 1987, they were still employed at the same job).

Eighteen months after the start of the study, just over 50% of the clients were still at their respective centers earning an average hourly wage well below the minimum. Most of these clients stated that they want a job, primarily because they desire greater independence and more money (congruent with family reasons). Lack of available jobs was most frequently given as the reason they had not yet gotten a job (also congruent with reasons given by many families). Is this a valid reason based on market conditions, a matter of client rationalization, or based on reasons/rationalizations given by staff and/or families? One can only speculate based on the data obtained in this study.

After 18 months of study, 24 (28%) of the American clients were neither employed nor at the centers. This figure is largely influenced by clients from the Orleans Center who either obtained jobs (20%) or who quit or were terminated by the center (50%). This is in contrast to the Bronx Center, where only five former clients were at home. All of these former clients were either "doing nothing" at home, independently looking for a job, or were in school. There was some dissatisfaction expressed about their current income and about their daily activities. The majority of these clients stated that they want to work because it would provide them with increased independence and money, and they stated that they have not gotten a job due to the lack of job availability and medical and/or educational handicaps.

Barrier: Low Wages and Mismatch Between Vocational Interest and Jobs in Which Client is Placed. Only 16% of the original clients were working outside of the centers at the end of the study, mostly in part-time jobs earning little more than minimum hourly wage and receiving limited or no benefits (health, paid sick days). There was some expressed dissatisfaction with wages and less than 50% of the former clients from the Orleans Center wanted to continue at their current jobs. Low wages (and limited benefits) as well as being placed in jobs for which they have aptitude but no interest were barriers to job satisfaction. These barriers to job satisfaction may well become a barrier to stable employment in the open market.

Barrier: Lack of Available Jobs. For the clients at home and those still at the Centers, real or perceived lack of available jobs may be a barrier to employment. This perception by clients was likely to be reinforced by a similar concern expressed by their families. It should be noted that according to the labor market analysis, there were appropriate jobs locally available especially in semi- and unskilled mechanical and administrative detail occupations.

Clients at Work vs. Clients Still at the Centers vs. Those at Home: The Israeli Sample

Twenty Israeli clients (19.8%), mostly from the Acco Center, were working in the open market at the end of the study -- working in small private businesses (manufacturing or services). The majority of these new workers worked full time, for an average of five months, received low wages but continued to maintain the social security and medical

benefits (total average income per month = $370.00). In general, these 20 former clients were satisfied with their current vocational status.

Eighteen months after the start of the study, 53.5% of the Israeli clients were still at their respective centers, receiving general work adjustment training/subcontract work and earning a low income (incentive or fixed pay plus social security and medical benefits = $200.00 per month). Most of these clients were dissatisfied with their current vocational status, and the majority reported that they wanted a job primarily to "get out of the center" or because "one must work."

Finally, 25 (24.8%) of the original Israeli sample were neither employed nor still at the centers. Most were sitting idly at home. More than one half stated that they wanted a job because "one needs to work."

Achievement of Vocational Outcomes: American and Israeli Clients

At the end of the study, the majority of clients from both countries were single, living at home with their parents, were economically and socially dependent on their families, and were not competitively employed. As a group, they were not socially integrated into their respective communites.

Only 16% of the American and 19.8% of the Israeli clients achieved the vocational outcome of competitive employment. Seventeen percent of the American sample and and 19.8% of the Israeli sample improved in work adjustment. Few clients from either country improved their independent living skills or increased their job/work satisfaction by the end of the study. Approximately 50% of the American clients improved wages based on a variety of reference points (e.g., Phase 3 compared to Phase 1, Phase 3 compared to wages earned at last job). As such, the majority of clients from both countries did not achieve the vocational outcomes of competitive employment, increased independence, increased job satisfaction, and improved work adjustment when their status at the end of the study was compared to their status 18 months earlier. Slight improvement in wages and other sources of income was experienced by a small majority of American clients.

The similarity in vocational outcomes experienced by the clients studied in these two countries is quite surprising given the differences in cultural contexts, geographical and demographical settings, referral and funding patterns, social welfare orientations, unemployment rates, and the vocational rehabilitation process itself (i.e., goals, structures, staffing patterns). Nor did the majority of clients achieve those vocational outcomes which were valued most by the panels from their respective country or center. There was clearly a lack of congruence between client outcomes, explicit goals and implicit values (*vis a vis* the Delphi ratings) in both countries.

Barrier: Vocational Rehabilitation Practices Not Congruent with Stated Goals and Isolated from Cultural Contexts. The finding that staffing practices, service patterns, and client outcomes were so similar among the five centers and between the two countries yet the Delphi ratings, the general rehabilitation systems and centers, and the countries themselves are so different is perhaps the major finding of this cross-cultural study. One can only conclude from this finding that self-contained vocational rehabilitation centers that serve disabled persons become so isolated and maintenance-oriented that they develop their own set of cultural expectations, norms, and practices that are cut off from their own cultural contexts. This conclusion is supported by findings about service patterns and staff involvement that failed to connect and coordinate with the outside world of families, work, and jobs. Furthermore, the poor flow of information to and from the local labor markets further insulated the services and the clients served. Thus, it appears that all five centers, regardless of their stated goals and Delphi ratings, operated in relative isolation from their surrounding communities of families and jobs.

Factors Affecting Client Outcomes

It has already been proposed that the major barrier affecting client vocational outcomes is the insular and maintenance-oriented practices within the centers themselves. However, some clients (16% in the United States and 19.8% in Israel) did manage to overcome this formidable service barrier to become competitively employed at the end of this study. Thus, one must ask what additional barriers exist which render it impossible for the majority of clients

to overcome these service barriers. From several analyses the following additional barriers were identified.

Barrier: Prolonged Tenure at the Centers. A prolonged period of time at the centers (more than 20 weeks) was a barrier to employment, improvement in work adjustment, and job satisfaction. After approximately 20 weeks of study, work adjustment ratings, production rates, and job satisfaction either stabilized or began to decline.

Barrier: Low and/or Decreasing Work Adjustment Ratings. Low and/or decreasing work adjustment ratings by foremen on specific work adjustment habits (i.e., personal appearance at both centers; evenness of mood and cooperation with authority at the Orleans Center; and consistency of responsibility at the Bronx Center) seemed to be influential client and/or foremen barriers to clients being placed and retained in jobs outside the centers.

Barrier: Limited Vocational Aptitudes. In addition to low and/or decreasing work adjustment ratings, more than one half of the clients were untestable, receiving no scorable vocational aptitude when administered the APTICOM. The combination of low work adjustment/habits and limited vocational aptitude was clearly a barrier to competitive employment. In fact, the only variable that statistically discriminated those employed at the end of the study from those not employed was the number of vocational aptitudes as measured by the APTICOM.

Barrier: Satisfaction at the Center. Satisfaction at the Centers was a complex potential barrier. For clients at the Orleans Center who were not competitively employed, there was less overall satisfaction with work being done there than for clients who were employed at the end of the study. Yet for clients at the Bronx Center who were not competitively employed there was more overall satisfaction with wages being earned at the center and with work being done there than for clients who were employed. It would appear from these findings that too little satisfaction with work results in a poor attitude towards work in general. Yet too much satisfaction with wages and work done at the centers may result in little motivation to find more interesting and better paying work outside the centers.

Combined Barriers. A combination of barriers seemed to exist which almost precluded competitive employment of persons with handicaps in each of the two countries. They were:

(1) Receipt of limited and limiting services from the centers (i.e., large amounts of work adjustment training on subcontract work that was not related to local labor market conditions, and little job search, placement, and follow-up services), plus

(2) Families who were not supportive of competitive employment due to concerns and/or fears about the availability of appropriate jobs, combined with a lack of services to modify or alleviate those fears/concerns, plus

(3) Prolonged tenure at a rehabilitation center and satisfaction with wages and benefits received during this period, plus

(4) Limited previous satisfying work histories and/or limited vocational aptitude.

These barriers combined to create a situation whereby no incentives to competitive employment existed. Incentives were lacking from the center, from the family, and from the client -- creating a barrier to competitive employment that is unlikely to change unless effective intervention is implemented.

Labor Market Conditions

Labor market conditions did not appear to be a major barrier to employment, because even in times of high unemployment as experienced in Israel there were still some job openings in semi- and unskilled occupations that remained unfilled by the current supply of workers. However, these jobs were low paying and were in occupational areas that were not the focus of work adjustment training or placement efforts at the centers.

Barrier: Wage Discrepancies. Jobs that were both appropriate and available were low-skilled, low-status, and low paying ones. Consequently, there is little incentive for disabled clients to leave the centers, where they received low wages but retained their benefits, for jobs in the open market which were not always stable, which paid low (although above the hourly wage earned at the centers), and which were often part-time and thus provided limited or no benefits. In Israel, financial disincentives created less of a barrier, because most disabled working clients retain their social security benefits and continue to receive health benefits through the Kupot Cholim (Sick Fund) even after finding a job.

Barrier: Lack of Coordination between Labor Market and the Centers. There is a real lack of coordination between the type of subcontract work being done at the centers (and thus the occupational training clients were receiving) and local labor market conditions. Training at the centers continued to reflect a manufacturing model (i.e., sorting, assembling, and packaging), using equipment that was frequently quite old and obsolete. Yet local labor market conditions, especially surrounding Philadelphia and the Bronx, were shifting from manufacturing to service occupations. Additionally, placement efforts were mostly in mechanical and industrial occupational areas where demand was not consistently high.

Summary: Barriers that Have Emerged from this Study

The following barriers to the employment of persons with handicaps emerged from this cross-cultural study:

1. Lack of consensus among experts, staff, and families regarding the most important outcomes of the vocational rehabilitation process. Lack of consensus existed more in the United States than in Israel.

2. Many clients who had limited vocational aptitudes as measured by the APTICOM or who had vocational aptitudes which did not correspond with their vocational interests.

3. Families on whom many clients were dependent both financially and for support when help is needed. These families, while generally supportive of their disabled family member working, had real and enduring fears, concerns, and interests which were not taken into account when preparing clients for employment.

4. Service and staff patterns that focused too much on work adjustment training and too little on working with families, job search, placement, and follow-up on the job.

5. Prolonged tenure at the centers resulting in little or no improvement in work adjustment, job satisfaction, or chances of becoming competitively employed.

6. With longer time spent at the centers, decreasing work adjustment ratings of clients, especially in the areas of personal appearance, evenness of mood, cooperation with authority, and consistency of responsibility.

7. Satisfaction patterns established at the centers which either diminished motivation to work or which fostered complacency about the type of work done and the wages paid at the centers.

8. Low wages and limited benefits of jobs obtained by the "successful" clients, thus potentially jeopardizing stable employment and providing a disincentive to leave the center where wages and benefits are more secure (especially in the United States).

9. Mismatch between the type of jobs obtained and the vocational interests of these "successful" clients, thus potentially jeopardizing stable employment.

10. Perceived and/or real lack of appropriate and available jobs in the local labor markets.

11. Lack of coordination between services provided at the centers (subcontract work and placement efforts) and

emerging local labor market conditions.

No one barrier, in itself, was the barrier to competitive employment. Rather, limited, limiting, and insular service patterns combined with one or more of the potential client, family, and labor market barriers resulted in clients failing to be placed and retained in the open labor market. If clients fail to receive substantial and sustained incentives to work -- incentives from either the centers (i.e., active placement and follow-up services), their families (i.e., active and facilitating postures towards outside employment) and/or economic sources (i.e., jobs that are appropriate, available, and secure plus continued benefits that are not job dependent) -- barriers to competitive employment will continue to exist.

BI-NATIONAL CONCLUSIONS

This study demonstrates the interplay of components of the vocational rehabilitation systems in the United States and in Israel. It looks at the service delivery systems in their policy and service aspects, as well as at handicapped trainees/workers, families and labor markets.

The study has presented us with the opportunity to set up parallel perspectives for service delivery systems, document client characteristics, follow handicapped trainee/workers (clients) and systemmatically monitor changes in and after their stays in vocational rehabilitation centers for an eighteen month period. Also, the study documents desired outcomes of vocational rehabilitation as expressed by leaders in their respective nations, and provides a cross national analysis. We hope that the insights gathered by findings and analyses will stimulate discussions of policy and program implications for reducing barriers to meeting vocational potentials of people with handicaps.

Cultural Consensus versus Cultural Ambivalence

A cultural ambivalence has historically existed in the United States between values affirming social welfare and those affirming self-reliance (stemming from the normative acceptance of competitiveness). The Smith Fess Act of 1920, the first civilian vocational rehabilitation statute and its successive amendments over the years, stressed training prospective rehabilitants for competitive employment. In subsequent legislation, sheltered work and homemaking, for example, moved this publicly supported state-federal program toward broader outcome possibilities for its disabled clients. But the vocational rehabilitation program, with its strong vocational focus has always stressed the self reliance theme rather than the more social welfare oriented social adjustment theme.

Agencies supported by this program as well as training programs became oriented to the same values. In the United States, the profession of Social Work, with its social welfare values, moved away from a primal role in the vocational rehabilitation system to a more ancillary supportive role during the last half century. (In Israel, Social Work remains the primary professional orientation of those engaged in vocational rehabilitation work.)

It is unsurprising, therefore, that the vocational rehabilitation system in the United States, while still retaining competitive employment as a significant outcome, lacks a clear consensus about its principal value orientations. The Delphi study of vocational rehabilitation outcomes illustrates this lack of consensus among the experts.

In Israel, the Delphi study of vocational rehabilitation outcomes shows greater consensus among the respondents. The focus of this consensus is toward desired outcomes of improved independent living and worker satisfaction on the job although the attainment of work adjustment skills received a high valuation. These outcomes probably are consistent with general societal norms and are incorporated in the values and ideology of the vocational rehabilitation system. The stress upon work adjustment skills may reflect a general societal orientation (expressed frequently by clients saying "One needs to work", in answer to the question, "Why do you want to work?"). "Work" should probably be construed here as a subjective preference for productive activity (a pervasive societal value) rather than a preference, necessarily, for open market competitive employment which is a dominant value choice in the United States.

Families and their Concerns

In the United States and in Israel the great majority of families wanted their disabled family member to have a job, as does the family member him/herself. We expected that a significant obstacle to this desire would be a primary concern or fear of loss of benefits. This was not the case in either nation. Both before and after the experience of the family member in vocational rehabilitation centers in both countries loss of benefits was not

expressed as a top level concern. Many benefits in the United States (i.e. health) are job dependent. Persons not working may receive social security disability and supplementary security income in addition to food stamps and others. These benefits come close in income to the wages/benefits received in marginal jobs in the marketplace. In Israel, health, disability and other benefits are not as directly related to the workplace as they are in this nation. Yet, in the United States loss of benefits ranked fifth among major concerns of families (after appropriateness of available jobs, frustration on the job, quality of the training and fear of mistreatment). In Israel, loss of benefits ranked fourth as an area of major concern, after frustration on the job, fear of mistreatment and appropriateness of the job.

If loss of benefits is not a high level disincentive, then income generated from wages on the job are significant incentives for the disabled persons studied in the United States. In Israel, families want their disabled family member to work because of the earnings involved but this judgment is not shared to the same degree by the disabled family member who will more likely seek satisfaction on the job.

Those who leave the centers for jobs receive wage and benefit packages which may be incrementally higher than what they would receive in benefits and income from a training or non-work status. This is true of study participants in both countries. In the United States a new breakthrough in Social Security legislation provides increased incentives for disabled persons to seek work by maintaining cash benefits (SSI) and Medicaid coverage for a period during which a disability review is required within a 12 month period on the job. The new provisions recognize that severely impaired individuals who make work attempts should not be encumbered with a loss of benefits if they are not initially successful in their adjustment to the marketplace. In Israel the transition is even smoother. Israeli clients who are successfully employed continue to receive benefits as a result of their disability status. These benefits are based on factors which include family size and income, and degree of disability.

In sum, loss of benefits does not pose major concerns to the families studied. The American disabled persons participating in the study who wanted to work saw increased income as a prime motivator. In Israel, families valued the expectation of increased income but their disabled members were more interested in work satisfactions derived from their work experience. Before broader policy implications can be drawn from these findings, the small differentials between income from their present status and those of low paying and marginal jobs should be further explored. The risks of losing benefits in the United States are somewhat greater than in Israel but the gap between the benefit risks for working or not working, because of new legislative provisions, is narrowing.

In both Israel and the United States, families' prime concerns included fears of lack of appropriateness of available jobs and possible frustrations of their family member on the job. These concerns are understandable when we consider that so many of their disabled family members had aptitudes which did not match their interests or stated preferences for training or work. Probably more significantly, families and their disabled members have experienced repeated failures and disappointments in seeking vocational placement and work. They become increasingly wary with each new attempt.

One area of family interest in which there is a cross-national difference is the recognition of the importance of social contacts developed on the job. The Israeli families saw this as a significant consideration in successful vocational adjustment; the American families did not. Although the job site is increasingly the place for social contacts in the United States generally, this was not explicitly recognized or expressed by American families as a goal for their family member. It is difficult to believe that family interests in their disabled family member establishing social contacts on the job is not a desire of American as well as Israeli families. Such is the cognitive separation between home and work place that this desire was not recorded by American family respondents. This is especially regrettable since disabled family members' lives are centered so heavily in family and work environments. Professional counseling might be useful to help families to support their member in work related social contacts and in generating opportunities for capitalizing on positive social contacts on the job.

Similarity in Practices and Outcomes

Cross-national differences between the United States and Israel are overshadowed by the more significant finding that irrespective of the expression of desired outcomes or the formally stated agency goals, the actual trainee/client outcomes in the Centers studied in both nations were strikingly similar.

- 16% of U.S. trainee/clients achieved competitive employment.
- 20% of Israeli trainee/clients achieved competitive employment.

- 51% of U.S. trainee/clients remained at the centers after eighteen months.
- 54% of Israeli trainee/clients remained at the centers after eighteen months.

- 29% of U.S. trainee/clients returned to their homes.
- 25% of Israeli trainee/clients returned to their homes.

The Center as a Training and Work Environment

Some may wish to evaluate outcomes from the data presented in this study in conventional vocational rehabilitation terms of "success" or "non-success" in attaining competitive employment. The reader should, however, keep in mind that the centers studied do offer the disabled person low risk work experiences even if earnings are modest and environments are segregrated.

Competitive employment as an outcome was not related or positively correlated to personal characteristics, income levels, skills or success in finding outside employment. A consistent pattern which did emerge was that the longer a trainee/client remained in a center the less placement and follow-up activities were offered. Despite the different cultures and divergence of some goals, staff practices and involvements followed similar patterns.

A possible explanation is to look at the system of rewards for administration and staffs of the centers. Extensive amounts of time were spent in work adjustment activities. These activities absorb the major time and energy of agency staff. It is understandable that the smooth operation of the center must be their priority. Funding streams and subcontracts reward steady and (especially in the United States centers) accountable control and guidance of trainees involved in production work.

From the perspective of the disabled person and his/her family the center becomes a choice for dignified participation in a vocational activity (even if this objective is not used by administrators or staffs to justify the duration of services for any individual). If we view the choice for entering the center as one among a number of options (*vis a vis* seeking outside full or part-time work, staying at home, more schooling, volunteering, etc.) we see that the center could be a reasonable, if not optimal choice at a particular point in time. Reasons for coming to the centers range from short or longer term social or financial benefits, lack of readiness to risk a nonsheltered environment or perhaps fear of the unknown when the rest of the work world is considered. The dignity of the choice should not be criticized, especially if the system offers few other options.

Mutually Supporting Roles of Families and Centers

In the United States' centers, 16%, and in the Israeli centers, 20% of disabled participants did find work during the 18 month period in which they were followed. Yet the more prolonged the stay in both countries, the more likely the participant was of being cut off from assistance in procuring other employment or other community involvements. The centers and the families were the principal, and in most instances the exclusive environments in which the disabled person functioned. In that sense the experiences at the centers and in family environments in both countries were insulating. When help was needed participants would, perhaps unsurprisingly, turn to family members first. Infrequently would they turn to friends, other social contacts or professionals. Most of their leisure

activity took place within the family context.

Both in Israel and in the United States families were rarely brought into the service picture by center staffs. This is especially surprising for Israel in which public social policy has a more developed role for families than in the United States and in which families tend to be more traditionally cohesive.

Given the critical role of the family in the lives of the participants of this study (who ranged in age from 17 to 55), we must conclude that they will continue to be a significant influence with or without the intervention of the service system. Not one individual who entered competitive employment succeeded without an expressed attitude of positive support by his/her family.

Even if the assistance of the family were to be enlisted, the disabled participant and staff "pushing" in the same direction becomes a necessary, if not always a sufficient, condition to overcome the barriers to finding and keeping jobs. Families and the centers, then, reinforce the insulation and isolation of disabled people vocationally and socially. These environments will remain a barrier to future vocational attainment unless their persuasive influenc can be turned to mutually supporting roles for "pushing" appropriate work preferences.

Information about available jobs now and in the foreseeable future is available but usually not used by center staffs. If competitive employment is to be a viable option to trainees/clients in vocational centers, this information should be sensitively communicated through agents who personalize the necessary linkages, and provide a more dynamic process. This cannot now occur because information about changing market conditions seldom impacts on center training and placement activities.

This study has looked at a "slice" of the existing vocational rehabilitation systems in two countries. In the next ten years the United States system will be operating increasingly in the form of support services (some of which will be supplied by vocational rehabilitation facilities) in work places in the marketplace. Whether Israel will be moving in the same direction remains to be seen. In the past, that nation has introduced innovations at considerable speed. Yet, we can confidently predict that residual programs will remain in both nations where dignified work activities will continue to be offered.

PRINCIPAL IMPLICATIONS

Based on the findings of this study, there are clear implications for further discussion, study and policy development. They can be divided into system-level and agency-level components.

System-Level Implications

Establishment of Consensus

The lack of consensus among policy makers regarding what are the most important outcomes of vocational rehabilitation requires further study at the national and local level in the United States. The lack of consensus adds to both confusion and frustration on the part of agency staffs responsible for service delivery and families and their members who are served. We can only speculate about how this lack of consensus impacts on funding, monitoring, delivering services, and establishing criteria for successful vocational rehabilitation of persons with handicaps. Consumers (clients and their families) may not share a common set of assumptions about the role and desired outcomes of vocational rehabilitation. Clearly, further study is needed regarding the impact this lack of consensus has on persons with disabilities and their families.

Identification of Appropriate Outcomes

Desired outcomes in the United States may be too narrowly focused on the ideology of competitive employment, paying too little attention to more subjective client-based outcomes such as satisfaction with work. The reverse is true in Israel, where much emphasis is placed on subjective factors, such as satisfaction and little emphasis on normative notions, such as "working for a living." A balance is needed in both countries between what is believed to be good for an adult who is handicapped (a normative approach) and what the handicapped person and his/her family may express as important to them (a client-based approach). In order to strive for this balance, authentic dialogue among disabled persons (and their families), policy makers, funding agencies, and agency staff should be built into the policy development process at all levels. This dialogue may help resolve some ambivalences regarding a social welfare orientation versus an orientation stressing self-reliance.

Smoother Transitions from Centers to Outside Work

In the United States, smoother transitions from rehabilitation centers or home to outside work will be facilitated if, as in Israel, governmental supplemental income supports and medical benefits were to be less job dependent. For many persons with handicaps, implementing such a national policy will remove some of the financial risks/barriers that interfere with the transition from sheltered or no employment to employment in the open market.

Involvement of Families in the Lives of Adult Persons who have Handicaps

In the United States, it is expected that as an individual gets older, s/he will depend less on his/her family for living arrangements, financial support, leisure and recreation, and psychological assistance when help is needed. However, this was not the case for the majority of adults studied in both countries. For most adult persons with handicaps, the family remains the primary support system and cannot be left out of policies and plans developed to improve the vocational potential of their handicapped family member. The family is likely to be the greatest facilitator or the greatest barrier when competitive employment is a goal of vocational rehabilitation. To ignore family members' fears, concerns, and interests about employment options is to raise an insurmountable barrier to employability.

Agency-Level Implications

In addition to the system-level policy implications just described, there are agency-level implications that emerged from the bi-national study.

Congruence Between Desired Outcomes and Actual Practices

Once desired outcomes of vocational rehabilitation have been more or less agreed upon, the support service requisites needed to achieve them must be identified by agency administrators and professional staff. If there is consensus that competitive employment is to be a primary outcome of a vocational rehabilitation center, then corresponding staff incentives and reward systems for active job development, placement, follow-up, and support on the job would need to follow. Currently, these incentives and reward systems are not being implemented at the five centers studied.

Establishment of Coordinated Linkages Between the Centers and the Outside World of Families and Work

Vocational rehabilitation centers must begin to "tear down" their own barriers to the outside world of families and work. Isolating and insulating service patterns must be reversed if a goal is to foster integration of its clients into the outside world of work. Therefore, formal and informal linkages with families and businesses need to be developed so that important information and perspectives can flow in both directions (center to the outside; outside to the center). Without such linkages, vocational rehabilitation agencies and the consumers they serve will remain segregated and "out of touch" with the workplaces and family life in their surrounding communities.

Accurate and Timely Flow of Information about Labor Market Conditions

Families, and to some extent, the client/trainees expressed the concern that appropriate jobs were not locally available. Yet, according to our labor market analyses, this perception was more imagined than real. Staff, families, and trainees/clients need to be apprised of actual local market conditions (job openings in occupations that correspond to vocational aptitudes and interests) so that "real" choices can be made. Once again, the importance of establishing linkages between the centers, families, and local businesses and industry is underscored.

More Attention Given to Vocational Interests of Clients/Trainees

Matching the vocational interests of clients/trainees with the types of work done at the centers and the types of jobs in which they are placed has been underemphasized. Without this match, motivation to work, progress in developing acceptable work habits, and stable employment (sheltered or competitive) are not likely to be accomplished. Although money may be an incentive to work, dissatisfaction with the type of work one does is often a disincentive to work. Satisfaction with the type of work one does is influenced by how well the job demands match vocational interest, not just vocational aptitude.

System-level and agency-level policy implications relate not only to more traditional vocational rehabilitation approaches and settings. More recent employment initiatives, such as supported employment, would also benefit from implementation of policies which emerged from the findings of this bi-national study.

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