Labour Force Survey

Employment of disabled people – additional survey in the second quarter of 2002

Interviewer instructions
In the second quarter of 2002 an additional survey (a so-called ad hoc survey) is carried out in connection with the Labour Force Survey for the needs of the Statistical Office of European Communities, Eurostat. The survey concerns employment of disabled people. The purpose of the survey is to examine the effects of state of health on employment, working capacity and coping at work. The questions concerning this subject were attached to the end of the basic part of the Labour Force Survey.

The target population of the survey is all people aged 16 to 64 and the number of additional questions depends on whether the respondent can be classified as disabled in some respect. Being disabled is defined on the basis of questions VK4 and VK5, that is, the respondent is disabled if he or she has some long-term illness, disorder, disability or ailment or is on regular medication intended for treatment of illness. In that case more detailed questions are made on the origin and duration of the illness or disability and several questions are used to inquire how it affects the person’s working capacity. The intention is to create a comprehensive picture of disabled people’s working capacity and of the auxiliary aids by which their employment could be advanced.

Questions related to health and functional capacity may be difficult for some respondents because the matter is very personal. Some of the respondents are proxies who may not necessarily be able to provide all the information. The primary objective is to ask all the questions, but in some cases (as in case of proxies) it may be necessary to use the ‘Don’t know’ code. There may be such cases where asking certain questions would seem unethical and embarrassing. Interviewers may use their own discretion and code the reply without asking. More information can be entered in the Comment field about that person’s situation.
Instructions for individual questions

VK1. Estimate on present state of health
The intention is to acquire the interviewee’s own estimate of his or her present state of health. The estimate is very subjective; the interviewees can compare the situation to the general idea of “a good state of health” or their own previous state of health. This is not of consequence as such but the question simply asks about the respondent’s own sentiments. Being disabled is not necessarily linked with health; even disabled persons can feel themselves healthy.

VK2. Estimate on present working capacity
The interviewee’s own subjective estimate, as in question VK1.

VK3. Number of days absent from work
Only asked of employed persons. Days absent from work include whole days when the respondent has been absent from work due to either illness or examination of health or illness. Half days are not combined into whole ones. If the respondent finds it difficult to remember the exact number of days, the alternatives can be read out loud.

VK4. Long-term health problem
Question VK4 is a filter question, which means that further questions depend largely on the answer given to it. The intention is to identify all those having one or more long-term health problems, that is, those disabled in one way or another, for which reason the wording of the question “illness, disorder, disability or ailment” defines the health problem as widely as possible. The question does not thus concern only physical disabilities or illnesses but health problems also include sensory problems, that is, difficulties in seeing and hearing and mental problems. It is advisable to use a separate coding instruction for variable VK7 where different types of health problems are listed.

Long-term is the keyword in this question as it is important to separate long-term and short-term health problems from one another. Long-term here refers to a time period of at least six months. There are two acceptable alternatives:

a) the problem has affected for six months or longer at the time of interview, or
b) the problem has affected for less than six months at the time of interview, but it will probably continue so long that its duration will be at least six months.

The purpose of using a six-month period is rather to clarify the term “long-term” than to set an absolute time limit. If the respondent does not know how long the illness is going last, the interviewer must not solve the matter but the respondent is asked to estimate how long he or she assumes it to
continue on the basis of all the information available. By using the term “long-term” the intention is
to separate chronic conditions, such as diabetes, epilepsy and schizophrenia, from acute ones, such as
sprained ankle, fractures and appendicitis or inflammation of respiratory tracts. However, an injury
caused by an accident can be long-term if its consequences (e.g. operations, rehabilitation) last for at
least for six months.

**Recurring or convulsive conditions.** Some problems are recurring (e.g. back ache), that is, an acute
phase is followed by alleviation of symptoms, while some problems are convulsive (e.g. epilepsy,
migraine). Code “yes” in both cases.

**Incurable illness or one depending on the success of treatment.** If the respondent suffers from an
incurable illness or if the duration of illness is dependent on the success of its treatment (e.g. cytoxin
or radiation therapy), enter ”yes”.

**VK5. Regular medication**
This question is another filter question beside VK4. The question was added to the questionnaire
because there may be some interviewees who do not think they suffer from any illness or disability as
their symptoms are controlled by medication. For example, medication of a person suffering from
mental problems can keep that person fully able to function and a diabetic can feel healthy on ac-
count of regular insulin treatment. These persons are, however, considered disabled as they would
not manage without medication.

**Regular** medication is all such medication that is not used as a single course but permanently, i.e. the
drugs are meant to be used at least as long as some change occurs in the person’s state of health.
Regular medication is also recurrent medication used when needed (e.g. for migraine). Medication is
thus connected to some long-term health problem. It is also essential that medication is intended for
treatment of illness, for which reason hormone replacement treatment for menopause or nicotine
patches are not regarded as such. Allergy medication is taken into consideration if it has to be used
continuously or for a long time (e.g. bad hay fever).

**VK6a / VK6b. Name of illness or disability**
Write down the name of illness of disability in the open field as exactly as possible. The name is
transferred from this field as a visible aide-memoire for the following questions. If the respondent
has several health problems, the most important one is selected at this point. This must be done be-
cause further questions have to be restricted to only one illness or disability for the sake of function-
ality. The key issues in selecting the most important health problem are its consequences and effects
on the person’s life. Therefore, the illness or disability that in the person’s opinion most restricts his or her work is coded as the most important one.

**VK7. Coding of illness or disability (NB Appendix!)**
The question concerns the most important (restricting one’s activity most) health problem and it is asked of all who have answered “yes” to question VK4 or VK5. This question was included to examine the connection of labour market position and working capacity to type of health problem. It can be studied, for instance, how many of the persons with a certain physical illness, mental problem or difficulties in seeing or hearing are in the labour market. On a more detailed level it is possible to investigate to what extent certain health problems influence the work they do. Thus we can find out which work those with a specific disability can do without any obstacles, and these jobs are separated from the ones that functionally limited persons can do only by means of some adaptation measures.

In some cases it is obvious which code to choose (e.g. back pain, hearth defect, diabetes, etc.). In that case the question need not be asked, but the interviewer can just enter the correct code. It is advisable to ascertain from the interviewees that the code selected is correct. For more difficult cases a separate instruction table (see Appendix) with examples of illnesses in each group is provided. **The instruction table should be always at hand when interviewing.**

**Cancers** are mainly coded by the type of cancer in question, e.g. lung cancer → code 11, gastric and intestinal cancers → code 12. All cancers do not match the codes in use (e.g. breast cancer), then code under 20: other progressive diseases.

**Unclear cases.** If some illness or disability does not match any code and the instruction table does not help either, enter code 20 (other illnesses). Cases coded in this group are coded later, where possible, with the help of question VK6a or VK6b. It is thus important to make sure especially in such cases that the name of the illness is entered as exactly as possible in question VK6a or VK6b.

**VK8. Whether illness or disability was established by a doctor**
Question VK8 helps to determine the quality of the health problem; its purpose is to separate from the group, where necessary, those whose illness has been actually diagnosed.

**VK9. Origin of illness or disability**
The question concerns the health problem mentioned in VK6. Information on the reasons for the limited working capacity is important when planning and assessing preventive programmes. Asking
more questions about the circumstances that caused the health problem or contributed to its onset provides essential additional information about its nature.

**Accidents at work.** The question makes a distinction between injuries caused by an accident at work and other accidents. In some cases it is difficult to make this division, for example when the person has been in an accident on the way to or from work or injured himself or herself in a sports event arranged by the employer, for example. In such cases the injury is not coded as work-related or caused by accident at work as the accident did not take place while at work. Only injuries or accidents occurred while at work are recorded under code 2.

The person may also feel an illness to be work-related that is not actually defined as an occupational disease. Such can be tension neck or stress injury developed as a result of computer terminal work. In that case it is essential that the person self says the illness is work-related, and it is then recorded under code 5.

The structure of the question is slightly unusual because most of the replies are coded under 6 (other illness). It mainly intends to distinguish health problems originating from some special conditions from so-called “ordinary illnesses”.

**VK10. Time of establishing illness or disability**

This question can be used to examine the relationship between the respondent’s health problems and work history, such as how long the problem has restricted the person’s participation in the labour market. It is possible to examine in more detail what effect the duration of certain types of illnesses has on economic activity.

The time of establishment may be apparent if the cause was an accident or injury. Some health problems start gradually or are periodic in which case the seriousness of the symptoms varies. Then the time of establishment can be defined in two ways:

a) the time when the respondent first approached medical staff or got an official diagnosis, or
b) the time when the condition first affected the respondent’s everyday activity.

**Hereditary diseases** generally break out only later in life, and therefore they are not considered congenital but code 6 (other illness) is used for them.
VK11. **Whether illness or disability restricts the type of work**

By means of questions VK11, VK12 and VK13 it is examined how the respondents’ health problems affect the work they can or could do. The results could be used to plan lines of action by which to have an effect on certain features of work. For example, adaptation of the work environment or more flexible organisation of work can make it considerably easier for disabled persons to take part in the labour market. On the basis of the data we also get information on how to create jobs for persons with different types of health problems.

The questions are made to both employed and non-employed persons. In some cases the questions may appear unnecessary, for example if the respondent is a pensioner or has never worked. It is important to ask about restrictions to work of non-employed persons as well because some of them might well be able to work if correct supporting measures were available. Non-employed respondents can be asked to imagine what kinds of restrictions their health problems would set for their possible job search or entry into the labour market at the moment. If questions VK11 to VK12 seem too hypothetical for some respondent, the ‘Don’t know’ code can be used if required.

**Type of work** here refers to the quality of work, heavy or light work, possibilities to work outdoors and indoors, need to sit down at work, etc. The respondent self decides whether the health problem restricts his or her work and whether it restricts it considerably or to some extent.

VK12. **Whether illness or disability restricts the amount of work**

The **amount of work** here refers to the number of hours worked and the duration of stay at place of work. The respondent self decides whether the health problem restricts his or her work and whether it restricts it considerably or to some extent.

VK13. **Whether illness or disability restricts mobility outside home**

Mobility between home and place of work is central when examining the employment of disabled persons. The respondent self decides whether the health problem restrict his or her mobility. The rule of the thumb is that if the person needs some auxiliary aids (wheelchair, walking stick) or special arrangements (taxi transport, personal assistant) to move outside home, the health problem restricts his or her mobility at least to some extent.

VK14 / VK15. **Availability of / need for assistance or support**

These questions are made to those respondents who reported their health problem to restrict their type or amount of work or mobility. Questions VK14 to VK14c are intended for employed persons and they examine what kind of assistance, support or special work arrangements are available to dis-
abled people at work. Questions VK15 to VK15c are asked of non-employed persons, and they aim to establish what kinds of assisting or supporting measures would help disabled people to get employed.

**Assistance, support or special work arrangements** refer to all kinds of special arrangements and measures that can be thought of as supporting the work of disabled persons. Assistance and support can be, for example:

- Arrangements in relation to the type of work: possibility to do lighter work, sedentary work, indoor work, etc.
- Possibility to use auxiliary aids at work
- Possibility to work a shorter day
- Assistance with mobility to and from work and at work: personal assistant, auxiliary aids
- Support and understanding by superiors and co-workers
- Arrangements inside the family

For employed persons the questions concern the present work. It is possible that the health problem restricts the respondent’s work possibilities somewhat but he or she nevertheless needs no special arrangements at present work.

Question VK15 may seem difficult for some non-employed persons; for example, those retired on account of health probably feel that no special arrangements would help them to be employed. In that case the ‘Don’t know’ code can be used where necessary.

**VK14b / VK15b. What kind of help is available / needed**

Multiple choice question VK14b is put to employed persons who reported that they receive some assistance or support at work. The purpose of the question to find out more about the special arrangements available to disabled persons.

Multiple choice question VK15b is made to non-employed person who reported that they would need some assistance or support in order to be employed. It aims to establish in more detail what forms of assistance and support or special arrangements would help disabled persons to get work.

**VK14c / VK15c. Definition of the most important form of assistance**

Those respondents who reported in multiple choice question VK14b or VK15b that they receive or need several types of assistance, are here asked to assess the most important form of assistance or support for them. The most important form is the one the respondent feels decreases most his or her limited functional capacity.
**VK22. Special employment**

Employment of disabled persons is promoted through various public measures. The measures are directed to such persons whose possibilities to get a suitable job, keep their job or make progress at work have deteriorated considerably due to illness or disability. Reasons for the disability can be various, such as a mental problem, handicap, sensory handicap or intoxicant problem. Forms of special employment are such as:

- Sheltered work at work centres set up specifically for that purpose
- Work activity where participants do not have any employment relationships but their source of income is mainly based on pensions and other social security
- Work try-out or work practice as part of rehabilitation or assessment of working capacity
- Employment with employment subsidy measures