

# **AD HOC MODULE 2011.**

## **EMPLOYMENT OF DISABLED PEOPLE**



**Instructions for interviewers**

In 2011, along with the Labour Force Survey we are also conducting the Ad hoc module on employment of disabled people.

Ad hoc module is regulated by Commission Regulation (EU) No 317/2010 of 16 April 2010. According to Regulations by which Labour Force Survey is conducted, Ad hoc module is implemented in second quarter every year, from April to July.

### **Content and structure of Ad hoc module 2011**

This year's Ad hoc module has the following topics:

- 1) Health problems and difficulties in basic activities (difficulties in seeing, hearing, walking, etc.)
- 2) Limitations in work caused by health problems/difficulties in basic activities
- 3) Special assistance needed or used by people with health problems/difficulties in basic activities
- 4) Limitations in work because of other reasons (family/care responsibilities, lack of qualifications/experience, etc.)

Remarks on the final structure of the module:

- The structure of the final proposal is a trade-off between pragmatic factors and the attempt to approach, as far as possible, the current concept of disability.
- Contrary to the 2002 module, health problems and difficulties in basic activities are asked separately. Following the LAMAS' recommendation, these questions are put at the very beginning of the module with a short preamble to introduce.
- Then, for pragmatic reasons, restrictions in participation in the labour market are linked to health/difficulties in basic activities. However, to approach the ICF philosophy and to reflect the interaction between limitations in work and the environment of the person, a question on other reasons for limitations in work is added.
- This final structure of the 2011 module presents the advantage of having very simple filters.

### **Target population**

All persons aged 15 – 64 years old should reply to Ad hoc module after they have replied to LFS questionnaire. Because of the technical reasons, questions in module are marked as AH1 to AH14. During the interview, interviewer needs to apply some answers from LFS questionnaire to module questionnaire.

In module questionnaire interviewer should give notice to so called filters which we use because of the complex methodology.

Filters are marked as F1 and F2, and their purpose is to direct the interviewer that on some questions only some part of respondents should apply. That means that on some questions will answer respondents who fulfil two conditions – one will be marked in the same way as in LFS questionnaire, and the other will be a filter which says about respondents characteristics (for instance, is person employed or unemployed) and interviewers will have to apply it.

### Introduction to the module

The following questions aim at identifying the extent to which people are limited in their work and the nature or type of this limitation. Let's start with health.

This introduction should be read to the respondent. It briefly clarifies the main objectives of the module to be reached through the proposed set of variables.

## 1. SPECIFIC HEALTH CONDITIONS OR DISEASES

*AH1. Do you have any of the following types of longstanding health conditions or disease?*

*AH2. Which of the longstanding health conditions or diseases that you have do you consider as being the most severe? Please indicate maximum 2, starting with the most severe one.*

Considering that these two questions are directly related they are explained together in instructions.

On question AH1 answer all respondents who finished the LFS questionnaire and are 15 to 64 years old. On question AH2 answer all respondents who answered yes on AH1 and they have some of the longstanding health condition or disease which can be or doesn't have to be diagnosed by a physician. Respondents who don't have any health problem or disease go to question AH3.

Longstanding means that the health condition or disease has lasted or is likely to last for at least 6 month. The main characteristics of a longstanding condition or disease are that it is permanent and may be expected to require a long period of supervision, observation or care. Therefore, any acute (temporary) health problem, such as a sprained ankle, broken leg, appendicitis or respiratory tract infection is not of interest.

The criterion which has to be used in assessing the main longstanding health condition or disease is the impact that it has on the person's life.

Examples:

- Person had a medical check-up 2 months ago and the doctor diagnosed him/her as having diabetes. Though his/her disease exists only for the last 2 months, it is high probable that his/her health problem is a longstanding health problem and it will last for more than 6 months (code 09).
- Person had a medical check-up 1 month ago and the doctor diagnosed him/her as having asthma. Though his/her illness is only 1 month it is evident that the condition will last longer than 6 months (code 07).

However, an injury caused by an accident can be longstanding if its consequences last for at least 6 months.

Example:

Person with severe and complicated femur shaft fracture during the traffic accident. Time of treatment was 5 month and time of rehabilitation was 3 month.

1. The treatment and rehabilitation was at the time of survey. Because the time of treatment plus rehabilitation has been longer than 6 months, the person should be considered as having a longstanding health problem.

2. The treatment and rehabilitation were finished at the time of survey. But the person has a permanent side-effect. The person should be considered as having a longstanding health problem.
3. The treatment and rehabilitation was finished at the time of survey and person has not suffered a side-effect. Then code 18 should be used.

Some conditions are recurrent (e.g. back pain), where there is an acute period followed by remission; other conditions are episodic in nature (e.g. epilepsy, migraine). Both situations should be considered as longstanding health problems, as they are continual or continuous problems.

If a person suffers from a terminal illness or if the length of illness is dependent on the outcome of treatment (e.g. cytoxin or radiation therapy), the corresponding code of the health condition or disease should be used.

If the respondent does not know how long their health problem is going to last, the interviewer must not make the decision; respondents should be encouraged to estimate how long they think their problem will last for taking account of any information given by doctors or other health professionals.

In case person has/had a longstanding disease that doesn't/didn't bother him/her or it is/was kept under control with medication, he/she should consider it. 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 account of regular insulin treatment. These problems are, however, considered as having longstanding health problem as they would not manage without medication.

In case the respondent has cancer then only „cancer“ is to be recorded, and not a disease of the organ that is affected by cancer. What could be considered for a person having cancer is that a disease (for instance, diabetes) might be associated to his/her cancer (and that disease – diabetes, could be coded as second health disease).

It is possible that a health condition or disease is declared in question AH2, and a consequence of this disease is declared in question AH4. For instance, a person with breathing problems can declare as having difficulties in walking, climbing steps.

Remarks in relation to some of the conditions and diseases from the list:

- Skin conditions, including allergic reactions and severe disfigurement (code 05) – severe disfigurements include major scars resulting from accidents, burns or frost-bites, birthmarks and diseases of the skin, including skin related allergies; exclude tattooing and body piercing.
- Heart, blood pressure or circulation problems (code 06) – stroke is included
- Learning difficulties (code 12) are also known
- Other mental, nervous or emotional problems (code 15) include severe mental problem: psychosis (e.g. schizophrenia), affective disorders and clinically recognised less severe disorders (panic, phobias, anorexia, etc.)
- Obesity, alcohol and drug dependency should be considered as other longstanding health problems (code 17).

## 2. DIFFICULTIES IN BASIC ACTIVITIES

*AH3. Do you have difficulties with any of the following basic activities?*

*AH4. With which activities do you have the most difficulty? Please indicate maximum 2, starting with the most difficult one.*

On question AH3 answer all respondents 15 to 64 years old who finished the LFS questionnaire and who answered questions on specific health problems/diseases. On question AH4 answer all respondents who answered yes on AH3 and they have difficulties in some of the basic activities.

An activity is defined as „the performance of a task or an action by an individual“and thus activity difficulties are defined as „the difficulties the individual experience in performing an activity“.

The criterion which has to be used in assessing „most“difficulty is the impact that it has on the person's life. Only long-term difficulties in basic activities should be considered. Therefore, the length of difficulty must have lasted or be expected to last for six months or more.

When answering, the use of technical devices/aids or assistance should not be considered except for seeing and hearing. For instance eyesight problems should not be reported if glasses or contact lenses are sufficiently effective.

The activities from the list refer to difficulties in the physical act of doing them, and not for difficulties due to other functioning problems. For example, a blind person (using or not a walking stick or a guide dog) should not be seen as having walking difficulties.

Even the respondent seems to be permanently confined to bed or completely deaf or blind, it is preferable that this variable is not skipped for him/her.

„Communicating, for example understanding or being understood“ (code 06) refers to problems in using or understanding the mother tongue and not a foreign language.

After question AH3 comes the first filter:

***F1. Respondents who have some longstanding health problem (they answered with some code from 01 to 17 on question AH2) and said no on question AH3 (code 11) go to question AH5.***

***Respondents who answered no on both AH1 and on AH3 go to question AH14.***

Purpose of this filter is to divide respondents in two groups:

- Respondents who identify that they have some of the longstanding health problem/disease but do not have difficulties in basic activities answer on question AH5.
  
- Respondents who identify that they do not have any of longstanding health problem/disease and also do not have any difficulty in basic activities skip the whole questionnaire and got to the last question in Ad hoc module questionnaire AH14.

### **3. LIMITATIONS IN WORKING ACTIVITIES**

The aim of the following questions is to determine how people's longstanding health conditions/diseases or difficulties in basic activities interfere with the work that they can do.

*AH5. Do you, because of your health condition/disease or difficulty in activity have limitations in number of hours that you can work or are working in a week?*

On this question answer only those respondents who answered yes on question AH1 or on question AH3 or on both of these questions.

The respondent should think whether the nature of his/her limitation in the number of hours that he/she can work in a week is caused by the longstanding health conditions or diseases or difficulties in basic activities that he/she has. The term „number of hours“ is used here to reflect the amount of work.

The limitation in the number of hours covers the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (not at all, to some extent etc.).

The respondents do not necessarily face the situation proposed (the reference here is a full-time working schedule) and so the limitation is measured in terms of capacity to undertake the task (he/she can work) rather than performance (he/she does). The aim of the question is to assess the person's own capacity.

*AH6. Do you, because of your health condition/disease or difficulty in activity have limitations in the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?*

On this question answer only those respondents who answered yes on question AH1 or on question AH3 or on both of these questions.

This question wants to identify whether the people are limited in type of work that they can do because of the longstanding health conditions or diseases or difficulties in basic activities they have.

The limitation in type of work covers the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (not at all, to some extent etc.).

Being limited in type of work covers, for example: having problems with carrying heavy loads, not being able to work outdoors, not being able to sit down for a long time as well as not having the appropriate skills and training. It should be noted that the limitation is measured in terms of capacity to do specific kind of work.

Examples:

- A person cannot work in „public relations“ because of the severe scar that he/she has on his/her face,
- A person using the wheelchair works at a reception desk but he/she would like to do something else,
- A person is suffering from the chronic back pain, but he/she successfully works in the office (without limitations). However, due to the mentioned health problem, he/she definitely would not be able to perform the physical work in the construction.

*AH7. Do you, because of your health condition/disease or difficulty in activity have limitations in getting to and from work?*

On this question answer only those respondents who answered yes on question AH1 or on question AH3 or on both of these questions.

The limitation in getting to and from work covers the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (not at all, to some extent etc.).

Due to the health problem or difficulty in basic activities, a person may be limited in getting to and from a workplace (for instance, this person might have problems with the access to buildings, the availability of transport, difficulty getting on and off transport, or nobody is available to accompany them).

The provided assistance/adaptations should not be taken into account in this question.

After this question comes the second filter:

***F2. Persons who do not work (P30 = 2 and P31 = 2) → AH8.***

***Persons, who work, that is, employed persons (P35 ≠ 0) → AH11.***

The purpose of this filter is to divide the respondents in two groups:

- Respondents who do not work answer on the next three questions (AH8, AH9 and AH10)
- Respondents who work skip the next three questions and go to questions AH11, AH12 and AH13.

#### **4. SPECIAL ASSISTANCE USED OR NEEDED**

*AH8. Because of your health condition/disease or difficulty in activity would you need any personal assistance to enable you to work?*

„Personal assistance“ refers to help from family members, relatives, friends, colleagues.

Example: individuals, whose work is, inter alia, to assist persons with disability at the workplace, for example, a sign language interpreter.

*AH9. Because of your health condition/disease or difficulty in activity would you need special equipment or workplace adaptations to enable you to work?*

This question aims at identifying those persons who because of the health problem or difficulty they have, need special equipment or workplace adaptations in order to help them to work. The working conditions should be specifically modified to suit the needs of persons with long standing health conditions or diseases or with difficulties in performing basic activities.

„Special equipment“ includes a wide range of items, devices, pieces of equipment enabling the person to work. They are used to increase, maintain or improve functioning of individuals.

The term „workplace adaptations“ refers to the architectural adaptations of the workplace.

Examples:

Technical Assistance (use of special equipment)

- Use of a screen reader
- Use of adapted telephone
- Use of adapted computer
- Use of a voice synthesiser
- Use of large print, Braille

#### Adaptations to the workplace

- Adaptation of the entrance to the building
- Appropriate parking
- Ramps and handrails
- Accessible toilets
- Accessible lifts
- Modified workstation

*AH10. Because of your health condition/disease or difficulty in activity would you need any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?*

This question aims at identifying those persons who because of the health problem or difficulty they have, need special working arrangements in order to help them to work.

Special work arrangements refer to all kinds of special arrangements and measures that can be thought of as supporting the work of persons with health conditions or difficulties in basic activities. They can be, for example:

- Arrangements in relation to the type of work: possibility to do lighter work, sedentary work, indoor work, etc.
- Respondent's time schedule has been adapted to his/her needs (less working hours, alternative ways of distribution of his/her working hours)
- The time schedule of his/her work colleagues has been modified in order to be adapted to respondent's needs
- Teleworking (for instance someone with leg paralysis can work at home thanks to a special computer connection).

*AH11. Because of your health condition/disease or difficulty in activity do you have any personal assistance to enable you to work?*

„Personal assistance“ refers to help from family members, relatives, friends, colleagues.

Example: individuals, whose work is, inter alia, to assist persons with disability at the workplace, for example, a sign language interpreter.

*AH12. Because of your health condition/disease or difficulty in activity do you use special equipment or do you have workplace adaptations to enable you to work?*

This question aims at identifying those persons who because of the health problem or difficulty they have, use special equipment or have workplace adaptations in order to help them to work. The working conditions were specifically modified to suit the needs of persons with long standing health conditions or diseases or with difficulties in performing basic activities.

„Special equipment“ includes a wide range of items, devices, pieces of equipment enabling the person to work. They are used to increase, maintain or improve functioning of individuals.

The term „workplace adaptations“ refers to the architectural adaptations of the workplace.

Examples:

Technical Assistance (use of special equipment)

- Use of a screen reader
- Use of adapted telephone
- Use of adapted computer
- Use of a voice synthesiser
- Use of large print, Braille

Adaptations to the workplace

- Adaptation of the entrance to the building
- Appropriate parking
- Ramps and handrails
- Accessible toilets
- Accessible lifts
- Modified workstation

*AH13. Because of your health condition/disease or difficulty in activity do you have any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?*

This question aims at identifying those persons who because of the health problem or difficulty they have, have special working arrangements in order to help them to work.

Special work arrangements refer to all kinds of special arrangements and measures that can be thought of as supporting the work of persons with health conditions or difficulties in basic activities. They can be, for example:

- Arrangements in relation to the type of work: possibility to do lighter work, sedentary work, indoor work, etc.
- Respondent's time schedule has been adapted to his/her needs (less working hours, alternative ways of distribution of his/her working hours)

- The time schedule of his/her work colleagues has been modified in order to be adapted to respondent's needs
- Teleworking (for instance someone with leg paralysis can work at home thanks to a special computer connection).

*AH14. Are there any other reasons for limitation in work you can do (number of hours, getting to and from work) that are not caused by the longstanding health conditions/diseases or difficulties in basic activity?*

On this question answer all respondents from 15 to 64 years old. This question is asked to both employed and non-employed persons.

The reason why people are work limited is not just for health reasons but for many other external reasons as well. With this question we would like to identify are there any other environmental barriers or limitations associated with work limitations, but excluding any longstanding health condition/disease or basic activity difficulty).

Limitation in work includes limitations in any of the following: number of hours, type of work, getting to and from work.

Cost of transportation should not be included in code 03 (code 03 is related to means, way and frequency of transportation). For this answer, code 08 „other reasons“ should be used.

*In some cases the question may appear „hypothetical“ and consequently difficult to answer. In those cases the interviewer should not put „pressure“ on the respondent to give reply if this is too „hypothetical“ for him/her.*