

**Overcoming Barriers to Employment among
Persons with Visual Disabilities:
Perspectives of Rehabilitation Providers**

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Overcoming Barriers to Employment among Persons with Visual Disabilities: Perspectives of Rehabilitation Providers

Vocational rehabilitation providers are on the front line of service delivery when it comes to placement of persons with severe visual disabilities. Consequently, these providers face considerable pressure, and sometimes criticism, when the statistics concerning employment among persons with visual impairments are examined. The 1994 and 1995 National Health Interview Survey revealed that 42% of persons with serious visual impairments between 18 and 69 years of age are employed (Kirchner, Schmeidler, & Todorov, 1999). These figures are discouraging, yet somewhat more positive than the more frequently cited 65 to 70% unemployment rate among persons who are severely visually impaired (Dickerson, Smith, & Moore, 1997, p. 19). What can be done to help rehabilitation providers in their efforts to assist persons who are blind or visually impaired in overcoming barriers to employment?

The Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision at Mississippi State University (MSU) conducted a series of research projects to identify rehabilitation strategies and/or reasonable accommodations rehabilitation professionals or employers can implement to assist persons who are blind or severely visually impaired overcome employment barriers. Suggestions provided by persons who are blind or severely visually impaired and by employers were reported in a previously published monograph *Consumer and Employer Strategies for Overcoming Employment Barriers* (Crudden, Williams, McBroom, & Moore, 2002). Two methodologies, a telephone survey of rehabilitation providers and a series of focus groups consisting of rehabilitation professionals, were utilized to collect information about strategies/accommodations to overcome employment barriers. Through the course of this data collection researchers elected to add a third component, an examination of exemplar programs identified by rehabilitation providers in the first two waves of data collection.

All projects were approved by the MSU Institutional Review Board. Endorsement for this research project was obtained from the National Council of state Agencies for the Blind (NCSAB) and the Council of State Administrators of Vocational Rehabilitation (CSAVR).

Summary of Employment Barriers

Crudden, McBroom, Skinner, and Moore (1998) found a general consensus among consumers, employers, and rehabilitation providers concerning the *most common* barriers encountered by people who are blind or visually impaired. These barriers include negative employer attitudes and transportation. Consumers and providers also agree that lack of employment preparation/skills and issues of print access present barriers to employment.

Rehabilitation providers consider negative attitudes of employers and the general public a major barrier to competitive employment for people who are blind or visually impaired (Moore & Wolffe, 1997; Dahl, 1982). The negative attitudes barrier includes issues such as society's low expectations of people with disabilities, lack of knowledge regarding the work potential of people with disabilities, and low expectations of consumers (Dahl, 1982). The broad concept of negative attitudes also includes employer resistance to hiring persons with disabilities (Maxson, McBroom, Crudden, Johnson, & Wolffe, 1997).

Transportation is consistently a key issue in discussions of barriers for people who are blind or visually impaired. Lack of transportation to and from the workplace is noted as a particular problem (Crudden et al., 1998; Moore & Wolffe, 1997; Maxson et al., 1997). The transportation barrier may also include problems with orientation and mobility around the office (Dahl, 1982).

Another barrier encountered by people who are blind and visually impaired is lack of employment preparation and skill development that makes them competitive in the job market (Moore & Wolffe, 1997). Inadequate skills may include deficiencies in independent living, basic education, and vocational areas (Dahl, 1982). Link (1975) found rehabilitation professionals listing personal, social, and vocational skill deficits in people with visual disabilities as barriers to placement. Counselors rate the ability of consumers to perform skills of daily living, such as reading, writing, and traveling, integral to consumer employment success (Young, 1996). Some rehabilitation professionals set unrealistic goals for vocational rehabilitation clients and base decisions about whether to send someone to college on the funding available rather than the client's educational and vocational potential (Hopf, 1991). Additionally, Hopf noted that individuals with disabilities are often not held to the same standards as their non-disabled peers. Limited accessibility to print and/or adaptive equipment have been identified as other barriers for people with visual disabilities to successful employment. Access to print may include signage, periodic notices, or general information, but typically refers to reading and writing on a regular basis as part of locating, securing, and

maintaining employment. Limited accessibility to adaptive equipment has been blamed on limited resources for purchasing assistive devices (Maxson et al., 1997). Limited accessibility to print may also negatively impact communication due to problems with receiving or relating information (Dahl, 1982).

Discussions of employment barriers with rehabilitation providers often turn to problems within the rehabilitation system itself. According to Link (1975), rehabilitation professionals often experience problems when attempting placement and employment for persons with visual disabilities. The following are a few examples of these: (a) caseloads are too heavy and overemphasize case closures; (b) increasing numbers of consumers with multiple disabilities seeking services; and (c) over-utilization of segregated employment settings (Link).

Overcoming Employment Barriers

Any strategy for overcoming negative attitudes typically involves education. One educational strategy is to develop public awareness activities to enhance positive images of persons with visual impairments (Maxson et al., 1997). A barrier as large as public attitudes may never be completely resolved, but educating each employer on an individual level can bring about subsequent change in that particular employment site. Dahl (1982) suggests assisting people with disabilities in acquiring competitive skills and job competencies, educating employers about these competencies, and offering supportive counseling as ways of overcoming negative attitudes. Attitudes among rehabilitation professionals can also be a problem. In a survey of Oregon rehabilitation counselors, Young (1996) found that a positive attitude on the part of the counselor was integral to job placement success. Counselors must believe that people with visual impairments can be competitive in the job market and demonstrate that belief to clients. Additionally, counselors need to communicate their high expectations to consumers in order to keep consumers' expectations high.

Dahl (1982) suggests that clients be provided alternative transportation resources to handle the barrier of getting to and from work. Additionally, it would be beneficial to become familiar with local transportation opportunities and with organizations expert in accessibility accommodations which could provide a referral source for schools, employers, and clients trying to overcome barriers. As far as orientation and mobility in the workplace, Dahl says problematic physical environments can be overcome by educating builders about appropriate accessibility guidelines and educating clients about assistive devices. Maxson et al. (1997) noted that a change in transportation systems is needed and would require

intervention on a large scale.

Inadequate skill development can be addressed by careful assessment of client strengths, weaknesses, and vocational preferences, and by providing work opportunities offering challenges and opportunities for success (Dahl, 1982). Other solutions include increased utilization of community vocational and technical programs by rehabilitation professionals, improved programs to evaluate consumer skills, and increased emphasis on coping, daily living, and personal skills training among persons with visual disabilities (Link, 1975). Hopf (1991) noted that private agencies attempt to overcome the lack of preparation and skills barrier by providing services to remediate educational and personal skills training deficits and by using a supported employment model to improve vocational readiness.

Limited accessibility to print and/or adaptive equipment can cause problems on the job and with communication. One suggestion is for rehabilitation professionals to locate resources for purchasing adaptive equipment (Maxson et al., 1997). Another suggestion is for professionals to become familiar with communication techniques used by people who are blind or visually impaired and be able to refer schools and employers to sources of specialized training (Dahl, 1982).

Suggested solutions to overcoming administrative barriers within the rehabilitation system include increased training of rehabilitation service providers in placement skills and techniques, increased recognition of placement as a skilled and professional activity, and improved programs to evaluate consumer skills. A program established by the Pittsburgh Blind Association works to increase competitive employment opportunities through comprehensive case management, long-term support, and client advocacy (Apter, 1992). Maxson et al. (1997) suggest forming links among corporations or businesses, consumers, and rehabilitation service providers, changing policy based on relevant demographic data, and revamping the rehabilitation system.

Methodology

Focus Groups

Rehabilitation providers are expected to facilitate job placement through direct or indirect means. Service providers receive training in job placement strategies as a part of graduate training for rehabilitation counselors. After they become employed, forums for sharing ideas, voicing concerns, and getting feedback from other rehabilitation professionals who are successful in this process

are infrequent. Focus groups are one means of bringing together groups of rehabilitation providers in a setting that has some structure, yet allows the free exchange of ideas, suggestions, and concerns.

Focus groups have an established history of use in gathering opinions, exploring topics, and discussion of shared experiences (Fontanta & Frey, 2000, p. 645). Focus group data is not typically generalized to a larger population. Rather, the goal is to gain more in-depth information about a specific topic. It is the expectation that, consistent with the concept of transferability (Krueger, 1998,

p. 70), the reader will examine the results and determine whether the proposed suggestions can be applied to another setting.

The use of focus groups in the field of disability rehabilitation is not common, but there are some notable efforts to utilize this methodology among rehabilitation counselors. The Oregon Commission for the Blind facilitated a focus group of rehabilitation counselors to discuss factors contributing to their success (Young, 1996). These counselors, representing seven state agencies, reported that counselors successful in job placement have positive attitudes and extroverted personalities with high expectations for clients; involve clients in decision-making; emphasize skill acquisition among clients; engage in networking on and off the job, stress an individual relationship with clients and employers; provide clients with role models, mentors, and peer support; and are flexible and responsive to employer needs and client choices.

In another example of focus group methodology, Illinois Rehabilitation providers participated in focus groups designed to identify factors to facilitate competitive job placements for residents with visual disabilities (Kirchner, Johnson, & Harkins, 1997). Analysis of the focus group discussion found that rehabilitation providers need increased communication within their agency and with clients and employers; improved ability for providers and clients to obtain and utilize employment-related information; improved skill readiness among clients, particularly with regard to literacy; increased resources devoted to issues concerned with placement and job retention; and improved access to role models, resources, and contacts among persons who are severely visually impaired.

This study reflects efforts to gather rehabilitation providers from across the country to discuss techniques and strategies helpful in assisting persons with visual impairments become employed. While the primary goal was to generate a discussion of these techniques and strategies, a secondary gain developed through the interaction of the providers and the resultant synergy that arose in the group process. Participants expressed appreciation for having an opportunity to discuss

their concerns and ideas regarding placement issues and a desire to continue such discussions in the future.

Selection of Participants

Two focus groups were held with rehabilitation providers attending the *Focus on Employment Conference* in Washington, DC in March, 1999. Focus group participants were recruited from among the 85 people preregistered for the conference. Direct providers of rehabilitation services rather than managers, supervisors, teachers, or students, were targeted for inclusion. Each potential participant was contacted by telephone and asked to participate in a focus group to discuss methods of overcoming barriers to employment. Those who agreed were given a choice of two time slots. Nine people ultimately participated in each of the two focus groups for a total of 18 participants.

Two additional focus groups were conducted with rehabilitation providers employed by the Mississippi Department of Rehabilitation Services, Office of Vocational Rehabilitation for the Blind. The focus group sessions were conducted during a scheduled statewide meeting for agency professionals. Twenty-five persons participated in these two sessions.

Instrument

Participants were asked a series of questions during each session (Appendix C): (a) What is one of the major barriers to employment for people who are blind? (b) What methods are successful in overcoming barriers to employer's attitudes? (c) What methods are successful in overcoming transportation barriers? (d) What methods are successful in overcoming print access barriers? Due to the natural flow that occurs during a focus group, these questions were not necessarily asked in the same manner or the same order. However, the moderator did attempt to conduct each group in as similar a manner as possible.

Procedure

Before each focus group session participants completed a Consent Form (Appendix A) and a Background Information Form (Appendix B). Information regarding background information was entered into a database and analyzed using SPSS (*Statistical Package for the Social Sciences*). Each focus group session lasted

approximately 12 hours and was audio-recorded. Tapes were later transcribed. Each session began with one of the researchers reading a short introduction describing the research project, explaining how the audio tapes would be used, and defining the roles of the leader and the participants (Appendix C). The focus group transcripts were analyzed using methodologies described by Krueger (1998) and Stewart and Shamdasani (1990). In reporting the findings, quotes from focus group members are in italics.

Subjects

Thirty, or approximately 70%, of the participants were female. The educational range of participants was 15 years to “18+” years with a mean of approximately 17 years. Over three-fourths (87%) worked for a public rehabilitation agency for the blind. Others worked in general public rehabilitation agencies (5%), public blind education (2%), private education (2%), public education (2%), and other private agencies (2%). Over half of the participants (58%) classified themselves as rehabilitation counselors. Other occupations represented in the focus groups were rehabilitation teachers (19%), employment specialists (9%), rehabilitation supervisor (5%), rehabilitation counselor and teacher (2%), and other (7%). Participants had been employed in rehabilitation from less than a year to 32 years with a mean of 10.1 years. The majority of participants (84%) did not have a disability. Among the 7 people with disabilities, 6 had a visual disability. One person had a mobility disability and one person had multiple disabilities.

Focus Group Results

Barriers to Employment

Rehabilitation providers echoed consumer sentiments (Crudden et al., 1998) in citing employer attitudes, transportation, and print access as major employment barriers for persons who are blind/severely visually impaired. Rehabilitation providers stated that the fear of blindness, combined with a lack of understanding about how people who are blind accomplish routine tasks of daily living, translates into reluctance on the part of employers to hire persons with visual disabilities. Transportation, particularly for those in rural areas, those who live in suburban

areas, or those with limited mobility skills, continues to be a major employment barrier. Issues with print access, typically resolved by technology, present barriers because of changing technology needs, lack of technical support for consumers, issues with systems compatibility, delays acquiring equipment, and/or lack of quality assistive technology training programs.

Administrative problems specific to the rehabilitation program were cited by some rehabilitation providers as a barrier to employment. Examples of how systems administration hamper employment included restricted choice of vendors, thereby requiring a provider to use a vendor who does not provide either quality or timely services; time constraints; inefficient and inflexible use of time and workforce, which limits creativity; poor inter and intra agency communication and coordination of service delivery; and lack of quality adjustment training programs. Providers also were concerned that consumers who are newly blinded are being urged to return to work prematurely, i.e., before making the psychological adjustment and before becoming comfortable with adaptive techniques. One provider stated,

You're forced, many times, to use an agency where you feel there is a lot of turnover...To get the best quality service to my consumer sometimes involves fighting your own agency.

Consumer deficits were also mentioned as barriers to employment. Providers stated that lack of Braille literacy and client self-confidence hinder employment, as does failure to learn adjustment skills. Providers reported that fear of losing benefits, including health insurance, represent employment barriers. In some cases, providers said clients were overeducated for entry level positions most typically available. One rehabilitation provider stated,

The people I am receiving as referrals have no job skills and are not job ready....Also, just their own issues and what they are going through with their blindness. They are just not job ready, they don't have the skills. They haven't adjusted to what has happened to them. And yet, they still want to get right out there and work.

Overcoming Employer Attitudes

Efforts to overcome negative employer attitudes toward employment of persons who are blind/severely visually impaired fell into one of two broad categories, those

directed toward *educating* employers and increasing their level of awareness of blindness by providing information about blindness and how persons cope with it, and those efforts directed toward *increasing contact* with persons who are blind/severely visually impaired to increase comfort with blindness and persons who are blind.

Education

Rehabilitation providers were united in believing that educating employers remains the most effective method of overcoming fears and ignorance regarding blindness and thus changing employer attitudes. Methods to achieve this education are varied and providers recommend that efforts to achieve employer education be initiated in multiple venues.

Educational efforts that do not involve consumers are suggested for employers who are most resistant to hiring persons who are blind. In these cases, providers recommend providing knowledge through meetings with civic groups or organizations where targeted employers are members. At these meetings general information about blindness and assistive technology can be provided in a non-threatening atmosphere in an effort to spur dialogue with employers. Tapes, such as *What do you do when you meet a blind person?* are recommended for these introductory sessions. These contacts will hopefully be the starting place for more direct contacts with employers. As one participant stated,

They all know somebody who is visually impaired, so they identify with it and get involved. You can make it fun...I have to let everyone know it is okay to laugh....Barriers are broken down as far as feeling uncomfortable.

To increase awareness of persons who are blind/severely visually impaired in the community, conduct rehabilitation training activities in community places or conference rooms of employers. This indirect exposure to persons who are blind makes employers aware that there are people with visual disabilities in the community and efforts are underway to assist these persons in their return to work. Rehabilitation teachers should demonstrate adaptive techniques or assistive technology to persons in the community who might observe them and express an interest.

Sponsoring a breakfast or lunch where specific employers are invited and educated about blindness, or on a larger scale, sponsoring or participating in a seminar or fair on disability issues are other possible strategies to educate employers and thus improve their attitudes. Focus group participants encourage

targeting major local employers for attendance at these functions. Providers again recommend using a variety of methods to educate employers at these sessions. Potential resources for providing information to employers at these meetings include informational videos and representatives from various other agencies including the Office of Worker's Compensation, the Second Injury Trust Fund, and other insurance related agencies that can discuss safety issues for persons with visual disabilities. It is also helpful to have attorneys discuss the Americans with Disabilities Act (ADA); vendors demonstrate assistive technology; the Department of Labor discuss employment patterns; and employers who have persons with visual disabilities working for them tell their stories. October is a good time for these events as it is Disability Awareness Month. Linkages with other disability groups and consumer organizations to sponsor, publicize, and conduct these events are helpful. These activities can be combined with Legislative Open House events to increase knowledge of elected officials about blindness and low vision.

As employers become familiar with blindness and assistive technology, providers increase educational efforts to include more intensive personal contacts with other employers who have hired persons who are blind/severely visually impaired and workers who are blind/severely visually impaired. Employers can be provided lists of other employers agreeable to talking with them about hiring persons who are blind/severely visually impaired. Development of a list of satisfied employers is recommended for this purpose.

Employer mentoring programs was another successful strategy. Providers develop portfolios that include testimonials from satisfied employers, news articles from press coverage, and referral lists of satisfied employers. These portfolios are presented to employers with encouragement to contact employers in similar businesses. The satisfied employer then mentors the prospective employer by extending visits to the work site and facilitating introduction to existing workers who are blind/severely visually impaired.

Targeted partnerships with large employers are helpful in overcoming attitudinal barriers to employment. Providers identify a large employer within the community, learn about the business and its employment needs, and attempt, sometimes over a period of years, to develop an ongoing partnership with the employer. The goal of the partnership is to meet the employment needs of the business, not secure placement for one client. The partnership develops and potentially leads to employment of many persons who are blind/severely visually impaired.

When cooperative employers are identified, additional knowledge about blindness should continue to be provided. Attending monthly staff meetings or other inservice training provided by employers is suggested. At these meetings,

assistive technology is demonstrated and sensitivity to blindness training conducted. Some providers bring vision simulators to demonstrate the impact of vision loss; others use videos to educate about various aspects of blindness. Participant comments included the following:

Bring your tools; show your tools and how you use them.

and

Our computer specialist has a laptop computer and installed assistive technology on it, then goes to an employer and demonstrates it right at the job site.

Another suggestion for educational content at meetings with employers and potential coworkers is discussion of age-related vision changes. Providers give information on the functional limitations of age-related vision loss and describe the assistive techniques and equipment available to continue performing job duties. This information is targeted at both increasing knowledge about vision loss and identifying existing workers who may be experiencing age-related vision loss and are in need of job retention services.

Observing persons who are blind at the job site is believed to be an important part of changing negative attitudes of employers. Videos are used when employers appear resistant to on-site visits. However, after videos are viewed, on-site visits should be encouraged. The rehabilitation provider should offer to accompany an employer to another job site so that questions can be discussed and concerns resolved. As previously stated, it is helpful when an employer who hires persons who are blind extends an invitation to visit the job site to another employer and is available to answer questions. If potential employers are not agreeable to visiting job sites, the provider can facilitate a person who is blind/severely visually impaired and employed visiting the employer to discuss how he/she performs job duties using adaptive techniques and assistive technology.

Offering consultation about the ADA is another method rehabilitation providers use to gain entree to employers. Providers offer to tour the facility, make recommendations regarding ADA modifications, and answer questions regarding ADA compliance issues. While at the job site, providers attempt to learn employer workforce needs for potential future placement opportunities. This can present an avenue for prospective multiple placements with the same employer.

The ongoing contact between rehabilitation providers and employers must be encouraged and facilitated. Some organizations require rehabilitation providers

to make as many as 10 presentations about blindness per month to employers.

Some agencies use volunteers, placement specialists, rehabilitation teachers, and assistive technology specialists to educate potential employers about blindness. The above mentioned strategies are used to facilitate employer contact, but cold calls to employers remain a frequently used technique. Placement committees consisting of agency employees, volunteers, employers, etc. are also used to improve the knowledge level of employers and the general public about blindness and low vision.

Consumer-Employer Contact

While employers visiting with persons who are blind/severely visually impaired, viewing videos, or visiting other employers to observe use of adaptive techniques and assistive technology on a job site are helpful strategies, some employers remain reluctant to commit to offering a job to a person who is blind/severely visually impaired. In these cases, more intensive experience with an employee who is blind/severely visually impaired may be indicated. Summer employment for adolescents who are blind/severely visually impaired is helpful in educating employers and providing needed job skills training and experience to youth. Because employment is limited to the summer, employers are sometimes more willing to take what they regard as a “chance” on a new employee. Some rehabilitation providers use on-the-job training funds to pay the youth for this summer work experience, thereby making the opportunity even more attractive to potential employers. In cases where there is no money for on-the-job training and employers are reluctant to hire summer employees, volunteer work is another means of getting work experience for the consumer and exposing the employer to workers who are blind/severely visually impaired.

Use of on-the-job training programs and job coaches was strongly recommended by rehabilitation providers. On-the-job training programs ideally lead to permanent employment. The funding available for on-the-job placement ensures that by the time the employer assumes full responsibility for the employee’s wages, the employee is totally functional in the work environment. Time is available for the employee to become acclimated to the work site and job duties, to refine orientation and mobility skills within the work environment, to establish a regular transportation plan, and to resolve any issues with integrating assistive technology into the employer system. Even when on-the-job training does not result in employment, providers believe it presents a valuable opportunity to

obtain job experience for the consumer and the experience increases the employer's awareness about issues related to employment for persons with visual disabilities.

Job coaches are strongly recommended as a means of facilitating positive adjustment on the job for both the consumer and the employer. Job coaches work with consumers at the job site for various lengths of time depending upon consumer needs. Job coaches can provide the consumer with much needed information that is apparent to most workers through visual observation, such as what coworkers wear to work, where to get coffee, where coworkers go to lunch or to smoke, etc. Additionally, job coaches can assist consumers in learning job tasks that the consumer will then be able to perform independently, such as how to operate the copy machine. This reduces the time and expense the employer must invest to get an employee at full production levels. Job coaches therefore, facilitate not just the completion of job duties but the socialization process that impacts employment success.

Another means of introducing employers to the idea of hiring someone with a visual disability is to link with a temporary employment service. If the temporary service is agreeable to placing persons who are blind/severely visually impaired in temporary jobs, employers will have the opportunity to observe use of adaptive techniques and assistive technology on the job site, yet be relieved from making a commitment. Rehabilitation providers have been successful in securing permanent placements for consumers who were initially temporary employees.

Rehabilitation providers stress the necessity of facilitating placement for consumers who are job ready and whose skills and abilities match the needs of the employer. They recommend meeting the consumer at the job site for the initial interview rather than arriving with the client. This is an important step in demonstrating consumer independence to the prospective employer. Some rehabilitation providers recommend that the consumer address unasked questions that might concern the employer, including whether transportation is available and what and how equipment is used. Addressing these issues is believed to reduce employer anxiety about hiring a person with a visual disability. In some cases, it may be helpful to have an assistive technology person meet with the employer to discuss how computer systems can be linked or adapted. Providers stress the importance of consumers sending follow-up letters to employers thanking them for the interview and confirming their interest in the job. A provider remarked,

...Answering the unanswered, the unasked question, is very, very important. What the employer is imagining is so much worse than anything you could possibly be that you really need to address it.

Having everything in place (i.e., transportation, equipment, etc.) before the consumer begins work is a necessity. Purchasing equipment for consumers prior to employment is advised. However, providers recommend continuing as a resource and support system to the employer, even after the case is closed. There is a strong sentiment that ongoing support and presence for the employer is an important step in achieving positive long-term relationships with employers and that the long-term relationship is necessary to gain multiple placements with the same employer or to access the employer to provide references and information to other potential employers.

Rehabilitation providers acknowledge that the placement process is typically a difficult and stressful time for consumers. They encourage clients to maintain a sense of humor, and emphasize that a good sense of humor does a lot toward easing fears and concerns of employers and coworkers. Any person who is pleasant to be around has a greater likelihood of achieving employment success than a person who is not. Coordination of activities with consumer groups is a helpful strategy in increasing contact between employers and persons who are blind and employed.

Overcoming Transportation Barriers

Efforts to overcome transportation barriers fall into two major categories: those directed at working with consumers and those directed toward systems change. Systems change efforts are undertaken with the expectation that, when successful, transportation issues will be resolved for many persons with transportation problems while those directed toward specific consumers target transportation problems for individuals.

Consumer Efforts

Rehabilitation providers believe one of the most typical means of dealing with transportation problems is for consumers to relocate to communities where efficient and dependable transportation programs already exist. While some providers indicate it might not be appropriate to expect consumers to relocate, others maintain that relocation for employment for a variety of reasons is a common phenomenon and is not an unreasonable expectation.

Networking throughout the community for potential sources of

transportation is recommended. Rehabilitation providers report particular success in working with the local area Councils on Aging, the American Association of Retired People (AARP), and community church groups. Rehabilitation providers advertise through these organizations and local newspapers for drivers and typically pay drivers for a specified period of time after the consumer begins work, then the consumer assumes responsibility for paying the driver. Networks of retired persons have become a regular transportation source for some rehabilitation providers.

Rehabilitation providers encourage consumers to post announcements on bulletin boards at their job sites and to spread the word through their colleagues that transportation to and from work is needed. Carpool arrangements can be organized with coworkers or consumers can become riders in existing carpools.

Regardless of the method consumers ultimately use for ongoing employment transportation needs, rehabilitation providers advocate paying for transportation for at least the first 60 days of employment. This period of paid transportation allows the consumer to receive a few paychecks and establish a budget for work related expenses.

Systems Change Efforts for Transportation

Rehabilitation providers express concern about the difficulty linking transportation systems. This is particularly a problem when consumers live in suburban areas and employment is in the downtown areas, or vice versa, and different transportation systems serve different areas of the community. The interface of county and city transportation systems is another example of this problem. In some cases, rehabilitation providers find it helpful to enlist employer support in advocating for systems change, finding that employers expressing transportation needs generate more positive action among elected officials than social service agency employees or consumers. Employers are also helpful in having transportation systems extend their routes.

A small number of rehabilitation providers were successful obtaining grant funds to purchase vans and set up transportation systems for consumers. These transportation services are typically time limited and used until the consumer makes more permanent transportation arrangements.

Other rehabilitation providers work with agencies serving clients with disabilities other than blindness/low vision to set up self-employment plans where the employment is transportation. In these cases, persons with disabilities that do not interfere with transportation become self-employed transportation providers.

Another transportation option is use of cabs. Some consumer organizations

have been successful in negotiating reduced cab fares for persons with disabilities through voucher systems or subsidies. Use of private buses or vans that already exist in the community is suggested, such as vans that provide transportation for children to child care facilities also being used for transportation to and from the work place.

Overcoming Print Access Barriers

Having the agency technology specialist visit the job site and develop a plan for integrating the consumer's computer system with the employer's system is advised. Additionally, the agency technology specialist identifies which computer applications the consumer will use and works with the rehabilitation provider and consumer to be sure the consumer is appropriately prepared for the job tasks.

Lack of quality training programs for consumers to learn assistive technology is addressed by hiring technical consultants from local businesses selling assistive technology to teach software applications to consumers on the job and/or to facilitate integration of assistive technology with the employer's computer system. Services are paid on a consulting basis. When software application use alone is needed, it can occur prior to employment or as a part of on-the-job training.

Print access barriers may also be resolved by hiring the employer's technology specialist as a consultant. The consultant integrates the consumer's system with the employer's system and may teach the consumer new software applications. The consumer is typically paid through on-the-job training funds during this period. As previously mentioned, demonstrating assistive technology to employers is an important first step in securing access to print for consumers with visual impairments.

Overcoming Administrative Barriers

Participants discussed the need for regular and open communication among all parties concerned with the rehabilitation process to facilitate positive employment outcomes. This communication extends to administrators, supervisors, assistive technology specialists, rehabilitation teachers, rehabilitation counselors, and consumers. Policies and procedures should be developed to reduce paperwork and wasted time, improve training and adjustment programs, maximize resources, and promote positive employment outcomes.

Overcoming Consumer Barriers

Consumers sometimes present their own barriers to employment. Barriers typically encountered include low motivation, sometimes as a result of failure or fear; reluctance to lose disability related benefits; lack of adjustment and employment training; and lack of knowledge about jobs and job opportunities. Consumers must be encouraged to weigh the pros and cons of returning to work, particularly when employment in a part-time or low wage position could impact disability benefits. When a consumer makes the decision to return to employment, a joint effort between the rehabilitation provider and consumer is required for success.

Job clubs can increase client knowledge about potential employment opportunities and facilitate appropriate work behavior among clients. Peer support is helpful in sharing job leads, interviewing experiences, and discussing fears and concerns about employment. Rehabilitation providers stress the importance of the consumer being able to discuss their vision loss with potential employers; being aware of the law, including rights, responsibilities, and limitations; and being able to travel to the job interview independently.

When consumers are not job ready, providers recommend quality training programs to learn adaptive skills and techniques and the assistive technology that is helpful for the particular person. Peer support is a vital component of the adjustment and training process. For some consumers, a continuum of employment experiences may be helpful. Some providers engage clients in part-time work while the client is still in training and other providers use prevocational programs to help consumers learn more about work expectations and requirements.

Discussion of Focus Group Results

Participants in this study were rehabilitation providers at a national conference on employment or rehabilitation providers employed in one state rehabilitation agency. A focus group data collection method was used in an effort to identify successful strategies for overcoming employment barriers that might not be widely disseminated. Service providers and policy makers must determine the feasibility of implementing similar strategies or programs in their service delivery models.

Many of the rehabilitation providers who participated in the focus group sessions were passionate about promoting employment among persons who are blind/visually impaired. They were eager to share their experiences and learn from their colleagues. But at the same time, some expressed frustration with what they perceive as lack of support from administrators or a bureaucracy that does not emphasize employment outcomes.

Rehabilitation providers who engage in placement activities appear active in using a variety of techniques that are well known to rehabilitation providers, educators, and indeed, to those who engage in promotion of any person, group, or item. But those who are most successful in facilitating employment keep going in the face of failure, revise unsuccessful strategies with their own ideas and experience-based knowledge, and develop networks in their communities.

In addition to using the strategies and techniques these rehabilitation providers have shared, it would appear helpful to provide opportunities for persons engaged in placement efforts to discuss strategies and provide feedback and encouragement to each other. Such opportunities could promote professionalism and collegiality among employment specialists, provide a venue for sharing job leads and strategies, and hopefully promote job retention, thus allowing longer term relationships with employers.

Summary of Strategies to Overcome Employment Barriers

- A. Attitudinal Barriers Addressed through Education
 - 1. Provide information/presentations to groups where employers are members.
 - 2. Conduct rehabilitation training activities in public venues to increase awareness.
 - 3. Keep examples of assistive technology on a laptop for easy demonstration.
 - 4. Sponsor meals that are educational sessions for employers.
 - 5. Use educational videos to increase awareness.
 - 6. Enlist help from other agencies and government programs to promote awareness.
 - 7. Network with legislators.
 - 8. Work with other disability organizations.
 - 9. Link employers who have hired someone with a visual disability and employers in related industries.
 - 10. Develop network of satisfied employers who will serve as

mentors/references.

11. Arrange employer visits to job sites where persons with visual disabilities are employed.
 12. Work with consumer groups to identify and accommodate age-related vision changes.
 13. Develop mentoring programs among employers.
 14. Provide portfolios of information about services and workers who are blind to employers.
 15. Develop partnerships with major local employers.
 16. Provide consultation regarding ADA issues.
 17. Maintain contact with employers over an extended period of time.
 18. Use summer employment and temporary agencies to increase employer exposure to persons with vision loss.
 19. Provide on-the-job training funds to reduce start up costs to employers while the consumer is being oriented to the job.
 20. Use job coaches to assist in job training and adjustment to the job site.
- B. Transportation Barriers addressed through Individual Intervention
1. Relocate consumers to areas where transportation is feasible.
 2. Contact community groups, particularly those with retired members, to identify drivers.
 3. Post announcements on bulletin boards at job sites to initiate or join carpool groups.
 4. Provide funding for transportation for at least the first 60 days of employment.
- C. Transportation Barriers addressed through Systems Change
1. Enlist support from employers to expand or modify transportation systems.
 2. Compete for grant funds to set up transportation programs.
 3. Assist consumers with other disabilities in becoming self-employed transportation providers.
 4. Develop voucher programs with consumer organizations and cab companies.
- D. Administrative Barriers addressed through Agency Change
1. Improve communications within and between agencies serving persons with visual disabilities.

2. Develop or amend policies and procedures to reduce paperwork and wasted time and maximize resources.
 3. Promote competitive employment outcomes.
- E. Interventions to address Consumer Barriers
1. Ensure consumer is aware of the impact of returning to work on their income, lifestyle, etc.
 2. Use job clubs to improve work habits and disseminate information.
 3. Provide opportunities for peer support.
 4. Provide quality education and training programs.
 5. Consider a continuum of employment experiences.

Telephone Surveys

Methodology

A telephone survey of rehabilitation providers was undertaken to identify rehabilitation techniques or strategies that were innovative or not disseminated, but that rehabilitation providers found successful in assisting persons who are blind or severely visually impaired in overcoming employment barriers.

Selection of Participants

Letters were sent to each state vocational rehabilitation director or vocational rehabilitation for the blind director requesting they nominate rehabilitation professionals who have demonstrated success in assisting persons with visual disabilities in overcoming barriers to employment (Appendix D). Directors provided the names and contact information for these exemplary rehabilitation professionals for participation in the telephone survey. In an ongoing effort to promote consumer involvement, consumers were asked, through announcements in consumer publications, to nominate rehabilitation providers for participation in this project. Once data collection commenced, rehabilitation professionals participating in the project were asked for suggestions regarding other exemplary rehabilitation providers that should be included in the survey.

Instrument

The telephone survey protocol was devised by the researchers (See Appendix E). Draft copies of the protocol were submitted to other professionals, including persons who are blind, for review and feedback. Modifications were made per their suggestions.

The final instrument included 14 questions. Six closed-ended questions obtained information such as job title, number and type of clients served, and government programs used as incentives to employers. Eight semi-structured and open-ended questions gathered information relevant to overcoming the barriers to employment, characteristics of individuals who become competitively employed and success stories of outstanding individuals with visual impairments who were competitively employed.

Procedure

Each nominee was called by a trained interviewer and read an introductory statement outlining the study and explaining how each was selected (Appendix F). Confidentiality was explained to each nominee and permission was requested to conduct the interview. Because the study was largely qualitative in nature, participants were asked for permission to include quotes from the interviews in any report of the study. For those who did not wish to be quoted, notation was made on the original interview questionnaire and any transcript of the interview.

The telephone interviews were conducted in just over a 4-month period. The mean length of the interview was 47 minutes. Information regarding job title, case load type and size, government program used, length of interview, and number of clients placed or assisted in job retention was entered into a database and analyzed using SPSS. Detailed notes were taken and quotes recorded as each interview was conducted. Each semi-structured or open-ended question was transcribed on the interview sheet. Each transcript was coded and grouped for further analysis and reporting.

Subjects

Of the 62 nominees who participated in the study, 58% identified themselves as vocational rehabilitation counselors (n=36). Others worked as job organizational specialists (n=14; 23%), supervisors (n=10; 16%), and other (n=2; 3%). All 36 counselors reported carrying a case load. However, 2 of the 14 organizational

specialists, 3 of the 10 supervisors, and 1 of the 2 respondents in the “other” category did not carry caseloads.

Results

To determine the number of clients, respondents were asked “How many clients are in your average caseload?” They were specifically asked about the total number of persons who are blind, legally blind or visually impaired, and other disabilities. Over two thirds of the respondents (n=43; 69%) worked with clients who are blind or visually impaired; 19 (31%) worked with mixed caseloads (both blind and general caseloads). Excluding respondents who did not currently carry a caseload, they worked with an average of 76 clients (range from 5 to 138 clients). On average, 16 clients were blind, 46 were legally blind and 14 had other disabilities. When separating these professionals by type and average size of caseload (excluding those with no caseloads), the responses indicated that counselors served an average of 89 clients, which included 17 blind, 54 legally blind or visually impaired, and 17 people with other disabilities; supervisors served an average of 49 clients, which included 10 blind, 39 legally blind or visually impaired, and 0 people with other disabilities; job organizational specialists served an average of 51 clients, which included 15 blind, 22 legally blind or visually impaired, and 14 people with other disabilities. Table 1 includes a detailed description of these caseloads by the type of rehabilitation professional included in this study.

All respondents were asked about attempted placements, clients placed, and clients assisted with retaining competitive employment (job retention) (see Appendix E for exact wording for these 3 questions). All comments were analyzed for the qualitative portion of this report. However, only those professionals currently carrying a caseload were included in the statistical description of placement results. On average, respondents attempted to place 31 clients, actually placed 16, and assisted 6 with job retention.

These professionals were separated by job title and their caseloads analyzed by attempted placements, clients placed, and job retentions (excluding those with no caseloads). These results indicate that counselors attempted an average of 25 placements, successfully placed 13 clients, and assisted 5 clients with job retention; supervisors attempted an average of 16 placements, successfully placed 7 clients, and assisted 6 clients with job retention; organizational specialists attempted an average of 60 placements, successfully placed 31 clients, and assisted 4 clients

Table 1: Caseload Description by Type of Rehabilitation Professional (Only one “other” professional had a caseload; therefore, this category is omitted.)

| Type of Rehabilitation Professional | Type of Caseload | Mean (sd) | Minimum | Maximum |
|--|------------------------------------|------------------|----------------|----------------|
| Counselor (n=36) | Total | 89 (29.4) | 24 | 138 |
| | Blind | 17 (11.3) | 0 | 42 |
| | Legally blind or visually impaired | 54 (33.9) | 0 | 124 |
| | Other disabilities | 17 (30.9) | 0 | 108 |
| Supervisor (n=7) | Total | 49 (34.7) | 5 | 100 |
| | Blind | 10 (7.9) | 2 | 25 |
| | Legally blind or visually impaired | 39 (32.4) | 3 | 93 |
| | Other disabilities | 0 (0.0) | 0 | 0 |
| Organizational Specialist (n=12) | Total | 51 (33.6) | 13 | 125 |
| | Blind | 14.5 (14.2) | 1 | 45 |
| | Legally blind or visually impaired | 22 (26.6) | 0 | 80 |
| | Other disabilities | 14 (20.7) | 0 | 61 |

with job retention. It should be noted that job organizational specialists report a higher average number of attempted placements than their reported average caseload size. These professionals are often involved in the placement of consumers not technically on their caseloads; therefore it is reasonable for them to report working with more clients than they reported as on their caseloads. Table 2 includes a detailed description of these attempted placements, successful placements, and job retentions by type of rehabilitation professional included in this study.

Table 2: Attempted Placements, Successful Placements, and Job Retentions by Type of Rehabilitation Professional

| Type of Rehabilitation Professional | Type of Caseload | Attempted Placement Mean (sd) | Successful Placement Mean (sd) | Job Organizational Specialist |
|--|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Counselor (n=36) | Total* | 25 (19.6) | 13 (8.2) | 5 (5.8) |
| | Blind | 6 (7.5) | 3 (2.7) | 1 (1.6) |
| | Legally blind or visually impaired | 15 (17.1) | 8 (6.9) | 4 (5.2) |
| | Other disabilities | 4 (9.6) | 2 (4.9) | <1 (.49) |
| Supervisor (n=7) | Total* | 16 (14.6) | 7 (6.0) | 6 (4.5) |
| | Blind | 3 (2.5) | 1 (1.2) | 1 (1.1) |
| | Legally blind or visually impaired | 12 (12.9) | 6 (5.5) | 6 (4.5) |
| | Other disabilities | 0 (0.0) | 0 (0.0) | 0 (0.0) |
| Organizational Specialist (n=12) | Total* | 60 (31.1) | 31 (18.2) | 4 (4.3) |
| | Blind | 12 (12.5) | 5 (4.1) | 1 (1.9) |
| | Legally blind or visually impaired | 30 (27.1) | 13 (12.5) | 2 (2.7) |
| | Other disabilities | 19 (28.9) | 13 (20.5) | 1 (1.9) |

* Totals may not equal the sum of the individual categories due to rounding.

Government Programs Used

Respondents were asked about their use of four programs, Work Opportunity Tax Credit, Job Training Partnership Act, Small Business Administration, and PASS (SSI regulations), and asked to identify other government programs used. Respondents used an average of 3 programs ($M = 3.29$). Almost three fourths (72%) used the Work Opportunity Tax Credit, 47% used the Job Training Partnership Act, 36% used PASS (SSI regulations), and 29% worked with the Small Business Administration. In addition, 66% used other federal and government programs such as on-the-job evaluations and training programs, federal placement grants, CETA, Pell grants, supported employment programs, work targeted tax credits, Veterans Administration, and Dislocated Worker's Program.

Table 3: Respondents Use of Government Programs or Strategies (n = 62)

| Category | Frequency | Percent |
|-------------------------------|------------------|----------------|
| Work Opportunity Tax Credit | 45 | 72.6 |
| Job Training Partnership Act | 30 | 48.4 |
| Small Business Administration | 18 | 29 |
| PASS (SSI regulations) | 18 | 35.5 |
| Other government programs | 42 | 67.7 |

Job Titles of Clients

Respondents were asked to report the job titles of those placed in competitive employment during the past year. Respondents were reminded to report those *actually* placed, not those assisted in job retention; that is, solely new placements. Also, they were asked to report the average salary for persons placed in a competitive job. The average salary was not listed for each placement, resulting in missing data for this item. However, for those listed, the average annual salary earned for full-time employees was \$19,295 with a range of \$10,712 to \$91,000 and for part-time employees the average annual salary was \$9,470 with

a range of \$2,600 to \$26,000. Respondents reported a total of 479 actual placements during the past year. Table 4 categorizes these placements by DOT category.

Table 4: Clients Placed in Competitive Employment by DOT Major Categories (n = 479 placements)

| DOT Code (First Digit) | Major Job Description | Number Placed |
|-------------------------------|--|----------------------|
| 1 | Professional, Technical and Managerial (Vocational Rehabilitation Counselors , Doctors, Legal Professionals, Teachers and Health Care Workers) | 143 |
| 2 | Clerical and Sales Occupations (Clerical Workers, Sales Associates and Marketing Representatives) | 193 |
| 3 | Service Occupations (Restaurant Workers, Custodial and Security Personnel) | 68 |
| 4 | Agricultural, Fishery, Forestry and Related (Animal Care Providers and Nursery Horticulturist) | 6 |
| 5 | Processing Occupations | 0 |
| 6 | Machine Trades Occupations (Automobile and Manufacturing Workers as well as Assembly Line Workers) | 32 |
| 7 | Bench work Occupations (Small Engine Repairmen) | 4 |
| 8 | Structural Work Occupations (Construction worker's). | 17 |
| 9 | Miscellaneous Occupations | 15 |

Employer Interest

Each professional was asked to describe “the employer in your most recent successful competitive placement. Why do you think the employer was interested in hiring this person?” All responses were reviewed and collapsed into similar groups, resulting in 10 different categories of consumer attributes such as the consumer’s skill, past experience hiring individuals with visual impairments, and the employer’s on-going relationship with counselors or rehabilitation agencies. The 10 categories were further grouped according to which group was primarily responsible for or was a key contributor to the hiring success: the consumer, the employer, the counselor, or society. These groupings indicate the necessity of a “team” approach to successful employment. There must be emphasis on the skills of the consumer, opportunities provided by employers, commitment from counselors, and minimal societal barriers. Table 5 includes these groupings by responsible group and attribute.

Table 5: Professional’s Perception of Group Responsible for Hire

| Responsible for Employment Success | Subcategory (Reason/Activity) | Responses |
|---|--|------------------|
| Consumer | Consumer’s skills | 29 |
| Employer | Previous hires with blindness | 14 |
| | Previous hires with other disabilities | 12 |
| | Personal relationship with disability or interest in disability issues | 7 |
| Counselor | On-going work by counselor or agency | 15 |
| | Volunteer work | 2 |
| | OJT or job coach | 9 |
| | Economic incentives (including equipment) | 12 |
| Society | Low unemployment rate | 6 |
| | ADA or lawsuits | 3 |

Differences Between Successful and Unsuccessful Placements

Each counselor was asked to explain the difference between successful and unsuccessful competitive placements. Specifically, they were asked why some clients were placed in competitive employment and not others. Respondents were encouraged to relate any other differences they had noted in their placement experiences.

The responses included descriptions of the major characteristics of a person who has successfully secured competitive employment. The competitively employed individual was regarded as highly motivated in life and refusing to allow obstacles to prevent employment or achievement. The single greatest difference was in the individual's level of motivation or attitude. In fact, 62% of the differences included attitudinal characteristics. Examples of the responses in this area include the following:

Attitude: Clients are not successful when they have an entitlement attitude toward disability. This is picked up on by the employer. I had a \$69,500 starting salary at a casino for a client who was offered a job, but said she couldn't be there at 8 (only at 8:30). She is still not placed because there has always been an obstacle. I place employees- people who can do the job. The impairment is not first.

Motivation: Successful people are motivated and interested in working. They are independent and self-sufficient. Unsuccessful clients are dependent on the system and programs.

It depends on the person. They don't have to be super talented, but they have to be very motivated. It's very rare to have a motivated person who does not get a job.

They have a strong desire to work instilled by their family and environment. They expect to work. Sometimes families don't encourage them to work. They need someone in their lives with an expectation to work.

An area that captured 24% of the responses was the level of education and type and/or amount of training received. The responses provided interesting feedback regarding different skills and training necessary to gain competitive

employment and overcome barriers to employment. Training programs ranged from interviewing and social skills to those teaching assistive technology and how to ask for accommodations in the workplace. Examples of these include the following:

Successful clients have job skills, good interviewing skills, self-confidence, previous work histories, good work ethics and habits, and good social skills. Successful workers have good work skills and attitudes, are flexible, accept their disability, put their employers at ease making them feel comfortable, make a good first impression, have good blindness skills, good transportation that allows them to get to work on time, and computer skills.

All the responses were reviewed and collapsed into six groups that captured the major areas of consumer differences that facilitate successful competitive employment. These six groups include differences in the following areas: motivation or attitude, education or training, support systems, work history or lack thereof, transportation, and general financial situations. Providers cite two major areas as differences between successful and unsuccessful clients: personal motivation or attitude (62%) and educational level or type of training received (24%). Table 6 includes all the areas mentioned by these professionals.

Table 6: Counselors’ Perception of Major Characteristics of Successful Placement

| Major Characteristics of Successful Placement | Responses |
|--|------------------|
| Motivation or Attitude | 67 |
| Educational Level or Training Received | 26 |
| Financial | 1 |
| Transportation | 6 |
| Previous Work History | 7 |
| Support Systems | 1 |

What are the Major Barriers?

Each respondent was asked, “What do you think are the major barriers to employment?” The analysis of this question evolved into two parts. One was to examine the responses in light of the direct question. As the responses to this question were transcribed and common themes emerged, five major areas of barriers were identified. The second analysis involved responses where solutions were offered to these barriers. Actual reporting of solutions is included in another section of this report, therefore in this section, responses that included both mention of a barrier and what the respondent did to overcome the barrier are simply recorded at the end of each major barrier section.

The responses are grouped into the following categories: attitudes, transportation, employee preparation, government systems, and assistive technology. All respondents reported at least one significant barrier to employment with most mentioning multiple barriers. The most frequently reported barrier was attitude. Fifty-nine of the 62 respondents (95%) mention one type of attitude or another as a major barrier to employment.

A total of 87 (40%) responses relate to attitudinal barriers to employment. Of these, 62% relate to the attitude of the employer. Many responses cover two facets of this attitude. One area of experiencing negative attitudes of the employer is in the form of the employer’s fear or uncertainty in hiring individuals with visual impairments. The other is that many employers have a reluctant attitude toward training or educational opportunities to correct their misconceptions. Some of the responses in the area of employer attitudes include the following:

Many employers are scared of blindness. They have ridiculous stereotypes because of ignorance.

Employers fear hiring someone with a disability (they do not understand adaptive equipment). Employers do not have time or resources to learn about adaptations.

Discrimination and the employer’s belief that blind people can’t work.

Employers’ perceptions about what a person who is visually impaired can and can’t do.

Employers do not understand what blind and visually impaired people can do, especially disseminating information in a paper format. They almost close their minds to hearing about technology and adaptations to handle print and paper.

Misconception that employers have is an impediment. They do not believe that certain jobs can be done by blind persons. They are concerned with safety issues and increased worker's compensation costs.

The remainder of the attitudinal responses relate to the individual clients, their families, and/or their coworkers' attitudes. The majority of these responses pertain to the individual client's negative attitude (24% of the total attitude responses). Interestingly, only 3 of the 87 responses relate to coworkers' attitudes. Examples of these responses include the following:

Employees' attitudes and motivation and their acceptance and beliefs.

Clients' attitudes toward work. Many people are discouraged by family and friends who have told them they cannot work.

Respondents reported efforts that help overcome attitudinal barriers. Most solutions involve education of employers and others within the employment process. Some examples of these are listed below.

Stereotypes on the part of employers who feel the person can't do the job. They have a preconceived idea of what a person can do. I educate the employer and go to the employer to demonstrate the skills.

A barrier is overcoming prejudices of others toward the person with disabilities, especially blind people. Many people are afraid of blind people. We educate them and sell the individual.

Employers' attitudes are usually the easiest to fix. How? Use an NIB tape which features legally blind individuals. After the employer watches the 9-minute tape, tell them every person in the tape is legally blind.

The counselor offers to take the employer to another location that has had success in hiring individuals with visual impairments.

Transportation was mentioned by 47 of the 62 respondents (76%) as a major barrier to employment. Indeed, one response for this barrier was simply, “*transportation, transportation, transportation*” another said “*transportation is a huge problem- our state is mostly rural*” and still another “*transportation is a major issue.*” These responses indicate the seemingly universal existence of and frustration with transportation.

Respondents offer few solutions to consistently and effectively overcome transportation barriers. One respondent did report using a voucher program until the client receives their first pay check; then it is the employee’s responsibility to arrange transportation. Two respondents capture the transportation solution dilemma in their comments.

Transportation. Within the city limits, we are above average in dealing with this. Out of the city limits it is terrible. The only option is to move if you don’t have support.

Transportation. There is no way to deal with it. There is nothing I can do. Little help is provided in this area. Busses are sporadic.

Another employment barrier mentioned is employee preparation. Responses include lack of general preparation or training, work skill development, and social or interviewing skills. This was reported by 32 of the 62 respondents. Respondents focused a majority of their attention on the lack of work preparation skills for the individual client. However, one respondent stated,

Lack of social skills. People keep jobs based on social skills, not work related skills. Employers want team players.

Other examples include the following:

Lack of work ethic. It takes an understanding of work and values, and understanding that work is more than just money.

They do not present themselves well to employees. They need work readiness training and interviewer training.

The public education system does not take the time with special needs students. They don't get the training or education they need. These students graduate without being able to read, write, etc.

This is a very skill-oriented job market. Many clients do not have the educational background or abilities

The fourth barrier was the government and/or rehabilitation systems. This barrier was reported by 33 of the 62 respondents. Comments concerning the rehabilitation system dealt primarily with large case loads. One respondent expressed it as:

Too many numbers on the case load. You cannot work 130 people. We need specialty counselors who have time and energy to talk with employers.

Other comments mentioned disincentives of some programs, particularly the SSI and SSDI system. Comments included:

Losing SSI is a problem. It needs flexibility.

SSDI disincentive. They may only want to work part time when the job requires a full time placement.

Social Security is a barrier. People work so hard to keep under levels so they can keep benefits.

Assistive technology is reported as a major barrier to employment by 14 of the 62 respondents. Responses center on adaptive equipment being part of the total package necessary to gain competitive employment. One respondent provided the following comment:

Adaptive equipment- there must be a total package; the skills to use the equipment, attitude and appearance.

Even though all respondents report many barriers and strategies to overcome them, one respondent may have captured the solution in a single comment. This rehabilitation professional simply stated “*These are challenges, not barriers.*”

This reminds everyone that attitude is one of the primary elements to successful employment.

Examples of Successful Placements

Each respondent reported examples of placing someone in competitive employment. Notes were taken during the discussion, then typed, edited, and examined for methods to overcome barriers to employment. As the stories were examined and trends emerged, it was evident that multiple barriers had to be dealt with to successfully assist individuals in gaining or regaining competitive employment. The following is an example of a typical story.

The first client was out of the job market for more than 15 years. She became so upset during the interviews that she would panic. She is now working full time as PBX operator in a high paced job for a major employer. The employer provides transportation to and from work. At first, she needed a lot of attention with mobility, transportation, and obtaining accommodations. Later, she also needed off-the-job support. The transition back to work was stressful. She received counseling before placement and met many times during the first week with her counselor. She needed a perspective. Now she is a valued employee.

This example illustrates how barriers were addressed to assist this client's reentry into the workforce. It was apparent that multiple factors must be present for success to occur. A positive attitude and cooperation among the client, counselor, and employer are integral components to successful placement. This was evident in many of the placements reported and is examined further in the discussion section of this report.

In all, 119 success stories were reported. At least one of the barriers identified in previous research and by these respondents was seen in each story. These stories were examined for the one or two major barriers identified and how they were overcome. These major barriers were categorized into five groups: Employee Preparation, Assistive Technology, Attitude, Transportation, and Other. In the following subsections, each barrier is identified and the discussion focuses on how they were overcome. Table 7 includes a breakdown of these barriers.

Table 7: Barriers and Solutions to Attain Successful Employment

| Major Barrier Identified | Solutions to Overcome Barrier | Responses |
|--|---|------------------|
| Employee Preparation/ Lack of Skill | Adequate Assessment and Training/ Cooperation of VR & Employer | 48 |
| | Job Coach or On-the-Job Training | 25 |
| | Internships | 3 |
| | Toastmasters | 2 |
| Assistive Technology | Vocational Rehabilitation Supplied | 25 |
| | Employer Supplied | 9 |
| | Assistive Technology Provider Supplied | 3 |
| Transportation | O&M training to use present system | 7 |
| | Coordinate with Coworker | 6 |
| | VR Paid Until First Paycheck | 2 |
| | Private Driver | 2 |
| | Relocation of Client | 2 |
| | Self-Employment | 1 |
| Attitude of Employer | Employer Training or Networking | 13 |
| Attitude of Client/Self- Esteem | Counseling | 6 |
| | Coworker Role Modeling | 6 |
| Other | | |
| Accommodation | Job Restructured | 2 |
| Lack of Opportunities | Relocation | 1 |

Employee Preparation

Lack of employee preparation is included as a barrier in 74 of the 119 examples shared by respondents. The expression of this barrier includes instances of lack of skill development, language barriers, and inadequate assessment of skills. The most frequently recommended solution was for rehabilitation providers to be trained to assess and train individuals. Other solutions include increased attention to the assessment and training provided by others (i.e., rehabilitation teachers, sub-contractors), on-the-job training, and utilization of a job coach.

There were variations in the type of training providers believe clients need. Some clients have no idea what their skills are while others do not know how to obtain appropriate training. Some need help in interviewing skills as well as general job seeking skills. Efforts among all parties are combined to achieve successful placement. The following is an example of the integration of proper assessment, training, interventions, and cooperation:

The client was placed as a customer service representative at a factory manufacturing vacuum cleaners. Rehabilitation services provided additional keyboard training skills and performed an assessment of work skills and needed equipment (Sensory Access Foundation). The evaluator made recommendations with knowledge of the latest technology. The employer purchased the equipment. The employee moved from assembler to company representative and gained knowledge about the whole production process.

The following is an example of how training can overcome inadequate interviewing skills and attitudes. This example also offers a glimpse of how, even with proper training, regrouping is sometimes necessary and that when job interviews do not go well, one can learn from the experience, improve, and ultimately obtain a job.

Vocational Rehabilitation conducts a 5-week class (once a week from 9:00 to 12:00) to help people understand that they are in charge of their own lives and can change things if they are willing. It helps people identify what they want to commit to in order to change. Practice interviews are videotaped (you may have only one chance to

interview, don't screw up). If three actual job interviews occur with

no job offer, the group leader calls the client (assumes something is wrong). The client reviews the interview questions with the counselors and tries to determine what is going on. The client is usually placed in three more interviews.

Solutions utilizing on-the-job training to provide the necessary training to successfully perform a desired job were described. Examples included cooperation among the client, counselor, and employer. Though not expressed as an identifiable solution, this degree of cooperation was found to be one of the keys to overcoming barriers. The following is an example of this solution-focused approach, incorporating cooperation and the above mentioned solutions.

Vocational rehabilitation performed a vocational evaluation and provided work adjustment training (packing, sorting, and blister pack machine operator) to a totally blind client. The employer did not understand how a totally blind person could run the machinery. The agency offered a job coach, money for on-the-job training, and a temporary appointment, but the employer was not convinced. The job coach was prepared to intervene to maintain production while the person was learning. The counselor kept asking for six months and the employer finally gave in! The employee could do the work, but was slow. The employers liked the client and wanted it to work out, but the speed had to increase. They changed the setup area and incorporated jigs; the employer suggested keeping the same size jigs (instead of constantly changing). The employer later apologized for being a cog in the wheel; and he now considers the client to be one of the best employees.

Some stories included interesting accounts of innovative types of internships when nothing else seemed to work to “get the foot in the door.” One of these incidents is included in the following account:

The client heard about the switchboard position at the college, made inquiries about available jobs, and informed NIB about available job openings. NIB agreed to a 3-month internship with a woman who lived in the area. Vocational rehabilitation provides both supervision

and “hosts” the client, while NIB provides funding. Within 6 weeks (not 3 months), the college officials were satisfied and hired the client.

An interesting approach to utilizing available resources to improve the skills of individuals with visual impairments trying to obtain competitive employment involved Toastmasters. Organizations such as Toastmasters can help consumers develop or improve not only their speaking abilities, but also can increase their confidence during an interview or as they interact with coworkers. A rehabilitation counselor had the following to relate about use of this community organization.

He (the client) wanted to work but was terrified of speaking in public, making presentations, even going to a job interview. I contacted some members of a local Toastmasters groups and asked if this client could join. After much encouragement, the client joined and his involvement developed into sort of a mentoring relationship. The client became comfortable giving speeches and presentations, and going to job interviews. The client was eventually hired and trained in the reservation department of Marriott.

Another story provided an example of the time and cooperation required to obtain appropriate training. The following is a recount of such a placement.

A teacher became blind and developed complex medical problems resulting from a car accident. It took 10 years for her to be able to ready to work. She enrolled in school and earned a Master of Social Work degree. She became a therapist and is now an independent clinician.

Assistive Technology

Many of the success stories supported the idea that assistive technology (AT) be obtained to facilitate employment. Most solutions to assistive technology issues were resolved by vocational rehabilitation purchasing the needed equipment. The methods of providing the AT by vocational rehabilitation were as diverse as each client’s needs. However, supplying the equipment was not all that was required to achieve successful employment. These examples provide a glimpse into

the time, cooperation, and flexibility required to overcome assistive technology barriers.

Vocational rehabilitation paid for college costs, O & M, and rehabilitation teaching for a social worker who is totally blind. She located a job and rehabilitation paid for her equipment. It took over a year to solve all the problems with the equipment (even replaced the equipment at one point). She works in a Windows environment. The employer and the client didn't know from one day to another if things would work out. It was very confusing trying to decide if the problems were with the client or with the equipment. The more money you spend, the more time you spend, and the more education the client obtains, the more likely the client is to be competitively placed.

One state developed a program retaining ownership of assistive technology for clients. This makes the equipment available as needed to the client but keeps it available for others to use if the need arises. The following is the account of such a program.

This state has a "Technology for the Blind" program. Counselors don't order equipment themselves, but use the equipment from the program. Equipment is always available through a centralized location and with the help of a supervisor and engineer on staff. This cuts down time on assigning engineers to problems and getting engineers to the program. There are at least six engineers in the program. The teacher performs pre-vocational evaluations to determine if an expressed interest in computers is really a viable option.

Though the largest reported solution to assistive technology barriers involved vocational rehabilitation purchasing or supplying the equipment, 24% of the solutions involved either networking with the employer or the employer supplying the equipment. The following is an example:

A company hired four or five employees as computer programmers after they completed training at the rehabilitation agency. The program worked because the employer visited the rehabilitation facilities and the training program was tailored to meet the needs of the company. The employer paid for all adaptive equipment. Training

costs about \$2,500 per month (includes boarding); 9 months for computer training, 2 to 4 months for clerical training, and 2 to 3

months for reservation training. The company provided positive references to other companies inquiring about their experience. The agency has worked with a major hotel to provide training for reservations.

Another story provides an example of cooperation with other organizations providing assistance.

Vocational rehabilitation involved the organization, Parents Let's Unite Kids (PLUK), which made a lot of computer adaptations, and assigned a job coach to assist with computer equipment. For a total of \$5,000, the client became a shift supervisor and trained others. He memorized the computer screens and coupons.

Transportation

Transportation was mentioned in many of the success stories shared by the respondents. However, there were three distinct findings in the stories concerning transportation. One was the frequency transportation was mentioned, the second was the number of different solutions found to transportation barriers, and the third was the frustration expressed when discussing transportation issues.

Transportation was reported in 20 of the 119 stories as the primary or secondary major barrier to employment. Six different strategies to overcome transportation difficulties were reported. The most frequently mentioned solution involved O & M training to use existing public transportation systems. Other solutions included: coordinating with coworkers, vocational rehabilitation paying for transportation for a time limited period, hiring a permanent driver, relocation, and self-employment. The following are examples of the transportation solutions.

The client was very involved in the process. He now makes \$11 an hour and has hired five more people. Initially, vocational rehabilitation helped with transportation along with the Transit Authority. Now he uses a private chauffeur; very expensive and a large part of income.

Transportation problems are met by hiring a mobility instructor. The client used a mobility instructor. He uses mass transit and walks the remaining distance. He leaves very early in the morning to commute 2 hours to work.

The following excerpt demonstrates how multiple barriers, including transportation, are often found in a single placement. This example reflects the effort and perseverance the client must demonstrate to be placed in competitive employment.

A woman with retinitis pigmentosa wanted to work as an assembler with a major manufacturing company, but the company physician wanted to exclude her. The low vision specialist went into the work place, performed a job evaluation, and convinced the physician that she could do the job. A job evaluation was conducted with an occupational therapist and the rehabilitation counselor. Natural supports, such as coworkers, were used at work. The client arranged transportation with a coworker while paying for the gas. The client uses a CCTV and hand magnifiers (purchased with rehabilitation dollars) to read blueprints. Rehabilitation spent \$4,000 on this client.

As the placement stories were examined, this story provided an example of using systems change or advocacy to meet the needs of more than one client.

A local financial institution hired five consumers who are blind within the last five months. The company wanted to add a total of 20 to 30 consumers over the next 2 years. Transportation was a barrier so the rehabilitation provider went to local legislators and stressed the importance of the local economy and having a fully-staffed business. The legislator went to the local utility company (which operates a bus transportation system) and arranged to add a bus stop at the business's front door (required about 6 miles of additional routing). Normally, they only make route changes once a year and those changes had already occurred 2 months previously. The respondent also sat in on high-level discussions about human resources and future employment needs. He gained very detailed knowledge about personnel of the company. He can share this information with counselors

and clients to help cultivate job matches.

Transportation was frequently referred to as a frustration. When discussing major barriers to employment, many times the respondent simply replied, “*transportation*” or “*always transportation,*” with an emphasis that cannot fully be captured in print. The following examples relate to these feelings of frustration.

This counselor has made over 1,000 successful placements. The trouble is transportation. She has used a number of ways to address this barrier, such as family drivers or car pooling with other workers. She counsels with other family members about providing transportation without charging.

Transportation! Transportation! Transportation!!!!!!!

The spouse has to provide transportation!

Attitude

Attitude was another barrier expressed by rehabilitation providers. This was related in the stories in two unexpected and interesting ways. The first was in the expression of a general lack of self-esteem on the part of the client and a negative attitude or fear from the employer. The second finding concerns the positive attitude of the client. Rehabilitation providers have found the majority of the placements go to individuals with high motivation to return to work or to find a competitive job. Attitude was mentioned in 19 of the stories; 13 of the 19 related to the attitude of the employer. The following examples are a mixture of client and employer attitudinal barriers and how they were overcome.

This was a very difficult client. She went to the employer who previously worked with rehabilitation with clients with developmental disabilities. The employer was interested in hiring another person with a disability, but did not know anything about blindness. The employer was scared of blindness and had to be convinced a person who is blind could do the job. The employer was able to create a clerical job for that person and provided materials from AFB explaining how to work with someone who is blind.

Vocational rehabilitation sent out the rehabilitation engineer who was also a great salesperson. The engineer decided how the job could be performed and talked to the employer about job

performance. The business had a need. The counselor talked with the employer about the employer's needs, then the rehabilitation engineer was brought in to determine how the job could be done. At the very last, the client becomes involved. At the beginning, the client does not even know who might be placed in the job. That decision is reserved for last.

A consideration in overcoming the barrier of low self-esteem among clients is the importance of a role model, or someone who understands the difficulty in overcoming employment barriers. The following example includes many of the barriers often encountered by client and counselor, including issues regarding a client's self-esteem.

A Hispanic man worked in human services as a mental health worker. This was a contractual job for 10 to 12 hours per week, but he wanted more. A job was located in the county because the rehabilitation agency was on the mailing list for job openings. A professional resume consultant worked on his resume and helped get reference letters. The agency purchased a scanner and computer, and used the services of a computer specialist (to set up equipment) and a volunteer reader. The total cost was about \$6,000. The client had low self-esteem, but was motivated by the example of the rehabilitation counselor who was also visually impaired; role models are so important. The mental health agency was excited to hire a Spanish speaker to work with minority clients.

A positive attitude, though not specifically expressed as such, was the second way attitudinal barriers were discussed. This positive attitude was expressed almost as a given or an understood preexisting characteristic of successfully placed individuals. These individuals generally had a high motivation to return to work or find that first competitive job. This attitude was characterized by one respondent as, "*Success Breeds Success.*" This attitude appears to have been instilled in the individual long before the job placement process.

Rehabilitation providers report that successful clients expressed an attitude that no matter what happened in life, they would “*rise above the difficulty.*” The following is an example:

A totally blind young man attended school before becoming a financial analyst. Vocational rehabilitation provided technology. He used readers and books on tape. He was very confident, a major asset for a client. Self-esteem and assertiveness are necessary.

This type of attitude is not bound by age. Consider the following:

This counselor placed a woman in her 80s as an interviewer with Gallup. She was very motivated in spite of her age, disability, and the many technological difficulties to overcome.

The concept of success breeding success works for clients and employers alike. When employers have good experiences, they are more comfortable and more likely to work with a counselor or placement professional again. Similarly, when a client is successful, he/she is likely to share their story with others. These successes help others develop greater self-esteem.

Employers with good experiences talk with other employers about their successes and what they have had to overcome. This leads to job shadowing for other clients.

Other Barrier Considerations

The final question asked of the respondents was “Is there anything else you want to tell me about placement or overcoming barriers?” This question generated 166 responses ranging from a repeat of earlier barriers and strategies, such as transportation and attitudes, to a rephrasing of common difficulties faced by all vocational rehabilitation counselors, to new ideas integrating traditional and innovative practices. When these ideas, whether new or old, are implemented increased numbers of consumers become competitively employed. Examples of the responses included the following:

1. Computer technology is necessary for blind people to get a truly competitively job.
2. Use client-centered placement.
3. Make sure clients are well trained. Use job coaches.
4. People must have a “hunger” before rehabilitation can help them.
5. Overcoming barriers to employment starts with motivation.
6. Ask about the employers’ needs and match clients’ skills with these needs.
7. Talk your head off and tell employers and clients about technology and adaptations.
8. You have nothing to lose. Don’t be reluctant if you believe in the person; do whatever it takes. If you are convinced you have a chance of success, don’t be conservative.
9. Blind people need mentors; maybe employers need mentors, too.

These responses demonstrate that many of the traditional barriers to employment remain. The next groups of responses represent some of the ways professionals have modified or rephrased traditional ideas into successful strategies. Some of the responses included integrating volunteer work and/or building a team approach into job recruitment and placement. These three responses are typical of the ideas and introduce some of the innovative strategies.

Develop the whole package: good work history including volunteer work. Use word of mouth to get jobs. Have good skills. Present yourself as professionally as possible. Be persistent. Be willing to get out there. Be able to multi-task, do more than one job. Try to provide as many services as possible. The key is having equipment. This would speed placement and would allow us to demonstrate to the employer.

If you are going to be good at placement, you must use every resource and be creative. Use the American Technology Institute or another training program. Convince them to modify their program for people with visual impairments. Work with junior colleges. Explore new jobs. Use everyone to help with placement (friends, while shopping, while doing routine activities). When you have a difficulty with a client, get others in and out of the agency to help. Recognize that some people

will not go back to work. You can't make them. Don't worry about them until they are ready. Time management is so important. You must get out into the field and communicate. You cannot sit behind a desk.

There is a correlation between education and employment. Most education equals better possibility of job. It takes lots of time. Don't assume anything. Check everything out. Have a good support team, especially with technology. Have good clients to place. Do lots of follow up. Make sure the person wants to work. This should be taught in college. It is not a primary function of most state agencies and programs. Counselors need more knowledge about business. They must know the language of employers. Employers aren't welfare agencies.

These responses introduce some final ingredients of successful strategies to overcoming barriers to successful employment. These ingredients include: time management, teamwork, innovation, understanding, and resourcefulness. These responses indicate success must incorporate all these ingredients into a total approach to placement. Also, they provide a clearer picture of the way these ingredients are combined to consistently place individuals in competitive employment. Some of the responses include the following.

We need roving counselors that are available to take on tough cases and address certain issues. This third party could work one-on-one in groups to talk through particular issues (expectations, need for independent living). They could even offer "tough love."

Attitudes – "Feel the fear and do it anyway." Everything we do is scary, but you have to do it anyway. The worker fears, the employer fears, and the counselor fears.

Promote success stories. We need to get success stories out to others through a newsletter, for example.

One counselor told about a book with 8 to 10 glossy photos and fact sheets containing job duties and quotes from employees and employers that are shared with prospective employers. A copy of this document is on file at the MSU-RRTC.

Listen to the client instead of just running the person around. Hear what the person says and pay attention. Be open to what the client wants.

Blindness is not an excuse for anything (there's always a way with creativity and attitude). Employment depends on attitude and determination to overcome barriers. If you want it bad enough, you will find a way to do it.

Be creative, flexible, and open-minded. Look at other ways of doing things. Cooperation with all partnerships (client, state agency, employer, NIB) makes rehabilitation work.

Summary of Telephone Interviews

This part of the study used qualitative and quantitative questions to gather information via telephone from rehabilitation professionals. Researchers attempted to gain insight regarding strategies used by successful rehabilitation providers to overcome employment barriers encountered by persons with severe visual disabilities. Providers identified the following strategies to overcome these frequently experienced barriers:

1. **Attitude:** Attitudinal barriers are manifested in both the employer and employee. These barriers range from low self-esteem of the consumer to misinformation by the employer to attitudes of family and coworkers. This barrier was addressed with consumers through counseling and work with role models. With employers, counselors advocated employer training programs, counseling, and networking opportunities.
2. **Education and Training:** Rehabilitation providers utilize training programs, job coaches, on-the-job training programs, internships, community programs, rehabilitation training programs, vendors, and employers to obtain additional education and training opportunities for consumers.
3. **Transportation:** These professionals recognized the universal nature of this barrier and were consistently looking for ways to minimize transportation difficulties. Their solutions included orientation and mobility training, assistance with finding car pool participants, providing drivers, utilizing

voucher programs, and relocating consumers. Providers advocate paying for transportation for defined periods and use of self-employment to overcome transportation barriers.

4. Fear: Fear was addressed with similar methods as attitudinal barriers. Counseling and innovative training programs were utilized to lessen both the consumers' and employers' fears. One aspect of fear separates it from general attitudes- fear of losing some or all benefits from programs such as SSDI or SSI. This is most often overcome with education and reliable information. These professionals encouraged others to stay abreast of current program guidelines and changes.
5. Assistive Technology: The barriers associated with assistive technology were best overcome with programs that may provide loaner equipment or sharing equipment until recently purchased AT arrives. One key component to successfully coping with new AT involves clear communication by counselor, consumer, and the employer. The potential for miscommunication must be minimized in the provision of assistive technology. However, consumers must have adequate tools if they are successful in many occupations. Effective assessment is a must in determining AT needs.
6. The System: The system involved in the rehabilitation process continues to be a significant barrier and clearly communicated accurate information is a key component when successfully securing or retaining employment.

One of the most notable elements necessary to overcome barriers and facilitate job placement or retention that cannot be overstated is attitude. A positive attitude must be expressed among all involved in the rehabilitation process. The rehabilitation professional must communicate and make every effort to instill a determined attitude in the consumers they serve. Another necessary element involved utilizing a team approach throughout the entire process. A successful rehabilitation professional must foster cooperation among agency personnel, job placement specialists, employers, assistive technology providers, and clients. This team approach can and should include others outside the system itself.

Volunteers and mentors should be involved in the process as much as possible. Individuals who will share their success and experience with individuals currently in the rehabilitation process provide a valuable resource for consumers. Development and utilization of past success stories and strategies into booklet format can be a source of information to consumers and employers new to the rehabilitation process.

Flexibility is required of every professional involved in the rehabilitation process to develop effective teams to improve the placement or retention rate of

individuals with visual impairments. This flexibility is necessary at every step, including working with clients to arrange job interviews, cooperating with employers to arrange on-the-job training, or securing assistive technology providers to improve the successful utilization of new and innovative technology.

Discussion of Telephone Interviews

This study identified and interviewed 62 rehabilitation providers identified as exemplary professionals by their state director, colleagues, or rehabilitation consumers in the field. This sampling frame was utilized to increase the number of new and effective strategies for overcoming barriers to employment for persons with severe visual impairments.

This study's goal was not to interview a nationally representative sample of rehabilitation professionals but to interview providers who have achieved successful competitive employment closures and learn their strategies for confronting employment barriers. It is clear that these participants have managed large caseloads and been employed in rehabilitation for many years. Their expertise is evidenced by the large percentage of individuals placed into the *Professional, Technical, and Managerial* and *Clerical and Sales Occupations*. These occupations typically demand good adaptive skills and require some level of advanced training or education. In addition, these rehabilitation professionals make efficient use of programs designed to assist effective job placement as evidenced by their use of the *Work Opportunity Tax Credit*. Their experiences, observations, and strategies can help rehabilitation providers working with all individuals with disabilities.

Not all the barriers reported by these participants are new or a surprise. Many are the same barriers consumers and counselors have struggled with for years. This reality reminds all rehabilitation personnel of the need to remain abreast of effective methods of overcoming these barriers. The strategies reported herein are by no means an exhaustive listing of strategies to overcome barriers.

Finally, there appears to be at least two realities to barriers and strategies to overcome them. First, there is no one size fits all in the process of successful rehabilitation and placement of people involved in the rehabilitation process. Secondly, a tremendous amount of ingenuity, flexibility, care, concern, and plain hard work by all parties must be exerted to successfully overcome these barriers

and secure new or retain current employment for people with visual impairments.

Programs to Overcome Employment Barriers

Contacts with rehabilitation providers yielded information about programs, agencies, or vendors that assist clients in overcoming specific employment barriers. Because the focus of the study was to evaluate the specific strategies individual rehabilitation providers use to overcome employment barriers, the methodology did not include an examination of programs these providers utilize. This portion of the report was added to provide examples of some of the programs rehabilitation providers mentioned as helpful to them and their clients in overcoming employment barriers.

Methodology

Programs

Programs were selected for participation after referral from one or more rehabilitation providers contacted during the telephone interview data collection phase. This snowball sample is not representative of the existing programs but is a starting point in identifying programs regarded as helpful and successful by rehabilitation providers. Eleven programs are described; six are operated by private, non-profit organizations and the remaining five are operated by a government program, typically the state vocational rehabilitation unit.

Instrument

No formal instrument was used as a part of this data collection. Contact persons at each program were queried regarding the purpose of the program, how it is organized and operated, client system targeted, and effectiveness. Information regarding the number of referrals received and funding sources was also requested.

Results

Private, Non-Profit Programs

Cab Program

This unique cab program has been in existence over 14 years. Cab vouchers are available for purchase the first 10 days of the month. Each book of vouchers contains 25 \$2 coupons and is sold at a discounted rate of \$12.50. The participant uses coupons to pay cab fare. For example if a person's cab fare is \$4.00 then two coupons are used. If the fare is \$7.00 then the participant may give the driver 3 \$2.00 coupons (\$6.00 in coupons) and an additional \$2 coupon with no change given or pay the remaining \$1.00 out of pocket.

The program is located in Jackson, Mississippi, so vouchers are valid only within the Jackson metropolitan area. However, all cab companies in Jackson accept the vouchers. Each cab company enters a contract with the participant and the administrative organization, the Mississippi Council of the Blind (MCB). Voucher users must be blind or severely visually impaired but need not be member of MCB. Riders are allowed to bring their children and one adult with them at no additional charge.

Program activities are overseen by a Board of Directors that includes the MCB president, past president, treasurer, a bank representative, and a representative overseeing the donation. The Board of Directors is charged with developing guidelines and program modifications. Guidelines include the payment required by participants and the monthly minimum and maximum purchases. The Board meets yearly and produces an annual report. Each Board member receives a monthly bank statement reflecting account activities.

The program is funded from interest made from a private donation. Oral history is that the donor was motivated to make the initial endowment after learning a fellow church member was having difficulty finding transportation to and from church services. The interest covers only the difference between the actual cost of the vouchers (\$50.00 per book) and the discounted rate (\$12.50 per book). The MCB covers printing costs for the coupon books. Changes in participation rates impact the Board's decisions to increase or decrease voucher costs or the number of vouchers available for purchase.

The program has approximately 50 to 60 participants each month. Every cab company in the Jackson metropolitan area participates, making this an innovative

way to address transportation issues for individuals who are blind or visually impaired.

Barriers Workshop

One state vocational rehabilitation agency works with placement specialists to overcome employer attitude barriers and print access barriers through workshops designed to teach consumers independent job seeking skills that are practical, useful, and successful. This workshop requires full client participation. To begin, participants (referred from Vocational Rehabilitation referrals) are expected to meet a few rigid expectations, including mandatory consistent attendance (workshop takes place once a month for a 2-hour session), active participation, weekly assignments, and note-taking (in the media of participant's choice). A "contract" is signed by the Employment Services Supervisor, Employment Services Specialist, and the Participant. The workshop provides technology training, orientation and mobility training, and short-term job coaching. Any needed service not provided at the workshop is provided by contract, with the exception of transportation. Transportation is the responsibility of the participant. Public transportation, dial-a-ride, and cabs are available. Once the participant gets a job, some companies have ride-share bulletin boards posted in the buildings, thus providing the employee additional transportation options.

Participants are provided a notebook of materials with lesson plans and assignments. The notebook has seven classes broken down into different sections. The classes consist of: Targeting and Contacting Employers, Dressing for the Interview, The Application Form, Disability Statement, Interviewing, How You May Feel About Finding a New Job, and Finding Out What You Have to Offer Employers. Most of the classes also have a section for the consumer to complete as part of the homework assignments.

Services provided to participants and employers include Braille production, post employment services, behavioral adjustment, and sensitivity training to all personnel. The bottom line is to make the relationship between the employer, employee, and the placement specialists positive. These efforts are emphasized to maintain good relationships for potential future placements with the company. Some entry-level testing is done for companies with established histories of hiring persons with visual disabilities. The placement specialist meets with employers on a regular basis in order to "sell" the product. Placement specialists join employer mailing lists to learn about new job opportunities.

Because most of the Barriers Workshop participants are referred by Vocational Rehabilitation (VR) Counselors, 99% of the cost of the training and the

technology used on the job is funded by VR services. According to the Employment Specialists, the workshop assisted 80 to 90% of its participants in finding competitive employment. In 1999, 33 participants were closed as status 26, competitively employed.

Creative Employment Options Program

This Canadian program provides skills training to prepare people with disabilities to enter employment. The program is highly individualized and builds vocational, technical, and personal skills needed for employment. The program allows consumers to work at their own pace and use a variety of applications to gain essential skills. Some of the services offered include assessment and implementation of assistive technology; career exploration, guidance, and development; work station needs development; job search skills; and continuous employment-related support. More detailed services can include computer adaptations, ergonomic assessments, work site modifications, individualized equipment evaluations, home and business evaluations, and educational workshops on assistive technology. The program provides well-researched technological expertise. It provides timely, efficient, and cost effective services; educational opportunities; excellence in maintaining a comprehensive database for quick information retrieval; and excellent product knowledge as a result of use, research, and evaluation. The program generates funds from a wide variety of public and private sources including corporate donations, affiliated universities, institutes, colleges, hospitals, and health care centers. No information regarding program effectiveness was available.

Mileage Reimbursement

This program provides seniors and people with disabilities the opportunity to increase or maintain their independence by providing mileage reimbursement for volunteer drivers. Volunteers drive seniors or people with disabilities who are unable to drive, do not have anyone to transport them, and those unable to ride public transportation.

Participants complete an application and, if necessary, a Disability Verification form. After acceptance, the participant locates the driver. The driver can be a friend or family member. Participants may have more than one driver. If the participant has difficulty finding a driver, referral is made to local churches, senior centers, and social clubs. The driver is reimbursed at a rate of \$.28 a mile, to be paid by the participant after travel is completed. The driver is considered the

participant's "employee" and the organization does not assume liability. Because of this, participants must confirm that drivers have insurance. It is also the participant's choice and responsibility when to fire an "employee."

Participants send mileage reimbursement forms to the office during the month travel takes place. Forms must be postmarked no later than the 15th of the month following travel for payment. The organization verifies information and mails a check to the participant to pay the driver. Failure to pay the driver results in dismissal from the program. The entire reimbursement period can take up to 5 weeks before the participant receives the check.

Administrators work with participants only, not drivers. However, drivers are encouraged to call the organization if they are not being paid by the participant. Participants can also sign an authorization giving permission to release information to a third party regarding services. The same driver can be used for more than one participant; however only one request for funds can be submitted. Travel can be used for medical appointments, shopping, personal errands, banking, and attending religious activities. Travel must originate in the county where the organization is located to qualify for reimbursement. Funding sources include grants from public agencies, foundations, and contributions made by individuals and businesses. No information regarding the program's success rate in increasing employment opportunities was available.

Transitional Services

This nonprofit organization provides transitional services to persons who are blind or visually impaired. A team approach is used to provide orientation and mobility training, low vision assessments, computer and communications training, employer and/or coworker sensitivity training, work site design and accommodation, and adaptive skills training. The program facilitates job retention, job or school entry, promotions, transfers, or situations where additional vision loss has occurred

This program was initiated with two state grants from the rehabilitation agency. Funding is maintained through grants from the United Way, merchandise sales, memorials and gifts, foundation grants, endowment funds, Medicare, and private fees. Walk-in clinics throughout the state provide vision education, vision screenings, coordinate talking book programs, referral for additional services, demonstrate low vision products, and display magnifiers, filters, and lighting equipment. The employer/employee focused program has resulted in an 84% success rate. These successes have been accomplished through job placement, job retention, and school entry and maintenance. Although developed for the

traditional state/federal vocational rehabilitation program, it has potential for private sector rehabilitation as well.

Technology Mentor Program

This innovative program provides high school students with disabilities communications tools, mentors, training, and a summer study program on a university campus to facilitate entrance into post-secondary education and careers where persons with disabilities are traditionally underrepresented in the workforce, such as science, engineering, and mathematics. Funding originally came from the National Science Foundation. Additional funds have been received from a variety of sources including the Mitsubishi Electric America Foundation, the NEC Foundation of American, the U.S. Department of Education, and the Dwight D. Eisenhower Foundation.

College capable participants are loaned a computer, modem, software, and assistive technology to use in their learning process. Part of this process is achieving fluency in electronic communications. Mentors serve as role models and communicate with the high school students in the program. The program provides peer support from persons with experience in a variety of careers, many of whom have disabilities. Mentors include college students, faculty, and professionals. Topics for conversation include potential fields of study and what accommodations do and do not work.

To participate in the mentoring program, students must commit to attending a 2 week summer enrichment program for 2 years. The summer program includes a workshop to prepare students for employment. Employers conduct mock interviews for participants with the potential for paid and unpaid internships. Participants are given assignments throughout the year to reinforce computer skills and encourage contact with their mentor.

Students uncommitted to intensive involvement may participate in some version of the above described activities. For example, students with disabilities may discuss their academic or vocational plans electronically with other program participants. Students not enrolled in the mentoring program use their own computers, software, and assistive technology to communicate electronically. In 1997, 40 students completed the program and 39 entered college or became gainfully employed. The remaining participant was recuperating from health problems and was planning to enroll in college.

Government Programs

Tax Credit

Most rehabilitation specialists are aware of the federal Work Opportunities Tax Credit (WOTC) which provides tax relief to employers who hire individuals with disabilities. However, one state goes further in addressing attitudinal and transportation barriers. They combined the efforts of the Governor's Office for Individuals with Disabilities, the Division of Rehabilitation Services, and advocacy groups to petition for their own state tax credit. Employers in that state who hire a person with a disability are eligible for a state tax credit. Employers can take a credit of 30%, up to the first \$6000 (\$1800) of wages paid during the first year and, 20% can be taken on the first \$6000 of the second year of employment. Employees can also benefit from a tax credit on work-related child care expenditures or transportation costs incurred as a result of hiring a person with a disability. A tax credit of up to \$600 can be given for qualifying expenses for child care or transportation the first year and \$500 for the second year of employment.

To qualify for this tax credit, the potential employee must have a disability as defined in the Americans with Disabilities Act (ADA) and the employee must be available to work. The employee does not have to be a participant in the vocational rehabilitation process for the employer to receive this tax credit. Verification of disability can be obtained by an award letter or recent benefit check received from SSI or SSDI, proof of disabled veteran status, or a doctor's letter, and a copy of the employee's work history. After providing this information to the employer or vocational rehabilitation (VR) services, it is the responsibility of the VR supervisor to provide a voucher for this person to receive the state tax credit along with information about the process. For profit employers claim a credit against their state income tax, while non-profit employers claim a credit against their withholding taxes. This program did not have a success rate but noted on their Internet site that employers said it was accessible and easy to use.

Job Retention

The Job Retention Services (JRS) program is a disability and employee focused program sponsored by Vocational Rehabilitation that seeks referrals for employees with disabilities to help them maintain their jobs. Program participants must be eligible for vocational rehabilitation services; those ineligible are referred

to appropriate service providers.

The program provides training to employers to recognize and refer employees who need assistance. Staff members provide brochures, posters, videos, and handouts to educate employers about disability and establish a referral network. Potential topics for education include absenteeism, “on-the-job” absenteeism (away from post), accidents, impaired concentration, lowered job efficiency, or poor relationships on the job. Simulators are used to educate employers about different eye conditions. JRS staff members provide information about tax credits and the second injury fund to employers.

JRS provides a variety of services to program participants including counseling and guidance, medical or psychological evaluation and/or treatment, treatment or referral for alcohol or drug dependence or abuse, training in personal or social skills to help employees on the job, job site modifications or accommodations, and referral to other service providers. Candidates for JRS are self-referred or referred by an employer. If the employee is self-referred no one knows the employee is using the JRS program. If the employer is referring the participant the employer is informed whether the employee kept the initial appointment. Additional information can only be released if a written release is signed or when disclosure is required in response to law enforcement investigations, judicial order, or when the participant poses a threat to his or her own safety or the safety of others. Released information could include eligibility or ineligibility of services, client participation and cooperation, description of services provided, whether the employee completed the program, and recommendations regarding further services.

The transportation barrier is also addressed to a small degree. For the first 30 to 90 days of employment, grant money is used to provide employee transportation. The Council on Aging and veteran programs are sources of contractual drivers paid hourly wages with no benefits. Program administrators suggest viewing employer web sites with chat rooms to learn about the company.

Employer Training

The Wisconsin Division of Vocational Rehabilitation uses the Windmills Training Program to examine attitudes, fears, and misconceptions about individuals with disabilities in the workplace. The original training program was developed by Miltwright and Associates for the California Governor’s Committee for the Employment of Persons with Disabilities in 1980 and was designed to increase the awareness of the limitations employers may inadvertently place on people with disabilities. The program was rewritten after the Americans with

Disabilities Act was enacted in 1990 and was purchased by the Wisconsin Division of Vocational Rehabilitation in 1996.

The Windmills Training Program is an open forum for participants to share fears, identify attitudes, and/or work on misconceptions that may interfere with employment options for people with disabilities. Training sessions last from 2 to 6 hours at the place of business and are tailored to fit the needs of the employer. There are 11 modules in the training package. The modules allow time for participatory exercises and group discussions to help identify stereotypes and to learn techniques to help participants become better managers. Each module lasts from 30 minutes to 1½ hours, the average being about 45 minutes.

The Windmills Training Program provides training to employers, supervisors, and human resources specialists in Wisconsin businesses at no cost to the employer; fees are covered by the Wisconsin Division of Vocational Rehabilitation. The manual costs about \$600. The success rate has not been documented although the program has received positive feedback. The program has been used by IBM, AT&T, Disneyland, Marriott, and Xerox with more than 30,000 employers, over 1 million supervisors, and more than half of the Fortune 500 companies.

Food Service Program

This program is designed for food service professionals who are blind or visually impaired. It operates through a state department of Vocational Rehabilitation Services for the Blind. The participants are trained to recognize food service industry standards using The National Restaurant Association's Educational Foundation's materials, examinations, and certifications. The training is done in a "real world" setting with participants having hands-on experiences.

At the conclusion of the program, the participant will have passed a series of examinations and had their work compared to industry norms as defined by the Secretary of Labor's Commission on Achieving Necessary Skills (SCANS). These SCANS define what is expected of the participant on the job. A trainer helps the participant identify accommodations that can be made when encountering real world employment barriers.

Of the eight referrals during the first year, three came to the program to receive job assessments, two dropped out, and three completed the course and are licensed Randolph-Sheppard vending facility operators. Of the three who completed the program, two have their own facilities with each earning a net profit of about \$35,000.

One week of training costs \$250. Three months of food service work or food

service management training costs \$3,000. Fees cover all materials, the trainer, and use of the facility. Social Security reimburses the agency for training fees. A local university provides a dorm room for \$200 a month. Participants have the option of purchasing meal plans. The average weekly cost for a room and two meals a day is \$67.

This program is marketed to food service/hospitality industry employers. One of the agency employees serves on the local Business Advisory Council, which acts as a resource for employers hiring persons with disabilities. The coordinator of this program states, “This program is easily replicated by other groups. There are a variety of industry topics from the Educational Foundation to choose from. The materials are well-organized and written and the procedures work well. For example, the Foundation’s directions for exam procedures are clear and detailed... We have the material produced in large print and recorded on tape... We suggest sharing materials with like minded groups to expand the available range of information and experiences.”

Educational Events

The previously discussed program also has an annual special event. The event involves collaboration among vocational rehabilitation agencies, employers, community-based organizations, and people with disabilities. The program began in 1994; attendees include public and private sector employers, people with disabilities, vocational rehabilitation service providers (state agency representatives and community rehabilitation service providers), and providers of assistive technology.

The event is comprised of three interactive educational components including Seminar Day, a Resource and Technology Expo, and a day-long Interactive Session. A resume workshop is held before the event to assist job seekers. Agency professionals and employers donate their time and equipment to provide assistance in preparing the job seeker for networking opportunities at the event. Seminar Day includes presentations for people with disabilities and employers. Employers learn about other companies hiring and promoting people with disabilities, their experiences doing so, available resources and technologies, and strategies for hiring and integrating people with disabilities into the workforce. Job seekers learn about employer needs, industry trends, networking, resources, career options, and how to negotiate the career ladder. The Resource and Technology Expo is an opportunity to display new technologies and demonstrate accommodations for people with disabilities. Job seekers learn what technologies are available and meet assistive technology vendors. The final session provides an

opportunity for interaction and informational interviews between job seekers and employers. Employers learn about the knowledge, skills, and abilities job seekers have. Likewise, job seekers learn more about area businesses and network with potential employers.

Public and private sector organizations provide financial support for this program. Businesses and exhibitors pay admission fees but there is no fee for job seekers with disabilities. The annual event usually brings in about 600 job seekers and about 90 employers and vendors. The success rate is not tracked at this time but expectations of success are high. There has been an increase in the number of people hired by companies with representatives at the event. DVR reports that companies participating in the event for 2 years hired a reported 275 individuals. DSB reports participants improve their networking skills, increase strategies and abilities of job seeking, and have been more successful obtaining interviews and jobs. The community is more aware of services available and the agencies' image in creating employment opportunities for people with disabilities has improved.

Possible replication of this model has been encouraged at various national conferences. Local school districts are interested in using this model to develop a network to transition students with disabilities into the workforce.

Discussion of Programs

Rehabilitation providers recommended the programs described above as helpful to them in overcoming employment barriers for persons with disabilities. Information regarding each program was obtained via telephone interviews and review, as appropriate, of printed materials or web sites. This resulted in the inclusion of 11 programs (6 private and 5 government-sponsored). Programs address various barriers facing persons with visual disabilities including client and employer attitudes, transportation, and job preparation. Some programs focus on one barrier while others address multiple barriers. It is not the intention to suggest that other rehabilitation providers deluge these particular programs with referrals. Rather, this information will assist policy makers and rehabilitation providers in developing programs in their own communities that are successful in promoting employment among persons with visual disabilities.

Implications for Practice

Rehabilitation providers and policy makers will find some changes in the barriers facing persons with visual disabilities today. Print access remains a barrier although many of the issues concerning print access have been resolved by technology. However, technology has introduced barriers concerning training in its use, maintenance, and interface with existing systems.

The long standing barrier of attitudinal problems remains a concern. Rehabilitation providers typically mention the poor or negative attitudes of employers regarding hiring persons with visual disabilities. However, further exploration with the providers finds that these are not so much negative or poor attitudes as employers' lack of education about adaptive techniques and technology that assist persons who are blind in completing their tasks of daily living and job related duties. Rehabilitation providers use multiple approaches to educate employers about aspects of vision loss, assistive technology, job modifications, financial incentives, the potential for vision loss among an aging workforce, the positive performance of persons with vision loss in the workplace, etc. To be successful, these activities require stability among personnel as they cultivate relationships and build networks in communities.

Poor attitude or lack of motivation on the part of the consumer appears more difficult to address. Rehabilitation providers overwhelmingly regard motivation or attitude and skill levels as the most important characteristics distinguishing between consumers who become successfully employed and those who do not. The attitudinal/motivation barrier and lack of skills barrier can be addressed simultaneously through education and training opportunities. These educational and training experiences encompass a variety of methods and include not just formal training programs but mentoring, job coaching, and on-the-job training experiences and must address adaptive techniques for daily living and emotional support as well as job-related skills. Consumer groups can play a major role in this effort.

Because the rehabilitation provider is typically the target of criticism when the lack of progress regarding employment rates for persons with visual disabilities is reviewed, it is imperative that we evaluate systems issues that interfere with their ability to engage in placement efforts with consumers. Rehabilitation providers consistently mention the time and effort spent completing paperwork, much of which they regard as unnecessary and unhelpful, and how it interferes with their employment efforts. Lack of emphasis on employment outcomes and the activities required to achieve employment are also problems. Administrators' attention to

streamlining paperwork, tracking employment-related activities, and giving appropriate recognition of success in placement would likely lead to greater emphasis on employment outcomes.

Successful rehabilitation providers do not typically function in isolation or overcome barriers in isolation. Rather, they are a part of a team approach where appropriate education and training opportunities are available to consumers, the agency emphasizes employment outcomes and gives the provider the flexibility and support to pursue those outcomes, there is a concerted effort to educate the public in general and employers specifically regarding the abilities of people with visual disabilities, and there is cooperation and a concerted effort among the various parties to overcome employment barriers.

Implications for Future Research

Additional research in one of the most frequently mentioned barriers, employer attitudes, is indicated. Assessing attitudes is problematic as there is a social desirability bias when asking persons their attitudes toward persons with disabilities. Another approach might be to assess employers' knowledge about adaptive techniques and assistive technology and to determine the most effective methods of educating employers about these issues. Because providers are using

education to combat the attitudes, perhaps we are misleading when we refer to the issue as an attitudinal problem; it might be more accurate to address this barrier as an informational problem.

Print access barriers are increasingly overcome by assistive technology. However, technology has created its own set of employment barriers as issues of identifying equipment, obtaining equipment in a timely manner, facilitating integration of assistive technology with existing equipment, and keeping technology current remain problematic. Research regarding how employers, consumers, and rehabilitation providers overcome these barriers is indicated.

Transportation issues remain problematic, particularly for persons in rural areas. However, even urban dwellers experience transportation problems when dealing with multiple transportation systems. This employment barrier is not specific to persons with visual impairments. Research regarding the feasibility of joining with other consumer groups, such as senior citizens, to address transportation issues may reveal innovative methods to overcome this barrier.

Rehabilitation providers report that the increasing amounts of paperwork

required by their agencies impede their efforts to engage in employment activities and other service delivery. A study of the documentation system is indicated, with the goal of streamlining the necessary paperwork and eliminating unused or duplicative reporting systems. Further, an effort to identify methods to collect more reliable and valid data and document service delivery to clients appears indicated. It may be worthwhile to identify efficient documentation or data management systems used by state rehabilitation agencies and evaluate the efficiency of their replication in agencies with a similar structure. An investigation of public vs. private systems effectiveness may also identify useful solutions for streamlining service delivery.

Conclusion

The employment barriers of the past continue, with a more modern twist, to be the barriers encountered today, i.e., attitudes, transportation, print access, and the snags within the service delivery system. Successful rehabilitation providers use effective strategies from the past, revise existing strategies to make them more useful in contemporary society, and develop new strategies to address the emerging or evolving barriers of the present. To keep providers motivated and energized to continue job development and placement activities it is imperative that we provide them with not just information, but with positive reinforcement and opportunities to engage in professional collaboration. The data collection

segment of this project allowed providers to discuss their ideas, frustrations, and suggestions regarding employment strategies for persons with vision loss. Thus, the data collection was also a means of renewal for providers in this stressful profession. Additional avenues for discourse regarding employment related issues should be explored in an effort to assist current placement personnel and those new to the profession.

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Appendix A

Statement of Informed Consent

I, _____, agree to participate in this research project on “Overcoming Barriers to Employment” that is being conducted by Dr. Adele Crudden and Dr. Lynn McBroom from the Rehabilitation Research and Training Center on Blindness and Low Vision (RRTC) at Mississippi State University.

I understand that the purpose of this study is to hold a group interview to find out about ways that barriers to employment may be overcome by someone who is blind or visually impaired.

I understand that the study involves a focus group interview that lasts two hours or less, which will be audio taped.

I understand that my participation in this study is entirely voluntary, and that if I wish to withdraw from the study or to leave, I may do so at any time, and that I do not need to give any reasons or explanations for doing so. If I do withdraw from the study, I understand that this will have no effect on my relationship with the RRTC or any other organization or agency.

I understand that I have an obligation to respect the privacy of the other members of the group by not sharing any personal information or disclosing any personal information others share that might be considered too personal or revealing.

I understand that I may not receive any direct benefit from participating in this study, but that my participation may help others in the future.

The members of the research team have offered to answer any questions I may have about the study and what I am expected to do.

I have read and understand this information and I agree to take part in the study.

Today’s Date: _____

Your signature: _____

If you have concerns or questions about this study, please contact Dr. Adele Crudden or Dr. Lynn McBroom at (601)325-2001.

Appendix B

Background Information

1. Your name: _____

2. Years of formal education (circle the appropriate number)

12 13 14 15 16 17 18 18+

3. Which of the following best describes your worksite?

 General public rehabilitation agency
 Public rehabilitation agency for the blind
 General private rehabilitation agency
 Private rehabilitation agency for the blind
 Public educational institution
 Private educational institution
 Other public agency. Describe: _____
 Other private agency. Describe: _____

4. Which of the following best describes your occupation?

 Rehabilitation counselor
 Employment specialist
 Rehabilitation teacher
 Rehabilitation supervisor
 Other. Describe: _____

5. Length of employment in rehabilitation?

6. Do you have a disability?

 No
 Yes, visual disability
 Yes, mobility disability
 Yes, other. Describe: _____

Appendix C

Introduction and Script

Good morning and welcome to our session. Thank you for joining our discussion on overcoming barriers to employment. My name is Adele Crudden and this is Lynn McBroom and we represent the Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision at Mississippi State University (MSU). You were selected because you all work in some way with employment and rehabilitation of persons with disabilities. You have also indicated your willingness to learn more about the subject by participation in this conference. Let's stop here for a moment and let everyone quickly introduce themselves. Would each person give their name, where they work, and where they are from?

Today we will be discussing what can be done to overcome barriers to employment for people with visual impairments. We really want to know about unique and innovative methods that you use or may have heard about that have assisted a client with a visual impairment in becoming employed. There are no wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said.

Before we begin, let me suggest some things that will make our discussion more productive. Please speak up - only one person should speak at a time. We're tape recording this session because we don't want to miss any of your comments. We will be on a first-name basis, but in our later reports there will not be any names attached to comments. You may be assured of confidentiality.

My role here is to ask questions and listen. I won't be participating in the conversation, but I want you to feel free to talk with one another. I'll be asking four questions, and I'll be moving the discussion from one question to the next. There is a tendency in these discussions for some people to talk a lot and some people not to say much. But it is important for us to hear from each of you because you have different experiences. So, if one of you is sharing a lot, I may ask you to let others talk. And if you aren't saying much, I may ask for your opinion. We've placed name cards on the table in front of you to help us remember each other's names.

The current rate of unemployment or persons who are blind is around 75%. We know that there are barriers that make it difficult for people who are blind to become employed. Let's begin by each person stating what they think is one of the major barriers to employment for persons who are blind...

You have success in overcoming these barriers to employment and you have seen others succeed in overcoming these barriers. Let's talk about what some of the successful strategies are.

The number one barrier, as identified by a survey of employed persons who are blind, is employer attitudes. What methods have you seen that are successful in overcoming the barrier of employers' attitudes?

OK, let me summarize what you have said.....Does anyone have any additional advice about employer's attitudes before we move to the next barrier?

Other barriers also exist. Transportation continues to be a significant barrier for many persons, particularly in rural areas. What methods have you seen used to successfully overcome the transportation barrier to employment ?

Summarize and ask for additional advice about overcoming transportation barriers.

Consumers have also identified access to print as a major barrier to employment. What methods have you observed that are successful in assisting persons to overcome this barrier to employment?

Summarize and ask for additional advice about overcoming print access barriers.

Ending: Any other comments?

Close: Thank members for participation.

Appendix D

CONSENT FORM

Yes, I would like to participate in the telephone interview regarding my experiences in assisting persons who are blind or severely visually impaired in overcoming barriers to competitive employment.

I understand that I have the right to decline participation in this interview or to decline responding to any particular items. Also, I have the right to discontinue participation in the interview at any time.

I understand that the information obtained from this interview will be used to develop a report for national dissemination that will describe strategies, techniques, or methods to assist persons who are blind in overcoming barriers to competitive employment. I have the option of having my name, or the name of my agency, used to cite the source of the information or to provide this information as an anonymous source.

Should you have any questions or concerns about this project or the consent form, please call the RRTC at 1-800-675-7782.

Signature: _____ Date: _____

Print name: _____

Address: _____

Agency name: _____

Telephone number: () _____

Best time to call (Time Zone): _____

Return to: Rehabilitation Research and Training Center
on Blindness and Low Vision
Mississippi State University
P. O. Drawer 6189
Miss. State, MS 39762
Or FAX: (601)325-8989

Appendix E

Telephone Survey

Start Time _____ Date _____ ID # _____
Stop Time _____ Interviewer _____

Hello, may I speak to (NAME OF RESPONDENT)? This is (YOUR NAME) at Mississippi State University's Rehabilitation Research and Training Center on Blindness and Low Vision. You were nominated by someone involved in vocational rehabilitation who believes you are extremely skilled in placing people with visual impairments into jobs.

This survey is designed to be quick and easy to complete. Your responses will be anonymous and you can refuse to answer any question at any time. However, if you do want credit given to you or to your agency for a particular idea, please let me know. Is this a good time to talk?

1. What is your main job; your job title? Please describe your job duties.
Mixed caseload _____
Blind caseload _____

2. How many clients are in your average caseload?
Total number _____
Blind (TAPE OR BRAILLE) _____
Legally blind or visually impaired _____
Other disabilities _____

3. A number of government programs or strategies are available as incentives to employers. In your experience, which of the following programs have you used in getting people with visual impairments jobs?

_____ Work Opportunity Tax Credit
_____ Job Training Partnership Act
_____ Small Business Administration
_____ PASS (SSI regulations)
_____ Other (SPECIFY)

4. How many people did you attempt to place in competitive employment last year including self-employment? People that you attempted to place in competitive employment (not job retention, not homemakers, not BEP).

Total number _____
Blind (TAPE OR BRAILLE) _____
Legally blind or visually impaired _____
Other disabilities _____

5. How many people did you place in competitive employment last year including self-employment? I want to know about people that you actually placed in a competitive job (not job retention, not homemakers, not BEP)?

Total number _____
Blind (TAPE OR BRAILLE) _____
Legally blind or visually impaired _____
Other disabilities _____

6. How many people did you assist in retaining their competitive job? (Not homemakers, not BEP)?

Total number _____
Blind (TAPE OR BRAILLE) _____
Legally blind or visually impaired _____
Other disabilities _____

Now, the remainder of questions apply to your work with people who are blind or visually impaired (NOT GENERAL CASELOAD).

7. Please tell me the job titles of people you placed in competitive employment last year. Again, I want to know about people that you actually placed in competitive employment, not job retention. FOR EACH JOB TITLE, OBTAIN ANVERAGE INCOME AND NUMBER OF HOURS WORKED PER WEEK.

8. Now, tell me about the employer in your most recent successful competitive placement. Why do you think the employer was interested in hiring this person?

- _____ PREVIOUS HIRES WITH BLINDNESS
- _____ PREVIOUS HIRES WITH OTHER DISABILITIES
- _____ ECONOMIC INCENTIVES
- _____ PERSONAL RELATIONSHIP WITH DISABILITY

9. What was different about your successful and unsuccessful competitive placements? In other words, why were you able to place some clients in competitive employment and not others?

- _____ MOTIVATION
- _____ SUPPORT SYSTEMS
- _____ EDUCATION LEVEL
- _____ PREVIOUS WORK HISTORY
- _____ TRANSPORTATION
- _____ FINANCES

10. What do you think are the major barriers to employment?

11. Now, turning to a different area. Tell me your success story about placing someone in a competitive job.

- | | |
|---|---------------------------------|
| _____ TRANSPORTATION | Strategy or approach used? |
| _____ EMPLOYER'S ATTITUDES | Materials or resources used? |
| _____ ASSISTIVE TECHNOLOGY | Cost of materials or resources? |
| _____ MOTIVATION | Cost to agency? |
| _____ INCOME DISINCENTIVES | Source of idea? |
| _____ OTHER BARRIER (SPECIFY) | Who was involved in planning? |
| Number of people benefitting from idea? | |

12. Do you have another success story (about placing someone in a competitive job)?

| | |
|--|---------------------------------|
| <input type="checkbox"/> TRANSPORTATION | Strategy or approach used? |
| <input type="checkbox"/> EMPLOYER'S ATTITUDES | Materials or resources used? |
| <input type="checkbox"/> ASSISTIVE TECHNOLOGY | Cost of materials or resources? |
| <input type="checkbox"/> MOTIVATION | Cost to agency? |
| <input type="checkbox"/> INCOME DISINCENTIVES | Source of idea? |
| <input type="checkbox"/> OTHER BARRIER (SPECIFY) | Who was involved in planning? |
| Number of people benefitting from idea? | |

13. Is there anything else that you want to tell me about placement or overcoming barriers?

14. Is there someone else we should talk to about placement? GET NAME, TELEPHONE NUMBER, AFFILIATION, AND ADDRESS (IF POSSIBLE).

Do you want credit given to you or to your agency for these success stories that you have shared with me today? YES NO

IF YES, OBTAIN NAME, ADDRESS, AND TELEPHONE NUMBER OF CONTACT PERSON.

Thank you for helping me with this research project. Would you like to receive a summary of the results? RECORD NAME, ADDRESS, AND PREFERENCE FOR REGULAR PRINT, LARGE PRINT OR BRAILLE ON A SEPARATE SHEET OF PAPER.

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South Carolina Commission for the Blind

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