Explanatory notes for 2002 LFS ad hoc module on disability
1. **Background and purpose**

The rationale behind the inclusion of an ad hoc module on disability in the Labour Force Survey is to meet the need for a comprehensive and cohesive dataset on the labour market situation of disabled people among Member States. The relevance of disability data in the context of work across all Member States has been clearly stated.

“An examination of the National Action Plans shows that disability is clearly on the agenda in almost all of the Member States. A great deal of activity and a willingness to seek out and attempt new ways of reducing unemployment among people with disabilities can be observed. Member States are generally firmly committed to raising employment levels for people with disabilities by making the move from welfare to work and by eliminating various obstacles to their full participation”

“The available data on the labour market situation of people with disabilities do not provide a basis for policy development or an evaluation of strategies and programmes”

Therefore, the data collected in a disability module would give a clearer picture of the employment situation of disabled people both in terms of what has been achieved and what improvements are required. i.e. highlighting the policies which have been successful and suggesting policies which need to be developed.

2. **Focus of the module**

The content of the module has been influenced by theoretical, methodological and policy-driven perspectives. The ongoing review of the International Classification of Impairments, Disabilities and Handicaps (ICIDH2) defines disability as activity limitations in performing daily tasks, which include working, and such activities may be limited in their nature, duration and quality. In this context the module on disability focuses on restriction of activities rather than functional limitations.

Disabilities are no longer seen as something which an individual has but rather as the result of an interaction between the individual and the environment and as such is a dynamic rather than a static characteristic.

One of the consequences of looking at disability as an interaction between the person and the environment is that its measurement and classification can no longer be described in terms of loss of structure or function. In some countries, work capacity is measured by objective criteria, in other countries, work capacity and its consequences are assessed in surveys by asking respondents to rate their own capabilities.

The choice of the Labour Force Survey as a vehicle for a disability module permits the analysis of disability data with the whole range of employment data collected as a matter of course in the LFS. The module is relevant for working and non-working, disabled people in that it covers the tasks that they can do.
3. **Structure of the module**

The constraint of a maximum of eleven variables means that the chosen topics must be of a general nature to cover the large range of working practices, types of disability, and person/environment interactions. The structure of the module is shown in the flow chart below. A fuller description of each variable, its coding, rationale and applicability, along with the interviewing instructions are shown in Section 4.
Content and structure of module

Health problem or disability

Yes

Type of problem, cause and duration

Works in sheltered or supported employment

Health problem limits kind or amount of work or mobility related to work

Assistance needed/provided to work

Type of assistance needed/provided

End module

No

End module

All no

End module
4. Description of variables

Variable 1
Existence of a longstanding health problem or disability

1. Yes
2. No

Applicability
All

Rationale
The first variable introduces the topic of a health problem and it is this variable along with its impact which are used as the statistic for setting clear goals and targets for the employment of disabled people. Thus one can look at the distribution of disabled people according to their economic activity by age, sex and, where appropriate, type of employment.

Interviewing Instructions

Longstanding
The key word is longstanding as it is important to distinguish between long term and short term health problems. As a general rule, longstanding should refer to 6 months or more. The two scenarios which are acceptable are (a) at the time of interview the problem had already existed for 6 months or more, and (b) at the time of interview the problem had been present for less than 6 months but is likely to continue for a time such that it is expected to have a least a 6 month duration.

The six month period should be seen as a guide to understanding the term longstanding, rather than defining an absolute period of time. The purpose of using the term, longstanding, is to distinguish between chronic conditions such as diabetes, epilepsy, schizophrenia and acute conditions such as a sprained ankle, a broken leg, appendicitis or a respiratory tract infection.

Coverage of health problems
Many people think of health problems as referring solely to physical health problems whereas they cover sensory problems as well, i.e. sight and hearing problems, and mental health problems. Therefore, the list of conditions listed for Variable 2 should be used as an aide memoire at this variable.

Coding instructions

Single event, continuous health problems
Health problems arising from a single event which are continuous in nature should be straightforward to code.

Recurrent or episodic conditions
Some conditions are recurrent (e.g. back pain), where there is an acute period followed by remission; other conditions are episodic in nature (e.g. epilepsy). Both of these examples should be coded, “Yes”, as they are continual or continuous problems.

Terminal illness or outcome dependent on treatment
If the respondent is suffering from a terminal illness or if the length of the illness is dependent on the outcome of treatment (e.g. a course of chemotherapy), code “Yes”.
Don’t know/not sure
If the respondent does not know how long their health problem is going to last, the interviewer must not make the decision; respondents should be encouraged to estimate how long they think their problem will last for taking account of any information given by doctors or other health professionals.

Variable 2

Type of health problem or disability (Code main problem)
1. Problems with arms or hands (which includes arthritis or rheumatism).
2. Problems with legs or feet (which includes arthritis or rheumatism).
3. Problems with back or neck (which includes arthritis or rheumatism).
4. Difficulty in seeing (with glasses or contact lenses if worn).
5. Difficulties in hearing (with hearing aids or grommets, if used).
7. Skin conditions, including severe disfigurement, allergies.
8. Chest or breathing problems, includes asthma and bronchitis.
9. Heart, blood pressure or circulation problems.
10. Stomach, liver, kidney or digestive problems.
11. Diabetes.
12. Epilepsy (include fits)
13. Mental, nervous or emotional problems
14. Other progressive illnesses (which include cancers NOS, MS, HIV, Parkinson’s disease)
15. Other longstanding health problems

Applicability
Applies to all those who said they had a longstanding health problem or disability

Rationale
This variable has been included so that the relationship between economic activity and type of health problem can be investigated. For example, one can look at the extent to which people with particular physical health problems, mental health problems, or seeing or hearing difficulties are involved in the labour market. At a more detailed level, it is also possible to examine the relationship between specific health problems and their impact on participation in particular occupations. This would highlight those occupations which do not create a barrier to people with certain disabilities, i.e. enabling people with particular heath problems to work, as distinct from occupations for which a greater effort is needed to accommodate people with activity restrictions.

Interviewing Instructions
Initially identifying all the problems
The list of health problems represent those which are commonly reported in health surveys. They represent a mixture of problems associated with anatomical, physiological and psychological structures and functions.

One health problem may be covered by more than one code (e.g. arthritis in arms, legs and back) and some respondents may have multiple problems, a sight problem, a stomach
problem and depression. Initially, it is important to find out about all the respondent’s health problems

**Coding Instructions**

*Coding “main” problem.*
If several codes are initially identified as representing the health problems of the respondent, one code needs to be chosen. Although several criteria can be used to establish what is the main problem (e.g. causes most pain, most recent, existed for the longest time), the characteristic most appropriate for the present purposes is the consequences of the problem, its impact on the life of the individual. More specifically, the main problem is the one which respondents think limits their work activities the most.

**Inclusions and exclusions for specific codes**

*Codes 1-3:* should include limb or postural deformities

*Code 4:* difficulties in seeing should only be included if wearing glasses or contact lenses are not sufficiently effective.  
*Code 5:* difficulties in hearing should only be included if grommets or hearing aids are not sufficiently effective.  
*Code 6:* a speech impediment does not include language problems as a result of unfamiliarity with the native language.  
*Code 7:* severe disfigurements include scars, birthmarks, and diseases of the skin; exclude tattooing and body piercing.  
*Code 8:* hay fever (severe allergic rhinitis) should be excluded except where it aggravates the effects of an existing condition.  
*Code 9:* includes stroke.  
*Code 13:* Mental, nervous or emotional problems include severe mental illness: psychosis (e.g. schizophrenia) affective disorders, (e.g. manic depression) and clinically recognised less severe disorders such as anxiety, depressive episodes, panic, phobias etc.). Specific learning difficulties such as dyslexia, dyscalcula are also included here. Severe learning difficulties have, in the past, been termed mental handicap, mental impairment and mental retardation.  
*Code 14:* Progressive illnesses should be recorded if there is some effect on the respondent’s day to day activities, even if it is minor at the time of the interview.  
*Code 15:* Alcohol and drug dependency should be included. Reproductive system problems should be recorded under this category unless appropriate under code 14.

**Variable 3**

*Time since onset of health problem or disability*

1. Less than 6 months  
2. At least 6 months but less than a year  
3. At least a year but less than 2 years  
4. At least 2 years but less than 3 years  
5. At least 3 years but less than 5 years  
6. At least 5 years but less than 10 years  
7. 10 years or more  
8. Don’t know

6
**Applicability**
Applies to all those who said they had a longstanding health problem or disability.

**Rationale**
The purpose of this question is to look at the association of health problems with the person’s employment history. Therefore, one can look at how long a person has been restricted in relation to their participation in the labour market or, more specifically, their length of unemployment. At a more detailed level, one can look at the impact of the duration of particular types of health problems on economic activity.

**Interviewing Instructions**

**Onset**
The onset of a health problem may be obvious, for example, if it was caused by an accident or injury. However, some health problems have a gradual onset, are episodic in nature, vary in severity. In such cases two key guides for measuring duration are - going back to the time the respondent first sought medical help or when the condition first had an effect on their day to day activities.

**Coding Instructions**

**Duration**
The duration codes are in fairly broad bands to distinguish between recent problems and more longer-term health problems.

**Variable 4**

**Cause of health problem or disability**
1. Born with it or birth injury
2. Work-related accident or injury including traffic accidents at work
3. Traffic accident or injury (not work related)
4. Household, leisure and sports accident or injury (non-work related)
5. Work-related diseases
6. Non-work related diseases
7. Don’t know

**Applicability**
Applies to all those who said they had a longstanding health problem or disability.

**Rationale**
Information on causes of restrictions in work activities is important for the planning and evaluation of prevention programmes. Due to the limited space on a disability module, information on cause is obtained by asking about broad conditions which either gave cause to or underlie the health problem, rather than asking detailed questions concerning specific illnesses or injuries.
Coding Instructions

Inclusions and exclusions for specific codes

Code 1: “Born with it” includes congenital abnormalities and perinatal conditions.

Code 2: Vehicle accidents which occurred during the course of work should be included here as should industrial poisoning.

Variable 5

Whether works in sheltered or supported employment

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Applicability
Applies to all those who said they had a longstanding health problem or disability and are working. (Those not working go to Variable 6)

Rationale
Sheltered employment for disabled people is that performed under special conditions. There can be numerous schemes under this broad category. For example, there is a scheme where disabled persons are able to work but can not easily secure employment in open competition. The person is employed by a sponsor organisation, is placed with a host firm and receives the same wages, terms and conditions as their non-disabled colleagues. The person is paid partly by the sponsor and partly by the host firm.

There may be variations in the expressions used for such employment and in its operation across Member states.

Interviewing Instructions

Definition of terms
Some respondents may not be familiar with the expressions, supported or sheltered accommodation. The interviewer will be provided with a definition of these terms which can be read out if asked to explain what they mean.

Coding Instructions

Don’t know

Even with a definition, respondents may not know if they work in supported or sheltered employment. In these instances, code 3 should be used. Code 3 should also be used for proxy information who may not have the knowledge to answer the question.
Variable 6

**Whether health problem restricts kind of work that can be done.**

1. Yes, considerably
2. Yes, to some extent
3. No
4. Don’t know

**Applicability**

Applies to all those who said they had a longstanding health problem or disability. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**

The rationale behind the inclusion of variables 6, 7 and 8 is to investigate how people’s health problems interfere with the work that they do or can do. This should enable policies to be drawn up which target particular aspects of the job. For example, some adaptation to the structure of the workplace or a more flexible approach to how work is organised may considerably benefit the reintegration of disabled people into the labour market. The data should also inform how jobs could be created for people with different types of health problems.

**Interviewing Instructions**

**Kind of work**

This variable and the subsequent two variables examine the effect of the health problem in the context of work. The *kind of work* covers, for example, the quality of work, heavy compared with light work, being able to work outdoors as well as indoors, needing to sit down etc.

**Can be done**

The choice of wording allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

**Coding Instructions**

**Restriction in activity**

Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

Variable 7

**Whether health problem restricts amount of work that can be done**

1. Yes, considerably
2. Yes, to some extent
3. No
4. Don’t know
**Applicability**
Applies to all those who said they had a longstanding health problem or disability. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**
See corresponding section for Variable 6

**Interviewing Instructions**

*Amount of work*
The term, *amount of work*, includes number of hours, amount that is/can be earned, and attendance at work.

*Can be done*
As for variable 6, the choice of wording for variable 7 allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

**Coding Instructions**

*Restriction in activity*
Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

**Variable 8**

*Whether health problem restricts mobility to and from work that can be done*
- 1 Yes, considerably
- 2 Yes, to some extent
- 3 No
- 4 Don’t know

**Applicability**
Applies to all those who said they had a longstanding health problem or disability. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**

*Mobility*
The term, mobility, needs to be distinguished from walking and locomotion; the latter referring to walking in the level, going up or down steps and stairs, moving without falling etc. Mobility means getting around, out and about and is affected by many external factors: the design of buildings, the neighbourhood where people live and the use of equipment such as wheelchairs. People who can not walk may have varying degrees of mobility – they may be bedbound, housebound, only able to go out with assistance or may have relatively full
mobility with assistance from equipment or people. Mobility is a very good example of showing how disability is an interaction of the person and the environment. Someone with a severe walking problem may have no mobility problems because assistance is provided or environmental barriers have been removed.

In the present context, our interest is in the journey to and from work. Mobility is one of the key issues with respect to disabled people and work. Many Member States have already introduced measures to help disabled people to get to and from work (e.g. providing transport which can take wheelchairs).

**Interviewing Instructions**

*Can be done*
As for variables 6 and 7, the choice of wording for variable 8 allows the question to be asked of those who are working and those who are not working, both unemployed and economically inactive.

**Coding Instructions**

*Restriction in activity*
Looking at the restriction in activity related to a health problem takes into account the frequency of its impact (all the time, daily, weekly, monthly etc.) and the severity of its impact (a lot, somewhat, a little). It is the respondent who decides if they are restricted or not, and if so, considerably or to some extent.

**Variable 9**

*Whether some form of assistance is provided to work.*

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<td>No</td>
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<tr>
<td>3</td>
<td>Don’t know</td>
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**Applicability**
Applies to all those who are working who said they had a longstanding health problem or disability which restricts their kind or amount of work or mobility in relation to work. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**
The purpose of this variable is to measure provision of assistance as distinct from need.

**Interviewing Instructions**

*Assistance*
The use of the term, assistance, refers to familial, organisational and environmental changes which help a person carrying out work activities.
Variable 10

**Whether some form of assistance is needed to work.**

1. Yes
2. No
3. Don’t know

**Applicability**
Applies to all those who are not working and who said they had a longstanding health problem or disability which restricts their kind or amount of work or mobility in relation to work. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**
The purpose of this variable is to measure need for assistance to work.

**Interviewing Instructions**

**Assistance**
The use of the term, assistance, refers to familial, organisational and environmental changes which help a person carrying out work activities.

Variable 11

**Type of assistance needed/provided to work (Code main type)**

1. Assistance with kind of work
2. Assistance with amount of work
3. Assistance with mobility to get to and from work.
4. Assistance with mobility at work
5. Support and understanding by superiors and colleagues
6. Other
7. Don’t know

**Applicability**
Applies to all those coded 1 at Variables 9 or 10. As this variable can be asked of proxy informants; the don’t know code should be used where appropriate.

**Rationale**
The list of types of assistance are described in general terms and cover those areas which are commonly reported in employment and health surveys. They also link up with Variables 5, 6 and 7. They can be regarded as methods to remove barriers to participation in work. The variable permits the respondent to say what is their main type of assistance needed or provided. These data can also be related to the type of health problem (Variable 2).

There are far too many specific types of help or assistance for particular disabilities for various types of work for each to be included as separate codes. (e.g. Braille, sign language interpretation, teleworking, wheelchair ramps etc.)
**Interviewing Instructions**

*Initially identifying all types of assistance*
More than one code may be appropriate. Initially, it is important to find out about all of them and then code main type of assistance, i.e. that which reduces or would reduce activity restriction the most.

**Coding instructions**

*Notes for specific codes*

Code 1: The *kind of work* covers, for example, the quality of work, having lighter loads to carry, being able to work outdoors as well as indoors, being able to sit down more. Assistance could refer to specially designed tasks or the use disability equipment or adaptations to the workplace.

*Code 2:* The term, *amount of work*, includes number of hours, amount that is/can be earned, and attendance at work.