African Americans and the Vocational Rehabilitation Service System in the United States: The Impact on Mental Health

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African Americans and Mental Health

In the United States, individuals of color are more likely to have disabilities than those who are White (Mwachofi, Broyles, & Khaliq, 2009). Additionally, African Americans experience increased severity in their disability. Across all age category groups, African Americans are also more likely to have a higher proportion of individuals with severe disabilities when compared to their White counterparts (Capella, 2002). Although many researchers attribute socio-economic status to the prevalence of mental health diagnoses in people of color, it is apparent that race needs to be considered when discussing mental health prevalence and services (Smith, 2015). While substantial work has been done to increase cultural competency in services provided for assessing and treating mental illness, the professions that provide those services (e.g., social work, psychology, and psychiatry) were deeply influenced and created by and for Western European male individuals (Smith, 2015). Additionally, African Americans experience multiple barriers when accessing mental health services for both diagnosis and treatment, including financial barriers, barriers for seeking help, and barriers in receiving high quality culturally competent services (Holden & Xanthos, 2009).

The seminal report to the Surgeon General of the United States on Mental Health (U.S. Department of Health and Human Services, 2001) pointed out that historical adversity, which included slavery, sharecropping, and race-based exclusion from health, educational, social, and economic resources, translates into the socio-economic disparities experienced by many African Americans in the United States. Socio-economic status, in turn, is linked to mental health – poor mental health is more common among those who are impoverished than among those
who are more affluent. Also related to socio-economic status is the increased likelihood of African Americans becoming members of high-need populations, such as people who are homeless, incarcerated, or have substance abuse problems, and have children who come to the attention of child welfare authorities and are placed in foster care. Racism is another aspect of the historical legacy of African Americans. Negative stereotypes and rejecting attitudes continue to occur with measurable, adverse consequences for the mental health of African Americans (Lukyanova, Balcazar, Oberoi, & Suarez-Balcazar, 2014). Therefore, a number of historical and contemporary negative circumstances have led many African Americans to mistrust the system of care and to face many contextual and personal barriers to mental health treatment and rehabilitation. We will discuss some of these factors in the next section.

African Americans and Employment

Meaningful employment is a desired goal for working-age adults. However, for individuals with disabilities this goal is often unattainable. Individuals with disabilities often face discrimination (Wilson, Alston, Harley, & Mitchell, 2002), have insufficient training and job experiences (Beveridge, Fabian, & Ethridge, 2009), encounter inadequate employment supports (Kaye, Jans, & Jones, 2011), or have limited experience in job-seeking skills (Rhodes, Hergenrather, Barlow, & Turner, 2008).

Historically, individuals with disabilities have experienced lower rates of employment than individuals without disabilities, a disparity which is seen across all socio-demographic groups (Steinmetz, 2006; U.S. Department of Labor, Bureau of Labor Statistics, 2012). The July 2015 young adult unemployment rate was 12.2%, more than double the national average of 5.3% (U.S. Department of Labor, Bureau of Labor Statistics, 2015, August). Unemployment is even more acute for young people of color, particularly for African American young adults, who have an unemployment rate of 20.7%. A report by the Great Cities Institute at the University of Illinois at Chicago (Cordova, Wilson, & Morsey, 2016, January) concluded that in 2014, 47% of the 20–24 years old Black men in Chicago were out of school and out of work in 2014 compared 20% of Hispanic men and 10% of White men in the same age group.

While people with disabilities as a whole experience higher rates of unemployment, examining race and mental illness diagnosis seems to intensify these disproportionate rates. Individuals of color with disabilities are more likely to be unemployed than their White peers and individuals with severe mental illnesses can have unemployment rates as high as 95% (Burns et al., 2007; Stuart, 2006). Several studies suggest that among individuals with mental health diagnoses, individuals of color experienced less favorable outcomes in their participation in the competitive labor force as compared to their White peers (Burke-Miller et al., 2006).

Findings in research surrounding race, mental illness, and employment are often nuanced. Wewiorski and Fabian’s (2004) meta-analysis of research found that individuals who were White had greater success at gaining employment, but people of color were more likely to be employed six months after their initial job
placement. Burke-Miller et al. (2006) examination of the Employment Intervention Demonstration Program dataset did conclude that individuals of color work more hours in a month. However, this could be attributed to working in lower paying jobs. This finding is supported by research that has concluded that White individuals are more likely to get higher paying jobs (Mwachofi et al., 2009).

Several individual and contextual factors contribute to this pervasive high rate of unemployment of people with disabilities. Individuals with disabilities are a heterogeneous group and employment-related outcomes appear to be associated with individual-level factors. Poor employment outcomes tend to increase with severity of the disability (Balcazar, Taylor-Ritzler, et al., 2012; Crisp, 2005; Meade, Lewis, Jackson, & Hess, 2004; Ozawa & Yeo, 2006; Phillips & Stuifbergen, 2006; Walker, Marwitz, Kreutzer, Hart, & Novack, 2006), being a member of a minority race or ethnic group (Arango-Lasprilla et al., 2009; Balcazar & Taylor-Ritzler, 2009; Gary et al., 2009), being less educated (Crisp, 2005; Krause & Terza, 2006; Ozawa & Yeo, 2006; Randolph & Andresen, 2004), and having low earnings or limited previous work experience (Mwachofi et al., 2009).

Environmental factors can also drastically limit community/employment participation for individuals with disabilities. These factors include the physical, social, and the attitudinal environment in which people live (Schopp et al., 2007). Products and technology for personal use in daily living, attitudes of community members, and the availability of health and social support services are examples of such environmental factors (World Health Organization, 2013). Additionally, even without considering disability, racial disparities exist in the US labor market (Mwachofi et al., 2009). Overall, individuals of color make less and have higher unemployment rates than Whites (Mwachofi et al., 2009). Thus, individuals of color with disabilities are susceptible to those same discriminatory practices when seeking employment as individuals of color without disabilities (Burke-Miller et al., 2006).

Individuals with mental illness face unique attitudinal and structural barriers when seeking and sustaining employment (Stuart, 2006). They often experience both direct and indirect discrimination in the workplace, including prejudicial attitudes, low expectations, and neglect (Stuart, 2006). Scheid (1999) found that half of US employers were hesitant to hire someone with a history of a mental illness and more than half were reluctant to hire someone currently taking antipsychotic medication. Even if employed, individuals with mental illness are often employed in jobs which are part-time or temporary and they experience significant barriers in career advancement (Stuart, 2006). Additionally, research has suggested that employers are more likely to hire someone with a physical disability and, compared to individuals with physical disabilities, twice as many people with mental illness anticipate experiencing stigma in the workplace (Stuart, 2006). Individuals with mental illness who are also unemployed often experience combined social stigmatization for both their status as mentally ill and their status as unemployed. In an attempt to avoid this stigmatization, individuals with mental illness often chose not to disclose their disability. This lack of disclosure can prevent many of them from receiving the supports and/or accommodations they may be entitled to and/or that they need in order to perform their job effectively (Stuart, 2006).
While the data support the disproportionate unemployment rates of individuals with mental health diagnoses, research has also suggested that individuals with mental illness have a desire to and can work in the competitive job market with appropriate supports (Burke-Miller et al., 2006; Catty et al., 2008; Cook et al., 2005). Active employment has also been correlated with several positive outcomes, including increases in quality of life, promoting self-esteem, and facilitating the gaining of skills for individuals with mental illness (Cook et al., 2005). Dunn, Wewiorski, and Rogers (2008)’s qualitative analyses found that individuals with mental illness reported that employment had both personal meaning and promoted recovery. In fact, while individuals with mental illness often experience unemployment or underemployment, these conditions can increase the risk for mental illness (Stuart, 2006).

In the United States, several national programs and policies have been implemented to address the unemployment rates of individuals with disabilities, including the Rehabilitation Act of 1973; followed by the Americans with Disabilities Act of 1990; amendments to the Rehabilitation Act of 1992 and 1998; and the Ticket to Work and Work Incentives Improvement Act of 1999. Although some of these federal policies have mandated non-discriminatory hiring practices and reasonable accommodations in the workplace (Cook et al., 2005), most working-age adults with disabilities continue to be at a significant disadvantage in the current labor market as reflected in their low labor force participation rate, generating severe economic, social, and psychological consequences. We now examine the characteristics of one of the programs created to promote employment among people with all types of disabilities.

The Vocational Rehabilitation Program

In accordance with the Rehabilitation Act of 1973, the Rehabilitation Services Administration (RSA) administers state formula grants to provide vocational rehabilitation (VR) services designed to prepare people with disabilities for gainful employment (U.S. Department of Education, 2012). Individuals who are eligible for VR services are individuals who have physical and/or mental impairments that impede their ability to obtain and maintain employment (Mwachofi et al., 2009). Eligible individuals are offered an array of services (22), including vocational guidance, assessment, information and referral, job search assistance, job readiness, treatment, occupational training and education, and on-the-job training and supports (U.S. Department of Education, 2012). In the United States, there are a total of 80 VR agencies: 24 states have separate programs for the blind and individuals with other types of disabilities; and 26 states, the District of Colombia, and five territories have combined blind/general disability agencies. The program also administers the funds that support the national network of Independent Living Centers, which provides advocacy training, personal care attendant services and housing assistance to people with disabilities so they can enjoy independent and productive lives in their communities.

The VR program can have a significant impact on the lives of people with disabilities hoping to become employed. However, the US Government
Accountability Office (U.S. GAO, 2005) prepared a report to Congress reviewing the VR program which found that of the more than 650,000 individuals exiting the state programs in fiscal year 2003, only one-third (217,557) obtained a new job or maintained their existing job for at least 90 days after receiving services (successful closure or status 26). The RSA’s data from FY 2003 (U.S. GAO, 2005) showed that two-thirds of VR consumers exited the VR program without employment (unsuccessful closure or status 28) most often because the individual refused services or failed to cooperate with the VR counselor (46% of the time) or could not be located or contacted (24%) for follow up. The report pointed out that the VR program purchased more than $1.3 billion in services for all individuals who exited the program in fiscal year 2003, two-thirds of which were used to provide services to individuals exiting without employment. In addition to this financial cost, there is the human cost of failure and hopelessness for all those individuals who were not able to attain their rehabilitation goals. The report also found that employment, salary earnings, and the amount of purchased services received while in the VR program varied significantly by individuals’ disability type and race/ethnicity, among other characteristics. Additionally, state VR agencies varied substantially in the employment rates they achieved, the characteristics of the individuals they served, their frequency of providing certain services, and their service expenditures (U.S. GAO, 2005, p. 2). These findings indicate the need for continued efforts to improve VR services and outcomes for individuals with disabilities.

In a more recent report (U.S. GAO, 2018), the agency found that state VR agencies reported expanding services for employers in order to promote hiring individuals with disabilities in mainstream employment (where they are integrated with employees without disabilities and earn competitive wages); however, the US Department of Education has not fully addressed related challenges. Most VR agencies in the last GAO’s survey reported providing specific employer services under the Workforce Innovation and Opportunity Act; but many agencies reported challenges meeting employers’ needs and promoting mainstream employment. For example, some did not fully understand when they are allowed to help employed individuals with career advancement. Additionally, employers with whom the GAO spoke cited challenges navigating workforce programs, yet few agencies reported documenting roles and responsibilities of the agencies they partner with to work with employers.

VR Services for African American with Mental Health Diagnoses

Individuals from racial and ethnic minority backgrounds experience many challenges when receiving services from VR (Alston, Wilson, & Harley, 2001; Capella, 2002; Mwachofi et al., 2009; Taylor-Ritzler, Balcazar, Suarez-Balcazar, & Garcia-Iriarte, 2008; Wilson, Edwards, Alston, Harley, & Doughty, 2001; Yamada & Brekke, 2008). The U.S. GAO (2005) report also highlighted that only 13% of African Americans receiving VR services achieved competitive employment while 11.6% achieved non-competitive employment compared with 85.2% and
87.3% of Whites, respectively. Kaya (2018) noted similar disparities in competitive employment based on their analysis of youth with intellectual disabilities. Research suggests that African Americans experience disparities throughout their involvement with the VR program. They are significantly less likely to be accepted for services, to be successfully rehabilitated (i.e., obtain gainful employment) and, if employed, they receive lower salaries (Capella, 2002; Olney & Kennedy, 2002; Wilson, 2000; Wilson et al., 2001; 2002; Yamada & Brekke, 2008). Additionally, Mwachofi et al. (2009) concluded that VR spending per person was greater for Whites than for individuals of color.

Ethnic minority individuals with disabilities are underserved by rehabilitation service agencies, including both the independent living and VR programs, and as a result, they are more likely to experience more social, economic, educational, and vocational disadvantages than their White counterparts (Alston, 2003; Fujiura, 2000; Granados, Puvvula, Berman, & Dowling, 2001; Olney & Kennedy, 2002; Rosenthal, 2004; Suarez-Balcazar & Balcazar, 2007). These disparities have persisted despite the fact that the US Congress passed amendments to the Rehabilitation Act in 1992 and 1998 to ensure equal treatment to all persons with disabilities regardless of their race and other characteristics (Capella, 2002; Mwachofi et al., 2009). Furthermore, positive independent living outcomes are less favorable for African Americans, Latinos and other minorities with disabilities than for Whites (Garcia-Iriarte, Balcaza, Taylor-Ritzler, & Suarez-Balcazar, 2008; Granados et al., 2001; Lillie-Blanton & Hudman, 2001; Suarez-Balcazar, Friesema, & Lukyanova, 2013).

African Americans can also face barriers in accessing VR counselors that are culturally competent in their service delivery (Capella, 2002). While research has supported the importance of culturally informed practices, considerations of the socio-cultural needs of minority groups are often not well integrated into the assessment and delivery of rehabilitation services for individuals with mental illnesses and there is often a disconnect between the cultural understanding of the provider and minority consumers (Burke-Miller et al., 2006; Kaya, 2018). This disconnect can lead to service delivery that is less consumer-driven, creating less satisfaction with the services among the recipients (Yamada & Brekke, 2008). Research has suggested that a lack of cultural competence when delivering services can be correlated with a decrease in the quality of care and negative outcomes from that care (Yamada & Brekke, 2008). Due to the increasing number of minorities in the United States and the increased prevalence of disability among African Americans, the need for culturally competent VR counselors will likely continue to outnumber the available supply.

Our research team has conducted several studies that examine service delivery for African Americans with mental health diagnoses in VR. These studies illustrated that individual and contextual-level factors are predictors of employment-related outcomes. For example, Lukyanova et al. (2014) examined the VR records from a Midwestern state that included 2,122 African American and 4,284 Caucasian consumers who reported mental illness as their primary disability. We found that African Americans had significantly more closures at referral (before their cases could be opened) and overall were closed as non-rehabilitated more
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Logistic regressions indicated that African American VR consumers were less likely to be employed compared to Caucasians. The regression also found differences by gender (females were more likely to find jobs than males). This particular finding was surprising, since previous literature consistently attributes better employment outcomes to males than females (e.g., Arango-Lasprilla et al., 2009; Coutinho, Oswald, & Best, 2006). We also found differences by age, as middle-age consumers (between 36 and 50 years old) were more likely to find jobs than younger consumers (18–35 years old).

In a similar study, Balcazar, Oberoi, Suarez-Balcazar, and Alvarado (2012) examined a VR database that included 37,404 African Americans who were referred or self-referred over a period of five years. Logistic regression analyses indicated that age and disability type were significant predictors of successful VR. Consumers older than 20 years had a higher likelihood of successful rehabilitation outcomes. The likelihood of rehabilitation increased by about 10% for every 10 years in age and the odds increased by 80% for consumers between 51 and 60 years old. In terms of type of disability, African American consumers with physical disabilities had 15% less likelihood of a successful closure but those with a sensory disability had a 72% higher likelihood of successful rehabilitation. The chances of VR of African American consumers with chronic health problems or mental illness were not significantly different from those with a learning disability and/or behavioral disorder.

In another study, Balcazar, Oberoi, and Keel (2013) examined a VR database from a Midwestern state that included 26,292 transition cases. Transition outcomes were identified for 4,010 youth (15.3%) and analyzed based on factors of gender, race, and disability type. Logistic regression analyses for predictors of employment and college enrollment indicated that females had a higher chance of going to college. However, despite their lower rates of college attendance, males had a greater proportion of competitive employment outcomes compared to females. Regarding race, White and Asian youth had a significantly higher percentage of identifiable transition outcomes than African Americans. Finally, disability type was also found to be predictive of transition outcomes; individuals with sensory and physical disabilities were attending college in a larger proportion compared to individuals with other disabilities. Balcazar, Oberoi, et al. (2012) also found that providing appropriate support services (intensive case management) to youth in transition can have a positive impact in the attainment of their transition goals.

Studies of VR consumers conducted by our research team have also identified contextual factors that impact rehabilitation outcomes, and often explain a large proportion of the variance. For example, Lukyanova et al. (2014) found that VR case expenditures between $1,000 and $4,999 were significantly lower for African Americans than for Whites, which explains, in part, the differences in employment outcomes between the two groups of consumers. Balcazar, Oberoi, et al. (2012) found that when analyzed alone, none of the 22 types of VR services available was a significant predictor of rehabilitation for African Americans with disabilities. However, the number of services a consumer received was a significant predictor, such that, each additional service received by a consumer increased
his/her chances of rehabilitation by 47%. Furthermore, the logistic regression suggested that as the amount of money spent on a case increased, the chances of successful rehabilitation increased such that each additional thousand dollars spent on a case doubled the consumers’ likelihood of successful rehabilitation. Most importantly, according to the analysis, spending between $5,000 and $8,000 per consumer is associated with the maximum rate of rehabilitation (a 1,360% higher likelihood of getting rehabilitated). Balcazar et al. (2013) also found that the chances of a youth in transition gaining competitive employment increased as the amount of money spent by the VR counselor on the case increased. Furthermore, youth who received vocational guidance and on-the-job supports had higher chances of obtaining competitive employment than of going to college.

While past research has substantiated racial disparities in various aspects of the VR system, recent research has demonstrated progress in racial equity for individuals with other disability categories. In a study by Giesen and Lang (2018), African American males with visual impairments were more likely to have closure earnings exceeding substantial gainful activity for Social Security Disability Insurance. Kang, Nord, and Nye-Lengerman (2019) found that African American VR consumers with intellectual disabilities were earning a higher weekly wage than White consumers. However, under close examination, the authors found that they were working more hours than White consumers, but at a lower hourly wage.

**Recommendations**

The disparities in the VR system along racial lines require an examination and possible modification of current policies and practices in order to create and maintain a system that ensures equitable access to services and better employment outcomes for individuals of color with disabilities (Mwachofi et al., 2009). As Wilson et al. (2001) asserted, individual and societal factors surrounding race make it extremely challenging for minorities with disabilities to find employment through VR services. They emphasized the need to explore multiple strategies and models to achieve employment for minorities with disabilities. Such strategies include supported employment and self-employment.

**Supported Employment**

Supported employment is one strategy that can help individuals with mental illnesses access and sustain competitive employment (Burke-Miller et al., 2006; Burns et al., 2007; Catty et al., 2008; Cook et al., 2005; Drake & Bond, 2008). Additionally, supported employment has been correlated with increased numbers of hours working and higher pay (Cook et al., 2005). Supported employment, sometimes referred to as “place and train,” involves assisting an individual with finding employment in an integrated settings and then providing training and support to both the individual with a disability and the employer/co-workers as appropriate (Burns et al., 2007; Cook et al., 2005). This employment strategy emphasizes the preferences and autonomy of the individual with the disability;
research has suggested that supported employment has long-term benefits for people with disabilities (Burns et al., 2007).

In a longitudinal follow-up study of 38 individuals with severe mental illness that participated in supported employment, 82% of participants reported working in competitive employment and the majority of participants reported working more than half of the years since their participation in the supported employment program (Becker, Drake, Whitley, & Bailey, 2007). Participants also reported increased self-esteem, relationships, and management of their mental health symptoms as other benefits of their employment experience (Becker et al., 2007).

Despite its benefits, supported employment does have some limitations. Primarily, supported employment operates on the idea that all individuals with disabilities want to work. Some individuals with mental illness may autonomously decide that they do not want to work, while others do not want to work for fear of losing their federal and/or state benefits (Drake & Bond, 2008). The Social Security Administration, the US federal agency in charge of these programs is aware of the potential disincentive impact of the Social Security Disability Insurance program and is trying to modify the policies so consumers can only start losing benefits after reaching a certain monthly income threshold. Similar policies are being implemented to prevent consumers with disabilities from losing their federal health insurance benefits, since most of the jobs available to them do not include private insurance benefits and there is no national insurance health program in the United States.

Additionally, people with mental illnesses still experience barriers to success, such as psychiatric symptoms and inadequate mental health services that can challenge the effective implementation of the supported employment program (Drake & Bond, 2008). Furthermore, recent research suggests that access to educational opportunities is also necessary for success in supported employment. Waynor, Gill, Reinhardt-Wood, Nanni, and Gao (2018) analyzed employment outcomes for individuals with severe mental illnesses in supported employment and found that educational level was a significant predictor of continued engagement in work at six-month follow-up.

**Self-employment**

One aspect of the VR program that has not been studied very much is self-employment. VR counselors can use self-employment to help address the employment disparities for individuals with disabilities (Ashley & Graf, 2018). Revell, Smith, and Inge (2009) presented a summary of the RSA-911 database regarding state-by-state closures for self-employment compared to closures for regular employment (status 26) for FY 2003, FY2005 and FY2007. The total results indicated a slightly decreasing tendency from 4,067 cases of self-employment in 2003, to 3,388 cases in 2005 and 3,246 cases in 2007. These cases represent only 1.93%, 1.69%, and 1.63% of the total closed cases in the United States during those fiscal years. As the numbers indicate, self-employment is not widely used in the VR system, with great disparities from state to state. For instance, the state of
Mississippi reported the highest number of cases in 2007 (572) while the District of Colombia reported no cases in 2003.

Arnold, Seekins, and Spas (2001) reported the results of a survey from 330 self-employed individuals with disabilities. A total of 66% of the respondents were male, 88% White, 2% were African Americans, and 2% were Hispanics. A total of 80% were between 30 and 59 years old, and 79% had more than high school education. Among the top reasons identified for self-employment, respondents indicated: Wanted to work for myself (56%); identified need for product/service (48%); wanted to make more money (46%); wanted to own a business (46%); needed to create own job (44%); and to accommodate a disability (i.e., flexible hours and/or working conditions) (43%). More than half of respondents made initial investments of less than $10,000. Initial investments came from one or more sources, such as personal savings (59%), credit card purchases/cash advances (30%), loans from family members (25%), lending institution loans (18%), and/or state VR agency funding (16%). A total of 30% of respondents’ businesses supplied over half of their total household income; 39% reported that their business incomes were adequate to maintain their desired standard of living. Finally, 34% of respondents earned $5,000 or less annually. A total of 10% earned between $5,001 and $10,000; 10% earned between $10,001 and $20,000; 8% earned between $20,001 and $30,000; 10% earned between $30,001 and $100,000; 14% earned between $100,001 and $500,000; and 6% earned $500,000 or more. Clearly, some of these businesses were very profitable.

A limitation of the study was that the respondents to the survey were members of the Disabled Business Persons Association (DBA) and/or individuals who had sought assistance from state VR agencies. Their responses may not be representative of all people with disabilities who are self-employed/business owners. It is very difficult to conduct such a “population-based” study. Other self-employed people with disabilities who have not received VR services or who are not DBA members may or may not be similar to these respondents.

Entrepreneurship can be a viable career option for many people with disabilities and is increasingly being promoted as an effective employment strategy for person with disabilities (Arnold & Ipsen, 2005; Arnold & Seekins, 2002; Griffin & Hammis, 2014; Ipsen, Arnold, & Colling, 2005; Office of Disability Employment Policy, 2005). Kaufmann and Stuart (2007) added that entrepreneurship is a strategy that can lead to economic self-sufficiency and is particularly important for people with severe disabilities that have frequently been denied equal access to traditional labor markets. However, many people with disabilities can lose their aspirations to become entrepreneurs through lack of customized entrepreneurship assessment services that could help them make personally meaningful choices about what it takes to become a business owner. They often lack access to entrepreneurship training or the financial resources needed to start a business and many individuals do not understand or get sustained assistance in business planning (Parker-Harris, Renko, & Caldwell, 2014). These factors, as well as a variety of systemic disincentives, have limited the number of people with disabilities who become successful business owners (Shaheen & Killeen, 2009). Research evidence also indicates that minority consumers are likely to encounter more difficulties
and barriers to self-employment when compared with Whites. These include challenges obtaining support, start-up capital, and developing marketable ideas (Stodden, Conway, & Chang, 2003).

Unfortunately, little research has been conducted in the area of self-employment and individuals with disabilities, particularly in the context of VR. In a recent study, Ashley and Graf (2018) interviewed 18 individuals with disabilities who participated in self-employment. Seven participants noted that their VR counselors discouraged them from self-employment. Six of the participants described how their VR counselors helped support them pursue self-employment, but three of the six later described how the support was insufficient. Because the research is so limited in this area, additional quantitative and qualitative studies need to be conducted to garner a better understanding of the role of VR counselors in support self-employment for their consumers.

Beginning in 2006 and continuing through 2009, the US Department of Labor/Office of Disability Employment Policy (ODEP) sponsored three national demonstration projects to research effective policies and practices that improve self-employment outcomes for people with disabilities. These “Start-UP USA” projects represented a diversity of locations, economic environments, and stakeholder groups and resulted in local policy and program improvements that could provide more individuals with disabilities a way to achieve their entrepreneurship career goals. The programs, however, targeted individuals with disabilities in the general population and have not generated sufficient information about factors that predict successful self-employment among individuals receiving VR services. Unfortunately, self-employment remains a marginal practice in VR agencies from across the United States and the implementation and the promotion of entrepreneurship skills among VR customers is very limited. Previous research indicates that individuals with disabilities who had frequent contacts with VR counselors with experience in entrepreneurship and who targeted the consumer’s individual employment plan to self-employment (Arnold & Seekins, 1998; Hayward & Schmidt-Davis, 2003; Lustig, Strauser, & Weems, 2004), and completed trainings and followed up, were more likely to be successful in achieving self-employment outcomes (Keim & Strauser, 2000; Patrick, Smy, Tombs, & Shelton, 2012). Other components associated with self-employment success include the presence of family and community support (Parker-Harris et al., 2014); mentoring and support from savvy local business owners who can assist in completing the business plans (Wallen et al., 2010); and individuals who are highly motivated and have clear business ideas (Katz, 2006).

One approach for entrepreneurship development is through business incubators. This is a business support process that accelerates the successful development of start-ups by providing entrepreneurs with an array of targeted resources and services (National Business Incubation Association, 2013). A business incubator’s main goal is to produce successful businesses that will leave the program

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1More information about Start-UP USA can be found on its website: http://www.start-up-usa.biz/about/index.cfm.
financially viable and freestanding. Incubator graduates have the potential to create jobs, revitalize neighborhoods, commercialize new technologies, and strengthen local economies. Incubators vary in the way they deliver their services, in their organizational structure and in the types of clients they serve. Incubators can be highly adaptable. Some incubator sponsors have targeted programs to support micro-enterprise creation, the needs of women and minorities, and environmental endeavors. Unfortunately, this model has rarely been used to support people with disabilities.

One example was implemented by the “Chicago Add Us In (AUI) Initiative” sponsored by the US Department of Labor, ODEP (Balcazar, Kuchack, Dimpfl, Sariepella, & Alvarado, 2014). The initiative created an entrepreneurship program for people with disabilities in order to counteract the barriers they faced to secure employment, while seeking to promote empowerment and facilitate their economic self-sufficiency. The model includes a course on how to write a business plan, one-on-one business mentoring, technical assistance, and start-up business grants from the VR agency (for an average of $10,000 but could be more funding depending on the business plan). In addition to the core program components, there was an emphasis on facilitating systemic change in the Illinois Vocational Rehabilitation Agency to ensure program sustainability, which led to the development of a business incubator for people with disabilities in the Chicago area. The incubator, which required an investment of over a million dollars, provides multiple trainings, equipment, office space, phones, and computers for the business start-ups. The incubator also has equipment to train interested consumers in areas like computerized embroidery, heat pressing, and graphic design. Our experiences with this project suggest that trusting relationships, insightful analysis of program data, and desire to improve and find effective solutions were essential to foster systemic changes in the state VR agency. Finally, the Chicago AUI Initiative also explored the creation of cooperatives as a way to include groups of individuals with disabilities who could participate as co-owners of the business in a cooperative business arrangement (Balcazar et al., 2014).

The strategy of supporting groups of individuals with disabilities in the process of starting their own businesses through cooperatives is another way to promote self-employment. A worker cooperative has members who are both workers and owners of their enterprises. As worker-owners, members have a large degree of flexibility not only in defining the economic and social benefits of their enterprise, but also in establishing conditions of work that cater to their specific needs (International Labour Organization [ILO], 2012). Disabled workers’ cooperatives are found around the world. In Eastern Europe numerous factories are managed and operated by them. Similarly, workers with disabilities in developing countries have formed several industrial workers’, artisan, and handicraft cooperatives to maximize their individual talents and to engage in joint production, purchasing, marketing, and sales at local and international markets.2 Cooperatives can engage

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2See http://www.abilis.fi/ for a comprehensive list of projects sponsored by the Abilis Foundation.
in a diverse array of products and services. As these cooperatives grow, they often expand their services to the provision of skills training, health care, financial services, transportation, and other activities.

As the ILO (2012) argues, job creation for people with disabilities is often at the heart of these types of cooperatives. Members can include people with disabilities, their families, volunteers, disability associations, local government agencies, and others that have a stake in the care and/or support of the members with disabilities. Referred to as multi-stakeholder cooperatives, these businesses can engage in a wide range of productive activities and services. They can contribute to increase the wellbeing of persons with disabilities not only economically and socially, but also can play a role in advocacy, reducing discrimination and promoting social integration (ILO, 2012).

Cooperatives put people at the heart of their business because they are owned and democratically controlled by their members. The decisions taken by cooperatives balance profitability with the needs of their members and the wider interests of the community. Found in many different forms, serving many different needs, resilient to crisis and thriving within diverse societies, the cooperative way of doing business provides a wide range of opportunities to address the economic, social, and cultural needs of persons with disabilities (ILO, 2012). Cooperatives of disabled persons exist in many countries around the world; however, in the United States, these cooperatives are rarely implemented. The ILO (2012) concludes that the development of cooperative enterprises continues to be hampered by a lack of knowledge and understanding of the cooperative business model, as well as insufficient awareness about how cooperatives can respond to the needs of specific groups of people, like individuals with disabilities. One limitation in the United States is that the VR program that could fund cooperative start-ups for individuals with disabilities only considers individual plans for employment and the policies do not include any type of group ownership. Additionally, the ILO (2012) report also cautions that even when the cooperative form of business is introduced to potential members, promoters often underestimate the need for capacity building, business management skills, and specific training in cooperative governance. These are particularly important factors for cooperatives that cater to the needs of disabled people where expectations are often higher.

Conclusions

African Americans experience more barriers and challenges when applying for VR services and in their efforts to attain vocational and occupational outcomes compared to Whites. While some researchers refuse to discuss race openly, it is necessary to determine and understand the racial disparities in the VR system in order to work toward a more equitable system with more equitable outcomes for all its users (Alston, Harley, & Middleton, 2005). It is important to ensure equitable access to research opportunities to all recipients of VR services in order to promote best practices that benefit individuals of all racial identities. The wider dissemination of programs like supported employment that has been empirically
validated as an effective strategy to support community-based employment among individuals with severe mental illness is necessary. Self-employment is another venue that is not often considered by VR counselors, in part because it requires a lot of work in the absence of community partners who can provide training, mentoring, and technical assistance in the development of the business plan. The creation of business incubators at the local level could address these limitations and expand the opportunities and supports for individuals with disabilities interested in entrepreneurship. Finally, cooperative arrangements could allow groups of individuals with disabilities and their supporters to own and operate their own businesses. These are some of the possibilities available to people with mental illness who are eager to work, and attain independence and self-sufficiency like anyone else.

References


