

*A Comprehensive Assessment
of the Vocational
Rehabilitation Needs of
Maryland Citizens with
Severe Disabilities
2000*



Executive Summary

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Research

A Comprehensive Assessment of the Vocational Rehabilitation Needs of Maryland Citizens with Severe Disabilities: 2000 Executive Summary

Prepared for

The Maryland State Department of Education
Division of Rehabilitation Services (DORS)

by

Gordon Scott Bonham, Ph.D.
Bonham Research

2316 Wineberry Terrace
Baltimore, Maryland 21209
(410) 601-0111
Fax: (410) 367-2376
Email: gbonham@clark.net

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Acknowledgments and Author's Notes

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Bonham Research was established in 1998 to provide assessment and evaluation services to human service organizations. Other recent research reports include *Ask Me! Year 2: The Quality of Life of Marylanders with Developmental Disabilities Receiving DDA Funded Supports*; *Options for Considering Equity in Regional Transportation Systems*; *Child Care Needs Survey: Chesapeake Business Park Area*; *Intensive Family Services and Family Preservation Programs*; and *Mid Shore State of the Child*.

Gordon Scott Bonham, Ph.D., President of Bonham Research, earned his doctorate in sociology from the University of Michigan, and conducted research with Towson University, the University of Louisville, and the National Center for Health Statistics. Prior to establishing Bonham Research, he conducted studies related to disabilities for the Kentucky Office of Vocational Rehabilitation, the Kentucky Developmental Disabilities Planning Council, the Kentucky Department for Medicaid Services, and the Transportation Authority of River City (Louisville). His recent publications include *Cars and the Environment: The Evolution of Public Policy* (Lynne Rienner Publishers, 2000) and "Consumer based quality of life assessment: A path model of perceived satisfaction," *Evaluation and Program Planning* (2000). He is a member of the American Sociological Association, the American Evaluation Association, the Urban Affairs Association, and an associate member of the Maryland Association of Nonprofit Organizations and serves on the board of BARC (Baltimore Association of Retarded Citizens).

Executive Summary

Purpose

The Maryland State Department of Education, Division of Rehabilitation Services (DORS) provides services to people with severe disabilities with the goal of assisting them achieve productive employment. DORS began a five-year cycle in 1988 to assess how it is meeting needs. A third assessment in this cycle began at the end of 1998. Its major objectives were:

- *To identify the types and extent of current unmet vocational rehabilitation needs which prevent individuals with severe disabilities from obtaining and maintaining employment.*
- *To review the effectiveness of outreach efforts used to identify and serve individuals with severe disabilities who are minorities and individuals with disabilities who are unserved and underserved by the vocational rehabilitation system.*
- *To review all employment models for individuals with the most severe disabilities including the availability of programs offering long-term support models; availability of access to long-term funding; array of long-term support models; and the array of alternative employment options.*

Data

Bonham Research conducted a needs assessment with eight interrelated data collection efforts in order to meet the objectives. Four study components collected data from 1,003 people with disabilities through a self-completed survey, from 866 Maryland households through a random survey of addresses, through telephone interviews with 381 people responding to the preceding two surveys, and 27 people through four focus groups in different regions of Maryland. Three study components included organizations involved with people with disabilities: a survey of 109 associations and community service providers, a survey of 66 DORS counselors, and a focus group of 18 representatives of the 109 non-government organizations. A literature and program review component assisted with the other components and in developing recommendations.

Number of People with Disabilities

Disabilities affect one-third of Maryland households. About 647,000 households in 1999 (35%) contained at least one person with disabilities. Over half of these, 368,000 or 20% of all Maryland households, had at least one working-age person 16 to 64 years of age with disabilities.

About 87,000 of the Maryland working-age population had severe work disabilities, and an additional 228,000 had nonsevere work disabilities. This represents 3.9% of Maryland residents 16 to 64 years of age in 1999 with severe work disabilities, not statistically different than the

1990 census estimate of 3.3%. This represents 10.2% with nonsevere work disabilities, an estimate two and one-half times the 1990 census estimates that 3.8% of Maryland residents 16 to 64 years of age had nonsevere work disabilities.

Severe work disabilities increase with age: 0.3% of youth preparing to enter the labor force had severe work disabilities, 2.5% of younger working-age adults, and 6.2% of older working-age adults had severe work disabilities. (See **Figure 1.**)

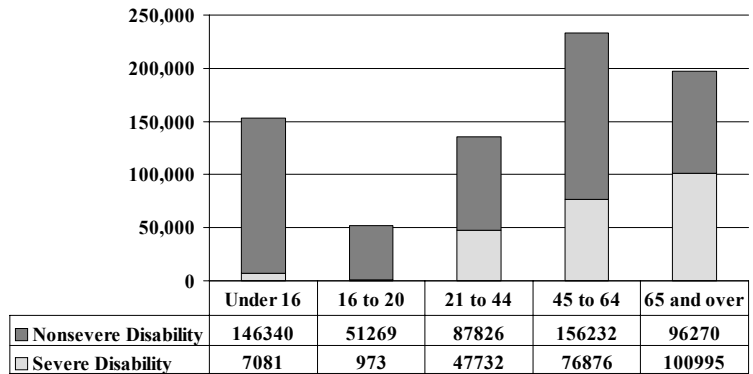


Figure 1. Number of Marylanders with Disabilities

Over half of the people with disabilities worked, but only 15% worked full time, 35 or more hours per week. (See **Figure 2.**) One-tenth (11%) were looking for work, which would translate into an unemployment rate of 16%. Although one-fourth did not work because of their disabilities, only 6% had never worked since completing their education.

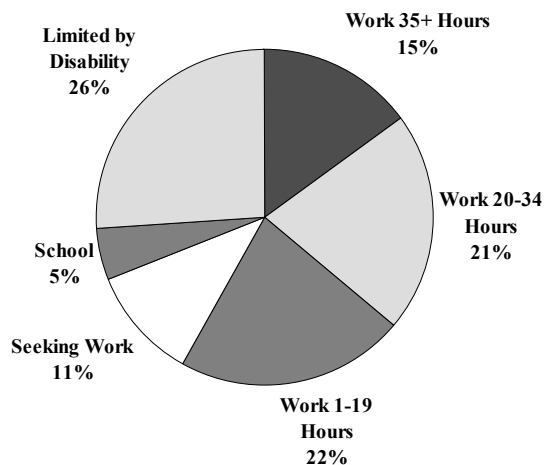


Figure 2. Current Work Status

Two-thirds (68%) of people with disabilities worked in service jobs, half for nonprofit organizations, one-third for businesses, and the remainder for government or private individuals. People had worked the shortest time for businesses, indicating either more recent acceptance by businesses of employees with disabilities or shorter lengths of time in business jobs than in nonprofit and government jobs.

Almost half (44%) of the people with disabilities did not have a high school diploma, twice the percent of the working age population in Maryland as a whole. One-third (36%) had a high school diploma, 10% had some college, and 10% had graduated from college. Only 5% of people without a high school diploma worked full time compared to 50% with a college degree.

Characteristics of Disabilities

More working-age people had difficulty lifting or carrying things than any other function included in the survey: 185,000 people (8.3%) said they had at least some difficulty. (See **Figure 3.**) However, it was stooping or standing for a long time that caused “a lot” of difficulty

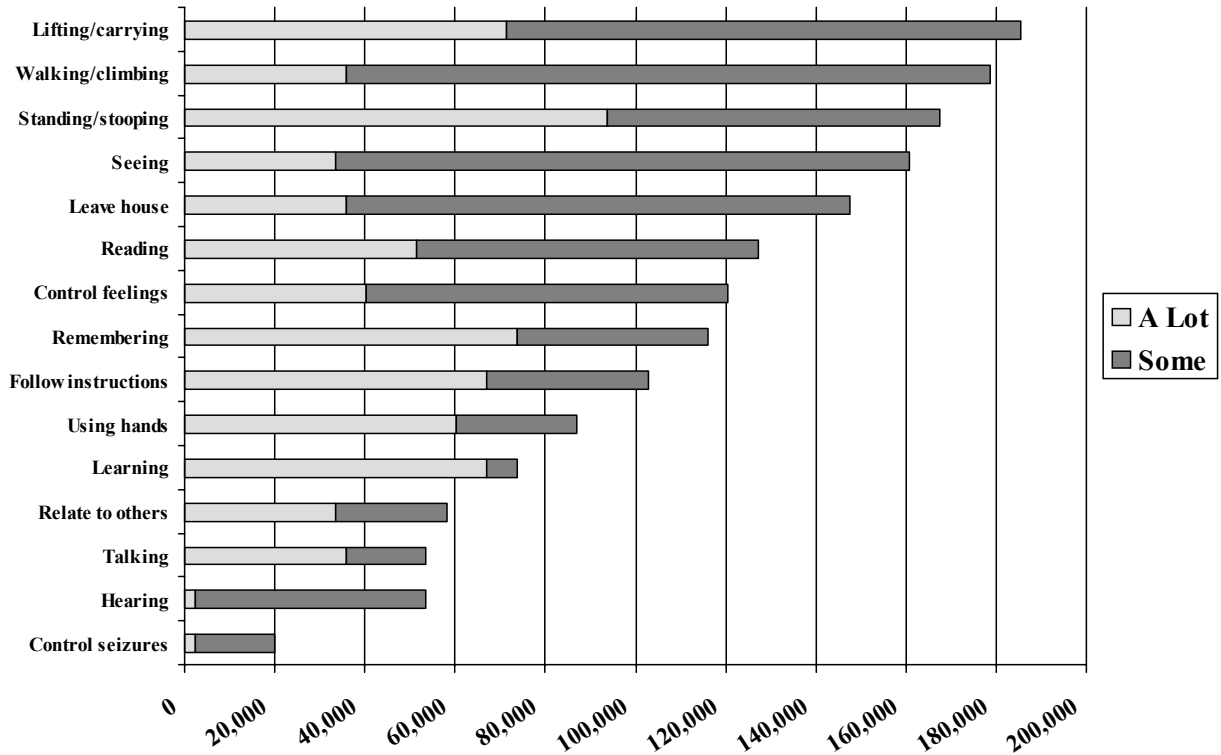


Figure 3. Number of People 16-64 by Type of Difficulties

for the most people: 94,000 people (4.2%).

Generally, the more difficulties people had, the less likely they were to work and to work full time. People with difficulties leaving the house due to disability had the least work participation, followed by people with difficulties using hands and fingers, and people with difficulties stooping or standing for long periods of time. Difficulty talking, learning, or following instructions did not have statistically significant relationships with working. People with difficulty reading had the greatest work participation.

Two-fifths of youth 16-20 had their disabilities since birth, and illness caused the disability for most of the remainder. About one-third of the people 21-44 had their disabilities since birth, illness caused the disability for one-third, and accidents or injury caused the disability for one-third. Almost none of the people 45-64 years old had disabilities since birth, and four-fifths had their disability caused by illness. This very

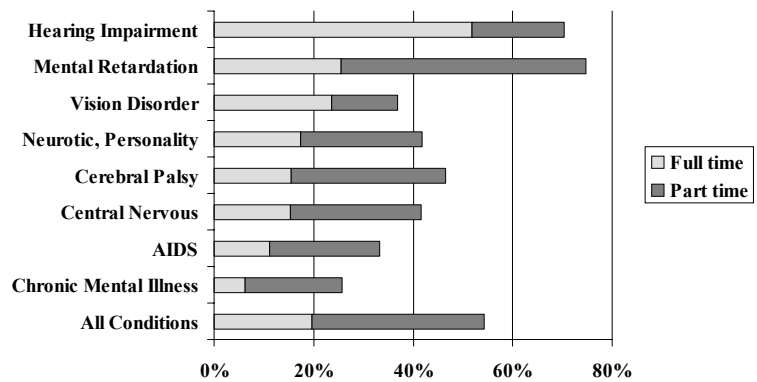


Figure 4. Percent Working by Condition

low percent with congenital disabilities probably represents a low survival rate of people born with disabilities before the 1950's as well as a longer period of time for conditions to develop.

Enough people in the study reported seven groups of conditions to permit separate analysis. About three-fourths of people with mental retardation (75%) and hearing impairments (70%) worked for pay. One-fourth (25%) of people with chronic mental illness worked for pay. (See **Figure 4.**)

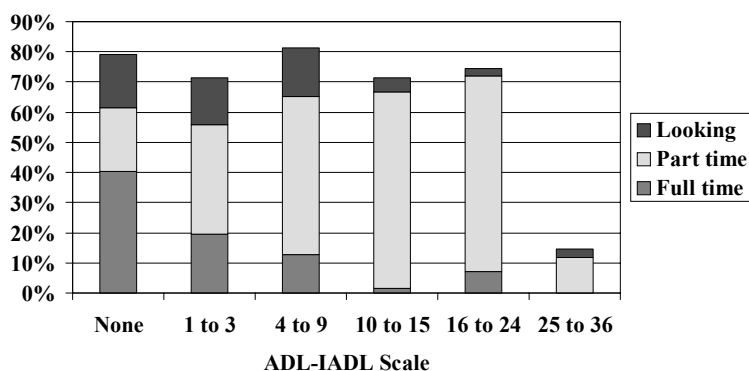


Figure 5. Labor Force Status by Daily Living Challenges

Seven activities are commonly identified as instrumental activities of daily living (IADL). Half (51%) of the people with disabilities needed someone to help them keep up with money and bills, and an additional 11% had difficulties managing money but did not need others to assist them all the time. Two-fifths (39%) needed help to move about outside the home and to take medicine. Five additional ones are identified as activities of

daily living (ADL): 15% needed someone to help them dress and 7% needed someone to help them eat. The more people need help in these IADL-ADL areas, the less likely they were to work full time. (See **Figure 5.**) Overall labor force participation (including part time work and the desire to work) was not related to difficulties in daily living, except for people who required someone to assist them in more than eight of the twelve activities of daily living. They were unlikely to be in the labor force at all.

Employment Barriers

One-fourth (26%) of the self-respondents in the telephone interviews said they faced prejudice or discrimination in the past five years because of their disability. (See **Figure 6**) Proxies did not report as high a level of discrimination, either because the people for whom they were reporting were less likely to be exposed to prejudice and discrimination, or proxies were unaware of what they experienced. Proxies most frequently reported transportation as a barrier to work. Most (64%) people with disabilities depended on household members for transportation, as only 20%

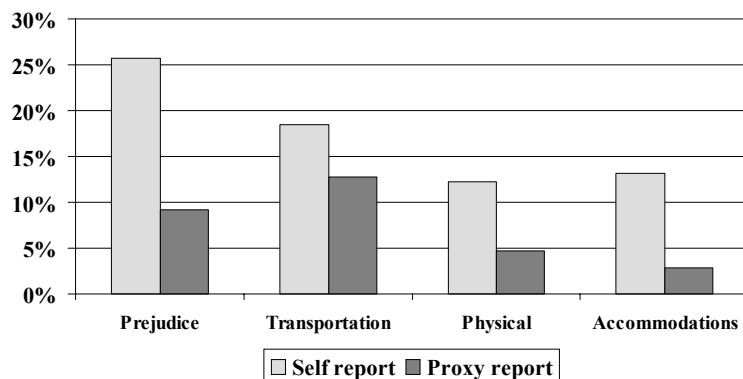


Figure 6. Barriers Experienced in Past Five Years

drive themselves. A few (9%) relied on public transportation, and a few (7%) relied upon agency vans, neighbors, or other means of transportation.

Disability associations and community service providers identified the same two principal barriers to employment as did individuals. One-third of the surveyed non-government organizations mentioned the attitudes of employers and the general public as barriers to employment. One-third mentioned transportation.

DORS counselors identified attitudes held by employers and the general public as the primary barrier to employment. They were next most likely to identify the quality of programs as a barrier: programs that provided basic academics, job skill training, and use of adaptive equipment.

Over half (55%) of people with disabilities felt they would have problems during the next five years making enough money to support themselves. Next they mentioned getting a job, keeping a job, or changing a job. A big uncertainty was whether they would become less able to work in five years: 25% thought they would become less able and 29% were not sure. Most of the formerly employed people had to leave their last job due to illness or injury.

Vocational Rehabilitation Needs

The majority of Maryland households without disabilities lacked opinions about whether programs and services for people with disabilities reached those who needed them. Those who did have opinions felt services were more likely to reach children and youth who needed them than senior adults who needed them. Households with disabilities responded differently. Families having children with disabilities reported by a 70 to 1 margin that services did not reach the children who needed them. In contrast, households having senior adults with disabilities reported by a 2 to 1 margin that services did reach those who needed them. It is not clear

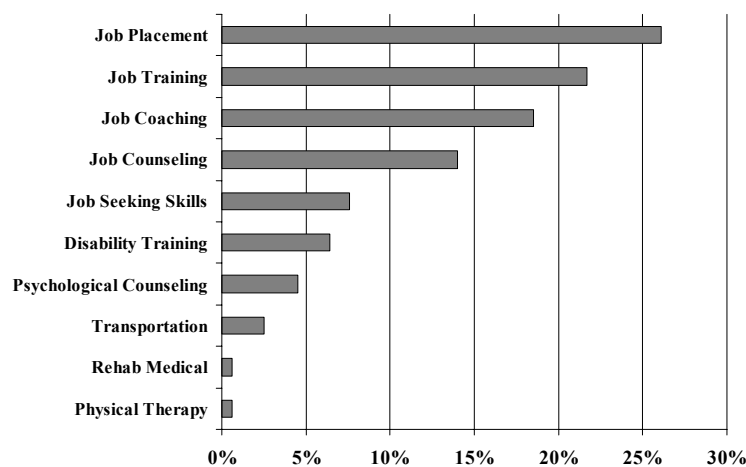


Figure 7. Percent Identifying Services That Would Help Them Get or Keep a Job

whether these differences represent different levels of knowledge or different levels of advocacy.

People with different types of difficulties reported different levels of special need. Two-fifths (42%) of the people had special needs in learning new things, controlling their feelings, and reading.

One-fourth (26%) of the people not working said they needed job placement in response to an unstructured question about services that would help them get or keep a

job. The next most frequent responses were job training and job coaching. (See **Figure 7**) Almost all (60 of 66) DORS counselors reported that people with disabilities had training needs, and almost one-third said these needs were not being met very well. In a separate question, one-eighth (12%) of the people identified an aid or equipment (most frequently a computer) that would make it easier for them to work.

Vocational rehabilitation needs are not isolated from other needs of people. Almost half (45%) of the people with disabilities lived alone. Three-fourths (77%) of those living alone had incomes less than \$10,000 per year, with 47% being less than \$5,000 per year. In contrast, 12% of people living in families with at least four members had family incomes less than \$10,000. Supplemental Security Income assisted 52% of the people and Social Security assisted 44%.

Full time and part time work are very different. While 9% of people working full time had annual earnings less than \$10,000 per year, 91% of those working part time earned less than \$10,000 per year. (See **Figure 8**.)

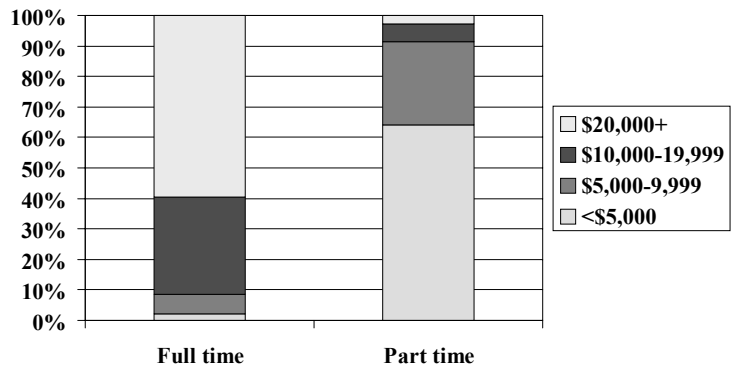


Figure 8. Annual Earnings by Amount of Work

The financial needs of people with disabilities centered around health care. Health care insurance was strongly related to disability. While 91% of people 16-64 years old without

disabilities had private health insurance, only 54% of people with nonsevere disabilities and 24% of people with severe disabilities had private health insurance.

Three-fifths (61%) of full time workers with disabilities had health benefits compared to 5% for part time workers with disabilities, regardless of the number of part time hours. Full time and part time work also made a substantial difference in whether the person received paid vacation time and retirement benefits. People with disabilities want to work, and frequently want to work more than they currently are: The main reasons people gave for looking for new jobs were their desire to work more hours and to make more money.

Vocational Rehabilitation Services

Overall, 4% of Maryland households reported that a family member had received vocational rehabilitation services in the previous five years. This represents 79,000 Marylanders, about the number DORS reported serving (15,587 per year average for FY1996-FY1999, or an estimated 78,000 over five years). An additional 1% reported services five or more years ago. Over half (57%) of households having youth with disabilities, one third (35%) having young adults, and one-eighth (12%) having middle age adults with disabilities had a member who had received vocational rehabilitation services. (See **Figure 9**.)

About the same percent of African American and white non-Hispanic households had a working-age person with disabilities, and vocational rehabilitation reached both racial groups about the same. Maryland's vocational rehabilitation system also reached women and men about equally.

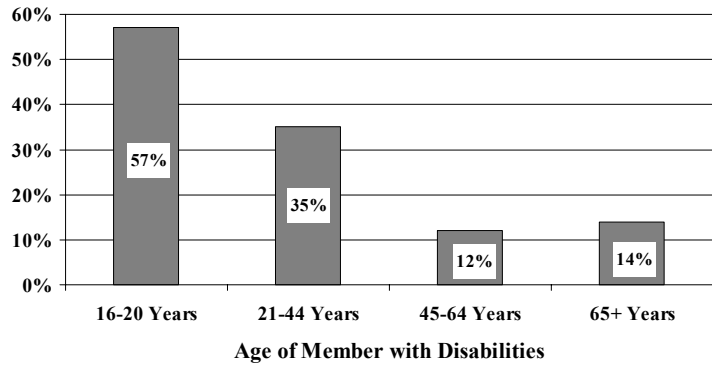


Figure 9. Percent of Households with Disabilities that Ever Received Vocational Rehabilitation Services

People with disabilities most frequently received job counseling and job training. People reported receiving most of their vocational rehabilitation services from community agencies. Community agencies also were the main source of service information. People identified "government" as the primary source of funds for services, frequently unsure of which government agency was involved. Many of these services were probably funded through DORS. Families helped pay for 10% of the services.

Most characteristics of people with disabilities had no association with whether or not they received vocational rehabilitation services, nor the number of types of services they received.

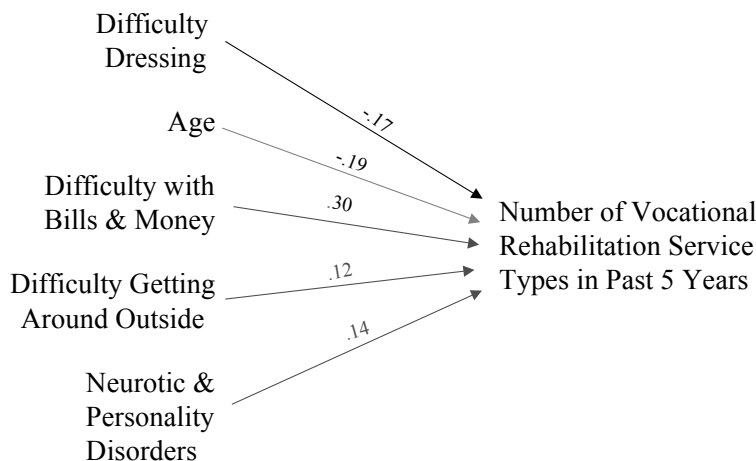


Figure 10. Characteristics Related to Vocational Rehabilitation Services

Among condition groups, people reporting neurotic and personality disorders were more likely to have received vocational rehabilitation services in the past five years. People reporting difficulty going outside the house and people reporting difficulty keeping track of money and bills received more types of services than other people with other difficulties. (See **Figure 10.**) The older the person was (within the working ages) and the more they had difficulty dressing themselves, the fewer services they reported.

About half (46%) of the people who received vocational rehabilitation said that services helped them a lot. Most of the rest (45%) said services helped some. Only 9% said they did not help them at all. People were most happy with services when they received services from a combination of sources.

Vocational rehabilitation services contributed to the quality of life of people with disabilities in ways other than getting jobs. People frequently described the best thing about services in terms

of interpersonal relations, emotional well-being, and personal development. The worst thing about services, however, almost always related to not getting a job.

Work Participation

No work, part time work, and full time work were not a single continuum for people with disabilities. People who did not work had characteristics more similar to those who worked full time than to those who worked part time. People who worked part time received vocational rehabilitation services most frequently. People who worked full time were more likely than those not working to have ever had vocational rehabilitation services, but less likely to have had them in the past five years. The more types of services people received in the past five years, the more likely they were to work part time, regardless of their specific condition or difficulties. (See **Figure 11.**) People with brain or spinal cord disorders, mental retardation, and difficulties handling money and bills were more likely to work part time than other people, independent of vocational services in the past five years.

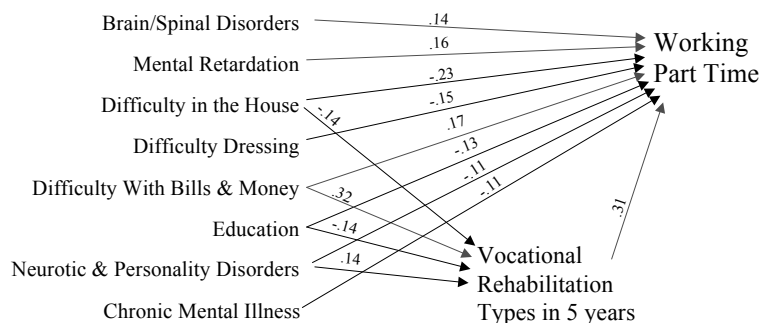


Figure 11. Contributions to Part Time Work

The higher the education, the more likely a person worked full time, the less likely they worked part time, and the less likely they received vocational rehabilitation services in the past five years. Chronic mental illness was the only characteristic that consistently reduced both full time and part time work participation, and vocational rehabilitation was unable to compensate for this disadvantage. Self care difficulties, variously measured in terms of getting around inside the house, going outside the house due to disability, using hands and fingers, and difficulty dressing oneself, appeared to reduce either part time or full time work, and some of the lower work participation may have been due to less receipt of vocational rehabilitation services. People with disabilities caused by illness had less participation in work and less receipt of vocational rehabilitation services.

Private retirement and public program benefits were associated with less full time work participation, but generally unrelated to part time work participation. Worker's compensation was associated with greater full time work participation and more vocational rehabilitation services.

Vocational rehabilitation appeared to be especially effective in helping people work who had mental retardation, difficulties with cognitive tasks, and difficulties in dressing.

Employment Models

The percent of people with severe work disabilities in Maryland declined between 1980 and 1990, and Maryland ranked among one-third of states in 1990 with the smallest percent of its people having severe work disabilities. This suggests that Maryland's vocational rehabilitation system is assisting citizens with disabilities, but any system needs to be continually evaluated so it can improve. The data collected for this needs assessment consistently underscore the importance of education in effective vocational rehabilitation. Four additional themes dominated the literature and employment models reviewed as part of the study. (See **Figure 12.**)

| |
|--|
| Educate Employers and Public Provide Long Term Support Integrate People into the Community Promote Consumer Choice Incorporate Accountability and Change |
|--|

Figure 12. Characteristics of Effective Vocational Rehabilitation Programs

Effective programs focus on education of employers and the public. Employers need to know about employing people with disabilities if there are to be sufficient jobs for people desiring them. Many effective programs have information and resource centers, involve business advisory groups, and enter into joint partnerships with business. The medical profession needs to know how to link people with illness-caused disabilities with vocational rehabilitation services. People with disabilities need to know about services that can help them. The public needs to view people with disabilities as contributing members of society while understanding their needs. Public officials need to know the value of public policy and resource allocation. Education may involve information, outreach, public relations, and advocacy which benefit people with disabilities.

People with severe disabilities may require long term support, although the nature of this support may be different for different types of disabilities and for different people with similar disabilities. Short term funding emphasizes short term goals. Long term funding can shift the focus to long term goals and allow experimental processes to demonstrate social value, but must not be allowed to reduce incentives for creativity, flexibility, responsibility and change. Program policies should encourage long term productivity rather than short term efficiency.

People with disabilities should be integrated and served in their communities. The Rehabilitation Act Amendments of 1992 opened up vocational rehabilitation to people with a broader range of disabilities. Effective programs find ways to support these people in the community, many of whom had not been previously considered candidates for community living. Programs should systematically try to move people into community jobs and identify and train natural support systems to reduce the need for professional support.

Choice is both required by law and considered essential for effective programs. People with disabilities differ in needs, abilities, and desires. They should have real choices among and within programs, and be involved in choosing services tailored to their needs. Programs and services should be driven by consumer needs, resources, abilities, capabilities, and desires. Many programs emphasize "one-stop-shop" and "choose-get-keep" models, but there is no universal agreement on how best to meet needs. However, helping people to make choices and

assume control over their own lives has been found to increase the satisfaction and longevity of employment.

Effective vocational rehabilitation programs must want to improve the system for people with severe disabilities, and be willing to take risks to change it for the better. Accountability and change begin within individual agencies, but extend to how individual agency services interrelated to the larger service system and to society as a whole. Programs and systems need feedback mechanisms for both internal and external evaluation of their processes, outcomes and cost-benefits. Agencies and systems must have commitment to use results to provide the most effective services possible to people with disabilities.

Recommendations

Bonham Research provides nine recommendations to guide the Division of Rehabilitation Services as it plans for the next five years. (See **Figure 13**.) These recommendations flow out of the information collected through this needs assessment from people with disabilities, organizations involved with them, DORS counselors, and review of the literature and programs identified as “best practices.” They are ordered by their potential contribution to the employment of people with disabilities regardless of feasibility, mechanisms or time frame. They apply to DORS as a leader in a network of services, not as a specific agency responsible for everything that goes on in an area. Unless explicitly stated, these recommendations imply no evaluation of past and current programs or efforts; they provide guides for the future.

1. Educate employers and the public to overcome prejudice and lack of opportunities for people with disabilities
2. Assist people to work as much as they want, consistent with their abilities, by emphasizing job placement and the reduction of barriers to higher earnings
3. Encourage the long term support people need to get and keep the jobs which help them become more self-reliant
4. Develop better outreach to people in older working ages, the only demographic group with below average receipt of services
5. Continue the services that help people with neurotic/personality disorders, and with disabilities that affect their ability to keep track of bills and money
6. Develop programs to reduce the effects of chronic mental illness, self-care challenges, and low education on work
7. Promote the evaluation of services on their contributions to long term employment and consumer well-being
8. Encourage a variety of services within a flexible system, and the information to make informed choices among options
9. Strive to ensure that vocational, transportation, financial and other supports work together to integrate people into work and community

Figure 13. Recommendations to Overcome Barriers to Employment

1. *Educate employers and the public to overcome prejudice and lack of opportunities for people with disabilities*

Education is an important way to overcome prejudice and discrimination, the primary barrier to work reported by people with disabilities. Organizations serving people with disabilities and DORS counselors most frequently identified education as a way DORS could overcome barriers to employment. Education should first be directed toward employers about the opportunities and importance of hiring people with severe disabilities. Medical providers need to be educated about the availability and importance of vocational rehabilitation so they can inform people with illness-caused disabilities, particularly at older working ages. The general public needs education as well to reduce barriers of prejudice and increase knowledge about and need for vocational rehabilitation. The public is unlikely to support programs for which it sees little need, and both organizations and DORS counselors mentioned the need for more funds and programs. Finally, DORS can facilitate the education of people with disabilities about best practices in the field and the choices available to them.

2. *Assist people to work as much as they want, consistent with their abilities, by emphasizing job placement and the reduction of barriers to higher earnings*

Only some people with severe disabilities work full time. Most people with disabilities can and want to work, and were most concerned about making enough money to support themselves. Full time work was clearly associated with higher earnings, health insurance and other benefits. Yet full time work may not be physically possible for many people. Increasing the number of hours worked, unless sufficient to be full time, can leave people without health care coverage and make them ineligible for the long term support they need. Vocational rehabilitation services during the past five years appeared to help people with disabilities work part time. Whether this was part time compared to no work or part time compared to full time could not be distinguished in this study, since people not working were more similar to people working full time than to people working part time. Job placement and retention clearly topped the list of service needs in the next five years.

3. *Encourage the long term support people need to get and keep the jobs which help them become more self-reliant*

Productive employment may require long term support of people with severe disabilities. Placement in a job is not enough. People working full time need support to help them maintain abilities, adjust to declining abilities, and adjust to changing job characteristics. People working part time need to continue working, to work more, and to work in better paying and more appropriate jobs. This may involve education and training, job accommodation, and system change to promote greater self-reliance in the long run. People not currently working need long term support to overcome the multiple challenges they have. Most people with disabilities want to work and support themselves, but cannot afford to lose the safety net of long term support.

4. *Develop better outreach to people in older working ages, the only demographic group with below average receipt of services*

People of different races, gender and disabling conditions received about the same level of vocational services. People 45-64 years old were much less likely than people 21-44 years old to have received vocational services. Disability increased with age and was the primary cause of people leaving jobs. Yet older people in the working ages and those whose disabilities were caused by illness received fewer vocational rehabilitation services than others. The services older people did receive did not compensate for their work disadvantage. Outreach to older working-age people will become more important with the aging of Maryland's population.

5. *Continue the services that help people with neurotic/personality disorders, and with disabilities that affect their ability to keep track of bills and money*

Current vocational rehabilitation services appeared to reach people with neurotic and personality disorders at a slightly higher rate than other people with disabilities, and thereby reduced the negative impact of these disorders on part time work. Current services also assisted people with mental retardation and with difficulties keeping track of money and bills to work part time. These services should continue.

6. *Develop programs to reduce the effects of chronic mental illness, self-care challenges, and low education on work*

Chronic mental illness reduces the likelihood of both part time or full time work. People with chronic mental illness may need more vocational services than people with other disabilities, or services that are especially designed to help them overcome their work disadvantage. People with challenges in self care, as reflected in need of assistance in dressing, getting around inside the house, and going outside the house, had less work participation (either full time or part time) than people without these difficulties in daily living activities. Vocational rehabilitation services did not compensate for this disadvantage, particularly since those with difficulties getting around inside the house received fewer services than others. Low education reduces the likelihood that people work full time. While people with lower education received more vocational rehabilitation services than those with higher education, those services were not sufficient to counteract the effects of low education. Vocational services may not be able to overcome all these disadvantages, but the need is there.

7. *Promote the evaluation of services on their contributions to long term employment and consumer well-being*

Outcome evaluation is becoming a "best practice," and is central to the standard of excellence promoted by the Maryland Association of Nonprofit Organizations. People with disabilities evaluated the value of their vocational rehabilitation primarily by whether or not they had a job, and secondarily by the emotional well-being and interpersonal relationships vocational services provided them. Regular evaluations using these long term and immediate outcome measures

could turn informally expressed praise and criticism of vocational rehabilitation services into information for improving services.

8. *Encourage a variety of services within a flexible system, and the information to make informed choices among options*

Each person who can benefit from vocational rehabilitation has a unique set of abilities and needs. One program or service cannot meet all the needs of everyone. Flexibility and choice are key principals to the market economy, and choice is required by law. However, a variety of vocational rehabilitation services must be available and people with disabilities informed of their options for choice to be meaningful. Survey results showed that people with disabilities were more likely to work and be more satisfied with services when they received services from more than one provider.

9. *Strive to ensure that vocational, transportation, financial and other supports work together to integrate people into work and community*

People with disabilities don't just need jobs. They also need transportation to get to those jobs, health care, financial resources, social and emotional support. They need to feel they contribute to society and are respected. Work may meet many of these needs, but not necessarily all. Unmet needs in any area can reduce the ability to work. Some people with disabilities can integrate various parts of their lives with little support from services; others need substantial support services. Vocational rehabilitation services always need to be provided in the context of the whole person and their community.