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ALISTAIR KERR: Good afternoon. It's a pleasure to be standing in front of you here today. I hope you found the first day enjoyable, meeting you people, listening to new areas of interest. I thought it was fantastic to hear from Her Royal Highness and the First Minister on the ambitions of the UK government and Scottish government in particular, who are driving and championing the cause of disabled and disadvantaged across the UK.

We are here, obviously, as part of the workshops to look at the transition from school to work of young adults with disabilities, and occupational rehabilitation, and, as you know, it's a huge challenge for the young people in their various countries, and, as they go through the education process and, when they start to think about what do they do when they move on from school? Is it training? Is it further education, or is it employability? There is a huge gap to try and bridge. Today, as you can see, we've been joined by three colleagues from across the globe who work and specialise in this area. We have Nancy. Due to a disadvantaged societal position, young adults can take advantage of programmes with occupational rehabilitation to manage the clinical transition from school to work. It remains unclear if, or for whom, provides this institutional bridge into employment, or if young disabled people follow misleading pathways away from employment, so we will hear from Nancy. We had a discussion. We had a bit of a language problem earlier, so I'm obviously from Scotland, so we've decided Lily seems an appropriate name for our second guest speaker. Lily is involved as a service manager from Fu Hong Society in Hong Kong which provides intensive interaction, has had a practical approach to the development of communication abilities to children and adults with sphere and multiple learning difficulties. The Fu Hong Society is a service provider supporting adults with intellectual disabilities, and, thirdly, Leyla, that is written and spoken about in great length, there's been over 1,000 studies in an attempt to determine the definite styles, characteristics or personality traits of great leaders. You will hear from those speakers individually. Without further ado, I will introduce to you Nancy who is going to provide a presentation. Thank you. [APPLAUSE].

NANCY REIMS: I'm from the employment research in Germany, and I'm going to talk about young adults from their transition from school to work. More specifically, I'm talking about the school-to-work transitions of young people who go into occupational rehabilitation in Germany. Yes, the German context,

it's very important to have certificates when accessing the German labour market, and occupational rehabilitation is there in order to ensure in the first legal market integration for young people with disabilities or health problems in general. Here, it is displayed a standard school-to-work transition, so, first of all, they come from a special school. They have low or no-schooling degree from the special school. They are often counselled during their schooling about the possibilities of occupational rehabilitation. They get assessed psychologically and medically in order to have an eligibility for an occupational rehabilitation but also to identify their needs. Afterwards, most often vocational training is then applied. There are different special training institutions so, often, they do a company external vocational training, and there are also specific institutions, for example, for the need for psychological disabilities. And, afterwards, of course, there should be a labour market integration. The main disabilities we have here with our young people are learning disabilities, for the most part, but also mental and psychological disabilities. We're looking at these school-to-work transitions, and we would like to know if there are different career patterns in school-to-work transitions of the school graduates who take part in occupational rehabilitation and the different career types we identified. We're using administrative data of the Federal Employment Agency who is responsible for young people in order to get them back into work, into the labour market. We're using on the upper, on the yellow side, using general employment biography, so this is standard data for employment research which gives information on unemployment and job search, and the participation in general programmes, but also information on employment histories, unemployment benefit receiving, and also basic income support. On the upper side of this slide, we see blue colours here. This is specific, rehabilitation-specific data we're using and we emerge into this general employment biography, so we know about rehabilitation specific programmes. We know about process information, about, for example, the type of disability these people have, about their transition information when they complete occupational rehabilitation, and specific data on youth counselling. So we know about what kind of school they went to, and how long they - yes, the duration of the school. So we have longitudinal life-course data here, starting at the school, going over to occupational rehabilitation and following employment biographies. We know about socio-demographics, about the type of disability, about regional, vocational training markets structures which are locally identified reasons for completing occupational rehabilitation and their continual labour market status. But, however, this is administrative data, so we are not using or we do not have any information on the extent of health restriction about their occupational capabilities and the subjective health measures, for example. In order to answer our research question, we're using a 10 per cent random sample of our full data set which is about 1,300 persons. We're looking at young people in occupational rehabilitation who finished lower or secondary schooling in 2008, and took part in vocational counselling, so they got counselled vocationally by the Federal Employment Agency in the same year. We're using sequence analysis in order to identify typical patterns of trajectories, so we follow them up. We have these 11 different states which we distinguish for these transitions. And this is unemployment, marginal and standard employment, but also different kinds of measures, for example, preparation, vocational preparation measures, but also vocational training measures which can be differently, so this can be in-company training, or external

company training, but also sheltered employment, job-creation measures, other measures, and we identified, of course, gaps, with no information, so, this method identifies different typical patterns by using the sequences of the different states, to, we have different clusters as you will see in a minute. We identified six different cluster types in our data instead of seven, which was introduced in the abstract. This was appropriate according to theory and also doing different statistical tests here. And, first of all, we identified three vocational training clusters, so these are many colours and different kinds of sequences, and you see here, you see the time running, so these are the five years we're running from the end of school to employment transition. In the first cluster, you see a large area of green which means there is a long time of subsidised vocational training, which is in-company, followed by a blue line, a light blue area which is employment. So, here we have company internal training including wage subsidies, and we see high employment share afterwards. We've 7 per cent of the population who that cluster. In the second cluster, we find people who are in this-company internal training without having any wage subsidies, so regular employment. This is a dark blue here, so we have a very long training period, and, afterwards, we have a light blue area which is, again, employment here afterwards. So this is also very successful here. We've seven per cent. It's the size of this cluster, and, in the third one, we have the so-called classics, so this is the cluster which we expected, which is the most often used here we have in occupational rehabilitation. They first of all have the orange area, which is preparation - so vocational preparation - and, afterwards, they have company internal vocational training, and this cluster makes up of 45 per cent of all rehabilitants. Then we have another three clusters which look totally different. The first one here, we have mostly sheltered workshops, so these are people who just come after school; they come into sheltered workshops; they get kind of educated there, but they stay there. So, here we have the black area which is sheltered workshops, and, afterwards, we have marginal employment which is continued in sheltered workshops. In the second cluster on this slide, we see another cluster which I call "unemployed and programme premieres", and we have different light colours which is, again, the preparation, but also light rose, and a big area of red, which means we have a large period of unemployment here. There's no training, and there is no employment here. And, in the last one, in the last cluster we identified, yes, we can actually see not so much. We see a lot of gaps, and we see no employment transitions. This cluster makes up 13 per cent of the population. So, we used our data in order to describe these clusters a little further. We used multi-nominal logics. We used the six clusters I just showed you as the dependent variable, and we used socio-demographics, and also regional - and poverty measures in order to describe these different kind of clusters, what kind of people are in these clusters. These are again the six clusters I just showed you, and the first one, this was company internal training, including wage subsidies. We found people with learning disability who completed the rehabilitation due to employment and they're mostly male. In the second cluster, we have very young people who are younger than 17 years old; they come directly from school, go into regular employment, and have the relatively highest schooling degree here. In our third cluster, in the classic, we expected that already. Then we have high share of learning-disabled and quite fit people, so they're less often completing rehabilitation due to sickness, for example. In the second labour market cluster, we see people

mostly with mental and learning disabilities, so this is often the case that we have people with mental disabilities who come directly from school, and we have a figure for about 90 per cent of them go into sheltered workshops and there is less often really a way out of there. In the unemployment and programme cluster we saw that these people are most often coming from poverty households, so their parents are very poor, and it seems to be here that this unemployment period just continues over time, though there is occupational rehabilitation. Visible cluster, so we have to explain how these gaps might determine, and we see that there are mostly female people with psychological and mental disabilities, so we cannot follow them up, and they most often complete, or complete rehabilitation due to a sickness. So sum up. We have a large share of young people with disabilities and health restriction in occupational rehabilitation who take up vocational training, and often also employment afterwards. This is about 60 per cent of the whole population we are observing here. They even take up company internal training in 14 per cent of the cases. However, we also identified at least two problematic types of clusters in our population which is, for example, the invisible which we cannot really follow up but we can say, okay, there are large parts of psychological and mental issues, but also we have another group, the unemployment programme cluster who get really many career programmes, of course, but they have a large share of unemployment just after school which might also have a scarring effect here, and they're already coming from poverty households. This is just work in progress, so we're not stopping here. We would like to measure further outcomes for these clusters. We like to know more about the quality of employment, but also about their general further employment biography, and would like to - so this is registered data. We can continue on, and we would like to add another year to the analysis to have more insight into employment transitions. We would like to compare this cohort with another cohort of 2009, for example. Of course, this is also when I do most of all that we look at the whole graduates of 2008 but not only those who go into occupational rehabilitation but we see people that do not go into occupational rehabilitation without disabilities.

This was it from my sides. Thank you very much for your attention. [APPLAUSE].

LEYLA OKHAI: My presentation is different because I will be talking about leadership development in the workplace, and the people I work with, how we define disability in the UK, and disabilities that I see in my workplace, is around long-term health conditions. There could be periods of mental ill-health, short-term or long-term, dyslexia is really big, and people have dyslexia, diagnosed at a late stage. It is what in some occurrence would be termed at high functions. I wanted to give a flavour because we have a global community here. For those who don't know, Imperial College, London, we are science, medicine, and business only. We don't do any humanities, and that has a big impact on the flavour of our culture, and the way in which disability is perceived. We are one of the top eight institutions colonially.

I wanted to talk about the culture of higher education. David Ruebain did a lot of that work for me, and he said higher education are like small cities or they can come across as their own conglomerates. If you're familiar with Charles Handy's model of culture, in education, it's role-based, so, at the top you have the senior leadership team and all the different columns doing different functions with their different roles. It is very role-based, and, if you take a brick out, you can take a brick out ready with someone to do that

role. When I say it's seldom culture-driven, I mean seldom culture and values-driven, and I would say it is who you know and not always what you know. Yes, of course there are academics and people who are very proficient in their field, but how do you navigate that rolling culture to get what you want, and it doesn't necessarily mean what you know, but how you do that, who you know, and how you pull the strings, therefore bending the ear of power. Again what I like to call the thin veil of liberalism, people like to be seen to be doing the right things, in higher education - and this is in many institutions - sometimes, common sense is lacking. We like to be seen to be doing the right thing, pay for this equipment and that equipment, but I will step away from it if I get uncomfortable, I can't justify it and throw in lots of policies and procedures and talk about precedent. That's when it can become a bit tricky. So, disability in the workplace: is it really the final frontier? I think that even in an institution where we have very high level but there are people who are high functioning, if we want to use that term, people who have had disabilities for a long time and know how to manage them, generally from surveys, and we have staff surveys and we do consultation with staff, they can be undervalued and feel they have to keep themselves hidden and have to feel grateful for their job and grateful they can come into this institution and what do what they need to do. It can be problem-focused and not solution focused. As our colleagues from Nigeria mentioned, why is cost the same thing they talk about? With some line managers, we see this. That can be overlooked and not addressed and not understanding that everybody's disabilities are differently expressed, and Princess Anne said that, that everybody's disabilities are expressed differently. And cultural values not being integrated into need, so, again, if you have a disability, you can a father, looking after children as well, how disability fit into that as a working professional? There are lots of things. And stereotypes and per tensions of individuals, oh, they have mental ill-health, they will have loads of time off work, I can't get a temp, can't afford it, how am I going to impact this service? Blah, blah, blah, so it's jumping to conclusions. I'm going to talk about our Imperial College stats. 3.7 per cent of our staff have disclosed through their self-service system where you go in and fill in the information yourself. This has risen by 1.6 over the years I've been pushing for the agenda. In 2015, it was 4.2 per cent for the UK, so we are behind. And staff will who openly disclose a disability are under-represented at our senior managing levels, and we know there's a difference between academics and professional staff and they're both low but the numbers are slowly increasing. So, a nice little cartoon which says you've got a person, and one person is a wheelchair user, and they've got someone with them - their friend - and it says looks like they took your disability and equality training to heart and they're building a wheelchair for the snow person. It is useful to see training can work and we can see some shifts but it's got to be a multi-pronged approach and it's important that disabled staff are in the driving seat and creating their own way to be, and training is not the be all and end all, and it's much more of a conversation between the two parties. So we had specific leadership programmes for BME - black, minority, and ethnic - so, in the UK anyone who defines, for want of a better term as non-white, women and female academics in place since 2012, but, disability didn't have the recognition and space it needed and came across clearly in consultations with disabled staff. Recruitment was a real challenge, because how do you create an atmosphere of trust where people feel the declaration disclosure is low, they want to - they want - certainly people wanted services but they

didn't know whether their line managers were going to support them. Again, it is a dream-feed approach, and, interestingly, even though we are about to run the fifth cohort, it's still a slow process where we have to go and talk to people, we have to work with line managers, we run taster sessions for an hour so people can experience and understand what the programme is about, what it involves, and line managers are welcome to attend that, and we do sort of mini roadshows, still, which really surprises me, because I do have a waiting list, but it's not as long as I would have thought. What is the programme, then? It is centred around the social model of disability. It's led by a consultant called Dr Stuart who is well known in the disability community and is a disability community activist for a long time, and it's four - each session focuses on something different. What I like to see, it's a personal effectiveness leadership programme, but we don't say that publicly because it sounds as if there is ineffectiveness there in the first place, which there isn't, but, for you as an audience, I would like to describe it that way, and we look at key themes. Day one is the "Moan day" where you get out your frustrations, day two is what you want to talk about in the workplace, the social model, public versus private. We also have a model on confidence, we have forum actors acting out scenarios and how people would manage that and how they want to manage that, and another key bit of the programme is people doing a personal project, and that's around identifying barriers. It doesn't have to be their own barriers, as in their own institutional barriers, but barriers in the workplace that they want to address. So we have had a lot of different projects ranging from doing a mapping audit of accessible car parking, people looking at reception spaces and how accessible they're to a variety of people; people thinking about their own leadership journey and deciding they want to share their story with others - that's been a project of challenging attitudinal barriers - and it's a safe space to speak about challenges in the workplace, and we also invite keynote guest speakers to talk about their lived experience. I think the peer support is absolutely essential, and nothing is wrong, and no person's experience is the definitive experience, and it is about creating a leadership profile that is bespoke to that individual and how they want to be in the workplace, so, if you don't want to disclose that, it is your choice, but what are the benefits and what is going on for you if you do or if you, did not? How could you communicate, phrase that, and take control of that conversation in a way that you want to do that? It's open to staff in a voter of sectors and levels, and that's really important, and, actually, it works. We have a mixture of academic staff, professional staff, all across the board, different grades, different levels, because it's very non-hierarchical - it's did the disabled experience, the employee experience. So, 56 people have taken part in the programme at Imperial, and they've come from a number of organisations. We work across London. We also run programmes at the University of Nottingham and the National Health Service trust. As I said, this is all work mixed with grades, levels, and roles. I've talked about the personal project, and it's really to push people out their comfort zone to say, yes, this might scare you, about you go beyond it. What do you want to do? What do you want to communicate? They have to present that at the end of the course to get their certificate, and they can do that in any way they want, so it doesn't have to be PowerPoint. Some people have done a dram advertise, some people have played an audio - all sorts of things - but it is really important they do that. And what we do as well is we do a survey. How do we know it's effective? This could be a fluffy corporate social responsibility exercise, but I can assure you it's not. A

survey that's done with two cohorts together, and the survey was focused on the following themes - we looked at confidence levels, project completion rates -- and personal development. There is not a table here, I realise that, so I've broken it down for you. We've got 20 per cent of the participants changed their role but within the same field of work as before; ten per cent took a career break based on their own needs - they weren't forced into that; 70 per cent are still in the same role before but coming on to the calibre programme, feeling they can take on greater responsibility; 60 per cent feel they take on task normally assigned to higher roles. One delegate reported an internal promotion. 70 per cent said the programme had positively impacted on their life outside work. So, more open about their disability, able to face challenges more in a way they feel comfortable to do so, gained confidence, and changed the way in which they responded to questions about their disabilities, so their whole public-private model. 70 per cent of people felt the Calibre people helped them in the following: participating in Russell Group diversity networks - a group of top established universities in the UK. Gaining more freelance work opportunities, attending the Springboard Women's Development Programme, and training in integrated dance, something that Calibre enabled them to do, and this person they now do that as their career. They changed from being an occupational therapist. To doing an integrated dance programme. Using the disabled staff experience, using peer support, and a positive environment, and make sure that managers see the bigger picture and stop pigeon-holing people and putting them into a box that isn't right for them, and making sure that no-one is seen as the problem, and it's not a deficit model. Thank you very much. Yes, we look forward to your questions, and the details are on there as well.

CHAIR: There was a word there you used about common sense, and an individual tailored support pack I don't think for every person which is crucial to the success of every programme. Can I open it up to people in the audience, if you have any questions for our guests.

FROM THE FLOOR: Thank you. It was a great presentation. I have a question for Lily. The intensive interaction is really interesting. I can see how it works. I'm very interested in the two examples of Cindy and Fai. So my question is before you decided to do the intensive interaction, did you try another method, another research-based practice to see if something else that made, retract from society, or, just you know. Did you have another method for intensive interaction?

LILY LAI: Thank you for your question. It's a good one. We tried with different service users, to try to teach them to communicate with this, but before that, we found that, in fact, it was not very clear, and, after that, a few years before, we tried to apply this intensive interaction approach to our service users. Especially for the users with profound disability is more helpful for them to more pro-active to communicate with us. Because this approach, we would try to have intensive meet with them. Every week we have two sections for them. Each section is about 14 minutes, and we tried to arrange the same staff in the same place to meet our time, so that they can have a timetable like that. They will, for three or four days, meet our staff and they would have ways to develop trust relations with our staff. We found that the result is very encouraging to us, because some of our service-users, before that, they are just sitting around and they just respond, don't respond to us, but we applied this approach after that. They

can respond to our call, and smile to us, and, sometimes, they will not just respond to our staff, they will respond to another service-users.

CHAIR: Any other questions.

FROM THE FLOOR: Thank you for all your presentation, by the way. I've got a couple of things that I want to just clarify. One is around the peer support that operates in your workplace, and sort of about frequency and kind of perhaps leadership of that, if you like? The other question is another one might be good to talk about offline in New Zealand, we did a survey of our staff engagement, and, in this staff engagement, our staff are entitled, or requested to ask, do you have an impairment, and the other one is do you have a disability? So we have a number more of people who have impairment compared to people who say they're disabled. And so, if you have any tips on that, you know? Just about how we can make it safer for people with impairment to also tick that "disabled box" if they, in fact, are, okay?

LEYLA OKHAI: Peer support, in the course, there is peer support between peers, and then through the disabled staff network, we have peer support, so our chair, people will come to me and I will pass the information on to our chair. The other - that they can match and talk, and, sometimes, it won't be - there's, I guess, it is quite informal, so there are two kinds: there is peer support and, "I want to have a chat." Some can be done through the trade union. Peer support is I can be matched to someone with a similar disability to myself so I can chat through the challenges, have I got the right specialist? Could I think of other ways to manage this? That will be done through me because I have an oversight of all of them - well, not all of them, but the declared disability of people I've supported. What that does do is I feel like it normalises it, and even though it is done in pockets and it is quite small, people start to talk about it, "I've got someone, I can chat to someone," and, from that, they can have a conversation with someone else, not just me being in my role how or who they want to declare to. So that is how that works. On the implement versus the disability, it depends on the language. Do you have - on our declaration form, "Do you have a disability as outlined by the Disability Act 2010." We list things. We put the word impairment, as you do disability and impairment separately which is a really interesting way to do it. It's this word "disability" and "history" and people don't see it often as very positive. It's the word we have. So we have this big project on mental health and well being, and I wanted to - there was a discussion about where all this particular task focus group - it was only a year long ago - and because it was about mental health and well-being, including ill-health, people said we don't want it in a disability committee but want it in health and safety. Again, how people view themselves. There is a hierarchy as there is with race - unfortunately, institutional processes around race. So I think it is around - I think it is around giving people the options, and maybe asking the question, "What made you feel more comfortable of choosing impairment over disability?" Again, impairment is more social model, isn't it? Whereas disability can be the perception, the history. You need fixing, it's very medicalised. I don't know how helpful that is. Those are my thoughts on it.

CHAIR: Any other questions?

FROM THE FLOOR: I have a very simple question to IC. IC is a very high level university in the world, and in the UK, and I have a very simple question. The first one is what is the line manager, and who are

they? What they do? Who by whom are they employed? The second one is there participants with intellectual disability in your project? And third one: why IC choose doing this high-calibre project?

LEYLA OKHAI: Sorry, line manager is a - when I use the term "line manager -" it's anyone who manages staff. It could be your job description, the job you've gone into, so and often, again, it is a very good question, because people could be in a role, initially not managing anyone, and, suddenly, they have to start managing staff, particularly in the academic fields, that happens quite a lot, or, if it's a particular service where there are professional services and then suddenly the department grows, and they have to manage staff, and not all of them get training, so there is a lot of training available but it's not mandatory. So what then happens is they're responsible for quite a lot of processes for their staff, and they might be sticking to the policy so rigidly and not looking at the person in front of them because they're scared of not following what is on the policy and not looking at the person having those conversations. I often get asked, "I need a script to talk to my member of staff about their disability." I'm thinking, "I can't give you a script because everyone's different." Yes, so does that help answer that question? Then, intellectual disability: I would absolutely love there to be people with intellectual disabilities involved. It goes back to the question this morning about really helpful question that someone asked the panel this morning and could a university - are there universities that violate this disability law? It goes back to no-one is violating it, but, because, actually, our jobs are structured in such a way, people with intellectual disabilities are disadvantaged, and we don't have particular roles for them. We have looked at creating some roles for people and we are taking on two apprentices, but within the calibre programme at the moment, there isn't anyone. That's not to say there couldn't have been, and that's not to say I don't want them to be there, but I think it's thank you for raising that. And then why has Imperial College chosen to do this? One of the great things about Imperial it's incredibly innovative. If you can prove something's going to be of benefit and you can work in a collaborative fashion with other institutions in London, they're really happy for you to do it, and I'm very, very lucky they've given me a very generous budget, so I'm availability do this, and this is what I wanted to prioritise and spend money on. Thank you.

CHAIR: Any other questions? No. Only remains for me to say to you, a sincere note of thanks to you all for taking the time to come along, and listen to our speakers, and can I ask you to show some appreciation for the three speakers. [APPLAUSE].

And only remains for me to wish you a safe journey home, back to your hotel, wherever it might be. Thank you.