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Disability Benefits as Disincentives to Rehabilitation

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A COMPLEX RELATION EXISTS among disability, disability-related benefits, and rehabilitation. Presumably those in the sick role, including the disabled, are expected to want to recover and to resume normal social functioning (Parsons, 1951). However, many impaired individuals never resume certain predisability roles, particularly the work role, after the onset of disability.

Illness and disability are recognized as providing secondary gains, both economic and noneconomic, for some disabled individuals (Safilios-Rothschild, 1970). Economic benefits provided by a variety of governmental and nongovernmental programs are intended to compensate in part for the loss of earnings that typically accompanies disability. In addition to income supplements, disabled individuals and/or their families may be eligible to receive assistance with food, health care, housing, education, employment, and training (Walls, Masson, and Werner, 1977). The monetary value of such benefits may be substantial, occasionally exceeding the individual's predisability earnings. Theoretically, alleviation of financial distress through the provision of disability-related benefits will permit the disabled individual to devote maximal attention to recovery and rehabilitation. On the other hand, such benefits, whose continuation

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is contingent upon persisting health problems and associated unemployment, may reduce the incentive to resume the work role.

If we assume that two major factors in rehabilitation are motivation and functional capacity, then the reduction or elimination of motivation to work, due to secondary gains, makes rehabilitation an increasingly difficult objective to achieve. Under such circumstances, disability-related benefits may be said to function as disincentives (negative incentives) to work rehabilitation.

Empirical evidence relating to the disincentive effect of disability-related benefits is ambiguous. Anecdotal accounts attest to a reduction in rehabilitation motivation, resulting from beneficiary status (Comptroller General, 1976; Walls, Masson, and Werner, 1977; Wise, 1974). However, the results of controlled studies are contradictory. Numerous investigators report that disabled recipients of public assistance and/or other disability-related benefits demonstrate below-average rehabilitation rates (Fowler, 1969; Greenblum, 1976; Grigg, Holtmann, and Martin, 1969; Micek and Bitter, 1974; Nagi, 1969; Walls, Stuart, and Tseng, 1974). Other workers found either no relation between benefits and rehabilitation or slightly greater rehabilitation success among beneficiaries compared with nonbeneficiaries (Kunce et al., 1972; Muthard et al., 1976; Nagi and Riley, 1968).

Even if disability benefits were found to be consistently associated with a reduced likelihood of rehabilitation, the reason would remain problematic. Only a relatively small proportion of the disabled are severely impaired; by contrast, eligibility for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), two main categories of disability benefits, is restricted to the severely disabled. (Under Social Security law, a person is disabled when a physical or mental condition prevents performance of any substantial gainful work and is expected to last a minimum of twelve months or to result in death.) The failure of beneficiaries to complete vocational rehabilitation may result primarily from functional limitations arising from the severity of the disability rather than from a desire to continue to receive, or a fear of losing, disability benefits.

In sum, there is a need to examine further the differences in rehabilitation between recipients and nonrecipients of disability-related benefits and to control for differences in the degree to which each population is characterized by severe disability.

Methods

To estimate the disincentive effect of disability-related benefits, vocational rehabilitation clients who were receiving SSI and/or SSDI benefits were compared with clients not receiving such benefits, on two measures of rehabilitation outcome: the proportion of clients rehabilitated by state vocational rehabilitation agencies; and their work status at the time the case was closed.

Although only a small proportion of the physically and mentally impaired are served by vocational rehabilitation agencies (Treitel, 1977), they are a particularly important group to study for two reasons: agencies tend to accept clients who appear to have rehabilitation potential, and acceptance of services may be taken as evidence of their motivation to be rehabilitated.

Data from records of case closures[1] from vocational rehabilitation agencies nationwide during FY 1975 were used for this analysis. A random sample was drawn of 15 percent of the vocational rehabilitation clients whose cases were closed in statuses 26 (successfully rehabilitated), 28 (nonrehabilitated, program never begun), and 30 (nonrehabilitated, program initiated but not successfully completed). Rehabilitated clients were defined as those who had completed a rehabilitation program and worked successfully for a period of two months in the competitive labor market, in sheltered workshops, or in self-employment, which includes employment in Business Enterprise Programs managed by state agencies.[2] Clients who functioned as homemakers or unpaid

[1]The term "closure" refers to the official termination of the client-agency relation, which occurs when the client has completed his/her rehabilitation program or when the counselor ends the program because of the severity of the client's disability, the death of the client, the client's lack of cooperation, the counselor's inability to contact the client, or other reasons.

[2]The "competitive labor market" refers to employment opportunities in the public and private sector for which disabled and nondisabled individuals compete freely. Because a severe physical or mental disability makes it extremely difficult, if not impossible, for some individuals to obtain gainful employment in the competitive labor market, special programs, such as sheltered workshops and the Business Enterprise Program (BEP), have been established to provide employment opportunities for them.

Sheltered workshops are nonprofit organizations that provide short- and long-term employment for severely disabled individuals. Because they are at least partially

family workers for an equivalent period of time were also classified as successfully rehabilitated. The population from which this sample was drawn was limited to cases served by general rehabilitation agencies; records from separate agencies for the blind were excluded, as were those from Guam, Puerto Rico, and the Pacific Trust Territories. Appropriate sampling techniques were used to draw a sample of 65,155 closure records; most of the findings presented herein are based upon this group. Information on the work status of the total severely disabled client population, however, is based upon federal government tabulations of all closures occurring in FY 1975 (Rehabilitation Services Administration, 1977a).

The R300 information form, completed by the vocational rehabilitation counselor after case closure, provided data on characteristics of the client at the time of referral and acceptance into the vocational rehabilitation program, of the rehabilitation process, and of the client at case closure. In this study, a beneficiary was defined as an individual who was receiving SSDI and/or SSI benefits at the time of closure. A nonbeneficiary was defined as a client who had never applied for SSDI and/or SSI benefits or whose application for benefits was pending or had been denied. The severity of the disability was determined by the vocational rehabilitation agency. The severely disabled included, but was not limited to, clients with total blindness or deafness, amputations, spinal cord injuries, psychosis, moderate or severe mental retardation, cancer, heart disease, and stroke.

Rehabilitation rates for beneficiaries and nonbeneficiaries were calculated and compared. The likelihood of a successful rehabilitation was then determined for the severely disabled subsets of the beneficiary and the nonbeneficiary groups. Finally, the types of work statuses achieved by rehabilitated beneficiaries and nonbeneficiaries were examined.

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exempt from minimum wage requirements, sheltered workshops can provide a controlled work environment in which the severely disabled can engage in productive work and receive compensation commensurate with their level of performance.

BEPs are small businesses established for blind and other severely disabled clients under the provisions of the Randolph-Sheppard Act. State and federal funds provide equipment and initial stocks, and the vocational rehabilitation agency also provides assistance with management and supervision for an indefinite period of time.

Findings

Rehabilitation Rate

Difficulties in rehabilitating SSI and/or SSDI beneficiaries are suggested by statistics relating rehabilitation outcome to beneficiary status. Beneficiaries were less likely to be rehabilitated than were nonbeneficiaries (Table 1).

TABLE 1
Rehabilitation Outcome by Beneficiary Status of Clients at Closure

Client Group	Clients Rehabilitated	
	Number	Percent
Beneficiaries*	7,343	55.6
Nonbeneficiaries*	54,911	71.4
Severely disabled beneficiaries†	7,106	55.7
Severely disabled nonbeneficiaries†	14,727	71.0

*A 15 percent random sample of FY 1975 vocational rehabilitation agency closures nationwide (n = 62,254).
†A subset of severely disabled clients included in the 15 percent sample (n = 21,833).

Comparing rehabilitation rates of beneficiaries and nonbeneficiaries may overestimate the disincentive effect of disability-related benefits since beneficiaries also differ from nonbeneficiaries on a potentially critical variable—the severity of disability. SSI and/or SSDI benefits are granted exclusively to the severely disabled; by contrast, only a minority of nonbeneficiaries fall into this category. Since it is more difficult to rehabilitate individuals with severe disabilities (Rehabilitation Services Administration, 1977b), the disparity in rehabilitation success between beneficiaries and nonbeneficiaries may be primarily a function of differences in the percentage of each group with severe impairments. Therefore, a subset of 21,833 severely disabled beneficiaries and nonbeneficiaries was drawn from the 15 percent sample and the outcomes were compared. Seventy-one percent of severely disabled nonbeneficiaries were rehabilitated in comparison with 55.7 percent of severely disabled beneficiaries; this difference of 15.3 percent was quite similar to the 15.8 percent disparity obtained in the previous comparison of all beneficiaries and

nonbeneficiaries. Thus, severity of disability failed to account for observed differences in the corresponding rehabilitation rates.[3]

The degree to which beneficiary status serves as a disincentive is also a function of client age and sex (Table 2). The difference in the rehabilitation rates for severely disabled beneficiaries and nonbeneficiaries appears to be greater for males (17.6%) than for females (10.6%); it is also slightly larger for clients aged 30–45 years. Thus, beneficiary status seems to be more of a disincentive for men than

TABLE 2
Rehabilitation of Severely Disabled Clients
by Sex, Age, and Beneficiary Status

Client Sex and Age	Clients Rehabilitated*			
	Beneficiaries (n = 3,958)		Nonbeneficiaries (n = 10,450)	
	Percent	Number	Percent	Number
Sex				
Male	51.5	2,288	69.1	5,503
Female	62.6	1,670	73.2	4,947
Age				
Under 30 years	56.3	1,462	70.6	6,248
30-45 years	52.3	1,096	70.1	2,247
46 years and over	58.0	1,400	73.3	1,955

*The 14,408 rehabilitated clients are a subset of the 21,833 severely disabled clients identified in Table 1.

for women, as well as for clients aged 30–45 years. (Note, however, that labor force participation is not a criterion for successful rehabilitation. Accordingly, many rehabilitated women have the work status of homemaker at closure. The greater acceptability of such statuses outside the labor force for women may well facilitate their rehabilitation.) Rehabilitation success is lowest for male beneficiaries between 30 and 45; in this subset only 48.3 percent were rehabilitated, in contrast with 66.9 percent of the nonbeneficiaries of the same age group and sex.

[3]In conducting secondary analyses of existing data, one is constrained by the nature of the data set. In this instance, the R300 data base does not differentiate among degrees of severe impairment. Furthermore, the classification of a client as severely disabled is dependent, primarily, on the diagnostic category into which his/her disability falls. For example, all clients with "accidents or injuries involving the spinal cord" are considered to be severely disabled. For this as well as other reasons, the practicality of subsampling to further explore the relation between severity of disability, disability benefits, and rehabilitation outcome is limited.

Work Status at Closure

Beneficiary status also affects rehabilitation outcome as measured by "work status at closure." The work status of rehabilitated beneficiaries differs from that of nonbeneficiaries and from that of the total population of severely disabled clients (Table 3).

TABLE 3
Work Status and Average Earnings at Case Closure of Rehabilitated Clients

Work Status	Rehabilitated		
	Beneficiaries (n = 3,999)	Nonbeneficiaries (n = 37,756)	Severely Disabled* (n = 113,210)
Labor force			
Competitive labor	40.5%	80.7%	61.8%
Sheltered workshop	20.5	2.7	10.1
Self-employed†	6.1	2.4	4.4
Nonlabor force			
Homemaker	28.2	13.1	20.7
Unpaid family worker	4.8	1.2	3.0
	100.1%	100.1%	100.0%
Nonlabor force closures	33.0%	14.3%	23.7%
Labor force participants employed in sheltered workshops	30.6%	3.2%	13.3%
Mean weekly earnings	$72.00	$106.00	$93.00

*Statistics in this column refer to the total severely disabled client population. All beneficiaries and some nonbeneficiaries are included. These statistics come from the Rehabilitation Services Administration, 1977b.
†Closures in Business Enterprise Programs are included in this category.

At closure, beneficiaries were less likely to be gainfully employed. Among those in the labor force, 31 percent were employed in sheltered settings. Only 47 percent of rehabilitated beneficiaries were either part of the competitive labor market or self-employed (including those in state-agency-managed business enterprises); comparable figures for nonbeneficiaries and the severely disabled were 83 and 66 percent respectively. Furthermore, beneficiaries reported lower mean weekly earnings than either nonbeneficiaries or the severely disabled in general.

Beneficiaries were, on the average, seven years older than nonbeneficiaries. The majority of both groups were males, and men comprised a larger segment of the beneficiary group. Because age and sex are important determinants of labor force participation, the work status of beneficiaries and that of nonbeneficiaries at case closure were compared after adjustment for differences in age and sex.

At all ages, both male and female nonbeneficiaries were more likely to be labor force participants at closure than were beneficiaries, the vast majority being employed in the competitive labor market (Tables 4 and 5). By contrast, employed beneficiaries were overrepresented among those employed in sheltered settings and the self-employed. Among beneficiaries, however, sheltered employment was considerably more prevalent among females and self-employment was more common among males. With increasing age, the number of clients outside the labor force at closure increased, particularly among beneficiaries. In the subset of males 46 years and over, 43 percent of beneficiaries and 10 percent of the nonbeneficiaries were either homemakers or unpaid family workers after the successful completion of their rehabilitation programs; for females the comparable figures were 65 and 40 percent.

Disability benefits are associated with decreased probability of successful rehabilitation. However, the observed strength of the disincentive to rehabilitation is dependent on what measure of rehabilitation is used.

When the closure status (rehabilitated or nonrehabilitated) of the vocational rehabilitation agencies is used as a criterion, we find that 78 beneficiaries are rehabilitated for each 100 nonbeneficiaries. If successful rehabilitation is defined in terms of gainful employment, then a difference of identical magnitude exists. Among rehabilitated clients, for every 100 nonbeneficiaries who are gainfully employed (i.e., workers in the competitive labor market, or sheltered setting, or self-employed), only 78 beneficiaries are labor force participants at case closure.

We must consider another measure of rehabilitation success if our concern is with rehabilitation outcomes that are likely to result in termination of disability benefits. Only individuals employed in the competitive labor market and/or self-employed are likely to earn sufficient income to cause discontinuance of disability benefits, since the earnings of workers in sheltered settings are, as a rule, extremely

TABLE 4
Work Status at Closure by Age for Rehabilitated Male Clients

Work Status	30 Years and Under		31-45 Years		46 Years and Over	
	Beneficiaries (n = 891)	Nonbene-ficiaries (n = 12,651)	Beneficiaries (n= 656)	Nonbene-ficiaries (n = 4,151)	Beneficiaries (n =736)	Nonbene-ficiaries (n = 3,026)
Labor force						
Competitive labor	59.1%	94.0%	50.8%	90.1%	33.7%	79.3%
Sheltered workshop	27.2	3.1	19.2	2.2	12.4	2.6
Self-employed	4.4	1.5	8.1	4.8	11.0	8.4
Nonlabor force						
Homemaker	5.6	0.8	16.3	2.0	32.9	7.3
Unpaid family worker	3.7	0.6	5.6	0.8	10.1	2.3
	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%
Nonlabor force closures	9.3%	1.4%	22.0%	2.9%	42.9%	9.6%
Labor force participants employed in sheltered workshops	30.0%	3.1%	24.6%	2.3%	21.7%	2.9%

TABLE 5
Work Status at Closure by Age for Rehabilitated Female Clients

Work Status	30 Years and Under		31-45 Years		46 Years and Over	
	Beneficiaries (n = 589)	Nonbeneficiaries (n = 9,641)	Beneficiaries (n= 453)	Nonbeneficiaries (n = 4,598)	Beneficiaries (n =674)	Nonbeneficiaries (n = 3,689)
Labor force						
Competitive labor	37.5%	75.2%	35.3%	68.1%	18.4%	55.1%
Sheltered workshop	32.3	3.2	20.3	1.8	12.3	2.1
Self-employed	2.2	0.9	5.1	1.5	4.8	2.6
Nonlabor force						
Homemaker	24.3	19.2	38.4	27.5	61.4	38.8
Unpaid family worker	3.7	1.5	0.9	1.2	3.1	1.4
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Nonlabor force closures	28.0%	20.7%	39.3%	28.7%	64.5%	40.2%
Labor force participants employed in sheltered workshops	44.8%	4.0%	33.5%	2.5%	34.7%	3.4%

low.[4] Using gainful employment outside of sheltered settings as our criterion of rehabilitation success, we find a considerable disparity in the success rates for beneficiaries and for nonbeneficiaries. For every 100 nonbeneficiaries employed outside sheltered settings, only 56 beneficiaries were similarly employed. Thus, rehabilitation is most affected by beneficiary status when success is defined in terms of types of employment likely to cause the loss of disability benefits. When other measures of success are utilized, the difference between beneficiaries and nonbeneficiaries is considerably smaller.

Summary and Discussion

Persons who receive SSI and/or SSDI benefits are rehabilitated less frequently than nonbeneficiaries and less often than other severely disabled vocational rehabilitation clients. However, the magnitude of the difference in rehabilitation success for beneficiaries and nonbeneficiaries is dependent on the standard used. In particular, rehabilitated beneficiaries are less likely to be self-employed or working in the competitive labor market, the two work statuses most likely to yield sufficient earnings to support oneself and/or one's family and to result in termination of disability benefits.

This analysis used only the records of vocational rehabilitation clients whose cases had been closed from active statuses. A more complete determination of the magnitude of disincentives associated with disability benefits requires information on the outcome for clients whose cases never achieve active status, disabled individuals who apply to vocational rehabilitation but who are classified as ineligible for services, as well as the many physically and mentally impaired individuals who never have any contact with state vocational rehabilitation agencies. In addition, it would be useful to examine

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[4]In 1973 sheltered workshop employees averaged 25.1 hours of work per week at a mean wage of $0.71 per hour. Among clients employed in regular workshop programs (the less severely impaired), the average work week was 31.3 hours at a mean wage of $1.24 per hour, for a total of $168 per month (U.S. Department of Labor, 1977). SSDI benefits are generally not terminated until the beneficiary achieves earnings at the level of "substantial gainful activity," which was $200 per month in 1975. Since wages paid for sheltered employment did not increase considerably between 1973–1975, the average sheltered workshop client was unlikely to achieve sufficient earnings to result in termination of disability-related benefits.

the effect of other types of disability-related benefits on rehabilitation outcomes.

Two factors may explain why many beneficiaries participating in vocational rehabilitation programs are likely to remain on disability benefit rolls. First, beneficiaries are severely disabled, and the severity of their disability may impede rehabilitation and gainful employment. Severely disabled clients are less likely to be rehabilitated than are other clients; furthermore, benefit recipients are less likely to be rehabilitated than are other severely disabled clients. Vocational rehabilitation counselors attribute a high percentage of nonrehabilitated case closures among beneficiaries to the severity of the client's disability (University of Alabama in Birmingham Medical Rehabilitation Research and Training Center, 1978). From the available information it was impossible to determine whether beneficiaries are more impaired than severely disabled nonbeneficiaries, although this is a possibility, given the stringent eligibility criteria for receiving disability benefits.

Severity of disability also affects the client's opportunities for gainful employment. Sheltered workshops provide an employment setting for workers with extremely limited skills and abilities. Among rehabilitated beneficiaries a disproportionate number are employed in sheltered settings at case closure. Because remuneration for sheltered employment is characteristically low, employment is unlikely to cause the loss of disability benefits.

Second, these findings suggest that disability benefits may serve to reduce the individual's incentive to return to work, particularly as it relates to gainful employment. Even after adjustment for severity of disability, the data show that beneficiaries are rehabilitated at a rate considerably lower than nonbeneficiaries. In addition, many beneficiaries, although "rehabilitated" by vocational rehabilitation agency criteria, do not return to the labor force; rather, they become homemakers and unpaid family workers who may continue to receive disability benefits.

The proportion of vocational rehabilitation clients who were not in the labor force at the time their cases were closed increased with age; closures outside the labor force were also considerably higher among females than among males. The data support Franklin's (1977) impression that disability may provide a "legitimate" basis for withdrawal from the labor force, especially for females. At all ages, closures as homemakers or unpaid family workers were quite

common among females; in fact, 65 percent of female beneficiaries over 45 years of age were not participants in the labor force. Among males of the same age group, more than four in ten were homemakers or family workers at the time of case closure. Disability benefits with their "guaranteed income" may become attractive to unemployed clients who consider the prospect of seeking employment, and of facing potential job discrimination due to a combination of age, sex, and physical or mental impairment.

The intuitive impressions shared by many rehabilitation professionals regarding a relation between disability-related benefits and rehabilitation success have some validity. The findings reported here, coupled with those reported by other investigators, support this thesis. The provisions of the SSDI program also suggest a number of factors that may undermine efforts to rehabilitate beneficiaries (SSA-RSA Ad Hoc Committee, 1975).

Benefits are restricted to individuals unable to engage in "substantial gainful activity." The regulations of the Department of Health, Education, and Welfare define substantial gainful activity as employment resulting in monthly earnings of $280 a month, a level well below what an individual would receive by working at the minimum wage. (Blind beneficiaries are allowed to earn considerably higher wages before benefits are terminated. In 1979, substantial gainful activity for the blind was set at $375; it is scheduled to rise to $500 in 1982.) Once earnings equal or exceed this relatively low amount, benefits are terminated. Unlike payments to retirees under the Social Security system, Disability Insurance provisions do not permit payment of reduced benefits to those with earning capacities only partially restricted by disability. Beneficiaries may be entitled to a trial work period during which they can test their work potential without loss of benefits. Although this provision was intended to encourage vocational involvement, the relatively short length of the trial work period (nine months), and the requirement that any month in which an individual earns $50 be counted as a month of trial work, appear to limit its effectiveness.

Benefit levels are now relatively high, and disability benefits constitute nontaxable income. Although a beneficiary who rejoins the labor force may find that gross earnings substantially exceed benefits, the disparity between net earnings and benefits will be much less. Furthermore, a disabled individual may incur substantial work-related expenses (e.g., special transportation, additional attendant

care) in securing this income. In addition, employment will disqualify the individual from other benefits he/she has been receiving (e.g., Medicare). In sum, a return to work and the resulting loss of disability benefits may leave the disabled individual no better off financially than before employment began, and possibly even worse off.

Despite these and other presumed disincentives, many disabled beneficiaries do successfully complete rehabilitation programs and resume gainful employment. Others express a dislike for idleness and an interest in employment, if the undesirable financial loss could be reduced.

Growth in the disability benefit rolls has caused government officials to encourage rehabilitation outcomes that will result in termination of benefits. Legislation has been introduced whose goal is an increase in labor force participation by beneficiaries and a commensurate decline in disability payments (U.S. Congress, 1977a, 1977b, 1977c, 1978). Rising federal expenditures for disability benefits, coupled with the public's "Proposition 13" attitude, will undoubtedly increase pressure on Congress to modify the disability benefit programs. However, the relation between disability benefits and rehabilitation outcome is in all likelihood not a simple cause-and-effect relation, but is influenced by a myriad of factors, including the state of the labor market and the willingness of employers to hire the disabled. A thorough understanding of the problems involved in rehabilitating beneficiaries necessitates that well-designed, rigorously conducted studies be undertaken. In this way, future congressional action may be more likely to achieve the dual goals of restraining the growth of federal expenditures for disability benefits, while operating programs that meet the needs of our handicapped citizens.

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