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MANAGEMENT

**THE HEARTIST APPROACH TO INCLUSION:  
NAVIGATING OPPORTUNITIES AND  
CHALLENGES OF INTELLECTUAL DISABILITY  
EMPLOYMENT IN TOURISM**

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To my family, friends and anyone who supported me

Thank you.

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## Abstract

Despite tourism being considered one of the most lucrative sectors globally, it has been experiencing a significant shortage of employees due to of high turnover and staff expectations across different hotels. The thesis aims to focus on the integration of a specific category: People with disabilities (PWDs), with a particular focus on cognitive and intellectual impairments. The dissertation describes and analyses the structural and abstract barriers and the legislative framework (in Italy and Europe) that lead to effects such as high unemployment rates and social isolation. To fulfil this objective, the study examines the scientific and social definitions of “disability” and “intellectual disability”, the WHO Report on Disability (2011) and the UN guidelines, and the legislative framework (such as Italian Law 68/99 and the EU Directive 2000/78/EC). The core of this thesis is the Accor Group case study, which, through features such as the “Heartist culture” and the practices it includes, shifts from simple legal compliance with the legislative scheme into a strategic asset. The interview with the People & Culture Operations Manager of Accor Italy will disclose what Accor does in favour of people with intellectual disabilities, as well as the opportunities and challenges the French group will face in the future.

## Keywords

Hospitality industry, disability, intellectual disability, Accor, social inclusion, Heartist, reasonable accommodation, targeted placement, WHO, United Nations, European Union

# 1 Introduction

In recent years, tourism has been considered one of the most lucrative sectors of the global economy, generating billions of dollars in income each year and providing numerous benefits across other fields. Hospitality, F&B, and other sectors are among the most significant segments linked to tourism, which can be of overwhelming importance for a destination's trend, since its success depends on the success of the different firms and, of course, the employees behind them. However, hotels, restaurants and other establishments could continue to face difficulty in looking for new personnel due to various factors (e.g. low wages, overexploitation, turnover, work shifts, and lack of motivation). As a result, this sector has been facing various challenges in finding new, different and innovative solutions. Without a doubt, finding skilled employees is a tough challenge, and a lot of time is spent recruiting and training them.

On the other hand, some Managers and Head Departments, moved by new legislation policies and aware of an inclusiveness' need, know the existence of an alternative strategy to fill this gap: PWDs (People With Disabilities), who suffer for not being employed because of the abstract barriers held by managers, firms, workers, people who work in agencies for Job placement and society, aim to be active part of their lives and in the society and look for a job in the open labour market (through the intermediation of agencies, organizations etc.) and demonstrate that they can perform their job even better than non-disabled people. To protect this category, several procedures, policies and changes have been implemented over the years to reduce unemployment among PWDs, find the adapted mansion for this group of people, and serve as a starting step for a high level of inclusivity (and the performance as well), especially for WWID (Workers With Intellectual Disability). However, several studies and reports state that only a small share of people with disabilities are employed. If this situation held, it would have devastating effects on their lives (e.g., social isolation, negative image, discrimination, segregation, etc.). The purpose of this dissertation is to shed light on this topic and to understand the current situation regarding job placement (with a special focus on the hospitality sector), identify the physical, cultural, communication and organisational barriers faced by firms and propose possible solutions to reverse this negative trend. Chapter 2 will focus on the definition of "Disability", and "Intellectual Disability", its classification and its conceptual framework; the third will analyse the policies adopted by every country in WHO report of 2011 in favour of PWDs, the legislative frameworks adopted in Italy and the European Union, and, last but not least, the Disability Development Report of the Department of the Economic and Social Affairs; in Chapter 4, Accor's case study will be presented and, in the end, conclusion will be presented.

**Please note:** Before proceeding to the next chapter, some clarifications are needed: this dissertation will focus solely on intellectual disability and not on other categories of disability. Then, this paper won't shed any light on the so-called "albergo etico", a hospitality structure whose purpose is to promote the job placement and personal autonomy of PWDs.

## 2 What is Disability? General Overview and Framework

Barnes (2008), in one of his articles, claimed that disability was seen by the vast majority of people almost exclusively as a medical problem of the individual or as a "personal tragedy". Even though there is evidence that society's response to people with disabilities, or long-term health problems, varies according to the context, this was the view that has dominated Western society since at least the late 18th century. As a result of this, Hunt (1966) stated that PWDs (People with Disabilities) were, over time, kept away from the "normal" or "ordinary people"; for example, "unfortunate, useless, different, oppressed and sick" are some of the labels used towards them.

### 2.1 ICIDH (International Classification of Impairment, Disability and Handicap) and the Traditional Medical Approach

When we refer to the Individualistic Medical Approach to Disability, the main association that comes to mind immediately is the "International Classification of Impairment, Disability and Handicap" (better known as ICIDH) of the World Health Organisation. ICIDH was developed in the 1970s by a group of sociologists, coordinated by Philip Wood, and published in Geneva in 1980. The purpose of this taxonomy is to highlight concepts and terminology used in reference to disability, to facilitate research and policy choices in this area, especially during the years post-World War II, when the number of PWDs rocketed. Therefore, the need for accurate research with comparable results has intensified both nationally and internationally. (Bury, 2013) Assumed as an enrichment to the existing WHO "International Classification of Diseases" (ICD), the ICIDH proposes a tripartite distinction between Impairment, Disability and Handicap. The three different conditions of people were defined as follows:

- **Impairment:** any loss, or abnormality, of psychological, physiological or anatomic structures or functions; it represents the exteriorization of a pathological state and, in principle, reflects organ disturbances.
- **Disability:** any limitation or loss (resulting from impairment) of the ability to perform an activity in the manner or extent considered normal for a human being. Disability represents the objectification of Impairment and as such reflects disturbances at the level of the person. Disability refers to functional abilities expressed through acts and behaviours that, by consensus, are essential aspects of everyday life.
- **Handicap:** a handicap experienced by a particular person as a result of an impairment or a disability that restricts or prevents the possibility of the person (in relation to age, gender and socio-cultural factors) being able to fill the role normally. It represents the socialisation of an

impairment or disability and, as such, reflects the consequences - cultural, social, economic and environmental – that arise for the individual from the presence of an impairment and a disability. The disadvantage stems from the decrease or loss of the ability to conform to expectations or norms of the universe around the individual.

To expose the tripartition, in other words, the "impairment" concerns parts of the body that do not work "normally", and the "disability" is focused on activities that a person cannot perform, especially the basic skills of everyday life. At the same time, the "handicap" refers to the social consequences of impairment or disability, regardless of the impairment or disability. The process of "disabling", in the sense of a process that leads to disability, is represented in terms of distinct but linked categories of consequences.

To sum up, ICIDH classification is based on the sequence: **Impairment-Disability-Handicap**. However, ICIDH classification is open to criticism on several levels, which can be summarised as follows:

- It is based exclusively on medical definitions and bio-physical assumptions of "normality". On the contrary, as numerous studies have shown, "normality" is a highly controversial concept and influenced by a variety of historical and cultural factors and contingent circumstances.
- Impairment is defined as the cause of both disability and handicap. The latter is presented as a natural, neutral fact and as an inevitable consequence of one of the two conditions, impairment and disability. It is important to notice here that not all impairments affect the physical or intellectual capacity of the individual.
- The approach adopted by the ICIDH classification places people who have a disability, actual or presumed, in a position of dependence. Their condition is analysed from a purely medical perspective, based on the assumption that these people are dependent on medical professionals for any type of therapeutic and social support.
- In short, since impairments are presented as the primary cause of the disability problem, logic dictates that these impairments be eradicated, minimised or "cured". But when care is not effective, which happens with a rather high frequency, people with impairments and labelled as "disabled" are seen as incomplete, not "normal" and unable to participate and make a contribution to the everyday life of the community. These people, therefore, need "assistance". In many countries, this has led to the emergence of a thriving and expensive "disability industry", which includes state institutions, private enterprises, charitable and voluntary organisations, and is equipped with vast numbers of professional helpers,

including doctors, nurses, therapists and social workers. The overall result is that the inadequacy and dependence of people with disabilities, which was previously only presumed, becomes real and is strengthened. These beliefs were never seriously questioned until the 1960s and the emergence of the disability movement.

## 2.2 ICF (International Classification of Functioning, Disability and Health) and the Holistic Approach

The International Classification of Functioning, Disability and Health (ICF) aims to enhance awareness of health and disability and to revise the language used to describe them. Approved by the World Health Organisation in 2001, the ICF is a taxonomy that inscribes each individual's status in a holistic framework. This new paradigm acknowledges the human experience as an always-changing process in terms of health and disability. Moreover, it includes spheres regarding Body Functions and their Structures as well as Activities and Participation. Environmental and Personal Factors integrate these. This regulation sheds some light on disability not merely as a biological or medical phenomenon but instead assesses its influence on a person's functioning and life experience.

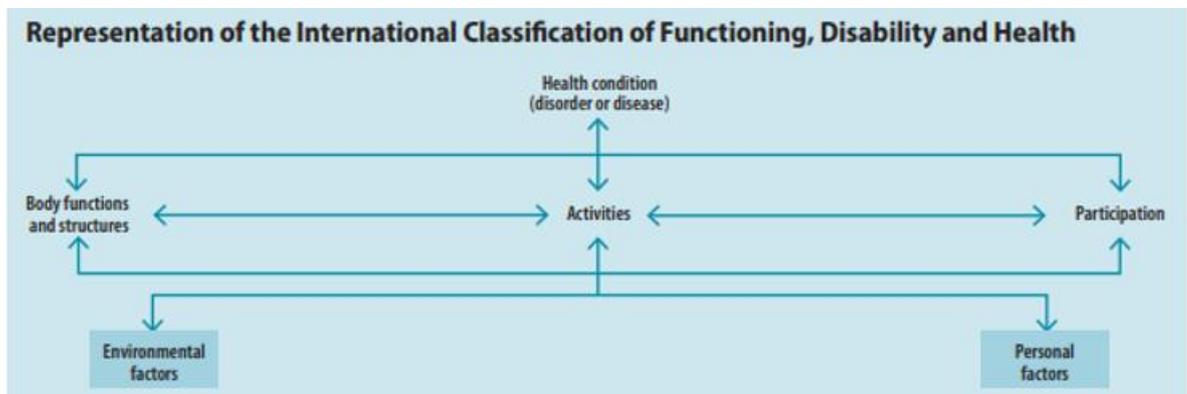


Figure1: Representation of the International Classification of Functioning, Disability and Health model. Source: World Report on Disability (World Health Organisation, 2011)

The ICF's patterns are clear-cut. "Body functioning and Structure" (the overall condition of a human being) is hindered by Disabilities or impairments (limitations), and these concepts together represent "Health Condition". Body functions and structures can be the subject of medical interventions to enhance overall health. "Activity" consists of the balance between the execution of any task or action and the limitation. Then, "Participation" defines an individual's engagement in everyday life situations, and struggles are labelled as "Participation Restriction". For the vast

majority of individuals, Participation is the ultimate goal, even if Body Functioning is hindered by various complications (Colver et al.,2012). In the ICF, “Activities” and “Participation” are ranked together and grouped into nominal categories (e.g., communication, knowledge, mobility, social and civic life). The model also identifies two Contextual Factors (Personal and Environmental) representing the social beliefs and societal construction of disablement. “Environmental Factors” are external to the person and can originate from the person of reference (e.g., individual situation, community, government, institutions, cultural patterns). These can include, for example, products, technology, buildings, social attitudes, access to treatment, and so on.

Meanwhile, “Personal factors” are built into the individual. It ranges from gender and race to lifestyle preferences. The aforementioned contextual factors can either improve or hinder functional and health outcomes and are therefore of overwhelming importance for every individual’s situation. All interventions can be considered changes in environmental factors. Still distinctions need to be made between the medical model in which medical interventions aim to improve the Functionality of the body, and the ICF model, whose scope is enhancing Activities and Participation.

### 2.3. Is Disability Environment's Fault?

Therefore, ICF states that Disability affects diverse spheres (Medical, Individual and Social) and, as stated in World Report on Disability published in 2011, it is quite hard to find a unique and clear definition of it; as a result, according to Leonardi et al. (2006), ICF defines it, through a “bio-psycho-social model” which embraces medical concepts already introduced by ICIDH and the interaction with Environmental and Personal factors. Environment (Physical and Abstract) is the main focus of ICF’s attention, with a significant impact on the experience and extent of disability; in fact, the framework emphasises its relevance to the gap between PWDs and Participation. Examples of this include the lack of reasonable accommodations, poor working conditions, limited access to health care, inadequate tools, etc.

Legislation, policy, technology, capacity building and so forth are some remedies to address this trend. Examples are:

- accessible design of the built environment and transport.
- signage to benefit people with sensory impairments.
- more accessible health, rehabilitation, education, and support services.
- more opportunities for work and employment for persons with disabilities.

Therefore, as also stated by Miller et al. in 2004, it's not just a matter of physical access, but also an informational and attitudinal one. In Australia and in some European countries (Smith, 2000; Scheer et al., 2003), it has been found that inadequate health care systems and unclear bureaucratic procedures led to PWDs being discriminated against because their needs weren't taken into account. We can find an example of a remedy to this condition in the United Kingdom with the Disability Discrimination Act issued in 2005 by the Prime Minister, which established an institutional framework for corporate disability equality strategies and assessed the impact of policies and activities. Another environmental key factor which needs to be taken into consideration consists in the negative imagery of society towards PWDs (Ingstad and Whyte, 1995; Yazbeck et al., 2004; World Bank, 2009): in fact, a study which involves 10 countries undertaken by Siperstein in 2003, figured out a huge lack in understanding disabilities and intellectual impairment and a considerable stigmatization towards mental health conditions. Moreover, in 2007, Thornicroft et al. stated that an injurious approach with PWDs can bring:

- Bullying episodes in schools.
- Lack of support access for PWDs by bus drivers.
- Discrimination by Employers against PWDs.
- Derisive attitudes by Strangers towards PWDs.

To sum up, the authors claimed that some of these attitudes, behaviours and beliefs could convert into negative effects on PWDs, leading to negative repercussions like low self-confidence and decreased participation in everyday life. Examples of ways to fight stigma and discrimination include direct personal contact and charity campaigns (Cross, 2006; Sartorius and Schulze, 2005; Sartorius, 2006; Thornicroft et al., 2008). By 2010, the International Programme to fight stigma and discrimination because of schizophrenia, over 10 years in 18 countries, has shown the importance of long-term interventions, broad multisectoral involvement, and of including those who have the condition. Meanwhile, Joa et al. in 2007 highlighted that knowledge about psychosis among the general population increased after just one information campaign in Norway, and that the duration of untreated psychosis fell from 114 weeks in 1997 to 20 weeks in 1999 due to greater recognition and early intervention with patients. Finally, Dalal (2006) affirmed that Community-based rehabilitation (CBR) initiatives can shift negative attitudes in rural communities, leading to greater visibility and participation by PWDs. An initiative in a disadvantaged community in India increased the number of children with disabilities attending school for the first time, PWDs participating in community forums, and more people bringing their children with disabilities for vaccination and rehabilitation as well.

## 2.4 CPRD (Convention on the Rights of Persons with Disabilities) and the Legal Approach

In 2006, the United Nations approved the so-called “Convention on the Rights of Persons with Disabilities” (CRPD; United Nations General Assembly, 2007). Considered as a turning point in terms of promotion and protection of PWDs, the treaty reports fundamental issues such as accessibility, personal mobility, health, participation, and so on, and as stated in article 33 of CPRD, it defines the agenda whose aim is supervising and defining policies and agendas through the State’s authority (United Nations Organisation, 2010). First of all, Disability is defined within the CPRD as resulting from “the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”. It may clearly be aligned with the International Classification of Functioning, Disability and Health (ICF). Moreover, it’s stated that “The concepts of full and effective participation and inclusion and accessibility mean that society, both in its public and in its private dimensions, is organized to enable all people to take part fully”. Therefore, society’s inclusion, as stated in CPRD, means that PWDs are recognized and identified as equal participants to everyday life situations. However, this would be possible if “an accessible, barrier-free physical and social environment” had to be established. Then, PDWs’ needs need to be taken into account as essential to the socio-economic context and not defined as ‘special’. (United Nations, 2010, p. 22).

To sum up, treaty’s purpose, is to switch the past evaluations and beliefs, and to focus not on what is missing in this category of people, but on which measures and policies individuals and society have to enact in name of PWDs and their rights of equality, participation and self-realisation in society (Ikäheimo, 2009; Sherlaw et al., 2014). However, according to some authors and experts, applying inclusive legislation may not be enough; in fact, they claim the need for additional systems whose aim is to assess whether CPRD’s principles are fulfilled in terms of participation, inclusion, and respect for fundamental rights. For instance, Hawe and Potvin (2009) call for “a science of solutions”, which aims to understand whether an intervention or a policy is suitable or not, acknowledging the importance of context. Some other evidence in this field can be found in Handicap International in West African countries, which applies tools and policies to promote the effective inclusion of PWDs (Piatta, 2010). Hence, researchers and policymakers need to take into account the social, economic, and political context, and to keep in mind the pillars and the rights covered and sorted by CPRD.

## 2.5. The relevance of a participatory research agenda for people with disabilities

To comprehend the fundamental spirit of the convention, the first step is to involve PWDs. For this purpose, participatory research is needed (French & Swain, 2000; Northway, 2010a, b; Stone & Priestley, 1996), enriched by scientific data and discoveries and accompanied by accurate means of assessment, and authorised by PWDs themselves. For instance, in the Healthy Cities project and in urban health policies in general, there is an interest and concern for PWDs (Van Naerssen and Baten, 2002; Rydin et al., 2012). Elements such as complexity, stakeholders, and community participation are present in this kind of approach. A further aspect that is the focus of this type of protocol is the presence of deep mediation and testing backed by several sources, such as knowledge, experience, and data.

The participatory agenda should take equity into account and cover debates on sensitive topics, and this should not be seen as an imposition. This, instead, has to take the form of community dialogue that addresses the needs of isolated and marginalised groups (Rydin et al., 2012).

To sum up, the importance of the participatory agenda is clear-cut. Even if this can be seen as lacking objectivity, in the end, as Cook already stated in 2012, interested parties must be involved in the policy-making process to carry out work.

## 2.6 Intellectual Disability

### 2.6.1 What is Intellectual Disability?

As stated in Viola's "La disabilità intellettiva: Aspetti clinici, riabilitativi, sociali" published in 2015, Intellectual Disability is a disturbance that occurs among children and adolescents, which includes intellectual and adaptive compromises in conceptualisation, socialisation and practical areas such as reading, writing, language expression, interpersonal abilities, and most everyday life activities. According to the DSM-5 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders) of 2013, the diagnosis has to follow fixed criteria:

- intellectual deficits' functions, such as reasoning, problem-solving, planning, abstract thinking, judgement, and school or experience-based learning. This deficit needs to be confirmed by clinical assessment or standardised intelligence tests.
- adaptive deficit's function, which is displayed by a missing fulfilment of developing and socio-cultural standards of personal independence and social responsibility. Without constant

support, adaptive deficits limit functioning in one or more everyday activities, such as communication, social participation, and independent living, across spheres like home, school, the workplace, and the community. Adaptive functioning is assessed through clinical or individual assessment, using appropriate correct psychometric measures.

- occurrence of intellectual and adaptive deficits during childhood and adolescence.

ICD's workshop has defined Intellectual Disability (renamed as Intellectual Development Disorder or IDD) as a group of developmental conditions characterised by significant deficits in cognitive functions, linked to limitations in learning, adaptive behaviour and skills. IDD is characterised by a pronounced impairment of essential cognitive functions needed for knowledge's development, reasoning and symbolic representation with respect to children of the same age, cultural and social environment. In overall terms, IDD people encounter some difficulties in oral comprehension, perceptive reasoning, working memory and speed of processing. Cognitive deficit among people with IDD is linked with training domain difficulties, including those of school and practical knowledge. People with IDD experience difficulties with everyday activities, as do children of the same age, culture, and environment. These difficulties include a lack of conceptual, practical and social skills. Then, IDD people often find it difficult to manage behaviour, emotions, interpersonal relationships, and maintain motivation during the learning process. It is important to note that IDD spans the entire life cycle of the individual and requires analysis of developmental phases and life transitions.

Therefore, Intellectual Disability is not a syndrome but the final result of disease processes that lead to malfunctioning of the central nervous system.

## 2.6.2 Terminology

Over the years, as Parmenter stated in one of his articles in 2011, different ways of defining people who have an intellectual disability in a stigmatising way have been used; terms such as "imbecile", "mentally subnormal", and "moron" are some examples of depreciatory and defaming terms that were adopted in scientific research as well. Nowadays, several entities, institutions, and associations have been making significant efforts to adopt a more accurate and inclusive language: AAIDD (the American Association on Intellectual and Developmental Disabilities), the International Association for the Scientific Study of Intellectual Disabilities, and International Inclusion are among the protagonists of this process. In 2007, Brown identified the meaning of the term from a literal, definitional, and social perspective; according to some of his studies, this is the most elemental and broadest term understood by the vast majority of people. He stated, "it refers

to some restriction or lack of ability having to do with human intellect” (Brown, 2007). However, from his point of view, a more specific definition is needed, especially one defined by professionals, policy planners, and experts, and used in specific situations and/or contexts. To this end, the WHO (World Health Organisation), the American Psychiatric Association, and the AAIDD have developed their own definitions of Intellectual Disability (ID).

Last but not least, the evolution of social contexts and behaviours contributed to the ultimate meaning. The term “Mental retardation” turned out to be defined as a degrading term and has been substituted by the term “Intellectual Disability” in countries like the United Kingdom, the United States of America, and Canada. Some specialists in psychology, like Ellis (1963) in the United States and Clarke and Clarke (1958) in the United Kingdom, stress the social pattern of mental retardation and state its variation among countries and different times. The same PWDs became of overwhelming importance in adjusting the language used to define them negatively, by debating that just the term “disability” represents a condition of abnormality or “not fully human” (Parmenter, 2001); Harvey Stevens (1967), during the First Congress of the International Association for the Scientific Study of Intellectual Disabilities, asserted that PWDs were recognized as an individual without citizenship. Although the definition of “intellectual disability” has been acknowledged as a substitute term for “mental retardation” by entities like the AAIDD and the President’s Committee on Intellectual Disability in the United States, organisations such as the WHO call for an adapted definition of it in the International Classification of Diseases (ICD). Salvador-Carulla and Bertelli (2008) admitted the existence of stigmatisation and then proposed not to classify ID as a disease but as a “metasyndrome” called “developmental cognitive impairment”. To sum up, they state that addressing people with inclusive, and respectful terminology could be the first step towards an inclusive society and the abatement of stigmatising barriers.

## 3 Disability and Job Placement: Overview of the National and European Politics

### 3.1 Understanding the working scenario and the labour market

Around the world, PWDs are entrepreneurs, self-employed workers, farmers, doctors, teachers, and so on (Domzal et al., 2008). The fact is that, given the adaptive environment, PWDs can be useful and capable of carrying out any task. However, as stated in various papers and reports (Houtenville, 2009; Contreras et al., 2006) across different countries, PWDs experience fewer employment opportunities than other categories. Scott and Mete (2008) and some other researchers highlighted that this poor participation rate can describe the negative trends of countries' economies; for this purpose, Article 27 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) acknowledges "the right of persons with disabilities to work, on an equal basis with others; this includes the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities". Furthermore, the CRPD encourages any form of promotion of PWDs' and their job placement in any working environment to prevent discrimination.

Several countries have advanced laws and regulations to boost PWDs' employment and halt discrimination based on any disability. Some other countries (Bruce and Quinn, 2002), instead, designed measures such as quotas to enhance PWDs' employment opportunities and other systems to facilitate their inclusion in the labour market (i.e. vocational rehabilitation, job training, counselling, job search assistance).

However, employers and chiefs still believe that PWDs cannot have adequate abilities and not be useful for firms' purposes (Roberts et al., 2004), even if different data regarding their loyalty, their skills and their relatively low rate of absenteeism show opposite results (Bagshaw, 2006; Unger, 2002).

To sum up, PWDs' engagement in the labour force can:

- Maximises human resources, increases overall welfare and national production (Buckup, 2009; McDaid et al., 2008).
- Supports human dignity and social cohesion and benefits (Becker et al., 2007).
- Accommodate the increasing number of people with disabilities in the working age population, since their number is expected to grow in the following years (in consequence of an increasing in chronic conditions consequent to enhanced health and medical treatments that safeguard and prolong life conditions). The number of people over the age of 60 is foreseen to increase as well (Kinsella and Velkoff, 2001).

Labour market theory suggests that PWDs' employment will remain lower than that of people without disabilities (for both supply and demand reasons). On the supply side, PWDs will incur a higher cost of working (due to the effort required to reach the workplace and perform the work). In countries with more generous disability concessions, their engagement may result in a loss of benefits and health care coverage, whose value exceeds the wages that could be earned (Lehman et al., 2005). Therefore, the "reservation wage" of a PWD – the lowest wage a person is willing to work for – is likely to be higher than that of a person without a disability.

On the demand side, their health condition may make PWD less productive, especially if the workplace environment does not accommodate them. In this genre of circumstances, the person would be expected to be offered a lower market wage (Baldwin and Johnson, 1994). Moreover, PWDs may be offered a lower wage purely because of discrimination. To sum up, a higher reservation wage and a lower market wage make PWDs less likely to be employed than those without a disability.

### 3.1.1 Employment rates

In different countries, data on PWDs' employment is unavailable. International Labour Organisation (ILO) survey carried out in 2003 highlighted that 16 of the 111 countries and territories had no data at all on employment in relation to disability (in low-income and middle-income countries, the availability of data is still limited, even if recent improvements were achieved) (Montes and Massiah, 2002). Moreover, in some of these territories, a significant fraction of the population operates in the informal economy. It therefore does not appear in all labour market statistics (also because employment legislation does not protect them).

In the 2 tables below (Table 1 and 2), data from several countries display that employment rates for PWDs are lower than the overall population, with the employment ratio varying from lows of 30% in South Africa and 38% in Japan to highs of 81% in Switzerland and 92% in Malawi. Since non-working PWDs often do not look for jobs and are therefore not included in the labour force, the unemployment rate may not capture their labour-market status. Instead, the employment rate is generally used as an index of the labour-market status of PWDs. The evaluation of the World Health Survey results for 51 countries indicates that employment percentages of 52.8% for men with disabilities and 19.6% for women with disabilities, compared with 64.9% for non-disabled men and 29.9% for non-disabled women.

A study conducted by the Organisation for Economic Co-operation and Development (OECD) in 2010 highlighted that in 27 countries, working-age PWDs witnessed significant labour market

issues and worse outcomes than working-age persons without disabilities. On average, their employment rate (44%) was less than half of people without disabilities (75%). The unemployment rate was about 2.5 times higher among persons without disabilities (49% and 20%, respectively). Thornicroft (2006) explained that the employment rate can differ noticeably according to the type of disability people are suffering from (PWDs with mental health difficulties and cognitive impairments underwent the lowest employment rates). Moreover, a British report (Jones et al., 2006) detected that people with mental health difficulties encountered considerable difficulties in entering the labour market and in obtaining earnings compared with other workers.

In the end, another study shed some light on the fact that people with intellectual impairments were three to four times less likely to be employed than people without disabilities, and more likely to witness more frequent and longer periods of unemployment. They were less likely to be competitively employed and more likely to be employed in segregated settings (Verdonschot et al., 2009).

Country	Year	Employment rate of people with disabilities (%)	Employment rate of overall population (%)	Employment ratio
Australia <sup>a</sup>	2003	41.9	72.1	0.58
Austria <sup>a</sup>	2003	43.4	68.1	0.64
Canada <sup>a</sup>	2003	56.3	74.9	0.75
Germany <sup>a</sup>	2003	46.1	64.8	0.71
India <sup>b</sup>	2002	37.6	62.5	0.61
Japan <sup>a</sup>	2003	22.7	59.4	0.38
Malawi <sup>f</sup>	2003	42.3	46.2	0.92
Mexico <sup>a</sup>	2003	47.2	60.1	0.79
Netherlands <sup>a</sup>	2003	39.9	61.9	0.64
Norway <sup>a</sup>	2003	61.7	81.4	0.76
Peru <sup>c</sup>	2003	23.8	64.1	0.37
Poland <sup>a</sup>	2003	20.8	63.9	0.33
South Africa <sup>d</sup>	2006	12.4	41.1	0.30
Spain <sup>a</sup>	2003	22.1	50.5	0.44
Switzerland <sup>a</sup>	2003	62.2	76.6	0.81
United Kingdom <sup>a</sup>	2003	38.9	68.6	0.57
USA <sup>e</sup>	2005	38.1	73.2	0.52
Zambia <sup>g</sup>	2005	45.5	56.5	0.81

**Note:** The employment rate is the proportion of the working age population (with or without disabilities) in employment. Definitions of working age differ across countries. Sources: a (38); b (8); c (39); d (7); e (40); f (41); g (42).

Figure 2: Rates on PWDs employment, overall population and employment ratio. Source: World Report on Disability (World Health Organisation, 2011)

Individuals	Percent					
	Low-income countries		High-income countries		All countries	
	Not disabled	Disabled	Not disabled	Disabled	Not disabled	Disabled
Male	71.2	58.6*	53.7	36.4*	64.9	52.8*
Female	31.5	20.1*	28.4	19.6*	29.9	19.6*
18–49	58.8	42.9*	54.7	35.2*	57.6	41.2*
50–59	62.9	43.5*	57.0	32.7*	60.9	40.2*
60 and over	38.1	15.1*	11.2	3.9*	26.8	10.4*

**Note:** Estimates are weighted using WHS post-stratified weights, when available (probability weights otherwise), and age-standardized. \* *t*-test suggests significant difference from “Not disabled” at 5%.  
Source (43).

Figure 3: Percentages of disabled and non-disabled people in all countries based on gender and age (World Health Organisation, 2011) (World Health Organisation, 2011)

### 3.1.2 Types of employment

In most countries around the world, labour markets are largely irregular, with many self-employed workers. In India, for instance, 87% of PWDs who work are in the informal sector (Mitra and Sambamoorthi, 2006). Moreover, PWDs’ requests may need flexibility in their schedule to provide them with an appropriate time for their work (especially for the trip to and from work), and to manage their health concerns; then, because of these, contingent and part-time work arrangements, which theoretically provide flexibility, may therefore be suitable for them. However, these types of jobs may be translated into lower wages and fewer benefits. Research carried out in the United States of America in 2003 by Schur has displayed that 44% of workers with disabilities are in some contingent or part-time employment system, compared to 22% of those without disabilities: health issues were the most important cause, disclosing the high prevalence of contingent or part-time work.

### 3.1.3 Wages

In overall terms, PWDs workers earn less with respect to their “healthy” counterparts; furthermore, women with disabilities generally earn less than men with disabilities. The wage gaps between men and women with and without disabilities are thus as important as the gap in employment rates (Jones et al., 2006). In the United Kingdom, only half of the significant wage and participation rate difference between disabled and non-disabled male workers was attributable to differences in productivity (Kidd et al., 2000). Meanwhile, empirical research in the United

States found that discrimination reduced wages and employment opportunities. Although prejudice had a considerable effect on a small fraction of men with disabilities, it turned out relatively unimportant in determining wage differentials for a much larger group (Baldwin and Johnson, 2004). Instead, it seems unclear whether the wage gap is as considerable in developing countries. In India, some studies directed by Mitra and Sambamoorthi in 2008 and 2009 have produced varied results, with a significant wage gap found for males in rural labour markets in Uttar Pradesh but not for similar workers in Tamil Nadu. Further research is still needed in this area.

### 3.2 Barriers to entering the labour market

PWDs face various disadvantages; the lack of access to education, training, and financial resources could explain their exclusion from the labour market. However, factors such as the working environment and employers' attitudes towards disability may be another important factor: the OECD (2010) stated that social protection systems may create incentives for PWDs to exit employment and access disability benefits. More research is needed to determine factors that affect labour market outcomes for this category.

#### 3.2.1 Lack of access

The International Labour Organisation of Geneva highlights in its 2006 and 2008 studies that education and training are crucial for good, productive work, and a reasonable income. However, youngsters with disabilities often lack access to education or opportunities to develop their skills – especially in the increasingly important field of IT (Russell, 1999; Burchardt, 2004; Eide et al., 2003). Therefore, the disparity in terms of educational attainment between those with a disability and those without is a never-ceasing obstacle (World Bank, 2009). Moreover, PWDs face environmental barriers that complicate physical access to employment. Roberts and Babinard (2004) claim that some of them may not be able to afford the daily travel costs to and from work. Besides, some others can experience physical barriers to job interviews, to the actual work context, and to attending social events with colleagues (International Labour Organisation, 2006).

A sub-category that can experience accessibility issues is people with visual impairments; a lack of access to funding is one of the most significant restrictions for those wanting to start a new business (Butler et al., 2002). Besides, according to the International Labour Organisation in 2007, for a woman with a disability, it is usually even more problematic, especially because of the

frequent lack of collateral. Many potential lenders – mistakenly – perceive PWDs as high-risk borrowers. For this reason, credit markets can prevent PWDs from acquiring funds for investment.

### 3.2.2 Misconceptions about disability

Shier and Co. (2009) stated that misconceptions about PWDs and their workplace skills are among the most important motivations for data on their unemployment or for omitting them from promotion opportunities. Such behaviours may derive from prejudice or from the misbelief that PWDs are less prolific than their non-disabled counterparts (Gartrell,2010); precisely, ignorance and prejudice about mental health difficulties and adjustments to work arrangements that can facilitate employment (Jones et al., 2006). Further, misinterpretations are often frequent not only among non-disabled workers but also among family members and the same PWDs (World Bank, 2009).

A considerable share of PWDs have low self-esteem about their capability to be employed and cannot even attempt to seek employment. Because of the social isolation of PWDs, it narrows their access to social media, especially to friends and relatives who could help them find job opportunities (International Labour Organisation, 2006).

### 3.2.3 Discrimination

As already stated, employers may discriminate against PWDs because of misbeliefs about their capabilities or because they do not care about their inclusion in the labour force (Waghorn and Lloyd, 2005). Different disabilities turn out different genres of preconception, with the strongest one expressed towards people with mental health deficits (Baldwin and Johnson,1994; Baldwin and Marcus, 2004). The category of people who are particularly keen on being discriminated against is the one suffering from schizophrenia: 29% of them encountered severe difficulties either in looking for employment or keeping it, and 42% of this group needed to disclose their health condition while applying for work, education, or training (Thornicroft et al.,2009).

### 3.2.4 Overprotection in labour laws

Different countries, especially those in Eastern Europe, are keener to have a caring view towards workers with disabilities. For example, their labour codes provide for shorter working days, more rest periods, longer paid leave, and higher severance pay for disabled workers, irrespective of need (Kuddo,2009). Even if these arrangements are made with the best intentions, they still might perceive PWDs as less productive and more costly and hence less desirable than those without disabilities.

### 3.3 Addressing the barriers to work and employment

A set of different procedures and systems has been used around the world to address barriers to the labour market:

- laws and regulations
- tailored interventions
- vocational rehabilitation and training
- self-employment and microfinance
- social protection
- working to change attitudes.

However, the vast majority of these solutions don't reach the informal sector (which is quite prevalent in several countries). Nevertheless, proofs and papers on costs, individual/social benefits, and conclusions regarding these tools exhibit weaknesses and inconsistencies (Hell and Heitmueller, 2009; Houtenville and Burkhauser, 2001; Mitra and Stapleton, 2006; Acemoglu and Angrist,2001). For this purpose, further research is necessary to understand which policies are needed to improve PWDs' opportunities in the labour market and whether they are cost-effective and sustainable.

#### 3.3.1. Laws and regulations

Among the different laws and regulations that involve PWDs' employment, we can find anti-discrimination laws and affirmative action (Love and Traustadottir, 2024). In overall terms, employment laws usually deal with retention and other issues linked with people who became disabled while working. However, the application and efficacy of these can vary according to the

type of situation (sometimes they are weakly enforced and not well known) (Opini, 2010; Mitra and Sambamoorthi, 2006).

### 3.3.1.1 Anti-discrimination laws

Anti-discrimination laws establish that any decision about a person's employment according to his/her disability has to be defined as illegal, as in Australia (Disability Discrimination Act of 1992), Canada (Employment Equity Acts of 1986 and 1995), New Zealand (Human Rights Act of 1993), and the United States (Americans with Disabilities Act of 1990). More recently, some other countries have decided to integrate various forms of discrimination, including disability discrimination, into their respective legislation, as in Germany and South Africa (Mont, 2004). Meanwhile, Brazil and Ghana included anti-discrimination clauses on disability in their constitutions (Love and Traustadottir, 2024).

In the regulated sector, the "reasonable accommodation" condition refers to any solution that tailors the job and the workplace to make employment easier for PWDs, without imposing an undue burden (see Article 2 of the CRPD). These conditions are required to reduce employment discrimination, increase workplace accessibility, and change perceptions of PWDs' ability to be productive workers. Examples of reasonable accommodations include ensuring enrolment and selection procedures are accessible to all, adjusting the working environment, working hours, and providing screen-reader software and other assistive technologies (Equal Employment Opportunity Commission, 2002). Conditions for employers to create reasonable accommodations can be voluntary, as in Denmark, or mandatory, as in the US. Employers, employees, or both can bear the cost of these adjustments. Proofs describe a somewhat successful outcome in terms of the utility of these anti-discrimination laws in enabling PWDs to enter the workforce. (Stapleton, 2003).

However, these laws demonstrated their effectiveness in combating discrimination among those already in the labour force. For instance, Acemoglu and Angrist, in their 2001 research on the Americans with Disabilities Act, suggested that its implementation led to a decline in employment for PWDs. One explanation could be that managers aimed to avoid potential clashes among staff members by simply not employing people with disabilities, or to avoid the commitment to provide reasonable accommodation so as not to include PWDs in their staff (Mitra and Stapleton, 2006). Instead, Houtenville and Burkhauser stated in 2001 that ADA did not cause the decline of employed PWDs but because of a new definition, used in the American welfare support system, of what constituted disability; meanwhile, the Disability Discrimination Act of the UK did not affect in the period immediately after its introduction, and then, it may have brought

to a drop in terms of employment rate (Bell and Heitmueller, 2009). Instead, it could have been more useful as an instrument to dismiss employees who developed a disabling condition than as a policy to promote engagement. However, research conducted by Jones in 2006 shed some light on the contraction of the employment gap in the United Kingdom, despite the legislation having favoured disabled men with respect to disabled women (Jones et al., 2006).

### 3.3.1.2 Affirmative action

Any discrimination, policy or tool whose purpose consists of calling for PWDs' employment is called "affirmative action". In 2000, the Council of the European Union required every member state to launch, by 2006, policies in favour of PWDs' employment. For instance, Portugal enacted a National Action Plan that included affirmative action to increase the number of PWDs employed (Pereira de Melo, 2004). While in Israel, the stipulation of affirmative action in favour of employers gave birth to the Equal Rights for Persons with Disabilities Law of 1998 (Centre for International Rehabilitation, 2003). Finally, anti-discrimination Clause 37 of the Brazilian Constitution is one of the most important affirmative action measures in employment (Love and Traustadottir, 2024).

### 3.3.2 Tailored interventions

#### 3.3.2.1 Quotas

Several countries set quotas to favour the employment of PWDs in both the public and private sectors. The point is that, without their introduction, many managers and chiefs wouldn't have employed them for various motivations, such as discrimination, misperceptions about their low productivity or their likely high labour costs (i.e. accommodations) (International Labour Organisation, 2004; Mont, 2004). Nevertheless, proof and evidence are required to determine whether quotas are designed to benefit PWDs, since no research on their impact on employment has yet been conducted. For example, Germany has established a 5% quota for the employment of PWDs in companies that hit more than 20 workers. Waldschmidt and Lingnau (2007) reported employment rates of 3.4 % for the private sector in 2002 and 7.1% for the governmental sector in 2003.

Meanwhile, the Department of Labour in Pretoria (2008), South Africa, documented that government departments and state bodies are bound by statutory arrangements that require at least

2% of firms' staff to include PWDs. However, the department states that employment data in the statutory sector hasn't reached quota requirements.

Another country that established quota arrangements is Turkey, which enacted a 3% quota for firms with more than 50 employees, and the state pays all PWDs' social security contributions, thereby overcoming that quota and covering half of the contributions for disabled staff members above that quota. Whoever doesn't follow quota arrangements is fined (i.e., chiefs and managers); these sanctions are applied to encourage actions in favour of PWDs' recruitment.

Thornton (1998) found that Chinese companies that don't follow quota guidelines must pay a sanction to the Disabled Persons Employment Security Fund, which aims to provide training and job placement services for PWDs.

Many Eastern European countries that were members of the Soviet Union established quotas after switching to free-market economies to replace the enrolment system that limited PWDs to certain industries and sectors. If these countries hadn't met quotas, firms would have paid fines and sanctions destined for vocational rehabilitation and job training programmes; instead, in OECD countries (Organisation for Economic Co-operation and Development, quotas range between 50% and 70% (Mont, 2004; Heyer, 2000). However, quotas sparked contentious views among managers and chiefs, who would rather pay a fine than try to meet their statutory quotas. Among disabled people's organisations, they are sometimes marked as a way to weaken PWDs' potential skills (Waddington, 2002).

### 3.3.2.2 Incentives to employers

To avoid additional costs (e.g., reasonable accommodations), managers and chiefs would prefer not to include PWDs among their staff. Meanwhile, if disabled workers chose to bear these costs, their appeal in the job market could face various impediments. To overcome these obstacles, different financial provisions can be provided: for instance, tax incentives are often offered to general managers and employers (especially those of small enterprises and firms) (Job Accommodation Network). Then, government employment agencies can provide recommendations and financial aid designed to help them find employment-related accommodations, like the state's vocational rehabilitation agency in the USA (National Centre on Workforce and Disability, 2008).

Another example is the fixtures applied in the workplace: for instance, the Department of Employment and Workplace Relations finances the Workplace Modifications Scheme, a fund that provides up to \$ 10.000 reserved for any adaptation to accommodate PWDs in the workplace (Mungovan et al., 1998).

### 3.3.2.3 Supported employment

Some of the policies of overwhelming importance provide an important help in terms of PWDs' enrolment (especially those suffering from intellectual disabilities) (OECD, 2003). For this reason, supported employment let PWDs to be employable in the competitive job market, through coaching, specialized job training, individually tailored supervision, transportation and assistive technology (United States Department of Labour, Office of Disability Employment Policy, 1993): many disabled people (people suffering from psychiatric or intellectual impairments and some other categories) record important achievements of these policies (Cook et al., 2005; Wehman et al., 1997; Crowther et al. 2001).

Companies with special purposes that work in the competitive market, which hire PWDs, suffer from different harms because of this: to mitigate this situation, managers and chiefs look for workers with disabilities (in particular the ones with cognitive impairments) on the side of non-disabled staff members (Secker et al, 2003; Warner and Mandiberg, 2006). A CEFEC report identified more than 3000 firms in the European continent (especially in Italy and Germany), which hired about 40,000 PWDs. Where effective, such enterprises can reduce health and social care expenditures and yield social returns on investment, notably improved well-being and independence. For instance, the study regarding Six Mary's Place guesthouse, located in Edinburgh (Durie and Wilson, 2007), indicated that each £1 invested generated a return of £5.87, reflected in savings to mental health services and welfare benefits, as well as increased tax revenues and personal income. Cost-benefit analyses of social firms and supported employment initiatives should similarly account for broader health, social, and individual gains (Schneider, 2003).

### 3.3.2.4 Sheltered employment

“Sheltered work” denotes employment carried out in distinct settings, whether in a dedicated sheltered enterprise or a separate unit within a mainstream business (Mont, 2004), designed for those regarded as unable to participate in the general labour market. Switzerland, which has one of the greatest concentrations of PWDs in the labour force, is one of the most concrete examples of work in segregated settings (OECD, 2003). Meanwhile, in France, this kind of employment provides regular salary, complete social insurance coverage and purely symbolic compensation (OECD, 2003). However, sheltered establishments can show some doubts, since it can lead to a sort of discrimination. Sheltered workshops are controversial because they segregate people with disabilities and can be linked with the charity values.

As already stated in the previous chapters, the CRPD's goal encourages PWDs to participate in the competitive labour market. It promotes the opportunity for people with disabilities to work in an open labour market (United Nations, 2006). However, sheltered workshops would have different motivations for not placing PWDs in the competitive labour market: one is the chance to retain employees considered crucial (Hyde, 1998). The attempt in New Zealand made this kind of employment more efficient, to facilitate disabled workers' entrance into the job market (OECD, 2003). Regarding the European continent, in recent years, many sheltered workshops have switched to social firms.

### 3.3.2.5 Employment agencies

Since PWDs are considered a potential source of workforce, general employment agencies began (also due to stringent laws in different countries) to help them find employment. The American Workforce Investment Act, amended in 1998, forecasted different programmes and policies grouped into the so-called "One Stop Centres". Thornton and Lunt (1997) noted that even some employment agencies in Europe (e.g., Austria, Denmark, Belgium, and so on) provided job placement services to PWDs. The same trend was identified in Asia, in countries such as Singapore and China, with respectively "BizLink" and "Chinese Disabled Persons" Federation (Guozhong, 2006).

O'Brien J. and O'Brien C., in their book "A little book about person-centred planning" (1998), stated that PWDs employed encountered different changes: employment services shifted from an "environment-centred model" to one in which the person is involved in their interests and skills. The final objective is to provide PWDs with long-term employment.

Then, other authors sustained that "place and train" is the predominant kind of employment suitable to PWDs: the reason is to eliminate any misbelief regarding this category and their incapability of accomplishing particular tasks in the work shifts (Moxley and Finch, 2003; Burns et al., 2007; Corrigan and McCracken, 2005).

There has been a shift from using sheltered employment towards supported employment – that is, from "train and place" to "place and train". Different personalities (Moxley and Finch, 2003; Burns et al., 2007; Corrigan and McCracken, 2005) share the idea of employing people first, before they are trained, to help remove the misbelief that disabled people cannot perform a particular job.

Some examples of user-controlled disability employment services have been introduced:

- The so-called "Centro de Vida Independiente" in Rio de Janeiro, Brazil, acts as a job placement agency and provides PWDs with various forms of support. (Bieler, 2003).

- Fundación ONCE, created in Spain in 1988, has focused on PWDs' training, enrolment, and accessibility.
- “Breakthrough” project, born in Manchester, UK, assists PWDs and managers in finding employment and providing job training (Gradwell,2005).
- “Disability Employment Concerns” was founded in 1996 in South Africa, following ONCE's actions lead in encouraging firms to achieve disability employment equity goals (Rowland, 2004).
- The National Centre of Employment for Disabled People (India) is one of the best examples in Asia in promoting campaigns in favour of PWDs and their employment.

The aforementioned agendas and plans indicate that PWDs ‘associations’ tasks can range from looking for employment (i.e. job search and job matching) to training them in different fields (i.e. technological and relational skills).

### 3.3.2.6 Disability management

The term “Disability management” refers to a policy implemented for workers with health or disability issues. International Labour Organisation (2002) identified the management of certain situations, training of supervisors, accommodations in the working environment, and support as the main features of this programme. Around the world, we can find:

- The Canadian National Institute of Disability Management and Research, a global measure whose goal is encouraging training and analysis on workplace-based reintegration and rehabilitation – the process that maintains workers' abilities while reducing costs of disability for employers and governments.
- The “Pathways to Work” policy, born in the UK, is a national initiative that supports PWDs seeking the Employment and Support Allowance by providing assistance, hiring, and well-being. This subsidy includes compulsory interviews, assistance, and utilities to help PWDs navigate the complex work environment; for this purpose, figures such as personal advisers have been created. An analysis involving some assignees shed light on the success of this policy and the significant associated with being hired (Bewley et al., 2007).

However, PWDs can encounter many problems in getting employed, because of the diverse nature of disability (e.g. hearing disability issues cannot be compared to sight disability issues) (Harris and Thornston, 2005; Simkiss, 2005). Then, Bloch's and Prins' paper (2001) showed that

many differences exist among countries in proportion of people returning to the workplace after the onset of disability (ranging from 40% to 70%). Lim and co. (2006) affirmed that any system that applies disability management plans has increased the percentage of returns to work.

### 3.3.3 Vocational rehabilitation and training

Any assistance or utility whose aim is to improve or reestablish PWDs' skills in a manner that enables them to deal with the competitiveness of the labour market falls under the category of "vocational and rehabilitation training". Job training, counselling, and placement are among the services provided to PWDs. For example, the Redemptorist Vocational School for the Disabled, located in Thailand, is specialised in supplying job placement and providing training in computer skills and business management. To avoid segregation, regular vocational and rehabilitation services are provided. Since segregation is to be avoided, general vocational guidance and training policies are preferred over dedicated vocational training policies.

#### 3.3.3.1 Traditional training and mainstream programmes

As regards general policies, OECD countries (2008) reported that funding in this field is not satisfactory. Metts (2000) stated that in economically emergent nations, job-related utilities incorporate minor recovery and educational arrangements. A survey conducted by Guzman and co. (2000) found that these policies represent a failure, as they don't provide enough jobs for people seeking for employment. Moreover, OECD (2003) and Alade (2004) raised some doubts on traditional training programmes, which don't provide adaptive technical skills and provide PWDs with a job. The motivations reported are:

- Training and job placement policies are located in cities (far from PWDs' habitations),
- The skills acquired in these centres are not updated and, as a result, PWDs risk not being competitive in the labour market.

Despite that, Rowland (2004), in reporting South Africa's case, noted the capacity of the "National Skills Strategy, Sectoral Education and Training Authorities" to allocate 4% of traineeships to PWDs.

### 3.3.3.2 Alternative forms of training

Transmitting skills and abilities is not the main objective of this kind of policy; they also paid attention to raising self-assurance and awareness of the business context. Kalimullah and de Klerk (2008) reported “The Persons with Disabilities’ Self-Initiative to Development”, a case study from Bangladesh whose purpose is assist PWDs in creating self-help groups in the community. Coleridge (2007) focused on Soweto (South Africa), where an entrepreneurship development program took place; he stated that a high number of businesses remained in operation. Recent initiatives offering alternative training approaches appear promising:

- **Community-based vocational rehabilitation:** Trainees are guided by mentors and tutors (i.e. local artisans) who support them in becoming more self-confident in the community. Alade (2004), in “Community-based vocational rehabilitation (CBVR) for people with disabilities: experiences from a pilot project in Nigeria”, explained that all the people who participate in the training programmes receive either training or support with microfinance, in a manner that can take up their activity after finishing the programme.
- **Peer training:** The International Labour Organisation, in 2007 (Lepper), cited a peer training project that boosted PWDs’ technical and business skills in Cambodia due to the involvement of the local community.
- **Early interventions:** In Australia, people who suffered spinal cord injuries had the opportunity to attend computer training programs while still hospitalised; Westwood Spice Human Services Consultants (which was reported by World Health Organisation in 2011) documented significant returns from further education, training, or employment.
- **Mentoring:** The agreement between the US government and private firms helped provide summer internships to hundreds of youngsters with disabilities. Mentoring activities that build career consciousness and skills have enabled PWDs to obtain long-term employment in the vast majority of cases (Timmons et al., 2006).
- **Continuity of training:** Attending training and rehabilitation centres is of overwhelming importance. For instance, the Indian Leprosy Mission is successful because of the job placement officers’ ability to connect with local employers who have some knowledge of postgraduates, and because the training centres have strong alumni associations that keep graduates in touch with each other and with their training centres.

Community-based rehabilitation (also known as CBR) has the objective to encourage hiring and promote means of subsistence, which is often undertaken through community-based rehabilitation (CBR), discussed throughout this Report. Policies' objectives are:

- Development of skills to improve earnings and employment opportunities.
- Transmittance of information regarding the labour market.
- Building adequate approaches to work and relationships with employers.

Among other functions, CBR also seeks to foster a community, including PWDs. The International Labour Organisation (2008) is an example of an entity that reviewed suggestions and developed solutions on CBR, employment, skills development, and entry in the labour market. However, given the good intentions of these works, assessing their effects is not so clear-cut: this is because of the disability welfare system (and its related services for PWDs), which acts as a deterrent to employment (Stapleton, 2003).

### 3.3.4 Self-employment and microfinance

Since many PWDs face difficulties in securing employment, supporting small startups economically can help address the employment gap (Harris, 2003). Despite the existence of this subsidy, Perry (2003), in "Examples of good practice in vocational training and employment from Asia and the Pacific", suggests that PWDs need to develop certain requirements (e.g., marketing skills, access to credit, and so on). By analysing a sample of 81 self-initiated business ventures, four key components were identified in "The International Study on Income Generation Strategies":

- a proactive identity (self-confidence, energy, risk-taking).
- targeted competencies (literacy and numeracy, technical and business abilities).
- funds' availability (guidance, assets, marketing support).
- favourable social and policy circumstances (political backing, community development, disability rights).

Neufeldt, in his 1995 “Innovations in Developing Countries for People with Disabilities”, presented examples of successful projects in terms of profit generation, particularly in Jamaica, the Philippines, and Thailand.

Overall, PWDs can face difficulties obtaining loans; even when microfinance programmes are inclusive, only a tiny share of them have had their economic situation improved. The principal supporters of such microfinance include, among others, NGOs that address disability issues and various kinds of associations; however, some doubts remain about their efficacy.

- The Tigray Disabled Veterans Association (2003) reported the Ethiopian case, in which a microfinance programme enabled women with disabilities (caused by war) to access funds.
- Meanwhile, Bernard (2006) assessed almost 40 projects and their relative benefits; the study aimed to assess the sustainability of microfinance policies and found that more than half of these programmes were favourable and sustainable.
- Nevertheless, targeted microfinance programmes organised by a disability organisation can reach only a small percentage of PWDs; this may be due to a lack of skills in developing and managing such policies (Dyer, 2004).

To sum up, microfinance schemes conducted by NGOs and organisations that manage disability matters can be a solution to combat social discrimination, lack of accessibility, and rejection, as literature analysis identified critical points in general microfinance policies. However, Cramm and Finkelflügel (2008) claim that, to increase the beneficial effects of these programmes (either in economic or social terms), the fusion of these two methodologies is of overwhelming importance for achieving scale and financial sustainability.

### 3.3.5 Social Protection

Because of deterrence motivations, people who suffer from persistent impairments are a category that is not properly keen to look for employment or return to work (especially the ones who are less able or, if employed, receive low pay). (Prinz, 2018; Corden, 2005; OECD, 2010). One explanation offered by Lehman and Co. (2005) for this is that PWDs perceive a regular economic subsidy they can count on, and the eventual loss of this fund can lead to discomfort and a lack of self-confidence. However, the employment of PWDs can be boosted by social assistance plans and schemes. Economic uncertainty and business concerns are usually witnessed by people who need to be again competitive in the job market. To address this scenario, adaptation policies

must be drafted. If so, even if PWDs are covered by social and financial policies and practices, they can be incentivised to return to work (Mont, 2004).

Countries which undergo a development phase (especially the people whose responsibility is creating tailored policies) have to deal with topics such as the increase in disability benefit costs and the decrease in employment for PWDs; the growth in disability benefit costs and the low employment rates for people with disabilities are concerns for policy-makers in developing countries (Pearson and Prinz, 2005; Kemp et al., 2006; OECD, 2010; Mitra, 2008). The report published in 2009 and 2010 (OECD) conveyed that, between the 2000s and 2010s, OECD countries witnessed a meaningful rise in terms of disability beneficiary rates. Moreover, the same OECD (2010) states that the benefits supplied to PWDs are considered as the last resort for many motivations:

- Low rates of accessibility to unemployment insurance.
- Cancellation of anticipated self-funded retirement plans.
- Less experienced employees encounter fewer labour market opportunities.

OECD (2010) reported that countries such as the Netherlands and the Scandinavian Region experienced an increase in GDP due to their attention to disability issues and their expenditure on disability benefits. The category of PWDs who represented the vast majority in terms of claims is the one suffering from mental health issues. To sum up, disabled people hardly ever decide to quit disability benefits for employment.

To reverse this trend, several countries established active programmes. For instance, in countries like Hungary, Italy, the Netherlands, and Poland, OECD (2010) suggests that the implementation of more concrete measures (e.g. narrow commitments for any manager and chief that supply job-related health services or any incentives that enhance return to work or working opportunities) can encourage PWDs to look for employment.

However, OECD declared in 2003 that the mixture of any deterrence from work in benefit programmes and the misconceptions of disabled people can represent an issue in the social context. To avoid a worsening of the situation, OECD (2003) and the World Health Organisation (2001) reported that any form of impairment or disability has to be separated from employment and labour opportunities; instead, it has to be defined as a “health condition” and not as an “obstacle to work”. Moreover, the OECD (2010) adds that PWDs should be defined by their skills, not by their condition, and that doctors should concentrate their assessment on the work capacity, not disability.

To raise the employment rates and achieve social protection goals for PWDs, one way consists of disconnecting the economic subsidy associated with the salary from the social support acquired by disabled people. According to OECD (2008, 2009), some of the options chosen by PWDs, among others, include momentary entitlements plus the cost of disability components irrespective of work status, more flexible in-work payments, and options for putting benefits on hold while trying to work.

Another policy adopted with the purpose to enhance PWDs' employment rate is time-limited disability benefits, with a special focus on young people (OECD, 2010). Mitra (2009) identified examples in Northern Europe and the Scandinavian Peninsula where such policies were enacted to increase data on return-to-work. The reason for designing these actions is the acceptance of PWDs' health condition, and that, despite the recovery of their conditions, it is still possible. Moreover, since the benefits of these social protection programmes are limited, they can serve as a motivation for those PWDs who want to participate in the competitive labour market. However, there are not many studies that examine the efficacy of interventions for PWDs' willingness to return to employment.

OECD (2010) states that another crucial element is determining whether it is convenient to work. For instance, Corden (2005) stated that in the UK, has designed different opportunities to boost PWDs' willingness to look for employment instead of simply relying on disability benefits: one of these methods (the so-called "Working Tax Credit", managed by the tax entities) consists of an economic and fiscal subsidy provided to a share of workers (engaged or freelancers) whose income is quite low. The requirements that make the PWDs eligible for the Working Tax Credit benefit are:

- Working at least 16 hours per week.
- Encountering concrete disadvantages in the job search.
- Being a recipient of a long-term disability pension.

The final goal of this policy is to support economically disadvantaged families with a PWD. The welfare system (instituted in April 2003) was difficult to manage; however, according to research carried out by Mulheim and Pisani in 2006, this subsidy brought, among other results, promising data regarding PWDs' return to work and experienced a decreasing trend in terms of disincentives for young people to seek work.

### 3.3.6 Working to change attitudes

Several entities that manage topics and matters related to disability put significant effort into raising awareness of disability more broadly. The International Labour Organisation (2006) highlighted that simply hiring a disabled worker can be of overwhelming importance in driving a shift in attitudes in the working environment. In the USA, firms that have hired a person with an impairment can experience an increasing number of PWDs enrolled in the following years (Domzal et al., 2008). The possible answer to this encouraging trend can be the drafting of different sensitisation campaigns which have distinct characteristics:

- In India, the BBC World Service Trust decided to organise a major initiative to tackle misconceptions about leprosy.
- Henderson and Thornicroft (2009) reported a campaign in New Zealand directed by the organisation “Like Minds”, whose goal was to modify public attitudes towards individuals suffering from mental health issues.
- Many actions have confronted the false facts, lack of knowledge, and concerns about HIV/AIDS (Joint United Nations Programme on HIV/AIDS, 2007).

One firm that is quite well-known in Brazil for its efforts to engage PWDs (Light, a public electricity service in Rio de Janeiro) is an example of a company that has promoted sensitisation campaigns (Excelência, Educação, Carreira & Concursos, 2008). For instance, on the opposite side of the covers of their bills, you can find an image of a wheelchair, with a message: “At Light, the number of workers with disabilities is greater than that required by law. The reason is simple – for us, the most important thing is to have valuable people.”

Meanwhile, in the UK, the “Employers’ Forum on Disability” is a leading advocate for implementing various programs to tackle misconceptions and negative attitudes towards disability. Moreover, some other countries have designed this kind of programme (e.g. Australia, Germany, South Africa, Sri Lanka and the USA). However, further research is needed to identify the most effective to trigger behaviours that promote PWD engagement in the workplace.

Shah (2005), in contrast, is one of the authors who chose to focus on PWDs’ chances of achieving career promotion. Managers’ and chiefs’ hesitation in giving them crucial management roles is one of the motivations that state a low likelihood of being promoted (Shakespeare et al., 2010). Meanwhile, Hernandez and her team (2000) reported an important positive trend in the US: the greater the knowledge of disability recruitment regulations, the more positive the feedback regarding the recognition of PWDs’ rights in the workplace.

One of the main players in the recognition of PWDs' rights and the improvement of their working conditions is trade unions, with a special focus on the public sector (Shrey et al., 2006). Occupational health and safety were among the topics addressed by these organisations (Jodoin and Harder, 2004).

### 3.4 The Italian Scenario

This paragraph highlights the Italian legislative framework for disability inclusion. The first legislative intervention in Italy dates back to the early 20<sup>th</sup> century. In those years, the only form of disability recognised and accepted was the one caused by war events, because of the form of acknowledgement provided by civilians and the national system.

Legislative Decree no. 1158 of 28 June 1917, stated that managers, employers and chiefs had to engage an invalid of war for every 20 employees or fraction of 20 greater than 10. The suitability of this one had to be the necessary condition. Then, other decrees (e.g., Legislative Decree n. 855 of 3 September 1947 and Legislative Decree n. 1222 of 3 October 1947) established that even war veterans, exiles from the lands granted to those who had won, orphans and widows of the fallen could be hired by employers.

However, the previous decrees didn't foresee employment in public sector entities; to remedy that, article n. 1 of the law of 3 June 1950 n. 375 asserted that among the war invalids can be found those who performed military service and those who were harmed by it.

The concept of "disability" ceased to being linked to events associated with war with the promulgation of the law of 14<sup>th</sup> of July 1957, n. 594; however, thanks to the law published in 1962 (law of 5 October 1962, n. 1539), the definition of "civil invalid" was introduced, and the category of disabled people (in overall terms) had to be taken into consideration in hiring matters by the employers.

One year later, the so-called "compulsory placement" ("collocamento obbligatorio" in Italian) took place thanks to the issuing of a law in 1963 (law of 5 March 1963, n. 367): the direct hiring principle (benefit which was granted to concept workers and subjects intended for posts of confidence) was eradicated. However, the principle introduced by Italian law n.367 in 1963 was considered incomplete by some legal experts; to mitigate this, at the end of the 1960s, the Italian State modified certain provisions of the aforementioned law (law of 2 April 1968, n. 482) (Pera, 1970). Therefore, the legislative framework in that moment was a mixture of the preexisting law standards based on the definition of an overall mandatory rate which foresaw an internal division between private categories and the adoption of the principle of "scrolling" ("scorrimento" in Italian), moving thanks to it to the categories progressively, in the case some subject belonging to

a particular category and the rise of a unique entity whose role was to manage the organisation of the so-called “targeted employment” (“collocamento mirato” in Italian). By fixing and defining the working categories in the respective articles, article no. 9 of the law stated the number of working places to be filled in each category, and the groups in which deaf-mutes, civilian invalids, and invalids of war were to have their share. Meanwhile, Article no. 10 stated that people who were compulsorily hired had the same rights as other citizens, just as other categories of workers (in relation to the tasks they performed). Moreover, the employer could have fired the invalid worker (either for just cause or for justified reason) if this one had lost working capability, which could have represented a detriment to the working environment (either for the coworkers or for the installations present in the workplace).

A turning point is represented by articles no. 11 and 12, since the promulgation of the law obliged employers to hire certain categories of disabled persons in accordance with the legislated quotas. And article no. 20, instead, enshrined the institution of a medical college appointed by the prefect. Its role was to assess workers’ health conditions and their suitability for the tasks they performed in the workplace. However, this law has raised some limitations and doubts (Pera, 1970; Conti, 1969; Bellavista, 1997): first of all, even if the law foresaw some rights of the disabled workers and some obligations that chiefs had to follow, there was not any guarantee (e.g. an entity that could have designed features such as vocational training and evaluation programmes of the working environment) that these were applied or followed. Secondly, as Sergio Raimondo reported in 2004, Italy’s reserve quota was 15%, while in countries like France and Germany it was 6%, and in the Scandinavian Peninsula it was 3.5%.

Lastly, the issue was linked to the process of disability’s assessment and to the relative misapplication, that let people who declared themselves as disabled a privileged access in the working world: it turned out that, because of this climate of corruption, “false invalids” (that received disability recognition without that these were truly disadvantaged subjects) were placed within the Public Administration and that the number of them was about 50.000 (according to the Ministry for the Civil Service, in Italian “Ministro della Funzione Pubblica”). To tackle this phenomenon, article 42 of the Legislative Decree n.29 of 1993 was promulgated; this article introduced the “numerical calling in the public employment”.

Furthermore, in the same year, article no.11, paragraph 4, of the law 537 of 24 December 1993, the termination of employment contracts stipulated that, thanks to the placement having been ordered, if requirements for the engagement of the beneficiary in the public and private sectors no longer held, the employer had the right to rescind the contract of the worker.

Another issue related to the “collocamento obbligatorio” concerned the fact that it also involved non-disabled workers and their privileges with respect to invalids and PWDs: this

highlighted the disparity between these two categories, and their respective job offers (Raimondo, 2004). To fill this gap, in 1987 (law n.56 of 28 February 1987) the so-called “targeted insertion” (“inserimento mirato” in Italian) was introduced. From that moment, the agreement between the Agencies and the Regional Commissions was born to define tailor-made job hires.

As Pariotti stated in 2004, the Italian Constitution put the individual in the middle of the legislative framework; the human being, their wellbeing, and the relative inviolable rights were defined in Article no.2 of the Constitution and based on the statement of the equity of all citizens and social dignity (as stated in Article No.3, Chapter 1 of the Constitution). Therefore, because of these principles, the State promoted any form of contrast against the social inequity (Article No. 3, Chapter 2 of the Constitution). Since the first Article, declare that “work” is one of the values based on of the Italian Republic, Article no.4, considered is double nature of right/duty that belongs to all the citizens, the State undertakes (by applying economic policies and measures) to ensure that even disadvantaged categories can be employed, in line with their own aptitudes and possibilities (Colapietro, 2010). Moreover, Articles no.36 and 38 represent a milestone in terms of assistance and, above all, the extension of work (and the relative remuneration) to citizens without a psychological and physical capacity suitable for work; this condition can hold only through a collaboration of all the citizens (Baldassare, 1989; Mazziotti, 1964).

The Italian Constitution declares its commitment not only to the aforementioned principle, but also to the design of professional initiation processes for these categories of people (Article 38, Chapter 3; Baldassarre, 1989; Persiani, 2012; Branca, 1975). This genre of activities doesn’t have to represent a form of charitable action; instead, it aims to acknowledge that citizens who suffer from this condition can represent a useful source of employment (Article no.38, chapter 3; Article no.4 chapter 1; Bresciani, 2017). To sum up, the Italian State agrees to fulfil PWDs’ inclusion goals in the labour environment and to respect the principle of economic freedom, as stated in Article No. 4 and No. 38 (Suppiej, 1999).

A crucial moment in Italy is the issuance of Law No.68 in 1999 (Law of 12 March 1999, n.68). This law marks the end of “mandatory placement” (“collocamento obbligatorio”) and the beginning of “targeted placement” (“collocamento mirato”). From the emanation of this act, the Italian firms and entities switch from a vision which was less focused on the needs of the single individual to one which pays attention to the meeting between the job offer of a person with a disability and the demand from entrepreneurs. This represents a turning point in terms of PWDs’ inclusion: the law is a tailor-made intervention which favours disabled people and their suitability in the complex productive and working environment. This can be achieved through policies such as social charges, training placements, conventions, and workplace incentives. These, by following the principles described in Articles No.4 and No.38, don’t represent a charity campaign in favour

of this group of people; instead, the aim is to improve the conditions in which PWDs' inclusion can enhance the social context of working environments. To maximise the results of this law, an annual meeting to promote working conditions was foreseen, with the sharing of diverse experiences. Among other features, the law introduced the opportunity to request consultations and interventions by public bodies and associations of people with disabilities, in addition to collaboration with regional bodies.

Besides, law 68/99 declares that the Regions need to establish the so-called "Uffici Competenti" ("Competent Offices" in English), which, through different local services (Health, Social, Educational and Training), seek to emanate authorisations, exemptions and monetary remunerations for taking up different initiatives with PWDs and their working integration. To be more precise, Article No.1 of the law claims to boost the placement and the integration of PWDs in the labour context through "targeted placement", which is targeted to:

- Whoever is of working age and displays and cannot perform any working activity because of physical, mental or sensory impairments or whoever suffers from a disability that prevents the subject from performing any working activity by more than 45 % (demonstrated by specific scientific committees) and invalid workers who have a disability major to 33% (demonstrated by INAIL).
- Blind individuals.
- Deaf individuals.
- War invalids, civilians of war and service with impairments.

Subsequently, some provisions of the law were applied: among others, deported or interned individuals were excluded from benefits, and the only beneficiaries, from that moment, were PWDs (Garofalo, 1999). Lastly, since people who suffered from severe disabilities were completely excluded from the labour market, through the emanation of law 68/99, the assessment of their impairment shall take place in relation to working capacity specific and not to the generic one.

As already stated, before the law of 1992 (law of 5 February 1992, n. 104), disabled people who needed to be included in the different lists were required to undergo an assessment of their medical, social and working conditions, to facilitate their inclusion in society. Moreover, the Commission is responsible for conducting a functional medical investigation of the person with disability to determine their overall capabilities and to provide indications on potential assistive tools that could favour their inclusion. This is accompanied by a training and induction path, which is reported to medics and doctors, who, through routine visits, will be able to prepare a report on

the subject's disability conditions. This, in turn, will be followed by a final record delivered to the ASL (which stands for “Azienda Sanitaria Locale”).

Some important new improvements were brought thanks to the law of 1999 (Article No.3):

- “No profit” entities are born.
- The employment quotas reserved for PWDs are reformulated with their relative percentages.

About this last feature, this law has upgraded the previous legislative framework by coordinating obligatory employment quotas with company size. For entities with more than 50 employees, the quota is fixed at 7% of the total workforce. In these cases, direct recruitments (“chiamate nominative”) can account for up to 60% of engagements. Furthermore, managers, chiefs and entrepreneurs need to allocate positions in protected categories (e.g., survivors of workplace accidents and family members of those disabled in war or service; 1% of the positions). Meanwhile, firms with 36 to 50 employees need to hire 2 people. Law 68/99 allows “direct recruitment” for one of these two positions: the rationale for this choice is to ensure equilibrium between the subject's competences and the manager’s needs. The other spot is selected through a numerical ranking system. Finally, this new legal structure aims to facilitate PWDs’ integration into the workplace while broadening job-seeking opportunities.

Article No.3, Chapter 3 of the same law, extended its effects to non-profit entities (e.g., organisations in solidarity, social, assistance, and rehabilitative fields). However, about the so-called “organizzazioni di tendenza” (“trending organisations”; i.e. associations which pursue ideological, political and religious aims), the quota reserved for PWDs is destined just to technical, executive and administrative positions; besides, for these environments, mandatory hirings are expected in case of new job opportunities.

For instance, in the cases of the Italian “Protezione Civile” and “Polizia di Stato”, the placement of PWDs is limited to administrative and support roles, since for operative roles other requirements are needed.

However, even if the Italian legislative framework addresses PWDs’ placement in different working environments, Article No.5 provides for a flexibility clause: the partial exemption. Any public or private association or entity that demonstrates its inability to reserve job opportunities for PWDs may be exempted from this requirement, upon payment of a contribution of 30.64 € per day for each PWD not employed. There are some limitations to this clause: under the Ministerial Decree of 2000, the exemption may not exceed 60% of the mandatory quota, a threshold that may rise to 80% for specific sectors (e.g., safety and transport). Moreover, smaller entities (which range

from 15 to 35 employees) that are required to employ a single worker are excluded to prevent the exemption from resulting in total evasion of legal obligations.

An important concept is highlighted in article No.2: it quotes the so-called “Collocamento Mirato” (Targeted Placement). In this concept are grouped “that series of technical and support tools that allow to assess persons with disabilities in their working abilities adequately and to place them in the appropriate place, through job analyses, forms of support, positive action and solutions of problems connected with the environments, the tools and interpersonal relationships in everyday workplaces and relationships”. Raimondi (2004) declared this article as a turning point in terms of PWDs’ job placement: it states the design of tools and policies whose aim consists of assessing PWDs’ skills and abilities and the offer reserved to them, with the chance to enact any support or aid that can tackle physical or abstract barriers present in the working environment.

Therefore, the policy stated in this article must take into account three elements: PWDs, relevant offices, and employers. While Law 68/99 regulates access to the labour market, Law 104/1992 complements its framework by guaranteeing the fundamental rights of disabled people within the workplace, through incentives such as paid monthly leave and the choice of location, essential tools to promote a real balance between personal care and professional services.

### 3.5 The European Scenario: European Union's push towards inclusion

While Italian national legislation has historically used a quota-and-reserved system, the European Union has based its approach on the active removal of barriers and the obligation for employers to adopt the so-called “reasonable accommodations”. The combination of these programmes led to the adoption of Directive 2000/78/EC. However, before focusing on this Directive, here is a sorting of different laws, policies, and projects that have addressed managed disability matters in the European context.

#### 3.5.1 Origins of the disability policy in the EU

By the 1950s, there were no treaties, laws, or policies governing disability matters in the EU context. The first example is the Treaty of Amsterdam in 1997, which mentions disability in the European context; any initiative or policy adopted prior to this treaty was considered neither binding nor effective, but rather for the purpose of facilitating the exchange of information (Waddington, 2005).

By the 1970s, the European Community launched four programmes focused on disability; some of these were the so-called “HELIOS” (Handicapped People in the European Community

Living Independently). These programmes aimed to achieve PWDs' community and labour force integration through planning, collaboration among member States, and the need for information exchange and the promotion of innovation (Council Decision 88/231/EEC, 1988).

The first HELIOS (HELIOS I, which was defined as the first common concrete endeavour carried out by EC in favour of the disability topic) was launched from 1988 to 1992 (Council Decision 88/231/EEC, 1988), and the second version (HELIOS II) from 1993 to 1996 (Council Decision 93/136/EEC, 1993). HELIOS measures were considered in advancing disability approaches and laws in the Community (with some limitations; Council Resolution of 27 June 1974).

PWDs' mobility, accessibility and integration were the main topics addressed by HELIOS I (at both local and national levels), through the application of clear-cut systems developed by the EC and the involvement of other stakeholders such as PWDs' families, industries and government experts (Waddington, 2005).

Another important aspect taken into account was the attention raised by the programmes set up between the 70s and 80s. Since the HELIOS project was about to end, topics such as employment, vocational training and rehabilitation centres were faced by different European organisations.

In the first years of the 80s, to advance inclusion and equal opportunities for PWDs, a Unit for the Integration was established within the Directorate General (DG) for Employment, Social Affairs and Equal Opportunities at the EC level (Flynn, 2011). Moreover, this Unit was born in response to the UN International Year of Disabled Persons in 1981 (United Nations, 1976). With the passing of the years, the function underwent some modifications and fixtures to:

- Speed up collaboration among member States to advance their policies in favour of PWDs.
- Take into consideration PWDs' point of view in the European Commission's internal affairs and in the formulation of Community legislation, programmes and policies.
- Increase disability awareness in the EC through non-governmental entities and key actions (e.g., European Day of Disabled People; Andreas et al., 2017).
- Enact employment approaches for PWDs and communication technologies, and boost information exchange.

The unit for the Integration was considered a milestone in the history of disability policy in Europe, as its birth put this topic at the centre of the European Commission's discussions.

In 1986, the EC adopted the first global recommendation regarding disability (a non-binding tool that allows associations to develop a perspective on certain topics and to advance hypothetical actions, without any obligation) (Council Recommendation 86/379/EEC, 1986). This

Recommendation announced the need of the Member States to “take all appropriate measures to promote fair opportunities for disabled people in the field of employment and vocational training, including initial training and employment as well as rehabilitation and resettlement” (Council Recommendation 86/379/EEC, 1986). Moreover, even if the Recommendation could sound nebulous, the appendix (Council Recommendation 86/379/EEC, 1986) of it sorts out any concrete plan that encouraged PWDs’ engagement and vocational training (e.g. job creation, sheltered employment, guidance, assessment, placement services, employers’ and workers’ organisations, etc.). Despite the good intentions of this, Lisa Waddington (2005) defined the Recommendation as ineffective: according to her opinion, one of the motivations for this failure in pursuing a greater PWDs’ job accessibility over the Member States, since, because of the nature of the recommendation, none of the EC countries introduced any concrete policies in favour of PWDs and their inclusion.

However, to mitigate this unpleasant lack, the European Commission advanced the need for an alternative approach to tackle disability topic (especially in transport): a directive. A directive, whose nature is different from the Recommendation, obliges all the Member States (according to the laws they choose to issue) to pursue a unique objective. Hence, in 1991, the Directive on the enhancement of mobility and safe transport for workers with reduced mobility was published (European Commission, 1990). The motivation for this article may stem from Article 118a of the TEC (Treaty Establishing the European Community), which, in essence, calls on the Member States to ensure the health and safety of workers, with particular attention to the environment in which they work. For this purpose, the Directive aimed to address public transport and services, especially for PWDs (Waddington, 2005).

However, always Lisa Waddington (2005) report that the Member States didn’t put so much effort into proposing the laws to favour the environmental changes for PWDs (and not only); moreover, she stated that topics such as health and security linked with Article 118a were not enough motivations to enact a legislative action, and, hence, the Directive wasn’t proposed.

Finally, Waddington (2005) concludes that, by the 90s, even if some actions driven by the European Commission were targeted to disabled people, she declared that “their overall impact was minimal”. One possible explanation for this scarce result may be the indecision of Member States to agree to obligations that would have been binding.

### 3.5.2 Evolution of the disability policy in the EU

Until the mid-90s, the European Community considered disability solely from a medical perspective (Ferri and Broderick, 2020): it was seen as a medical condition of affecting the

individual, leading to obstacles in everyday life. Hence, according to Alvero and co. (2012), experts used to believe that medical explanations (i.e., health care, sheltered employment, and other) were the only way to assist the disabled individual in their life. Degener (2016) claimed that, based on previous observations, PWDs were labelled as a protected group that wasn't capable of carrying out most everyday activities. Because of this belief, the idea emerged to formulate laws and policies addressing topics such as mental health, the advancement of schools specialised in PWDs' needs, and so on. Waddington (2005) stated that the medical model of disability enabled the evolution, in a legislative sense, of PWDs' guardianship. On the contrary (Alvero et al., 2012), disability's social definition is more targeted at a sociological point of view and the physical/abstract barriers which hinder PWDs' inclusion.

By the second half of '90s, because of the distinction between "impairment" (which is referred to more to a biological and anatomical condition) and "disability" (which is a result caused by discrimination coming from a social group), the Commission started to focus its attention on the social context of disability. In 1996, a Communication of the Commission on Equality of Opportunity for People with Disabilities laid the groundwork for PWDs' inclusion in all aspects of their lives (European Commission, 1996). Besides, the same European Commission (1996) agreed that a campaign based on beneficence ideals made only the situation of PWDs' inclusion worse; hence, the Commission decided to grasp the social definition of disability in a manner that they can focus on one goal only: promulgate and enact actions and approaches in favour of disabled people.

Lisa Waddington (2005) highlights a significant flaw in early Community disability policies: the organised relegation of the very subjects they intended to support. She notes that, during certain events, disabled deputies were discouraged from attending meetings under the pretext that sessions were 'designed for professionals' or because the venues lacked accessibility (Waddington, 2005). This lack of success justified a change of strategy toward the HELIOS programmes, observing that PWDs must be at the heart of any policy development (e.g. HELIOS II programme was born with the proposal of arranging a refined consultation system; Waddington, 2005)

In 1996, the European Commission introduced its innovative disability strategy, which drew considerable inspiration from the UN Standard Rules on the Equalisation of Opportunities for persons with disabilities (U.G. Assembly, 1993). Despite the Rules' non-mandatory nature, they carried political and moral values to promote equal opportunities. Through the enactment of a program that pays greater attention to human rights, this United Nations instrument laid the groundwork for the Commission's Communication, which was approved by the Council of Ministers in 1996 (Council of the European Union, 2020). After its resolution, the Member States,

according to U.G. Assembly norms, strived to achieve the formulation of their respective policies whose focus was:

- empowering individuals.
- mainstreaming disability perspectives across all sectors
- systematically eliminating social and physical barriers.

The abovementioned disability strategy of 1996 represented a pillar in EU disability policy through the debut of the 'equality of opportunities' model (Waddington et al., 2015). Waddington, Quinn and Flynn (2015) declare that the motivation behind its success consists of creating a harmony between national and supranational roles:

- Member States had primary responsibility.
- The EU promoted cooperation among the Member States to achieve the ultimate goal: the elimination of barriers (both physical and abstract).

One of the sections of overwhelming importance in 1996's strategy was the creation of the High-Level Group of Member States' Representatives on Disability, a dedicated forum for identifying priorities and sharing best practices. Moreover, it was noted that PWDs' perspectives are crucial to all aspects of the Strategy's design and application.

In 2003, a new version of the Action Plan for the European disability policy was adopted, considered more sustainable and practical in the EU, which was undergoing a growth. (O'Mahony and Quinlivan, 2020). This procedure's final aim was divided into three objectives:

- Enacting the Employment Equality Directive (Quinn and Quinlivan, 2003; Whittle, 2002; Waddington & Lawson, 2009).
- To reinforce the mainstreaming of disability civil rights in all relevant policy areas.
- Resolve the lack of accessibility for all.

Always in 2003 (defined as the European Year of People with Disabilities), the European Disability Action Plan 2003-2010 was launched; this was subdivided into sub-periods, which lasted 2 years each:

- 2004-2005.
- 2006-2007.
- 2008-2009.

The Action Plan for Social Inclusion (Flynn, 2011) favoured the formulation of policies supportive of PWDs and called on Member States to provide a concrete response to social inclusion at the local level. It is quite clear that the enlarged vision of EU disability policy affected their Action Plans: if, firstly, these were focused just on employment, the later cycles looked beyond the working environment and dealt with crucial rights (such as social autonomy, service inclusivity, and robust support networks; European Commission, 2003). The 2008-2009 Plan was defined as a turning point for the approval of the CPRD and the basis for a broad EU disability strategy (De Burca, 2010; Council of the European Union, 2018).

### 3.5.3 The Employment Equality Directive

Because of the United States legal framework and the application of the ADA (Americans with Disabilities Act of 1990), the EU disability legal situation underwent a meaningful shift from a deep economic interest to a structure more directed towards the respect of civil rights (Quinn and Flynn, 2012). Before the emanation of the Treaty of Amsterdam, the European legal context was confined to aspects such as gender equality in matters of wages and workers' free movement; meanwhile, injustice and inequity based on age, sexual orientation or disability weren't tackled at all (Quinn and Quinlivan, 2003; Whittle, 2002; Waddington and Lawson, 2009). Nevertheless, different DPOs (Disabled Persons' Organisations) in their campaigns provided the necessary material for the institution of the Employment Equality Directive in 2000.

The European Commission, by taking into account the concern quoted in the Treaty of Amsterdam in terms of discrimination based on sex, race, origin, disability and so on, through the stipulation of Article 13 (now Article 19 of the TFEU – Treaty of the Functioning of the European Union), decided to include the perspective of the neglected categories, and for the first time PWDs' point of view. The result of this process brought the Employment Equality Directive to life in 2000, whose aim is to halt any form of discrimination; this was defined as the most important progress in disability policy in the European Union (Broderick and Watson, 2020). Moreover, the “reasonable accommodation” definition appeared for the first time.

The application of Article 3 of the Directive encompasses any phase of the working experience, and concerns either the public or private sector; nonetheless, despite the good intentions of the Directive, it wasn't able to provide a clear definition of “disability”, and, as a result, the rise of misconceptions took place (Broderick and Watson, 2020). One of the most important examples of this issue was the case of *Chacón Navas v Eurest Colectividades SA* (Case, 2006), in which the CJEU (Court of Justice of the European Union) reconsidered the definition of disability under the Directive. *Chacón Navas* contested the motivations of her firing, defined as discriminatory since

she was suffering from a condition that didn't allow her to work in optimal conditions for eight months; the Spanish Court requested CJEU's intervention to understand whether there is an alignment between the definitions of "sickness" and "disability". According to the AG (Advocate General), the lack of a clear definition of "disability" could have meant economic drops and notable increasing claims by the disabled workers (Case, 2006); to recover this situation, the AG called for the formulation of a clear interpretation of "disability", since, even if the Commission took into consideration the social model of disability, it seemed that the medical approach was still wide used, describing "disability" as a person's health condition "with serious functional limitations (disabilities) due to physical, psychological or mental afflictions" (Case, 2006).

On the summer of 2006, the Grand Chamber of the CJEU coordinated its decision according to the Advocate General's judgement; the court stated that between the terms "disability" and "illness" a clear distinction must hold: according to the Court every impediment or restriction originated from physical or mental harm that can spoil individual's professional life falls under "disability" category (Case, 2006). In other words, even if the judges separated the two categories with the draft of Article 1 of Directive 2000/78/EC, any "illness" or short-term medical condition is not covered by the same legal protection (Case, 2006).

The CJEU and the AG faced a wave of critical responses. First, the Court's analysis and perception were described as extremely selective, as they were based solely on a medical definition. (Waddington and Lawson, 2009) Moreover, by narrowing the definition, the Court denied the meaning of "disabled", thereby reducing the scope of the Directive (Hosking, 2007). Therefore, the point of view they described, driven by medical concepts, appears contradictory to the goals the EU seeks to achieve. Nonetheless, the CJEU's decision in the Coleman case offered a different, more progressive outcome (Case, 2008).

Another factor which attracted criticism of the EU and its anti-discrimination legislative system is the existence of a sort of hierarchy; the experts noted that the laws that protect and preserve people based on race or ethnicity are completer and more concrete than the ones in favour of other groups and categories (e.g. disability, sexual orientation, etc.; European Union Agency for Fundamental Rights, 2013). Despite this, Directive 2000/78/EC remains a foundational brick in the field of disability inclusion. Furthermore, Article No.5 quotes the concept of "reasonable accommodation" for the first time, and Article No.7 promotes any "positive action" that Member States must apply to boost PWDs' employment (European Union, 2012; Waddington, 2005).

As Declaration 22 of the Treaty of Amsterdam stated, the "Disability mainstreaming" concept has been addressed in other official documents (European Union, 2012); in the 90s, EU Institutions put their efforts into achieving PWDs' inclusion through the design of innovative and socially

oriented laws. The culmination of this process was reached with the Lisbon Council, the signing of the CFR (Charter of Fundamental Rights), and above all, the ratification of the CPRD (Daly, 2006).

### 3.6 Today's scenario: The Disability and Development Report 2024 – Accelerating the realization of the SDGs

The World Report on Disability of 2011 (WHO) is considered a milestone in terms of disability matters; in this analysis, the WHO (2011) focus its attention on different aspects such as:

- Its two-way linkage with poverty.
- The harm that PWDs' families underwent in terms of economic and social conditions.
- PWDs' families may incur debts due to educational, employment, and other costs.
- PWDs may have lower employment rates due to their low school attendance.
- PWDs can witness, even when engaged, lower pay and wages. Moreover, this category of people needs to confront discrimination issues (even in the workplace), as well as the lack of accessibility and resources to promote self-employment and sustenance activities.
- Health care, assistance, and support are among the additional costs that families, including those with a PWD, usually incur.
- Moreover, topics such as uncertainty about food, accommodation, and potable water are also possible concerns for PWDs' families.

One of the most encountered topics in the WHO report of 2011 is the bilateral correlation between poverty and disability (noted also in a study carried out by the World Bank of a sample of 56 developing countries); the study stated that poverty (and the relative effects caused about it) can be translated into a worsening of the health condition and to a extremely high possibility of incurring in disability. Last but not least, scarce living conditions (e.g., inaccessible environment and other settings) can be one of the motivations behind disability arising in people.

#### 3.6.1 Disability and the Millennium Development Goals

In September 2000, on the occasion of the UN Millennium Declaration, the so-called "MDGs" (UN Millennium Development Goals) were launched; the Member states of the United Nations were committed to reach 8 goals by 2015. Poverty, starvation, illness, functional illiteracy, women's discrimination and other goals had been audited since the 1990s to fulfil them by 2015 (WHO, 2026).

Despite the good efforts for trying to reach the aimed results, Gutterman (2023) highlights that WHO and many professionals in their respective fields assessed with criticism the MDGs; according to them disability-poverty two-way linkage was not mentioned at all in the MDGs and that the current policies were not adapt since PWDs were not involved at all (especially after the ratification of the CPRD in 2006). Following these notifications, the United Nations stated that, based on data gathered by the World Bank, every Member State must collaborate to achieve MDGs by including PWDs in their presence and enacting mainstream disability policies (United Nations Department of Economic and Social Affairs, 2026).

As the UN declared in 2011 in the updated report regarding MDGs and disability, the lack of PWDs' inclusion in MDGs was defined as a "lost opportunity to address the pressing social, educational, health and economic concerns of millions of the world's most marginalised citizens". In April 2009, in Geneva (Switzerland), a guideline was designed during the United Nations Expert Group meeting on Mainstreaming Disability in MDG Policies, Processes and Mechanisms: Development for All; policies and schemes had been designed to support PWDs' inclusion in favour of the achievement of MDG (United Nations Department of Economic and Social Affairs, 2026).

Ban Ki-Moon, who served as UN Secretary-General from 2007 to 2016, on the occasion of the release of the Millennium Development Goals Report 2015, admitted that, despite achievements in the MDGs, women and underprivileged groups have been forsaken. The statement of the Secretary-General was the turning point of the formulation of the Agenda 2030 and the 17 Sustainable Development Goals ("SDGs"); many professionals suggested in their studies and assessments some practices and policies in favour of PWDs' inclusion and rights which are needed to be emanated and adopted to achieve them such as Rohwereder (2015) and Gutterman (2021):

- **Mainstreaming disability:** The Department of Economic and Social Affairs of the United Nations (also known as "DESA") declares that PWDs, like other categories in world society, must be recognised as holders of rights. Any form of discrimination and barrier towards them has to be dismantled (United Nations, 2011). Coe and Wapling, in 2010, state that an accurate analysis of any impediment to achieving equality is necessary to achieve mainstreaming disability.
- **"Twin-track" approach:** Consists of combining mainstreaming disability policies with some tailored interventions, to reach PWDs' inclusion and cooperation (United Nations, 2011; Department for International Development, 2000; Al Ju'beh, 2015).
- **Raising awareness and changing attitudes/behaviours:** Fixing and adjusting beliefs, behaviours and communication towards PWDs is considered of overwhelming importance (Coe and Wapling, 2010; Coe, 2012; de Bruijn et al., 2012; Al Ju'beh, 2015). Moreover,

associations, entities, and the entire community need to implement interventions at the social and political levels to raise awareness and advance disability issues (United Nations, 2011; De la Infancia E.M., 2013).

- **Comprehensive Accessibility:** Any intervention to dismantle physical and/or abstract barriers must be carried out to enable everyone to participate in the economic and social context, without discrimination (CBM, 2012).
- **Reasonable Accommodation:** As stated in Article No.2 of the CRPD, the term “Reasonable Accommodation” refers to any “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (U.G. Assembly, 2006).

The World Report on Disability of 2011 of WHO highlights the attention of this feature since its application (either voluntary or not) gather a wide range of interventions; these can encompass concrete fixtures (e.g. physical facilities, the implementation of **universal design** in equipment, and the adoption of accessible communication formats), adjustment of working arrangements and any method to provide equal accessibility to everyone.

- **Participation:** The United Nations in 2011 in “Best Practices for Including Persons with Disabilities in All Aspects of Development Efforts” (Tardi Forgacs, 2025) and other different authors, by quoting the Department of Economic and Social Affairs (also known as DESA), highlights that PWDs involvement is essential for the design and implementation of inclusive policies (especially Disabled People’s Organisations which can give a hand in gathering all the necessary data to launch tailored policies to them; Coe and Wapling, 2010; Al Ju’beh, 2015; Wapling and Downie, 2012;).
- **Rights-based Approach:** According to international entities and associations (e.g., DESA), any rights-based approach aligned with the implementation of the CPRD, and that guarantees PWDs’ accessibility is not merely an option but a fundamental right (United Nations, 2011; WHO, 2011).
- **Community-based rehabilitation:** The various subjects and actors (PWDs, their families, non-governmental organisations and so on) put their efforts into enacting the so-called “Community-Based Rehabilitation” (CBR) for the accomplishment of social goals like equity, poverty alleviation and PWDs’ social inclusion (hence enhancing their wellness and that of their relatives; WHO, 2011; Mauro et al., 2014; Biggeri et al., 2014).

After sorting these methods, the point is that if the various entities and bodies call for a deep organisational shift, disability inclusion must be the primary catalyst for it (de Bruijn et al., 2012).

Authors like Wapling and Downie (2012) suggest that the involvement of DPOs (which can bring deep knowledge of the disability topic and a significant paradigm shift from a medical to a more social and right-based perspective) must be the centre of fulfilling the SDGs.

### 3.6.2 Disability and the Sustainable Development Goals

Subjects such as DPOs and NGOs were crucial to the passage of the MDGs (Millennium Development Goals) and the ratification of the SDGs (Sustainable Development Goals, comprising 169 targets) through the enactment of a socially comprehensive scheme. Even if not legally mandatory, these goals represent the incentive for disability inclusion at a national level; for this purpose, the UN Statistical Commission's global indicator set enables understanding of the situation in terms of improvement (United Nations, 2026).

SDGs number 4 (Quality Education), 8 (Decent Work and Economic Growth), 10 (Reduced Inequalities), 11 (Sustainable Cities and Communities) and 17 (Partnership for Goals), mentions PWDs in the statements; meanwhile, topics such as poverty, nutrition and sanitation, because of their categorization as a "vulnerable group" are defined as additional targets that have to be reached. By now, a new scheme which includes more detailed objectives regarding PWDs and an instrument of data disaggregation by disability status has been adopted. (Rohwerder, 2015; Gutterman, 2024) The "leave no one behind" work begins to take shape: "disability", "vulnerable populations", "disadvantaged groups", and other similar terms have been quoted 41 times in the indices over 69 indicators distributed and 14 SDGs (Gutterman, 2024; United Nations Economic and Social Commission for Western Asia, 2019).

The Department of Social Affairs of the United Nations (also known as DESA) authored a comprehensive report in 2019: the "2018 Disability and Development Report". The formulation of this report had the objective to track the improvements made in terms of SDGs, especially in the matter of disability (United Nations, 2026)

In the report (United Nations, 2026), the Executive Summary stated that:

"The report shows that despite the progress made in recent years, persons with disabilities continue to face numerous barriers to their full inclusion and participation in the life of their communities. It sheds light on their disproportionate levels of poverty; their lack of access to education, health services and employment; and their underrepresentation in decision-making and political participation. This is particularly the case for women and girls with disabilities. The main barriers to inclusion entail discrimination and stigma on the grounds of disability; lack of accessibility to physical and virtual environments; lack of access to assistive technology, essential services and rehabilitation; and lack of support for independent living that are critical for the full and equal participation of persons with disabilities as agents of change and beneficiaries of

development. Data and statistics compiled and analysed in the present report indicate that persons with disabilities are not yet sufficiently included in the implementation, monitoring and evaluation of the SDGs.”

To include PWDs in the national and international policies, the report (United Nations, 2026) asks for “concrete actions”; these have to cover:

- The breakdown of any physical or abstract barrier that fuels any form of discrimination.
- Managing disability topic, especially in social protection (target 1.3 of SDG 1), education (SDG 4), employment (SDG 8), health (SDG 3), water and sanitation (SDG 6), energy (SDG 7) and accessibility in the structures, public areas, and so on (SDG 11) (United Nations, 2026).
- Provide funds for research, assessment, and the fulfilment of the SDGs that involve youths and adults with impairments (Assembly, U. G. 2017).
- Investing in the implementation of the SDGs requires a multi-dimensional approach that includes PWDs across various policy areas: from strengthening strategic frameworks and enhancing accessible technology to formulating non-discriminatory legislation. Incorporating the perspectives of PWDs is not only crucial but also paramount for advancing a truly inclusive society.

Despite these assumptions, “inequality in social, economic and political spheres” is still perceived by PWDs as inconsistent with the SDGs as well (i.e. economic, employment, and correlated issues (United Nations, 2026).

The right to marry, full legal capacity, and active political participation and cooperation are among the solutions or remedies needed to be implemented in anti-discrimination legislative systems to tackle this scenario. Moreover, member states must provide assistive technologies that enable PWDs to maintain independence in all aspects of their lives (United Nations, 2026).

“De-institutionalisation” is acknowledged by DESA as a crucial component for full inclusion, since institutional settings represent a significant limit to PWDs’ social inclusion; by transitioning away from these structures, PWDs can have access to services, rights, etc. (e.g. education, civic rights, voting and so on; United Nations, 2026).

The “2024 Disability and Development Report”, which was published some years later by the United Nations Department of Economic and Social Affairs (2024), stated:

“Six years away from the deadline for the 2030 Agenda, the *Disability and Development Report 2024* shows that persons with disabilities are being left behind. Progress for persons with disabilities on 30 per cent of

targets of the SDGs is insufficient; on 14 per cent, the target has been missed, or progress has stalled or gone into reverse. These include targets on access to financial resources, health care, water and ICT as well as on building resilience of persons with disabilities during disasters and other emergencies. A mere 5 indicators are on track, i.e., with progress consistent with achieving their respective targets for persons with disabilities by 2030 – these include remarkable progress in education laws on equal access, disaster early warnings in accessible formats, online services for persons with disabilities, government ministries accessible for persons with disabilities and monitoring of bilateral aid dedicated to disability inclusion.”

The 2024 Disability and Development Report displays a disappointing scenario; according to the results communicated in the document and today’s scenario, it is not possible to meet 2030 Agenda’s PWDs’ objectives: enhance disability’s accessibility in every field, establish anti-discrimination and protection legislative frameworks (especially in cases of catastrophes and necessities) are some of the solutions which are needed to be applied with extreme urgency.

### 3.6.3 Employment and Decent Work (SDG 8)

Comprehensive and sustainable economic production, employment, and work accessibility (especially for PWDs) are among the objectives of SDG 8, “Employment and Decent Work”. Besides, some sub-objectives were identified to classify the type and the extent of the policies:

- Target 8.3.: Advancement of approaches that accompany activities and businesses during their life cycles.
- Target 8.5.: Support to inclusive and decent work conditions for men and women (PWDs included).
- Target 8.6.: Increase youngsters’ employment.
- Target 8.10.: Empowering national financial entities in a manner that they can provide accessibility to everyone (PWDs included) to financial facilities.

According to what 2018 Disability and Development Report declares, PWDs still face issues in the working environment such as unemployment (the employment-to-population ratio for persons with disabilities aged 15 and older was found to be nearly 50% lower than that of their counterparts without disabilities) inequity (PWDs continue to earn lower wages with respect to non-disabled people) and lack of accessibility and reasonable accommodations (even if more than the half of world countries declare the rejection of discrimination; United Nations, 2026).

Regarding the updated 2024 report, the percentage of employed PWDs was fixed at 27%, with respect to 56% for their counterparts; meanwhile, PWDs' unemployment rate stands at 10% (higher than 8% for people without disabilities). Moreover, youngsters with impairments are one of the sub-categories that undergo longer periods of unemployment and inactivity. Last but not least, to exacerbate this scenario, there are elements such as inequity in compensation, lack of access to the workplace and reasonable accommodations (United Nations Department of Economic and Social Affairs, 2024).

### 3.6.4 Inclusive and Sustainable Communities (SDG 11)

Among the interventions which are needed for the fulfilment of SDG 11, we can find the design of accessible and secure cities and areas, and essential services (for instance, reliable transport systems and access to every public area, especially for women, children, older adults and, last but not least, PWDs) (United Nations, 2026)

As described in Disability and Development Report of 2018, DESA highlighted that the abovementioned facilities are not properly designed to guarantee PWDs' accessibility, and that they can witness serious issues (for example discrimination, stigmatisation and missing support; United Nations, 2026)

A related problem for persons with disabilities is their inability to access employment, which makes it difficult for them to meet the necessary conditions for autonomy, with the possibility of getting involved in periods of financial instability. Moreover, because of the lack of recognition of their legal capacity, DESA denounce PWDs' incapability to own allotment. Besides, DESA highlights this discouraging scenario, even as an ever-increasing number of countries invest in building facilities and infrastructures to improve PWDs' accessibility. (United Nations, 2026)

Among the interventions needed to achieve the results hoped for in SDG 11 (United Nations, 2026), we can find:

- Planning domestic policies and regulations regarding accessible residences, public buildings, transport and facilities.
- Designing regulations that provide adaptable and economical residences to PWDs.
- Promote the disability topic among different stakeholders and subjects to design tailor-made policies for PWDs.
- Enhance information sharing to promote accessible and inclusive frameworks.

The 2024 Disability and Development Report by DESA sheds light on the critical difference between global accessibility standards and the reality PWDs have been witnessing. For example, in some developing nations, the Department of Economic and Social Affairs estimated that about one-third (33%) of PWDs live in conditions of limited accessibility (United Nations Department of Economic and Social Affairs, 2024). Besides, many themes located in Europe face issues such as overcrowding, limited sanitation, and high costs. Meanwhile, in North America, only 1% of leased real estate meets the SDGs' standards. To exacerbate this scenario, PWDs still report barriers to services and facilities, including public transport, infrastructure and other buildings.

### 3.6.5 Reduction of Inequality (SDG 10)

Barrientos (2010) states that any action or approach undertaken by entities and governments worldwide to address poverty and vulnerability falls under the “Social protection” category. The same author (2010), highlighting especially the contribution of influential institutions like the ILO (which stands for “International Labour Organisation), writes that any public system, benchmark, plan or schedule, tailored to safeguarding employees and their relatives can be grouped in:

- **Social Insurance:** A financial provision that safeguards people in case of maternity, sickness, unemployment, etc.
- **Social Assistance:** Aimed to supply assistance and support to people facing economic difficulties.
- **Establishment of labour and employment standards:** Designed to give a basis for workers' rights and to understand the circumstances in which they work.

The respect and the provision of these aids can be translated into the fulfilment of the SDGs launched by the United Nations; one of them (SDG 10: Reduction of Inequality) includes objectives of achievement of equality in every field with respect to age, sex, race, status, and so forth; disability is one of the groups interested in SDG 10.

To break down these types of barriers witnessed by PWDs, a two-step plan must be followed:

- 1) Rejection of every type of discriminatory legislative system, method and policy.
- 2) Drafting of tailored interventions. (e.g. fiscal, wage and social protection policies)

Moreover, SDG 10 is linked to:

- **SDG 1:** No Poverty
- **SDG 2:** Zero Hunger
- **SDG 3:** Good health and Well-Being
- **SDG 5:** Gender Equality
- **SDG 11:** Sustainable Cities and Communities
- **SDG 16:** Peace, Justice and Strong Institutions

One of the milestones in the field of social protection systems is the adoption and implementation of the Convention on the Rights of Persons with Disabilities. CPRD's enactment and approval are considered a turning point in the application of social protection systems, especially in terms of economic stability and the provision of basic needs for PWDs. To be more precise, Article 28, Chapter 1 of CPRD notifies the definition of PWDs' right to live a decent life (i.e. right to have food, clothes and allotment) and to aim for an enhancement of their life conditions.

To meet PWDs' needs, the Member States must, by applying non-discriminatory legislative frameworks, break down barriers. The requirements for these laws are set out in SDG 10, which calls Member States to apply a rights-based approach, with social inclusion as a priority.

Meanwhile, paragraph 2 of the same article sorts the several systems that the different Member States need to follow and enact to follow the aforementioned principles already highlighted in paragraph 1: These are:

- Furnishment of essential utilities and assistive equipment, such as comfortable water and disability-related accessories.
- Composition of social tailor-made programs and policies in favour of PWDs, women, children, and so on.
- Design of financial dossiers that let PWDs face any expense related to disability, their activities and their relatives (i.e. coaching, education, training, advising, etc.).
- Subsidised residential schemes and state-mandated retirement provisions.

Agencies such as UN Women (2017) acknowledge the crucial contribution of these provisions and policies and note that PWDs risk extreme poverty and isolation compared to other parts of the world community. The DESA Disability and Development Report of 2018, confirms this observation, by focusing on the presence of impediments (e.g. discrimination and narrow accessibility to education) that results in situations of deep poverty: to be more precise, according

to national statistics coming from high-income countries, PWDs have the double possibility to undergo poverty situations with respect to able-bodied counterparts (United Nations, 2026); food uncertainty is one of the headings presented in this report, which states that, PWDs (especially women with impairments) are not able to afford nutritious meals (United Nations, 2026).

SDG 1 of the 2030 Agenda (which calls for the elimination of poverty barriers across all fields) and SDG 2 (which aims to address hunger and food insecurity) are deeply interconnected (United Nations, 2026). PWDs, as already stated, need urgent enactment of structured social protection programs to mitigate the socio-economic gap with the rest of society.

Even if most of the State Members have put their efforts into designing and applying disability provisions, DESA, in its 2018 Disability and Development Report, denounces the existence of a considerable “coverage gap”. The causes of this situation can be attributed to the nature of social insurance, which precludes workers (including PWDs) and their relatives from meeting the requirements to obtain it; moreover, the thresholds applied by some Member States are so strict that they cut out an important share of the community. Because of this reason, the Department of Economic and Social Affairs of the United Nations reported that almost 80 % of PWDs are incapable of accessing to the benefits stemming from these dossiers (United Nations, 2026); as already stated before, DESA calls the different national legislative systems a change of way of thinking and designing policies and methods with the final objective to reach an equality of opportunities for everybody (United Nations, 2026).

The updated version of the report of 2024 is not so encouraging in terms of poverty, especially for what PWDs experienced: in nearly every country of the world, PWDs suffer from economic and social instability with respect to non-disabled people (to be more precise: lower incomes, exclusion from social insurance and disability-linked costs; United Nations Department of Economic and Social Affairs, 2024). Besides, the lack of PWD accessibility makes their situation worse than expected (e.g., a quarter of the States worldwide lack adapted infrastructures). Furthermore, DESA, notifying that more than half of the people suffering from impairments still lack nutritious food, underlines a serious decline in achieving SDG 2. The Department of Economic and Social Affairs presses for a different method which embraces different sectors and fields-ranging from social protection to the immediate commitment of reasonable accommodations, construction of accessible infrastructures and guarantee food safety and affordability for all.

### 3.6.6 Additional SDGs and Targets

PWDs are included among additional goals of the Disability and Development Report 2024, published by DESA.

- **Reducing inequalities and promoting inclusion through community support systems (Target 10.2):** Even if some improvements were made in terms of community-based services worldwide, the switch towards a society more careful to social inclusion is still slow. The slowdown may be due to significant hurdles and a shortage of personal assistance. One important factor that cannot be ignored is PWDs' lack of autonomy: the vast majority are affected by choices made by other subjects (just 34% are considered autonomous). This systemic lack of community support frameworks effectively forces PWDs into institutionalised settings—a direct contradiction of the principles enshrined in the CRPD.
- **Eliminating discriminatory laws, policies and practices concerning persons with disabilities (Targets 10.3 and 16.b):** 10 % of PWDs undergo discriminatory situations because of their disability; even if the development of inclusive laws is the first step to tackle this issue (especially in situations such as looking for job opportunities and education, progress is still alarmingly insufficient. Given the current results, without significant acceleration in laws and policies, several countries will not meet the standards of the 2030 Agenda.
- **Reducing all forms of violence against persons with disabilities and ending abuse, exploitation, trafficking and all forms of violence against children with disabilities (Targets 16.1 and 16.2):** National data declares that in various countries, about 16% of PWDs experience physical or verbal abuse because of their condition. With regards to gender-based violence, more than 33% of women and more than 5 % of men with disabilities have experienced sexual violence. Moreover, more than half of children with impairments are victims of violence from their caregivers. To worsen this scenario, PWDs are targets of criminal organisations for human trafficking, leading to forced begging, labour, sexual exploitation, and the illicit seizure of their disability benefits.
- **Ensuring equal access to justice for all persons with disabilities (Target 16.3):** The lack of solutions like reasonable accommodations continues to be a problem for PWDs, especially in terms of rights' exercise and equity. Features such as access to justice for PWDs are impeded by restrictive guardianship frameworks, and inefficient judicial systems deny their legal autonomy. Today's scenario doesn't provide a basis for treating PWDs as equals.
- **Increasing the availability of data disaggregated by disability (Target 17.18):** Even if more and more countries are collecting PWDs' statistics to comply with Washington Group and the Model Disability Surveys standards, at the current pace, it will not be possible to reach the objectives of the SDGs indicators included in Agenda 2030.

## 4 The Case Study: Accor SA

### 4.1. History of Accor

In 1967, two people, Paul Dubrule and Gérard Pélisson, founded the SIEH (Société d'Investissement et d'Exploitation Hôtelière), through which the Novotel brand made its debut in Lille. In the 1970s, with the adoption of a diversification strategy, the two founders launched the Economy hotel chain Ibis (1974) and subsequently acquired the Mercure chain (1975) and the luxury-focused Sofitel (1980). In 1983, the SIEH adopted its actual name, Accor; this operation allowed it to integrate other sectors, such as collective catering and the meal voucher industry, into its hospitality portfolio.

In the period from the 1980s to the 1990s, Accor shifted from a deep European business to a global hospitality organisation. Here are some operations:

- **The American Scenario:** In 1990, Accor purchased Motel 6, one of the symbols of the budget hospitality sector.
- **Asia-Pacific Interest:** The Accor Asia Pacific Corporation (born in 1993 with the merging of the Quality Pacific Corp), became the dominant group in the hospitality sector in the Asian area in 1996 (which had 150 structures over more than 15 countries).
- **Service Ecosystem:** The acquisition of Europcar, Wagonlit Travel and the majority share of SPIC (which permitted the development of Accor Casinos) are some moves that Accor enacted to expand its business.
- **The Italian Presence:** Italian presence is quite evident, since, by 1976, the group, through strategic alliances in the corporate services sector (via Ticket Restaurant) and Sifalberghi (shared with Agnelli's family), always wanted to dominate the market.

Over the years, Accor has focused on ethical issues: it embraces Planet 21 program (also known as Pianeta 21), a CSR initiative that sets targets to be fulfilled by 2020. As the group matured, it shifted its focus toward integrating ethics into its business model. The **Planet 21** program (formerly Pianeta 21) represents a comprehensive CSR (Corporate Social Responsibility) framework designed to meet ambitious targets by 2020 and beyond. The framework is articulated in:

1. **Collaborators:** Responsible for the well-being and experience increase of the staff members.
2. **Customers:** Involving customers and clients in the adoption of sustainable usages (e.g. reusing towels for environmental purposes).
3. **Partners:** Taking up new, fruitful partnerships to find new eco-friendly alternatives.

#### 4. **Communities:** Enacting policies and initiatives in favour of social and economic purposes.

Some of the commitments made by Accor Hotels can be seen in initiatives across the hotel chains: Novotel structures its own FSC-certified (Forest Stewardship Council) wooden furniture and bedding made from recycled plastic bottles; meanwhile, Pullman Paris Tour Eiffel hosts large-scale urban vegetable gardens. In social terms, Accor is committed to causes like fighting against the sexual exploitation of minors, leveraging its global reach to raise awareness among guests and staff alike. In the early 2000s, Accor laid the foundation for increasing customer loyalty and consolidating service distribution by launching “accorhotels.com”. Moreover, the group, through the acquisition of shares in Club Méditerranée (2005) and Dorint AG (2007), aimed to strengthen its “multibrand” strategy, to satisfy all customers across different market segments.

In 2019, the launch of All Program (Accor Live Limitless) permitted guests to enjoy the hospitality of the different structures and the experiences related to it all around the world.

#### 4.2. Accor’s Employees: The Heartists

One of the most important assets of Accor is its staff: the Heartists. The Heartist® ethos is the cultural working framework through which managers, chiefs, and directors shape their workers in line with Accor’s brand. The “Heartist” (a fusion of “Heart” and “Artist”) must behave in a way that makes them the right intermediary between the firm and customers. Among the tasks and the duties that a Heartist has to carry out, they must make guests’ stays and experiences full of emotions; four strategic pillars hold this:

1. **Be All You Are:** Heartists, who put in their full effort need to commit to a working environment rich in values such as inclusion, culture, and openness. These values have to convey that Accor is not just a classic brand; instead, it “fosters innovation and performance through diversity”.
2. **Grow and Create Your Path:** All Heartists are trained by the Accor Academy; through this platform, every Accor member undergoes continuous learning to support their development and career.
3. **Work with Purpose:** Sustainability and CSR actions must be incorporated into everyday activities at Accor and across its members.
4. **Enjoy & Feel Valued:** Staff members’ welfare and well-being must be of utmost importance, as must those of guests and customers.

### 4.3. The Heartist® experience

The Heartist® experience, according to the Universal Registration Document of 2024 of Accor, brought benefits and opportunities:

- **Employer Branding as a Strategic Reputation Driver:** Accor's worldwide influence is followed by a solid employer brand. Superior working conditions and exclusive benefits are among the features promoted by the synergy between the internal organisational culture and its image. Furthermore, the Heartist® project is both designed to attract new labour force and retain Accor staff members.
- **Human Capital Development as a Strategic Asset:** Education and training, provided both directly and at a distance, are defined by Accor as a milestone of the Heartists® program; the motivations behind this choice are two: 1) Enhancing employees' skills; 2) Providing support to their careers. Through these initiatives, the French group enhances its EVP (Employee Value Proposition), one fundamental part of the Human Resources Policy.

#### 4.3.1 Policies related to the Heartist® experience

Accor's Human Resources (HR) Policy places every Heartists®— regardless of the role they cover — at the centre of the Group's strategy and project. The creation of an inclusive, encouraging and fruitful working environment is the ultimate objective of this approach. This approach is crucial to building a tailor-made, responsible sense of hospitality.

The final goals of the Human Resources Policy are:

- **Building a solid Heartists® group:** Clear communication and genuine acceptance are paramount for promoting a deep spirit of inclusion within the teams.
- **Promotion of learning and professional growth:** Accor Academy provides training opportunities and education, enabling every Heartist® to shape and advance their career path.
- **Diversity, Equity & Inclusion as founding values:** Exaltation of a working environment in which diversity and inclusiveness are defined as strategic elements.
- **Promote Well-being and Workers Recognition:** Acknowledgement of merit and contribution of the work of every Heartist® is one of the hallmarks of an inclusive environment like Accor.

The Human Resources Policy extends from the headquarters to the leased hotel of the French group. While Accor provided a group scheme, adjustments and adaptations are authorised, according to their characteristics, within certain structures and units. The primary figure responsible for its implementation is Accor's Chief Talent and Culture Officer, who ensures that all aspects are strategically aligned with the group's features.

Global norms and policies (which are in line with the Human Rights Policy of Accor and applied to all Heartist® members) form the basis of Accor's HR Policy, which is matured through the consultation of the different Accor's sectors; agents of Regional Contact and Talent & Culture, through meetings and seminars, represent the strategic linkage between the group's policy and the local entities, aimed to integrate employees with the Accor's objectives.

Talent Journey, Talent Management, and Employee Value Proposition are some of the initiatives through which Accor Hotels provide to employees; these are enacted in the form of Playbooks either on-site or through the different Accor Portals on the net. The Talent & Culture Department is responsible for disseminating the HR Policy in all its dimensions, which, through different meetings with stakeholders, assesses whether any modifications can be applied.

#### 4.3.2 Action plan

To provide a meaningful and positive experience to every Accor member and employee, the French group provides:

##### Attraction of talent and new Employee Value Proposition (EVP)

“Hospitality Industry is a work of heart”, the new Accor's EVP (Employee Value Proposition), wants to point out a strategic shift according to the new challenges that the hotel industry has to face in today's world scenario (especially after the pandemic). This EVP, by attracting always more Heartists®, is focused on the four pillars mentioned in the previous paragraphs: Be all you are, Grow and Create Your Own Path, Work With Purpose and Enjoy & Feel Valued.

Human connection, which pivots around the aforementioned concepts, has to be the core strategy of the entire organisation; for this purpose, Accor updated its website in April 2024 for everyone looking for employment and broaden their professional horizons.

### 4.3.3 Accor and the onboarding of Heartists®

To ensure full immersion integration, Heartists® must follow a three-step onboarding process to absorb Accor's content, knowledge, and objectives. The steps are the following:

- **Heartist® Onboarding Module:** A schedule that every Accor employee, focused on reliability, recognition and exaltation of diversity, has to follow for the creation of an inclusive working environment.
- **Brand Storytelling:** Part of training, which can be carried out both in-person and online, which educates Heartists® through features like the history and the identity of the Accor brand. This section is accessible to everyone, regardless of gender, sex, disability, and so on, in a way that allows everyone to embrace the heritage of the French hotel group.
- **Service Culture Refresher:** A portion of training carried out after some weeks of initial in-field involvement, to apply the knowledge from the theory section and work with guests in everyday practice. This represents the perfect bridge between Accor's vision and strategy and the roles covered by the Heartists®.

### 4.3.4 Talent management

Accor's Talent Management strategy is centred on refining Heartists® abilities and assessing their efficiency. The hotel group, in January 2025, inaugurated a four-step worker development process:

- **Individual Objective Setting:** Defined by up to five measurable targets annually, which have to be aligned with the ones of Accor.
- **Regular Check-ins:** Accor arranges meetings between managers and workers to adjust objectives and ensure ongoing support for development.
- **Performance & Development Conversations:** Neutral space reserved for fruitful conversations regarding the evaluation of objectives and the yearly performance between employers and employees.
- **Strategic Mobility:** By leveraging its rich and diverse portfolio of brands and opportunities, Accor promotes internal career progression. These can be visualised in the portal "Accor Career", letting Heartists® navigate different brands and locations according to their professional aspirations and requests.

### 4.3.5 Development of Heartists®

**Development programs:** Heartists® can grow professionally and have the opportunity to attend courses offered by Accor Academy (both in person and online). These are determined by the place and country where the employees are located, or where they want to operate.

**Leadership programs:** Accor drafted this kind of project to build a Heartist® capable of developing leadership skills and abilities (based on nationality, culture and role covered). These are provided either in person or online and contain different features. Some examples are:

- “Leading the future” (HQ Manager level)
- “Leading with influence” (HQ Director level)
- “Global Leadership Program” for hotels (GLP): divided into four levels (Emerging, Future, Professional and Executive).

**“Step-up” programs to reach the next level:** The fundamental goal of these appointments is to develop leadership skills and to focus on succession planning, mobility and retention of Heartists®. For this purpose, Accor launched three programs, which are:

- **Reveal Talent:** reserved for hotel staff members.
- **High-Po Program:** made to measure for senior managers and headquarters directors.
- **GLP Strategic:** destined to headquarter VPs and selected hotel managers.

**Heartists® training program on environmental issues:** “School for Change” (which was launched by 2022) is one of the best-known initiatives launched by Accor on the net to provide Heartists® with knowledge on topics such as climate change, environmental sustainability, and biodiversity conservation. This policy involves the headquarters and the staff members, to spread environmental knowledge in the culture of the French group.

Besides, the platform offers more detailed features and materials on reducing of environmental footprints, which are intended for every sector of Accor (encompassing HQ to HR, Marketing, Finance, etc.). Data state that:

- **High Participation:** In 2022, 97% of eligible headquarters employees completed “School For Change” mandatory training on topics such as climate change, biodiversity, and social impact.

- **Continuous Evolution:** Between 2023 and 2024, Accor increased the number of modules on environmental sustainability, indicating that the group is continuing its evolution, commitment, and interest in the environment. The curriculum expanded to include Accor’s specific sustainability strategic objectives. The same trend was also witnessed last year.
- **Accessibility:** Every member (newbies and seniors) must attend “School For Change” to ensure their knowledge is always up to date. To date, more than 25 modules are available for all staff members.

The length and duration of these courses can vary depending on the territory of reference and specific needs.

#### 4.3.6 Engagement survey

To collect feedback from every Accor staff member, the group uses an anonymous engagement survey that HQ and Hotels can apply to adapt fixtures. Through the platform, the different Talent & Culture teams assess the answers given by the Heartists® and apply them through action plans. The survey’s objective is to make Heartists® feel involved in the community by transforming simple points of view into concrete organisational improvements that fulfil the Group’s core mission, vision, and operations.

#### 4.3.7 Mobility and Talent Review Committees

At Accor, committees like the Mobility and Talent Review Committees (which are composed of members from the Talent & Culture team and business leaders) hold regular meetings to assess Heartists’® potential by designing individual development plans, developing retention policies, and analysing future job opportunities. These results are achieved through the Step-Up Programs (aligned with the Employee Value Proposition), which are supported by the Corporate Talent Experience & Digitalisation team and its strategic talent management approach.

#### 4.3.8 Objectives and results related to the Heartist® experience

##### 4.3.8.1 Engagement by Heartists®

Accor Group, to assess Heartists®’ commitment, utilises an online platform that displays results and achievements related to their skills and abilities; this doesn’t just convey numerical targets, but also emphasises a feedback culture. As regards 2024 data:

- **Headquarters:** Participation rate was 89%, with an engagement rate of 7.9/10 (7.8 in 2023).
- **Leased and Managed Hotels:** Participation rate fixed at 90 % with an engagement rate of 8.8 out of 10.

By analysing results year after year, the Talent & Culture teams design action plans to convey that it's not just a collection of numbers and data, but an understanding of what can be improved for Heartists®' wellbeing.

#### 4.3.8.2 Development of the Heartists®

According to the 2024 Universal Registration Document, the Global Leadership Program (also known as GLP) had 3,500 Heartists® across the hotels managed by Accor. Moreover, the Accor Academy offers specialised training and formation courses that equip participants with the skills and abilities to address challenges specific to the reference location.

The Operational Standards, Discover My Brand, Brand Service Culture, and other modules were launched on the platform in 2024 and used in 2025 as well. Employee representative bodies and entities are informed about engagement goals and targets to suggest action plans that can improve working environment conditions.

#### 4.3.8.3 Inclusion of people with disabilities

Accor's DEI policy (Diversity, Equity & Inclusion) is considered a milestone for PWDs' inclusion; this strategy calls for programs that prioritise understanding and accepting everyone and eliminate discrimination. Furthermore, implementing DEI actions promotes PWDs' talent and the development of their skills, abilities, and careers.

For this reason, Accor decided to join the "Global Business and Disability Network in 2015, launched by the ILO (International Labour Organisation): the scheme aims to assist Accor (Directors, managers and workers) in creating an inclusive environment for all. According to the 2024 Universal Registration Document, the employment rate for PWDs is 0.94%.

#### 4.3.8.4 Discrimination

Although Accor designed a robust global plan, discrimination remains a persistent issue: local administrations have not been effective in addressing reported discrimination episodes. Even if the local administrations and Talent & Culture teams are aware of these unpleasant situations, a structural lack of incident reporting persists. The Accor Integrity Line, established to address this issue, is unable to understand the scope and type of the reported episodes.

Moreover, despite Accor’s engagement surveys being useful for designing territorial schemes, there is no capability to register or adjust for unfair episodes affecting PWDs. On a broader scale, Accor’s oversight is further limited by the absence of engagement with national contact points for OECD-level complaints regarding multinational enterprises.

#### 4.4 Inclusion and Reality inside Accor Italy

This section assesses the efficacy of Accor’s inclusion policies through a qualitative analysis of an interview with Ms. Marisa Tomei (People & Culture Operations Manager at Accor Italy). The principal objective is to examine the “Heartist Culture”, its application in training, and the Human Resources management framework. Moreover, this section defines the linkage between theoretical frameworks, corporate policies, and their application within Accor’s hotels and the respective working environments.

This part evaluates the principles of diversity, equity, and inclusion enacted by one of the most influential hospitality groups in the global scenario. The analysis demonstrates that the various charters and the Heartist concept transcend mere legal compliance; they represent a strategic asset that enhances service quality and provides a human-centric identity to the brand.

The following sub-sections explore key human resources features, such as experienced training, onboarding through the “buddy practice”, and the enactment of Soft Reasonable Accommodations, which collectively allow Accor to nurture its inclusive ecosystems.

##### 4.4.1 Heartist Value as Experienced Training

First of all, Accor Hotels (regardless of the ownership structure, either directly managed or franchised) are required to comply with a rigorous regulatory framework consisting of:

- Accor’s Human Policy.
- Accor’s Diversity and Inclusion Commitment.
- Accor’s Ethics and Corporate Social Responsibility Charter

Through these policies, Accor Italy (and the various sections around the world) serves as an ambassador for Diversity, Equity and Inclusion (DEI) awareness, promoting inclusive hospitality for both guests and Heartists.

To guarantee the enactment of these principles, the French Group provides comprehensive training modules - available both in-person and online - which are mandatory for all employees.

The commitment to inclusivity, centred on the pillars “Be All You Are” and “Enjoy and Feel Valued”, is operationalised through two types of modules:

- Workshops on general diversity.
- Workshops focused on disability awareness.

The latter is further divided into:

- **A theoretical framework:** focused on understanding different types of disability; mandatory for directors, managers, and front-line operators.
- **A practical module:** consisting of simulations, categorised as “Experienced Training”.

If theoretical knowledge is crucial, mastering inclusive practices can be achieved by experiencing the physical, sensory, and cognitive barriers that every PWD faces.

“Experienced Training”, within the Accor framework, is crucial to complete Heartists’ education to inclusiveness: staff members have the chance, through various simulations, to understand the challenges and the frustrations deriving from impairments, in a manner that “reasonable accommodations are adapted to PWDs’ demands.

Non-profit organisations and specialised entities are the associations that manage these features and agreements with the different hotel structures to ensure in-depth expertise; Fondazione Adecco (in Italy), Triangle Inc (in the US), and Fundación Triángulo (in Spain) are some of the associations that have organised workshops in Accor structures.

Recently, in Milan, all Accor hotels took part in Fondazione Adecco’s project that foresaw workshops reserved for employees and directors; psychiatrists (whose contribution is essential to provide future action plans for a diverse workforce) specialised in ASD (Autism Spectrum Disorder) arranged some sessions in which medical insights into neurobiological roots and environmental discomforts (such as loud noises and bright lights) were provided. These initiatives represent the functional linkage between non-profit organisations, medical expertise, and the hospitality sector.

Through these collaborations, the commitment to DEI is transformed from a social objective into a core corporate strategy. Furthermore, by involving professionals, the Group minimises the risk of failing to create a truly adapted working environment.

#### 4.4.2 Selection, Recruitment and Onboarding

Regarding the phases of selection, recruitment and onboarding, Accor follows a specialised tailor-made action plan. The analysis of internal procedures confirms that PWDs' engagement is significantly enhanced through the involvement of NGOs and strategic partnerships. These entities act as technical mediators, ensuring an accurate matchmaking between the operational requirements of the hotels and the specific skills and abilities of the candidates.

Accor, since "Disability, Equity and Inclusion" is defined as a milestone to provide a "full immersion hospitality", doesn't provide pre-defined or rigid positions for PWDs or "back-of-the-house" roles. Everyone, regardless of their condition, can cover every role in the Hotel departments, ranging from Food & Beverage to Front Office; of course, the Group need to take into consideration their preferences, skills, and professional ambitions.

During the selection process, the managers, directors, and the Talent & Culture Teams must use cooperative tools to guarantee consistency:

- **The Disability Guide:** Every program, policy, or protocol whose aim aimed at overcoming cognitive and conversational barriers is included here. The hotel, by shifting from a medical to a social perspective, becomes an environment that fully rejects discrimination.
- **The Anti-Discrimination Recruitment Charter:** Directors, managers and HR offices, by following Accor's ethical doctrine, need to adjust the working environment in a way that PWDs can perform fully and their potential can be assessed objectively.
- **The Ethics and Corporate Social Responsibility Charter:** Through this strategic charter, Accor commits to integrating PWDs into a diverse staff and not seeing this action as a charity act.

After their selection, the People & Culture teams implement the "Buddy Formation", which involves assigning newbies to a professional staff member who will assist them and help them integrate into the working environment, in line with Accor's inclusion policies.

Furthermore, Accor's institutional doctrine highlights that integration and inclusion don't foresee the creation of "protected" or artificial positions, but rather their integration into standard operational mechanisms, through necessary notions and "reasonable accommodations" provisions.

Consequently, the onboarding process is transformed from a "passive top-down" instruction to a "bottom-up procedure", where the entire staff shares the responsibility of integration.

Evidence from local initiatives, such as the collaboration in the Varese area, demonstrates the success of this model. For instance, in properties located near Malpensa (Milan), individual with

ASD (Autism Spectrum Disorder) have been successfully integrated into Front-Office departments. This strategic placement emphasises social inclusion through direct integration and visibility, challenging traditional biases within the hospitality sector.

#### 4.4.3 Intangible and Soft “Reasonable Accommodations”

“Reasonable Accommodations” are features built into Accor’s operational model; given that physical accessibility for those with motor disabilities is mandatory, the analysis shed light on abstract and non-structural accommodations that foresee organisational fixtures and modifications.

Among these, we can find tailored contractual arrangements (e.g., flexible working hours or part-time shifts). To maintain the equilibrium in the working environment and protect PWDs’ well-being from potential burnout or operational “collapses”, these actions are considered crucial.

Furthermore, among these types of fixtures, there are exemptions and the relocation of specific tasks: any assignment, duty or function that represents discomfort or inadequacy for people with disabilities (and for those with intellectual impairments) is systematically reassigned. This allows them to be placed in a functional context where they can perform efficiently and securely.

Finally, within the Accor framework, “reasonable accommodation” transcends its definition as a mere structural norm; it is utilised as an adaptive managerial tool. The contribution of non-profit partners remains pivotal in this phase: by providing detailed observations regarding each individual’s cognitive profile, these organisations ensure that the working environment – at both a concrete and abstract level - is calibrated to the employee’s specific capabilities. This transformation of a workplace into an inclusive environment is therefore the result of a continuous, data-driven calibration between the organisation and specialised third-party entities.

#### 4.4.4 The Strategic Role of Non-Profit Entities

A fundamental strength of the Accor Group’s inclusion model for PWDs lies in forging strategic partnerships with specialised organisations focused on cognitive disabilities. These entities constitute a critical linkage between medical expertise on intellectual impairments and the operational requirements of hospitality structures.

Fondazione Adecco, a primary partner in providing workshops within Accor structures in Milan and Varese, represents a significant presence within the Italian scenario. This NGO facilitates “Job Carving” duties: by accurately evaluating both individual workers’ profiles and the hotels’ needs, these organisations ensure a balance between the well-being of workers and the

fulfilment of corporate tasks. Through this policy, the Accor Group ensures that the workplace is suitable at both a structural and cognitive level, thereby reducing potential failures and enhancing the integration of an increasing number of PWDs into the workforce.

Matching the candidate's profile to the hotel's requirements and needs is the initial phase of the partnership. After the matching, a tailored internship phase is arranged to begin the inclusion process, to build self-confidence among disabled workers under the supervision of a "Buddy". If the worker responds adequately to all the fixtures and adjustments applied by the hotel, the culmination of this inclusion process consists of the signing of a formal employment contract (temporary or permanent).

This transition marks the achievement of formal professional status for PWDs, demonstrating that these partnerships are the foundational element for creating real working opportunities.

In conclusion, specialised entities provide the "operational instructions" necessary to adapt the hospitality workplace. These inclusion procedures translate into a systematic evaluation of the interaction between individual capabilities and professional assignments.

#### 4.4.5 Internal and External Feedback: Colleagues and Guests

The human factor and colleague interaction are considered crucial elements for effective team building. Within this framework, the inclusion of PWDs catalyses for team cohesion, fostering collaboration and increasing mutual support across departments and the entire hotel.

Regarding the impact on customers and guests, the absence of recorded complaints serves as a qualitative indicator of success. High service quality is maintained because PWDs' integration aligns with social sustainability standards and meets guest feedback expectations. Workers with intellectual impairments, which are aligned with the Group's Human Rights Policy and the Ethics and Corporate Social Responsibility Charter, operate in Accor Group's hotels. Moreover, if hotels want to raise awareness of this topic, building a diverse workforce across all hotels operational departments is a powerful tool that can demonstrate social equity and commitment.

The Duodays initiative, originally established in France, represents one of the most practical examples of social commitment within the organisation. This program has been expanded internationally to achieve widespread inclusion across countries, while respecting local cultural contexts. During these programs, Heartists form teams with PWDs to share duties, tasks and environments. This initiative, which mirrors the workshop held in Milan by Fondazione Adecco, aims to identify and address unconscious biases towards people with disabilities. Ultimately, these practices demonstrate that inclusion is an achievable goal on a global scale.

#### 4.4.6 Final vision and considerations

In the final assessment of Accor's operational framework, two primary areas of development and concern emerge:

- **Stakeholders' engagement and sensitisation:** The inclusion of disabled workers is increasingly viewed as an essential component that cannot be underestimated. Future strategic plans – currently under development by the Vigilance Committee and supervised by the Group's Ethics Committee – aim to expand the culture of inclusiveness by involving suppliers, external partners, and other strategic actors not yet fully engaged in social campaigns. The ultimate objective is to establish a global social norm within the tourism sector. To facilitate a fruitful dialogue with these stakeholders, the provision of highly specialised training programs – offering in-depth knowledge to tackle stigma and build awareness - is identified as the primary method for designing a professional framework where PWDs can fulfil an active role.
- **National regulatory framework v corporate framework:** Since Accor Group is not the owner of the various hotel structures, it is not the entity responsible for the hirings. Therefore, the hospitality group sector is unable to monitor the various hirings. Even though Accor Group has established global guidelines, norms, frameworks, and procedures, due to its decentralised nature, directors, managers, and local Talent & Culture Offices have the final say on recruitment. For this reason, the objective is not complying with the national legislative framework of reference (e.g. Italian Law 68/99), but that the hospitality sector need to move forward to voluntary commitment and corporate responsibility, and acknowledges that involving PWDs can be a strategic professional choice and a further motivation to enrich the workforce and the Heartist culture, rather than an act of charity.

#### 4.4.7 Discussion

Critical points can be identified in this qualitative analysis of PWDs integration, with a focus on individuals with intellectual disabilities within the Accor group. This section sorts out:

- **The "Invisible Barriers":** The “perceived risk” of hiring individuals with cognitive disabilities is still considered a structural obstacle that holds. Although national legislative frameworks (such as the Italian Law 68/99) address this issue, chiefs, managers, and HR

offices are still affected by biases and misconceptions; among them, the fear of impacting negatively on service quality and causing discomfort to guests is a belief that Accor rejects through the adoption of the Heartist creed. Moreover, another concern that involves directors and managers is the inadequacy of providing and supporting psychologically and operationally, leading to a “preventive exclusion”, where the employer prefers hiring a standard worker to avoid the duty of providing reasonable accommodations.

- **The Accor Transformation:** Through the adoption of a bottom-up approach and a corporate and organisational shift, Accor is investing in the long term; therefore, the change will not be rapid or instantaneous. As it emerged from the qualitative analysis, the “Heartist” creed has the objective to rearrange the attitude of employees. To assess the success of this changeover, this will not be possible in the next few years. If programs and workshops such as the “Experienced Training” are put at the centre of the project, team cohesion, brand loyalty, and social impact will yield encouraging results, transforming the hospitality sector and shifting the global image of PWDs and their impact on employment.
- **The "Data Vacuum":** As Accor stated in the Universal Registration Document of 2024, a critical point that the Group experienced the lack of a centralised, clear mechanism able to gather data on the trend of PWDs’ inclusion within Accor; because of this the Hotel Group is not capable of quantifying the success of the policies whether at a national or a global level. The need for a scientific computational methodology is translated into a successful inclusive experience, whose results in terms of PWDs’ inclusion, cannot be demonstrated. Without concrete data about productivity, retention rates and other fundamental statistical figures, stakeholders cannot be effectively convinced to invest in Accor’s inclusive policies. Privacy and administrative concerns are among the reasons for the lack of a centralised tracking system, resulting in a national failure to monitor the “targeted placement” stemming from the legal quotas.
- **The Fragmentation of Power:** In conclusion, Accor can be defined as a “decentralised giant”, since it is the result of the dichotomy between the corporate vision and the operational reality: if the headquarters of the different national Groups of Accor design provisions such as ethical charters and recruitment manuals, Directors, Managers and local Human Resources Offices and responsables have the power to recruit the future workers. This is the result of a “Power Gap”: the French Group calls for inclusion but is unable to make it mandatory. This creates a structural crack between the corporate norm and inclusion, left to individual owners’ human sensitivity. To fulfil “formal inclusion”, the hospitality industry needs to call for a hotel design in which “inclusive action” is foreseen in the franchise quality standards, by incorporating this social commitment into a contractual requirement.

## Conclusions

The study presented in this thesis highlights a complex framework for PWDs' inclusion in working environments, with a special emphasis on those with cognitive impairments in the hospitality sector. The medical definition of Barnes (2008), which considered disability as a pathological condition, was overcome by the social model of the International Classification of Functioning, Disability and Health (also known as ICF) approved by World Health Organization in 2001; this taxonomy, present also in the World Report on Disability of the WHO in 2011, stated that disability is not an innate feature of the person, but the mixture of external characteristics of the environment (structural and not) that are not able to provide the adapt provisions and support to them.

The Italian Law 68/99 of 1999 brought divergent outcomes. If "targeted placement" permitted PWDs to enter the labour market, on the other hand, it shed light on the possible risk that formal bureaucratic compliance still holds. In contrast, the European Directive 2000/78/CE of 2000 and the Sustainable Development Goals launched by the United Nations in 2015 (especially SDGs 8, 10 and 11) switched the focus on the "reasonable accommodation" concept, which imposed a different point of view by overcoming the Italian quota scheme and promoting individuals' skills assessment.

The Accor Group case demonstrates how a corporate philosophy can be translated into concrete corporate social practices: the Heartist creed is not just a brand; it defines an ecosystem that shapes employees' role. The analysis of the practices and features, such as the "experienced training" and the crucial role of the NGOs, pointed out that a strategy in which PWDs, just like other team members, can comply with the tasks related to the hotel departments and increase the sense of belonging among future members of Accor.

However, the empirical analysis identifies significant systemic challenges. A primary obstacle is the decentralised structure of the hospitality industry; when a corporate group is not the owner or employer of the hotels, inclusion policies are not mandatory. Hence, the managers and the Talent & Culture offices cannot be obliged to hire PWDs in their staff. The presence of abstract barriers, such as misbeliefs, concerns, and a rigid work culture, is one factor that prevents PWDs' employment rate from increasing. The analysis noted that inclusion is still a work in progress process and that colleagues need to be educated to fulfil this social objective.

In conclusion, integrating PWDs into the hospitality industry workforce should not be seen as a charity act or a legislative burden; instead, their inclusion can be a strategic asset that addresses critical issues such as worker shortages. To achieve this, hotel owners don't just need to comply with the legislative framework of reference, but overcome it and propose initiatives that can

transform hospitality into a provider of human experiences; if the legislative framework sees the opportunity to invest in this commitment, the workplaces can proceed with the switch from simple hospitality spaces to active realities of social commitment.

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