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Educational and employment paths of university graduates with disabilities: a seminal study on the Italian situation

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To those who watch upon me.

Abstract

Educational and employment paths of university students with disabilities have received little attention in the Italian scientific context: in fact, no aggregate data is available at this time. The work wants to bring attention to this extremely relevant issue, in order to understand what factors intervene in the university and working journey of those people with disabilities who decide to pursue higher education. A questionnaire has been set up and data has been collected and analyzed with the objective of starting to gain some insight into the choices of graduates with disabilities. The ultimate aim of this work is to start a line of research that will hopefully be able to contribute to the creation of a legal and societal environment capable of accepting and including people with disabilities in all aspects of social life.

“Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid.”

Albert Einstein

Introduction

This work aims at exploring the educational and employment paths of university graduates with disabilities. The topic has had little attention in Italy, and this is also the reason why data on an aggregate level are missing. The first aim of the project is hence to collect a sample of data, which will be analyzed, in order to understand the various facets that characterize the path of people with disabilities through university and into the job market.

The analysis of the data will therefore answer the following research questions:

- What is the overall judgment of graduates with disabilities regarding their university experience and their employment path?
- What factors influence the outcome in these two steps in people with disabilities' lives?

The work is structured in four chapters.

In the first, literature review, three parts can be identified: first of all, an outline on the most relevant models that have been used to study and categorize disability in general; next an analysis on some of the significant contributions regarding disability and education is outlined; then a focus on disability and employment is sketched, with particular attention on disability management and the recently developed theories of integrated disability management.

The second chapter is a focus on the Italian legislation concerned with the inclusion in the job market of people with disabilities: after a brief exposition of international sources, the evolution of the Italian legislation is outlined, with particular emphasis on Law 68 of 1999, currently applicable; finally, a brief description of the recent clash between the European Court of Justice and the Italian government regarding said Law is reported.

In the third chapter, concerning methodologies, there is a step-by-step explanation of the questionnaire that was employed in the study, along with an explanation of the diffusion channels that were used to reach graduates with disabilities.

In the fourth chapter, the collected sample is described and commented, along with the picture of a number of significant correlations that emerged from the data.

A summary of findings and some suggestions on next research steps close the study.

Chapter 1 - Literature Overview

"Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". This is how the United Nations Organization's Convention on the Rights of Persons with Disabilities (2006) defines disability: this definition is the result of a long semantic evolution, which directly stems from the conceptual development of the very idea of disability.

Disability has been analyzed in many different contexts (medical, sociopolitical, economical), but at least up until the turn of the century, Altman (2001) noted that significant divergences in its definition still existed: this obviously created serious comparability issues across theoretical contexts and countries. Grönvik (2009) also showed that different definitions of disability not only make studies difficult to compare, but actually influence the outcome of the study itself, by yielding substantial alterations in the variables under examination.

In her 2001 review, Altman reports six different conceptual frameworks, with as many definitions of disability.

- Abberley (1987) and Oliver's (1990, 1993, 1996) models are taken as defining of UK's social theorists and they define disability as *"a limit or loss of opportunity to take part in community life because of physical or social barriers"*.
- The WHO's International Classification of Impairment, Disability, and Handicap (1980 and 1991) defines disability as, *"any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or the range considered normal for a human being, in the context of a health experience"*.
- Nagi (1965) defines disability as a *"pattern of behavior that evolves in situations of long-term continued impairments that are associated*

with functional limitations".

- Verbrugge and Jette (1991) define disability as *"experiencing difficulty doing activities in any domain of life due to a health or physical problem".*
- The Institute of Medicine defines disability as *"the expression of a physical or mental limitation in a social context – the gap between a person's capabilities and the demands of the environment"*.

The reported definitions constitute only a small share of the proposed definitions of disability, a complete examination of which is far beyond the goals of this work: some of the most relevant models will though shortly be reviewed.

The Evolution of the Concept of Disability

Models regarding disability are countless, but in this review only the most successful ones will be included: the medical model, the social model, the Nagi model, and the ICF framework (expression of the biopsychosocial model). ICF will be analyzed in more depth because of its completeness and its relevance in most recent studies.

The Medical Model

The medical model defines disability as follows: *"in the context of health experience, any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or the range considered normal for a human being"* (WHO, International Classification of Impairments, Disabilities, and Handicaps, p. 143). The World Health Organization's International Classification of Impairments, Disabilities, and Handicaps of 1980 clearly states that a disability is a personal characteristic of the individual, which may *"arise as a direct consequence of impairment or as a response by the individual, particularly psychologically, to a physical, sensory, or other impairment"* (Ibid., p. 143). This approach strictly views disability as a condition of the individual, putting him in direct comparison with the *"abilities that are generally accepted as essential in everyday life"* (Ibid., p. 143). In fact, most researches based on this model are concerned with rehabilitation (Mitra, 2006): since disability is seen as a characteristic of the individual, much like a simple disease, the goal is to find a cure, so that the individual can approximate the lifestyle of someone who is not sick.

The model is indeed useful in epidemiological studies (McDermott, Turk, 2011), whose main goal is to analyze the frequency and the incidence of different diseases, but the community of persons with disabilities has harshly criticized it, especially because of its normative strength (Amundson, 2000). This adverse position is highly understandable, because the individual ends up being identified with the pathology he carries, with no consideration whatsoever of any environmental or social variable.

The Social Model

Pfeiffer (2001) analyzes eight different versions of the social model and then synthetizes them into his "Disability as discrimination paradigm". Below a list with a short explanation of each of the nine models is reported:

1. The *Social Constructionist Version (US)* states that people with disabilities are characterized by some differences that cause "normal" people to stigmatize them, relying on the differences in their mental categorization.
2. The *Social Model Version (UK)* is one of the versions that was most successful in literature, despite a quite extreme position in its view of disability. Scholars who refer to this theory identify themselves as a new working class (as in Marx's), oppressed by society's failure. This is the model presented below in more detail.
3. The *Impairment Version* highlights that it is the impairment that

makes people with disabilities stand out from other people and therefore it should be included in the social model.

4. The *Oppressed Minority (Political) Version* highlights the discrimination that people with disabilities undergo in their everyday life, as they face barriers (that can be architectural, sensory, attitudinal, cognitive, and economic) in most regular activities. Because of these barriers, people with disabilities are compared to minority groups that through history faced discrimination.
5. The *Independent Living Version* sees the person with disability as a responsible decision maker, who has the fundamental right to choose, even if this means rejecting professional advice in dealing with the disability (which was instead cause for social exclusion in the medical model).
6. The *Post-Modern Version*[1] is based on the idea that culture is a social and political construct, and therefore the foundations on which disability studies are built must be completely reformulated.
7. The *Continuum Version* underlines that many aspects of everyday life should be adapted to the needs of people with disability, as it is highly likely that sooner or later many people will have a chronic or disabling disease, which will be better dealt with if the individual already lives in an accessible environment.
8. The *Human Variation Version* states that people with disabilities face discrimination because of the way in which people viewed and reacted to them: it proposes to reevaluate the multidimensional nature of disability to better formulate strategies to achieve policy goals.
9. *Disability as Discrimination* is Pfeiffer’s synthesis after the analysis of the existing models based on societal attitudes towards disability: people with disabilities are discriminated whenever they stumble

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[1] Also known as *“Post-Structuralism”, “Humanist”, “Experience”,* or *“Existentialism”* Version.

upon artificial barriers.

Pfeiffer acknowledges a partial truth in every model he analyses, but emphasizes societal discrimination as the underlying common trait of each of them: *"discrimination draws all the versions together" (*D. Pfeiffer 2001, *The Conceptualization of Disability*, p. 41)

It is interesting to highlight that the environment plays a role in most of the versions of the social model, with diversified emphasis on its different dimensions: physical, social, economic, attitudinal, and political (McDermott, Turk, 2011). The common denominator of all these versions of the model is that the responsibility for disability falls on the shoulders of society rather than on the individual's pathology or impairment.

The UK Version of the Social Model

The Social Model, in its UK version, describes disability as *"the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities"* (in Riddel, Tinklin, and Wilson, *Disabled Students in Higher Education: a reflection on research strategies and findings,* p. 1) This is the definition of disability from which the social model stems: it was elaborated in 1976 by the Union of the Physically Impaired Against Segregation (UPIAS). The fact that it was the disabled community – through the UPIAS – that created and promoted the social model and strongly rejected the medical model undermines the latter's assumptions about disability (Oliver, 1990): the social model gives a new perspective on the problem, moving its origin from the individual to society, that is accused to be unable to create suitable conditions for the inclusion of persons with disabilities. Indeed the concept of participation (also referred to as inclusion) plays a key role to understand the logic of the social model.

In the UK social model, disability is not a consequence of the person’s actual physical impairment. Disability is described as an additional burden that society makes people with impairments bear: the environment in which people with disabilities are forced to live is not suited to accept them in the regular societal activities, from the most public ones (education, employment, housing, healthcare) to less public ones (family, sexual habits, parenting, childcare) (Riddell, Tinklin, Wilson, 2006).

The Nagi Model

According to Nagi, *“disability is the inability or limitation in performing socially defined roles and tasks expected of an individual within a sociocultural and physical environment”* (Nagi, 1991). Nagi’s model was built in the early 1960s around four basic concepts: active pathology, impairment, functional limitation, and disability. Since the role the individual plays in society is crucial to assess the presence of a disability, the relation among these four elements may or may not be linear, depending on the activities one performs in its environment (Altman, 2001).

Active pathology consists of any dysfunction in regular body processes, which can derive from a number of causes: infections, viruses, traumas, metabolic dysfunctions, or others. In some cases, an active pathology, or its residuals, may lead to impairments, which are defined as anatomical or physiological abnormalities and losses (Nagi, 1965). Functional limitations are restrictions to the person’s performance: they were initially defined as the restrictions that impairments set on the individual’s ability to perform tasks (Nagi, 1965), but Nagi himself later (1977) clarified this definition, explaining that the functional limitation is not specific to a particular task, but refers to any common functioning across the roles. It is important to note that in most cases functional limitations contribute to disability in a pivotal way, but sometimes impairments are enough to offset disability, even when functions are not decisively altered (Nagi, 1991). The final piece of Nagi’s model is disability, as defined above: it is important to note that disability is not an automatic result of an impairment and a functional limitation, because it depends on the activities that an individual is called to perform in its daily life, which heavily depend on the sociocultural environment that surrounds him. In this way, identical types of impairments and functional limitation can yield very different patterns of disability (Nagi, 1991): Nagi’s is a social and cultural relativistic view of disability (Mitra, 2006).

The Biopsychosocial Model (the International Classification of Functioning, Disability and Health)

The Preamble of the Constitution of the World Health Organization (1946) states that *“health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”*: this can be considered the starting point of the biopsychosocial model, because – though in a short definition – it acknowledges that health (as well as disability) is not only made up of medical aspects, but also personal and social features that escape a strictly biological categorization.

The First Steps: ICD and ICIDH

The classification documents that the WHO issued in the sixty years following its formation, as useful as they were for many research and policy projects, never fully corresponded to the original definition of health. The International Classification of Diseases (ICD) of 1970 concentrated on diseases’ etiology, without taking into account their consequences, allowing for a strictly clinical analysis of any impairment. In 1980, in order to get over the limiting medical logic of the ICD, the WHO elaborated the International Classification of Impairments, Disabilities and Handicaps (ICIDH) that represented a first step towards the more integrated view of disability implied in the original definition of health: the document in fact acknowledged a relevant role of the interaction between the individual and his role in the environment in defining disability. The ICIDH though, despite being an important step in distinguishing the social aspect and the medical aspect (through the definition of, respectively, handicap and impediment), was still incomplete. Angeloni (2011) identifies four major shortcomings:

- the document was built around negative terms;
- the relationship between impairment, disability, and handicap was seen as unidirectional and rigidly causal;
- the ICIDH still viewed the medical aspect as the most relevant, considering only handicaps coming from psychic and physical impairment;
- the model was seen as static, without consideration of possible evolutionary patterns.

These limits were especially evident in the simple observation that individuals with similar (or identical) diagnoses behaved in completely different ways, when external conditions were different: the IDICH did not take into enough consideration the importance of the environment nor did it consider the numerous and heterogeneous variables that played a role in it (architecture, culture, policies, personality) (Angeloni, 2011).

The ICF: an Agreed-Upon Framework

Introduction and Objectives

A further development was necessary, and due to the criticism that surrounded the previous models (Jette, 2006), the WHO issued the ICF (2001), based on the new definition of disability: *"disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between and individual and that individual's contextual factors"* (ICF, p. 213). This definition (and that of the CRPD, that opened this work) is the outcome of the decades of debates that are briefly reported above: the difference between the starting point (the medical model and its definition) and the end result is remarkable. It is important to underline that not all scholars are in complete agreement with the definition proposed in the ICF, but it is also crucial to understand the huge step that a quite widespread agreement on this formulation represents.

The final version of the ICF acknowledges the important contribution that each disability model has played in the past and aims at synthetizing the different approaches to create a common framework that will be able to stand as a common reference in all aspects of disability studies: all perspectives of health – biological, individual, and social – are taken into account; it is an initial step towards the possibility to achieve comparability among studies regarding different aspects of – indeed – functioning, disability, and health. As the document itself reports, *"ICF will serve as the basis for both the assessment and measurement of disability in many scientific, clinical, administrative and social policy contexts"* (WHO, 2001, International Classification of Functioning, Disabilities, and Health, p. 242).

ICF is often characterized as multidimensional, integrated, and universal. It is important to underline the deep change of perspective between the ICIDH and the ICF: the former was a classification of diseases, whereas the latter is a classification of the components of health. It can be applied to any individual at any time, with the understanding that disability is an experience that anyone can (and most likely will) undergo in life, rather than a problem of a minority of the world's population. Let us report what the document states about this issue.

"There is a widely held misunderstanding that ICF is only about people with disabilities; in fact, it is about all people. The health and health-related states associated with all health conditions can be described using ICF. In other words, ICF has universal application." (ibid. p. 7)

The ICF has the aim to become the reference multidisciplinary framework for all studies concerned with health, even if marginally; it also seeks to become the language used to describe health-related states to improve communication among users (health care providers, researchers, policy-makers, the public, people with disability, and society in general). Moreover, the ICF aspires to facilitate coding for information systems and to allow data comparison among countries.

Structure

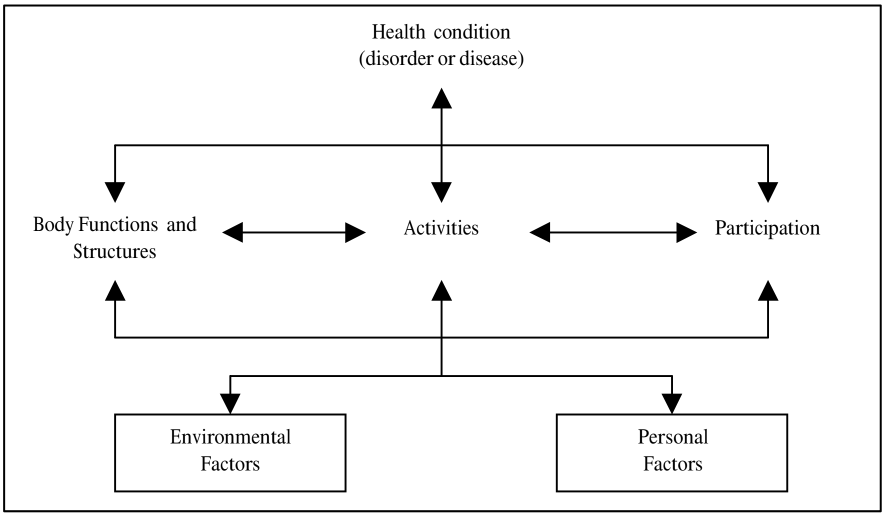


Figure 1 – Interaction between the components of ICF (WHO, 2001)

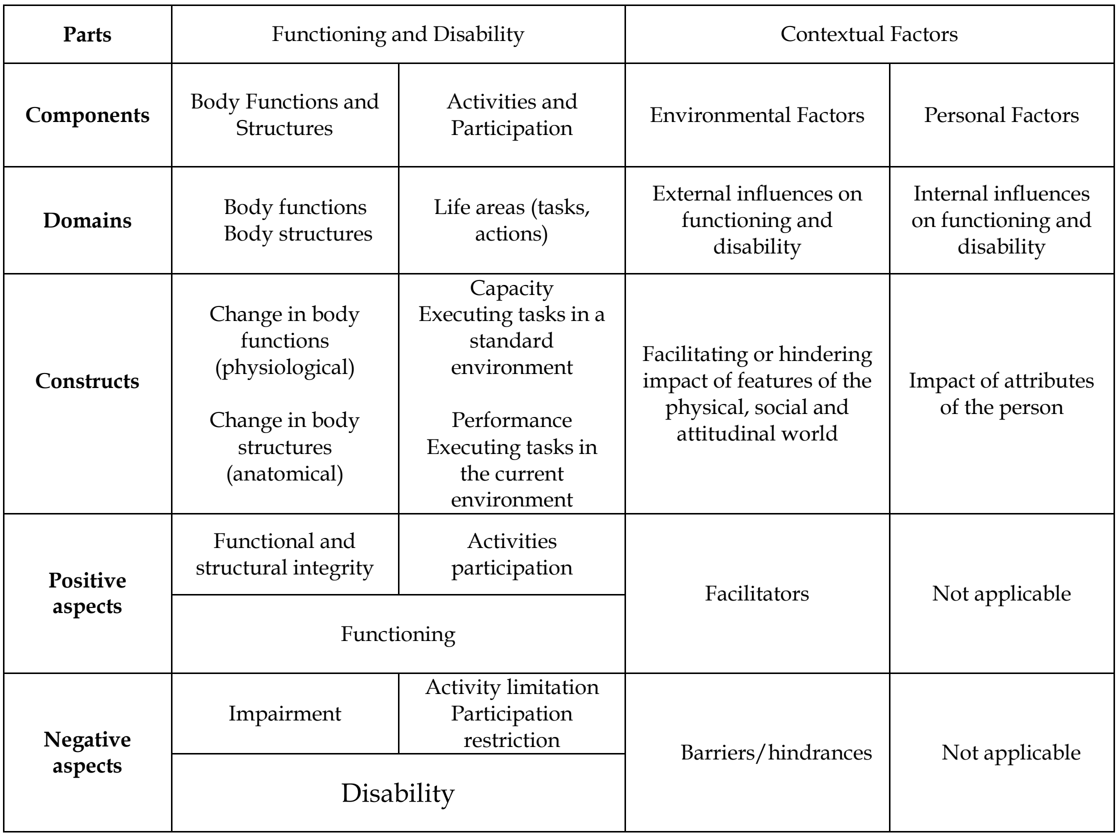
Figure 1 and Figure 2 are the visual representation of the whole ICF framework and of the biopsychosocial model, which is described below.

First of all, in order to understand how the model works, as reported in Figure 1, it is necessary to report some definitions of the ICF (p. 10):

- *"Body functions are the physiological functions of body systems (including psychological functions).*
- *Body structures are anatomical parts of the body such as organs, limbs, and their components.*
- *Impairments are problems in body functions or structures such as a significant deviation or loss.*
- *Activity is the execution of a task or action by an individual.*

- *Participation is the involvement in a life situation.*
- *Activity limitations are difficulties an individual may have in executing activities.*
- *Participation restrictions are problems an individual may experience in involvement in life situations.*
- *Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives."*

The framework's underlying objective is to illustrate an individual's **functioning** regardless of his health condition: activities therefore are the center around which the model revolves. Functioning is the result of the interaction between health condition and contextual factors (environmental and personal). Body functions and structures and participation also intervene to wholly describe an individual's functioning.



<table>
<tr><th>Parts</th><th colspan="2">Functioning and Disability</th><th colspan="2">Contextual Factors</th></tr>
<tr><td>Components</td><td>Body Functions and Structures</td><td>Activities and Participation</td><td>Environmental Factors</td><td>Personal Factors</td></tr>
<tr><td>Domains</td><td>Body functions
Body structures</td><td>Life areas (tasks, actions)</td><td>External influences on functioning and disability</td><td>Internal influences on functioning and disability</td></tr>
<tr><td>Constructs</td><td>Change in body functions (physiological)
Change in body structures (anatomical)</td><td>Capacity
Executing tasks in a standard environment
Performance
Executing tasks in the current environment</td><td>Facilitating or hindering impact of features of the physical, social and attitudinal world</td><td>Impact of attributes of the person</td></tr>
<tr><td rowspan="2">Positive aspects</td><td>Functional and structural integrity</td><td>Activities participation</td><td rowspan="2">Facilitators</td><td rowspan="2">Not applicable</td></tr>
<tr><td colspan="2">Functioning</td></tr>
<tr><td rowspan="2">Negative aspects</td><td>Impairment</td><td>Activity limitation
Participation restriction</td><td rowspan="2">Barriers/hindrances</td><td rowspan="2">Not applicable</td></tr>
<tr><td colspan="2">Disability</td></tr>
</table>

Figure 2 – An overview of ICF (WHO, 2001)

Figure 2 goes in more detail about the structure and the functioning of the ICF framework. Below the brief explanation as reported in the ICF can be found (pp. 10-11), while the ICF complete document remains the reference for the extremely detailed explanation of each component of the framework:

- *"ICF has two parts, each with two components:*
    - *Part 1. Functioning and Disability*
        - *Body Functions and Structures*
        - *Activities and Participation*
    - *Part 2. Contextual Factors*
        - *Environmental Factors*
        - *Personal Factors*
- *Each component can be expressed in both positive and negative terms.*
- *Each component consists of various domains and, within each domain, categories, which are the units of classification. Health and health-related states of an individual may be recorded by selecting the appropriate category code or codes and then adding qualifiers, which are numeric codes that specify the extent or the magnitude of the functioning or disability in that category, or the extent to which an environmental factor is a facilitator or barrier."*

In conclusion, two of ICF's most decisive accomplishments need to be highlighted. First, the change in perspective that the ICF represents, in its successful attempt to be a neutral classification of functioning, rather than a negatively qualifying cataloguing of diseases and handicaps: this allows ICF to be a universal framework, applicable to any individual regardless of his health condition. Second, the remarkable achievement of a definition of disability that is at the same time accepted by the majority of actors involved in all the disability-related disciplines, and also greatly explanatory of the nature of disability, finally seen not as a flaw that is solely attributable to the individual or society, but as the result of an interaction that negatively influences everyone's life.

Figure 3 synthetizes all factors that influence disability and shows what aspects of a person's life are affected by society's conception of disability.

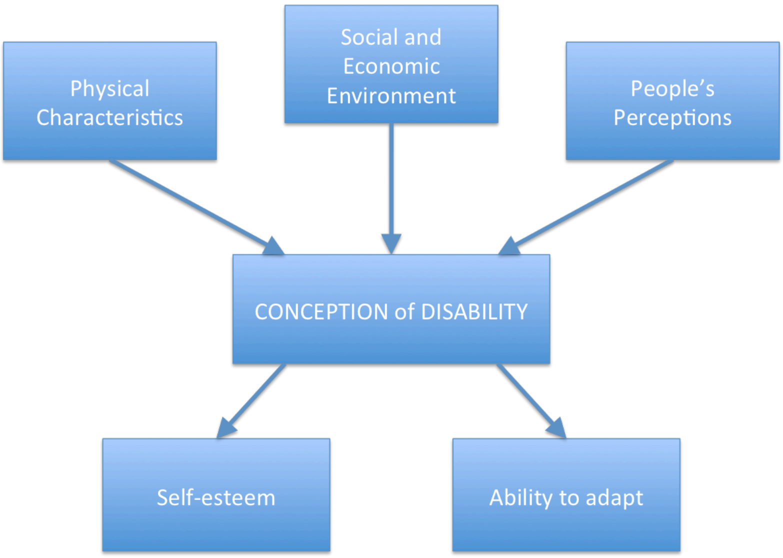


Figure 3 – Factors affecting and affected by disability

Disability and Education

The following section mostly relies on two publications: WHO's "*World Report on Disability*" (2011) and OECD's "*Disability in Higher Education*" (2003).

Schooling of Children with Disabilities

Traditionally, children with disabilities have been excluded from regular education: in most countries, early attempts to include this quite large portion of the population have consisted in special schools, addressing specific kinds of impairments. These efforts, though, were only slightly effective and often inefficient under a cost perspective: first of all, they managed to reach only a small proportion of the population of people with disabilities, and moreover they mostly isolated them from their families and communities of origin.

The WHO identifies some reasons for which the access to education for people with disability would be beneficial:

- education is significantly related to human capital formation, which increases personal well-being;
- lack of education increases social costs: adults with disabilities are on average poorer than adults without disabilities, but education weakens this relationship, proving to be a fundamental ingredient for increasing the personal welfare of people with disabilities as well as societal welfare;
- the Millennium Development Goals – which include, at number two, the Achievement of Universal Primary Education – and the Convention on the Rights of Persons with Disabilities are both documents issued by the United Nations: according to these documents, all countries that do not strive for the inclusion in education of persons with disabilities are in clear violation of these documents.

It is also crucial to remark that inclusion of children with disabilities in regular schools has a positive impact on the upbringing of children without disabilities, which are bound to grow up with more familiarity and less personal prejudice with respect to disability. The reason why this is critical is that it has been shown (Daruwalla and Darcy, 2005) that personal attitudes towards disability are the most resistant to change: while social attitudes are easier to be modified – though with the need of periodical intervention programs –, deeper personal attitudes towards individuals with disabilities tend to remain linked to inner prejudice, which is generally created very early in a person's development. The contact with persons with disabilities has been shown to be the most effective mean to remove negative prejudices: inclusion in school of children with disabilities will provide a very immediate tool to educate everyone's personal attitudes towards disability.

Disability in Higher Education

This introduction to the relationship between disability and schooling is a prelude to the discussion of access to higher education of people with disabilities.

"It is clear that there has been considerable progress in universities to include students with disabilities as non-discrimination policies begin to take effect, support improves and institutional strategies emerge. Problems still remain, however, with a lack of reliable statistics, difficulties with modes of funding for individual students and incomplete understanding of the needs of students with disabilities" (OECD, 2003, p. 3).

Scholars have traditionally overlooked the issue of access to higher education for students with disabilities and few studies are available, mainly because interest on the accessibility to higher education for the disabled emerged only in the late 1980s, when the special schools tool started to be questioned. There are two additional reasons why access to higher education has been very poor in most countries: first, admission to university was generally conditioned to superior achievement in the previous levels of education, which was often precluded to students with disabilities; second, considering also that higher education is optional, the prejudice against people with disabilities worked to prevent them to enter higher education, as little probability of success was presumed. Education, though, is not only a matter of human rights: higher education increases significantly the likelihood of a successful career (Danermark, 2003), with all the positive social consequences that this will have for the single person and for society as a whole.

Starting in the last decade of the twentieth century there has been a significant growth in the enrollment rates of students with disabilities into higher education, for most developed countries. This trend is all but homogeneous, because policies vary on a state level, and often also on a regional level: the type of disability and the service requirements influence the classification – and therefore the data – in a way that substantially prevents a coherent analysis on a supranational level. However the increase of non-discriminatory policies has been continuous and extremely beneficial: undoubtedly, the realization of the profound injustice that students with disabilities were undergoing – that has prompted the spread of inclusion and participation policies – has been the necessary sparkle to put in motion various institutions to take serious action to improve the situation.

Along with the increase in non-discriminatory policies, enrollment growth of students with disabilities has been possible in these last few years because different modes of support have been developed: first of all, most legislations on the matter include some sort of funding for those institutions that take actions to favor inclusion of students with disabilities. Moreover, many states provide methodological support to those educational institutions that wish to improve their competences regarding disability management. Additionally, students with disabilities can often benefit from direct support, generally in the form of grants, whether publicly funded or from private institutions (foundations, charities, enterprises, not-for-profit organizations, etc.). Again, while technical and financial support is granted in most states of the industrialized world, the criteria with which this support is awarded vary widely across countries.

Another step that has been taken quite widely is the increase of the inclusion of non-discrimination statements in the strategic agendas of numerous higher education institutions. The law often requires these institutions to have specific policies on how they plan to adjust their structures and programs to facilitate the inclusion – in terms of both physical barriers and targeted academic programs – of students with disabilities: it is often required that *ad hoc* teams are created to specifically address the needs of students with disabilities. Institutions are also frequently committed to awareness campaigns in the attempt to eliminate the negative prejudices that so often prevent students with disabilities to conduct a successful path in higher education.

Disability and Employment

"Both in developed and in developing countries, working age persons experience significantly lower employment rates and much higher unemployment rates than persons without disabilities." (WHO, 2011, p. 235). The following section is an attempt to understand why this difference exists.

The Rate, Type, and Output of Employment for People with Disabilities

An important methodological remark to make before starting the discussion is that the indicator most often used to measure labor market activity of people with disabilities is the employment rate, rather than the unemployment rate, because of the bias that missed inclusion in the labor force generally causes in the latter.

Part of the difference between the employment rates of people with and without disabilities may come from reasons related to labor market theory, which explains lower work participation from both the supply side and the demand side. On the supply side, there is often a high reservation wage – the minimum wage an individual is willing to accept in order to work –, because of high costs of working and the possibility to lose benefits and health care coverage, which are often high especially in advanced countries. On the demand side, the factors to be blamed for lower offered salaries are concerned particularly with productivity disadvantages, which are though often overestimated; pure discrimination also often plays a role. (WHO, 2011)

As for most of the topics discussed, also in this case there is no unitary set of data to analyze; rather, studies coming from different countries and developed with different aims need to be the starting points: indeed, general trends are quite homogeneous across the analyzed countries and the studied variables. It can safely be stated that: i) employment rates for persons with a disability are far lower than those for persons without disabilities; ii) inactivity rate (non-participation to the labor force) is far greater for people with a disability; and iii) the type of disability significantly influences labor market outcomes, with mental health difficulties and intellectual impairments constituting the greatest obstacles. Furthermore, studies show that people with disabilities earn consistently less than their equals without disabilities: a reason for this is that persons with disabilities are often employed through more flexible contractual arrangements – which often have lower wages as a direct consequence –, but differences in productivity (actual or presumed) also play a role, along with an ever present discrimination factor. (WHO, 2011)

Barriers to Employment

Regarding barriers to employment of persons with disabilities and attitudes of employers towards them, some reviews tried to identify what factors were most relevant and most recurring. Two separate and different approaches are reported.

Hernandez and Keys (2000) investigated several studies and found four trends supported by literature:

1. Global attitudes toward workers with disability are positive, while more specific attitudes are less positive. Although it is not clear what the sources of these attitudes are, prior positive contacts with persons with disabilities seem to remain positive.
2. Although this trend is improving, actual hiring is still lower than the expressed willingness to hire workers with disabilities.
3. The type of disability influences employers' preferences: physically disabled people are typically less discriminated against then

intellectual and psychiatric ones.

4. The relationship between employer attitudes and firm size and employers’ educational level, which had been hypothesized, seem to be inconsistent with research.

Hall, Gaunt and Brooks instead addressed the problem in another way: they identified seven potential barriers to employment and examined the literature on the matter.

1. People with disabilities lack the necessary knowledge, skills, abilities and other characteristics.

   It appears that the on average lower educational level of people with disabilities inhibits employers, whereas on other aspects – especially soft skills – research is either non significant to draw conclusions, or at least neutral between people with and without disabilities.
2. People with disabilities have lower productivity and entail higher costs than the nondisabled.

   As far as productivity is concerned, evidence is sparse, but it seems that workers with disabilities generally fare well on most dimensions. Again, problems seem to arise because of ex-ante concerns of employers with no previous contact with people with disabilities; instead, employers who had previous experiences with workers with disability did not report differences in HR costs between the two groups.

   Regarding ad-hoc costs for accommodating people with disabilities, even though most studies show that costs are not very significant, employers seem to take their decisions based on perceptions rather than on data, and this leads to discrimination against people with disabilities.
3. Employer stereotypes lead to biased decision making unfavorable to people with disabilities.

Stereotypes generally play a role in the hiring process causing people with disabilities not to be selected, even though some limited research suggest cases of positive bias. No evidence is though present regarding the magnitude of the role that stereotypes play in hiring processes.

4. Employers fear litigation associated with terminating people with disabilities and thus do not risk hiring them.

   Laws regarding discrimination against people with disabilities sometimes work in reverse: fear of litigation, supported by those laws, may lead to discrimination. The evidence of this trend is though more anecdotal than supported by reliable data, at least as far as the Americans with Disabilities Act is concerned.

5. Employers do not hire people with disabilities because of coworker reactions.

   Evidence shows that employers' concern regarding coworkers' reactions to the hiring of people with disabilities is an ever-present issue in many work settings, especially when in presence of intellectual or emotional disabilities. In particular, employers fear lower productivity, higher costs, and overall lower organizational effectiveness.

6. Employers do not hire people with disabilities because of customer reactions.

   While employers may fear that hiring people with disabilities may cause negative customers' attitudes, and seemingly act according to this belief, there is no relevant research that either supports or undermines this theory.

7. Economic incentives to hire people with disabilities are either insufficient or not well-known.

   Incentives to employ people with disabilities are present in most anti-discrimination legislations, but they are in direct contrast with disability benefits that are often very firm on work restrictions.

There is no relevant literature regarding the effectiveness or the knowledge among employers regarding said incentives.

The WHO's report on disability also addresses the issue of barriers to employment: its approach is very effective to summarize this brief exposition on the problem. The document categorizes barriers in four areas.

1. The first barrier to employment is labeled **"lack of access"**, three aspects of which are highlighted: first, barriers to education and training constitute a considerable disadvantage in the job market; second, environmental obstacles may prevent access to interviews, to the workplace, or to settings related to the work context; third, funding to start a new business may be denied because of the wrongful perception that people with disabilities bring higher risk.
2. The second barrier is called **"misconceptions about disability"**: prejudice about disability and the spread belief that people with disabilities are less productive than people without disabilities generate the perception that the formers cannot perform adequately and therefore cause their unemployment or exclusion from promotion opportunities. This widespread perception comes not only from the external environment, but often prevails among disabled people themselves and their families; low expectations may lead to the vicious circle of social isolation, which in turn restricts even more the range of opportunities for individuals with disabilities.
3. The third barrier is generically identified with the term **"discrimination"**: it refers to all the instances where disability is arbitrarily considered a relevant factor in deciding whether to employ someone or not. Also the WHO highlights that the kind of disability influences this factor: people with mental and intellectual deficiencies are those that encounter the most difficulties.
4. The fourth factor is named **"overprotection in labor laws"**: this

element highlights how anti-discrimination laws often contain provisions that discourage people with disabilities' employment, by indiscriminately requiring special treatments to be maintained towards employees with disabilities, regardless of their actual need.

Disability Management

Introduction and Definition

"*Disability management is a workplace prevention and remediation strategy that seeks to prevent disability from occurring or, lacking that, to intervene early following the onset of disability, using coordinated, cost-conscious, quality rehabilitation services that reflects an organizational commitment to continued employment of those experiencing functional work limitations. The remediation goal of disability management is successful job maintenance, or optimum timing for return-to-work*" (Akabas, Gates, Galvin, 1992, p. 2).

All situations of disability in a firm have in common that better employee's productivity and satisfaction can be achieved through adjustments in the environment to either prevent injuries (of whichever kind) from occurring or adjust to situations of disability in the workplace.

Disability management includes all those practices that aim at shaping the organization and its processes to align the enterprise's productivity goals and employees' well-being and satisfaction. This means using firm's resources to reduce the costs of disability for both employees and employers and to encourage a prompt return to work if injuries are to occur.

Any firm a is complex system, with intricate processes and relationships among people: disability management needs not be seen as simple taking care of people with disabilities; rather, it must be integrated in the organization and embraced by all the actors of corporate life. Disability management requires a radical cultural change within the corporation.

Those who believe that only moral ideals stand behind disability management will be very surprised to know that numerous researches show huge dollar savings from the implementation of disability management programs: higher safety, less injuries on the job and quicker return to work all bring monetary benefits to any firm. It all starts with the single person's welfare, but this offsets a chain of positive consequences on corporate productivity and profitability.

In their thorough literature review of 2001, Williams and Westmorland identified six areas that are key to any disability management program:

1. **Return to work policies**. If policies are well established, it is more likely that workers seek assistance with their employer, because they know they will be supported in various ways (job accommodations, transitional employment, salary replacement…). Collaboration between management and labor is crucial to introduce effective and efficient policies to deal with disability in the workplace.
2. **Communication**. Successful return to work is most often subject to positive and open communication among the different actors that intervene in situations of disablement in the workplace: management, health care provides, unions, and the worker. Straightforward communication will work as incentive for the worker to strive to return to work as soon as possible.
3. **Workplace climate**. Effective disability management programs are enhanced by a supportive workplace: a caring and involved management has great positive effect on the creation of a positive work environment, which is a crucial ingredient for the worker's return to work.
4. **Modified work**. Modification of tasks and working hours is a key factor in disability management programs. It is important that the

adjustment does not relegate the worker to tedious or useless tasks: worker's perception of usefulness is fundamental in the recovery process.

5. **Joint labor and management**. Cooperation between workers and management is the expression of the common interest to protect workers' employability. The willingness of the two parts to resolve problems jointly has also been shown to be an effective prevention tool against injuries in the workplace.
6. **Program evaluation**. As for every program in the life of a firm, evaluating a disability management program is central to assess whether it is effective. The data that need to be monitored are surely return to work status and disability duration, but also other variables can be measured (functional status and job satisfaction).

Integrated Disability Management

People Management has always been based on the idea that recruiters need to find the right person for the right position within an organization, while the paradigmatic shift that disability management requires implies a different idea, surely more complex, but at the same time more fitting: it is key to shape the environment around the various needs of different people, in order to find a balance among the various aspect of one's life.

Indeed, disability management programs have evolved with time: from single interventions of managing specific situations in an uncoordinated manner, disability management is trying to adapt to a new way of responding to the complex situations that can occur within a firm. There needs to be a change in mentality regarding disability management programs: from the traditional sense of a firm committing to employ workers with disabilities and granting them the necessary accommodation, to the management of all corporate situations related to the personal well being of personnel that too often cause inefficiencies.

Treating disabilities in an integrated manner is becoming a new paradigm, as opposed to a traditional model of "progression on disability benefits", which can be defined as the *"predictable and progressive movement of people with disabilities through a system of economic disability benefits"* (Calkins, Lui, & Wood, 2000, p. 31). This gradual transition led people to go from one disability benefit program to another, as the condition progressed, until the worker was pushed to choose complete support – present in most western systems – and the exit from the labor market; this constituted a disincentive to continue working also for people who could easily have remained in the labor market.

First movers in applying this paradigmatic shift in disability management are firms in those countries where the welfare state is not so aggressive: for example the US or the UK as opposed to Germany, France, or Italy. In the former countries, both firms and workers are normally less supported when disability occurs, therefore they are encouraged to quickly find a reasonable and efficient accommodation to restore a situation that would allow both the firm and the worker to continue their mutually beneficial relationship: whether this means granting cures in a timely manner in case of temporary disabilities or install ad hoc adjustments in more severe cases of permanent disablement.

Definitions of Integrated Disability Management vary, but there are common features that allow us to include a program under the Integrated Disability Management classification: recent definitions "*address the wide range of benefit plans that are offered to employees. These benefits generally include group health, workers' compensation, short-term disability, long-term disability, employee assistance programs, and other wage replacement programs"* (Calkins, Lui, & Wood, 2000, p. 33). It is important here to highlight that integrated disability management does not simply concern certain workers within a corporation, but the whole workforce, from the doorman to the CEO: the accent of recent studies lays on the integrated nature of these programs. The idea is simply that managing in a coordinated manner all aspects of workers benefits concerning their health on the workplace can bring enormous advantage to the firm, in terms of employee experience and cost management, by obtaining, for example, increased efficiency, reduced duplication of services, improved communication among service providers (Angeloni, 2013).

Integrated Disability Management and the ICF

For the means of Integrated Disability Management, the ICF proves to be, once again, a fundamental document, with its intuition that disability could not continue to be seen as only a health problem simply concerning the individual: the biopsychosocial paradigm can be considered the foundation of modern approaches of integrated disability management. In fact, managing health related issues in the workplace in an uncoordinated manner and with unplanned interventions is the result of a misconception about disability, still seen as an unfortunate and unpredictable event; instead, the awareness that disability can and will concern each single person during his lifetime should trigger a new way of handling disability in the workplace. An integrated approach shows a correct and whole embracement of the nature of disability and can allow the set up of appropriate prevention and response programs.

The evolution of the different views on disability outlined above reached a point where it was clear that partial definitions were not enough to deal satisfactorily with disability: *"the focus shifts from the medical to the social sphere, from the problems of the individual to features of the context in which he is inserted, from the study of minority to a general map of universal application, from a model causally linear and unidirectional to a multidirectional and interactive process, from an expectation of individual adaptation to a logic of social change"* (Angeloni, 2013, p. 4). In the same manner, and as a consequence of this paradigmatic shift, managing disability in the workplace needs to move from uncoordinated interventions that often result in isolation rather than inclusion to integrated programs that encompass all aspects of corporate life, in order to respond effectively to the various conditions and situations that can stem into disability.

Chapter 2 - The Italian Legislation on the Employment of People with Disabilities

Supporting the employment of persons with disability has been a primary legislative concern in many developed countries, at least starting from the second half of the twentieth century.

International Sources

In recent years the EU – with Directive 78/2000 – and the UN – with the Convention on the Rights of Persons with Disabilities – issued documents on the subject, in the attempt to harmonize existing legislation and encourage the creation of *ex-novo* legislation.

These documents have different functions and implementation mechanisms among member states: in particular EU directives are legally binding and allow the Union to sanction member states that do not comply with regulations; UN documents are different, because they are often considered less binding for member states. The international documents analyzed in the present work are reported more with illustrative purposes than for their legal implications.

The Treaty of Amsterdam authorized the European Union to *"take appropriate action to combat discrimination based on sex, racial or ethnic origin, religion of belief, disability, age or sexual orientation."* Indeed among the so-called second generation of directives regarding equality, Council Directive 78/2000 set the ground for a *"general framework for combating discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, with a view to putting into effect in the Member States the principle of equal treatment."* (Article 1)

Article 27 of the Convention on the Rights of Persons with Disabilities states that "*States Parties recognize the right of persons with disabilities* *to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labor market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps."*

These two are currently the main sources for regulation regarding discrimination and employment of persons with disability.

The Italian Situation

Evolution of the Regulation

In Italy, the first attempt to put in place protective actions to safeguard the employment of people with disabilities was Law 482 of 1968, named *"General regulation regarding compulsory employment in public administrations and private firms"*, whose addressees were a diverse group of socially disadvantaged and invalid people. With this law, the legislator imposed to public and private institutions the employment in their workforce of defined percentages of people with disabilities. In 1992, Law 104 – *"Framework law for the assistance, the social integration, and the rights of handicapped persons"* – extended the categories of people with disabilities to which the obligation applied to persons with psychological disabilities.

Law 68 of 1999

Currently, the matter of employment of people with disabilities is regulated through Law 68 of 1999 – *"Rules for the right to employment of disabled people"* – which introduced the idea of *"targeted placement"*, meaning *"the set of technical and support tools that allow to adequately evaluate people with disabilities' working skills and to place them in the appropriate position, through the analysis of workplaces, support tools,* *and positive actions and solutions to the problems of environment, tools, and interpersonal relationships in the workplace"* (Art. 2).

First of all, Law 68 establishes the compulsory quotas of employees from "protected categories":

- firms with less than 15 employees do not have any obligation;
- firms with 15 to 35 employees must employ at least one worker from protected categories;
- firms with 36 to 50 employees must employ at least two workers from protected categories;
- firms with more than 50 employees must employ at least 7% of their workforce from protected categories.

Secondly, Law 68 refines regulation regarding provincial public placement offices, local institutions that coordinate social, sanitary, and educational services in order to facilitate the matching between work supply and demand. At these local offices lie also the official lists from which firms (public and private) are required to draw a defined percentage of their compulsory quotas: 50% for firms with 36 to 50 employees and 40% for firms with more than 50 employees.

Moreover, the Law includes conventions and incentives to achieve its goals; in particular, it authorizes provincial offices to stipulate agreements with employers in order to facilitate placement. Moreover, under certain conditions, it grants monetary incentives in two forms: first, fiscal benefits in varying degrees, for the employment of workers with disabilities; second, forfeit reimbursements for expenses used to modify the working environment with the aim of accommodating special needs of workers with disabilities. In order to sustain the incentives program, the Law also calls for the creation of regional funds for the placement of disabled people, delegating their regulation to the regional level.

Finally, Law 68 establishes monetary sanctions for those employers who do not comply with its requirements.

It is to be noted that Law 68 gives general guidelines and some specific requirements, but it also leaves quite some independence to regions and provinces to define implementation rules, in order to best fit the particular needs of each area.

The Implementation of Law 68

As Article 21 of Law 68 requires, every two years, the Ministry for Labor and Social Policies presents a document on the Law's status of implementation. Highlights of the latest (sixth) edition, issued in late 2012, regarding years 2010 and 2011, are reported below.

In the context of the difficult economic downturn, years 2010 and 2011 present some positive trends with respect to the previous two years. In particular, 2010 and 2011 register a new increase in the number of started contracts, after 2008 and 2009 represented the lowest point since 1999.

The presentation also reports the significant increase in the number of employers of people with disabilities among firms with less than 15 employees, which have no legal obligation but still give their contribution to the social environment through convention mechanisms as per art. 11 of Law 68. This trend can be attributable to an increasing awareness on the matter and on the seemingly smooth functioning of local services: indeed more than 50% of new hires use the convention institution.

Still, the report highlights difficulties that remain: in order to increase employment quality and stability, the "targeted employment" policy aims at matching the right person with the right job, taking into account the so-called "*residual work capacity*"; quality, however, always comes at a cost, and the current economic situation represents a further obstacle to greater inclusion of people with disabilities in the working population.

The report analyzes in great detail all the aspects outlined above, including sections on the pervasiveness of the provincial lists, and on the situation of immigrants and women with disabilities, as required by Europe 2020.

The Decision of the European Court of Justice against the Italian Legislation

In this already difficult context, in July 2013, the European Court of Justice has concluded the legal action, started with a letter of formal notice in 2006, that declared the Italian legislation unfit to completely transpose some of the provisions of Directive 78/2000. In particular, while the Italian response to the initial indictment presented Law 68/99 as sufficient to reach said goal, the European Court of Justice's decision confirmed that the Italian legislation fails to correctly and completely transpose the equal treatment requirements on the workplace of Article 5 of Directive 78/2000, in three areas:

- Law 68 and other Italian laws on the matter are applicable only to certain kinds of people with disabilities, identified within them;
- Obligations are limited to certain organizations and not extended to all employers;
- The regulations describes and intervenes in some facets of the employment relationship but not in all of them.

There have been mixed responses to this decision. Many welcomed it as yet another signal that something needs to be done to improve inclusion policies, also by quoting recent alarming data of working activity: for example, FISH (Federazione Italiana per il Superamento dell'Handicap), one of the major organizations in the field of disability, commented positively the ruling, underlying that in Italy:

- only 16% of people with disability in working age (15-74) have an occupation, as opposed to the general population's 49,9%;

- only 11% of employed people with disabilities has found work through the Public Centers for Employment
- inactivity rates are almost double (81,2% vs. 45,5%) among people with functional limitations;
- almost 250.000 people with disabilities, mostly women, has never tried to enter the job market.

FISH's comment has been reported on various news sources (e.g.: Vita.it, the leading magazine on social issues) and can be seen as the leading voice that welcomed this decision.

Despite the data reported by FISH, some question the European Court of Justice's ruling, in light especially of the structure of the Italian industrial system and the currently difficult economic situation: indeed a direct imposition on all employers is controversial for two reasons. First, it is a consequence of a peculiar interpretation of Article 5 of Directive 78/2000, which sees the strict obligation for all employers the only possible path to guarantee equal treatment; second, the European legislator seems to completely overlook the characteristics of the Italian economy, which is composed typically of extremely small firms, for most of which it would be too burdensome to employ people with disabilities, especially through the present economic turmoil.

In conclusion, it can be highlighted that the pronunciation of the European Court of Justice can certainly be an important boost to restart discussing the legislation on the employment of people with disabilities, but it is crucial to do so by implementing solutions both responsive to the requirements of the Union, and also suitable for the peculiarities of the Italian industrial system.

Chapter 3 - Methodologies

As said in the introduction, the main issue regarding disability and higher education in Italy is the substantial lack of data at any sort of aggregate level: those institutions that deal with persons with disabilities could act as intermediaries to collect data for useful studies, but there has not been, so far, a strong and coordinated effort to gather and analyze these data.

The Questionnaire

Since the idea and motivation for this thesis work was to create an original database, it was decided to build a tool that could initially be as broadly applicable as possible, but also improvable in subsequent steps in terms of diffusion targeting and collected information. It was decided to start the investigation from some basic aspects of an individual's educational and employment path, mostly through qualitative questions regarding the single person's experience in three moments: the passage from high school to university, the period of attendance at the university, and the first steps in the job market.

The Educational Path

Since one of the goals of the present research, along with trying to outline a picture of the current situation of graduates with disability in Italy, is hypothesizing how the type of disability and its time of occurrence in a person's life influences his or her choice of educational path, it was decided that the starting point of the questionnaire needed to be information about two objective aspects in interviewees' life: their university path and the type, severity, and time of occurrence of their disability.

As a second step, an attempt was made to enumerate which factors could influence one's choice of university, and interviewees were asked to give a score (from 1 to 5) to a number of different dimensions, to see which was prevailing in their decision. These elements included (but were not limited to): family and friendly context, personal aspiration, passion for a specific field of study, high school orientation, alleged limitations deriving from the disability, proximity of the university to the primary residence.

The questionnaire then asked for a qualitative judgment about the interviewees' experience during the years in university, by requesting them information about the different aspects of life on campus: from academic issues (lecture, tutoring sessions, etc.), to professors' and mates' openness and helpfulness, down to more practical problems, such as physical accessibility or special learning equipment.

The Impact with the Job Market

After exploring the interviewees' experience during university, the research moved on to understand what the initial contact with the job market was like, trying also to understand the opinion graduates had about the impact of their disability in their job quest, especially in comparison with their knowledge and technical competences. Namely, it was asked to which degree respondents perceived their disability to have been a predominant factor with respect to the evaluation of their actual competences and knowledge in employers' selection process.

In this section it was also asked how many interviews respondents managed to obtain while looking for a job, and if and why they had rejected any job offer; the direct question regarding the current employment situation followed, giving a number of possible answers, in the attempt to understand whether the interviewees was currently or had ever been employed and the type of employment (permanent, fixed-term, internship…).

At this point, the questionnaire split respondents in two groups: those who had not yet had any job experience were finished; while for those with at least one previous experience (even if currently unemployed), the questions continued to explore various aspects of one's career path.

The Evaluation of Current and/or Past Work Experiences

In this section the questionnaire asked how long it took to find the first job after graduation and whether this job had been found with the support of regulation in favor of people with disabilities; also, a question was included to understand through which means the job had been found (through spontaneous applications, university career service, public or private employment agencies, etc.). Also, the questionnaire asked which kind of employment was found (private, public, not-for-profit, etc.) and how often had it been necessary to change jobs.

Then, a more qualitative assessment was requested, regarding the impact of the disability over personal competences in the employer's choice and the behavior of direct superiors and colleagues towards the interviewee; also, it was investigated whether the firm had modified its environment (and received any public financing) to adapt to possible special requirements of the newly hired graduate with disabilities.

In this final section a judgment about two aspects of the interviewee's situation was also asked: the degree to which the current employment was coherent with one's educational journey and the level of satisfaction of the current situation, in comparison with the expectations after concluding university.

The Diffusion Channels

In the initial stages of this study, it was observed that there are fundamentally three kinds of organizations that are could have been used to reach university graduates with disabilities: universities, firms, and various category associations and foundations. These three groups each can (a very often do) play a role in the path of university graduates with disabilities: the first for education, and the other two for employment, where associations and foundations often constitute a useful network through which employers and employees-to-be can meet.

In the study it was decided to choose universities as privileged channel to reach the target, for a number of reasons: first of all, universities were considered to allow for a higher and more uniform geographical reach; second, the presence of a Dean Delegate for Disability, as required by the Italian legislation, guaranteed the presence of an official contact person for every university; third and most important, universities were judged to be more effective in terms of response rates: the perception of a collaboration request – responding to a questionnaire – coming from an formal yet familiar source like one’s alma mater would be accepted more willingly.

A small quota of the questionnaires came from other channels: social media, websites specialized on problems regarding disability, and firms contacted through Bocconi University’s Career Service. This is due to a number of relationships that developed while contacting the various disability offices around Italy.

Chapter 4 – Sample's Description and Highlights

Through the described channels, a final number of 132 questionnaires has been collected.

Questionnaires' Completeness

Due to the complexity of reaching graduates with disabilities, it was not possible to utilize common survey software (such as Qualtrix or similar), which would have meant that all questionnaires had to be complete before being submitted. Many disability offices in universities, in order to abide to their procedures, needed to see the survey upfront and to be able to print it; they would then send it to their graduates through a personal email. A simple Word or PDF document was the easiest way to reach this goal, even though this caused the problem of questionnaire completion: in fact, one could send back the questionnaire skipping questions or without finishing it.

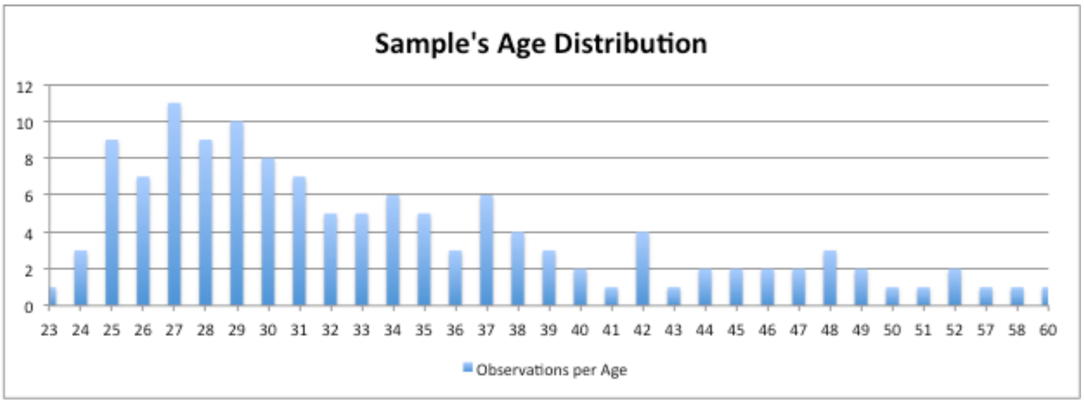
Moreover, it must be noted that the questionnaire asks a total of 85 pieces of information, which is a high number: it is not astonishing then, to see that not many are complete. Indeed only 20 people responded to every single question, but, if the bar is lowered even a little, it can be noted that more than half of the observations include at least 95% of the required information, and almost 90% of them respond to 85% of the question asked. A few outliers remain, with the remaining 10% of questionnaires being incomplete in more than 15% of the questions. Table 1 summarizes questionnaires completion.

Questionnaire Completeness	Number of Observations
100%	20
99%-95%	51
94%-85%	47
< 85%	14

Table 1 – Questionnaire completion

Identity Data

The sample, oddly enough, is composed of an exact 50:50 ratio according to gender: there are 66 male and 66 female respondents. Their average age is just one hundredth short of 34 years old, with only two people not filling in this information. Age distribution is reported in graph 1.



Graph 1 – Age Distribution

It can be noted that most respondents are in their mid-twenties to late thirties, which is pretty understandable, for two reasons: first of all, universities are more likely to succeed in contacting people who graduated more recently; secondly, this age range is composed of people with a higher familiarity with e-mail, the Internet and digital means of contact.

Also, a higher presence of younger respondents might be a sign both of increasing awareness about the issue of graduates with disabilities and of a higher propensity to reach advanced levels of education also among people with disabilities.

Educational Qualification

Moving on to the information about university education, there is a lot to report regarding which kind of title has been obtained, which field of study has been chosen, in which geographical area the universities are located, and which were the results in terms of grades and years spent to get the degree.

Titles Obtained

In the collected sample, all respondents obtained a first degree, almost 35% obtained a second degree, and there are also a few (four, to be precise) that went on to obtain a third title of higher education.

First Titles

Two people did not indicate which kind of title they obtained, but most respondents' first title is a "Laurea Triennale", the Italian undergraduate degree, introduced in the University Reform of 1999: 90 people indeed indicated this as first title.

Other titles obtained as first qualification are the "Quadriennale" (22 people), the traditional degree from before the reform, and the "Quinquennale" (17 people), which remained unchanged in some fields (e.g., law school) even after the 1999 reform. One observation in the first title is a "Magistrale", as Med School, which in Italy begins right after high school, is one six-years long degree, falls under the "Magistrale" umbrella.

Second and Third Titles

Of the 46 people that obtained a second title, as many as 37 went for a "Magistrale", the equivalent of a Master of Science in the Anglo-Saxon terminology, and the natural two-year continuation of many "Triennale" courses. The remaining 9 people either pursued one-year Masters (7) or Ph.Ds. (2).

It can be observed that 34 of the 37 people who joined a "Magistrale" came from a "Triennale" course, which is, since the 1999 reform, the most common path of university students in Italy. This can be interpreted as yet another sign of the willingness of people with disabilities to compete with fellow students until the highest levels of education. This can be granted only through a full integration of students with disabilities in higher education and by the complete elimination of the barriers that often the environment generates.

The four people who obtained a third title pursued either one-year Masters (2) or Ph.Ds. (2).

Fields of Study

In order to arrange in an intelligible way the various different wordings that courses have in different universities, all titles have been categorized under one of eight categories: Architecture/Engineering, Economics/Business, Education Studies, Human Studies, Law and Political Science, Social Studies, Medical Studies, and Sciences. Tables 2 and 3 summarize the distribution of first and second titles under these categories.

FIRST TITLE	
Field of study	**Number of Observations**
Economics/Business	24
Humanistic Studies	23
Arch./Engineering	16
Educational Studies	15
Law/Political Science	14
Medical Studies	13
Social Sciences	13
Sciences	2
non respondents	12

Table 2 – Field of Study of First Titles

SECOND TITLE	
Field of study	**Number of Observations**
Economics/Business	13
Humanistic Studies	6
Arch./Engineering	7
Educational Studies	6
Law/Political Science	3
Medical Studies	4
Social Sciences	4
Sciences	0
non respondents	3

Table 3 – Field of Study of Second Titles

Three of the third titles were in three different areas: one each for Architecture/Engineering, Educational Studies, and Social Sciences; the fourth (a Ph.D.) did not indicate the field of study.

Geographical Distribution

The received questionnaires came from universities in fifteen Italian regions out of twenty, and the region of the attended university was used to sketch a geographical distribution of the observations. Furthermore, regions were divided into areas that are commonly used in research regarding Italy: North, Center, and South and Islands, along with the "Abroad" category for the few who studied in foreign countries. Tables 4 and 5 include the number of observations divided into areas. Third titles each come from one of the four areas.

FIRST TITLE	
Area of Origin	**Number of Observations**
South and Islands	62
Center	26
North	41
Abroad	0
non respondents	3

Table 4 – Origin of First Titles

SECOND TITLE	
Area of Origin	**Number of Observations**
South and Islands	14
Center	11
North	18
Abroad	3
non respondents	0

Table 5 – Origin of Second Titles

It is interesting to note that respondents to the questionnaire come in great part from southern areas, as opposed to most research projects in Italy, where the South is often under-represented. Although conclusions cannot be drawn on the population, it can be stated that this result might come from two reasons. First, it might be that there are more students with disabilities in the South: this would confirm a trend that seems to already be present in primary and secondary school, though in the form of needed support (ISTAT). Second, the higher number of respondents from the South might be a result of higher response rate from students in universities in the South: indeed, the number of respondents per university for southern universities is, on average, higher than that for universities from the North and Center. However, this statement is difficult to confirm, as the complete number of people who have been contacted is unavailable for the research, because most contacts have been made through a third entity (indeed, universities).

Academic Results

It can be observed that the sample of graduates with disabilities has, on average, good academic results. The Italian grading system for any degree is on a scale from 60 to 110.

Considering first titles, of the 90 people who graduated at the "Triennale", the average grade was 100: 10 people obtained the *cum laude* recognition. In "Quadriennale" and "Quinquennale" courses the averages were 102 and 108 respectively. The one "Magistrale" obtained a final grade of 90. Table 6 summarizes grades for first titles.

FIRST TITLE		
Title	**Grade Class**	**Number of Observations**
Triennale	> 105	23
	95-105	37
	< 95	18
	non resp.	12
Quadriennale	> 105	7
	95-105	12
	< 95	2
	non resp.	1
Quinquennale	> 105	12
	95-105	2
	< 95	1
	non resp.	2

Table 6 – Grades for First Titles

For second titles, only "Magistrale" was considered, as Ph.Ds. and Masters have different grading systems; it can be observed that grades are even higher: out of 37 graduates, the average is just below 105, and there are 11 cases of *cum laude*.

Remarks

It is very interesting to note that, among graduates with disabilities, it is the top students who continue with their studies: by comparing "Triennale" graduates who continue their studies with those who stop, it can be observed that the average grades of the two groups differ by more than 4 points. The average of the first group is 102, while the average of the second group does not reach 98.

Still, it is difficult to find a univocal explanation for the good results of students with disabilities, but some possibilities arise. First of all, there could be a sampling problem, in the fact that students with good results might be more willing to participate in a research and disclose their final grade (it cannot be forgotten that 13% of respondents for both first and second titles did not answer this question). If brighter suppositions are to be made, it can be hypothesized that students with disabilities have higher levels of motivation and higher dedication to their studies: since more sacrifices might be needed to reach university, students with disabilities could be more committed to reaching excellence in their studies. There might be a stronger desire to be better prepared for a competitive job market, for which students with disabilities may feel to start in a disadvantaged position.

Time Needed to Graduate

In Italy, it is not rare that students delay graduation beyond the time set in study plans. According to 2011 data, this is the situation of almost 600,000 students (about 35% of all university students).

FIRST TITLE		
Title	**Excess Years to Obtain Degree**	**Number of Observations**
Triennale	< 1	34
	1 - 2	16
	> 2	32
	non resp.	8
Quadriennale	< 1	5
	1 - 2	5
	> 2	11
	non resp.	1
Quinquennale	< 1	7
	1 - 2	1
	> 2	8
	non resp.	1

Table 7 – Time Needed to Graduate

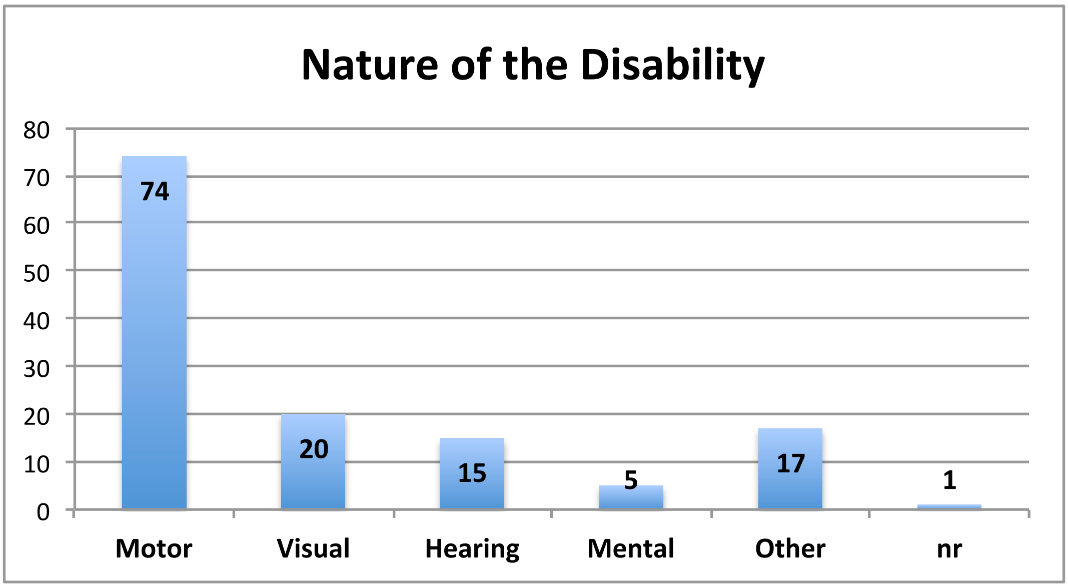
In the collected sample, it can be noted that only about 40% of first titles are obtained within the expected time (correcting the data for non respondents to this question), with an average of 1.7 years of delay. In this case, it can be safe to assume that the disability plays an important role, because students with disabilities may find obstacles to their smooth participation in university life and rhythms.

Table 7 summarizes the observations on how much time over natural duration has been needed to complete the first title.

Information on the Disability

As of disability, the questionnaire asked three pieces of information: the kind of disability; the age of appearance; and the severity of the condition. The two latters have a high rate of non-respondents, with 26 and 42 respectively.

Regarding the nature of the disability – summarized in Graph 2 –, motor disability is the most common within the sample, with 74 observations, a good 56% of the total. This is not at all astonishing, because it can be reasonably assumed that motor disability is the kind that less impairs participation in university: interactions with professors and fellow students



Graph 2 – Nature of Disability

are easier then for other kinds of disabilities and architectural barriers, though still a problem, are progressively being substituted by wheelchair-accessible structures.

Regarding the age of appearance, the table below summarizes the data, but it can be highlighted that congenital disabilities are the most numerous, with 58 observations, that is 43% of the sample. Also here the data is no surprise: it much more likely that someone with a congenital disability has learned to accept it and live with it. A disability that comes later in life might come as more of a shock, also psychologically, and therefore constitute more of a barrier.

Finally, regarding the severity of the condition – which was indicated as optional in the questionnaire –, apart from the already mentioned high rate of non-respondents, 100% disability was indicated in 54 cases (which is 60% of those who responded to this question).

Tables 8 and 9 summarize all data.

AGE OF APPEARANCE	
Interval	**Number of Observations**
Congenital	58
from 0 to 10 years old	24
from 10 to 20 years old	11
after 20 years old	13
non resp.	26

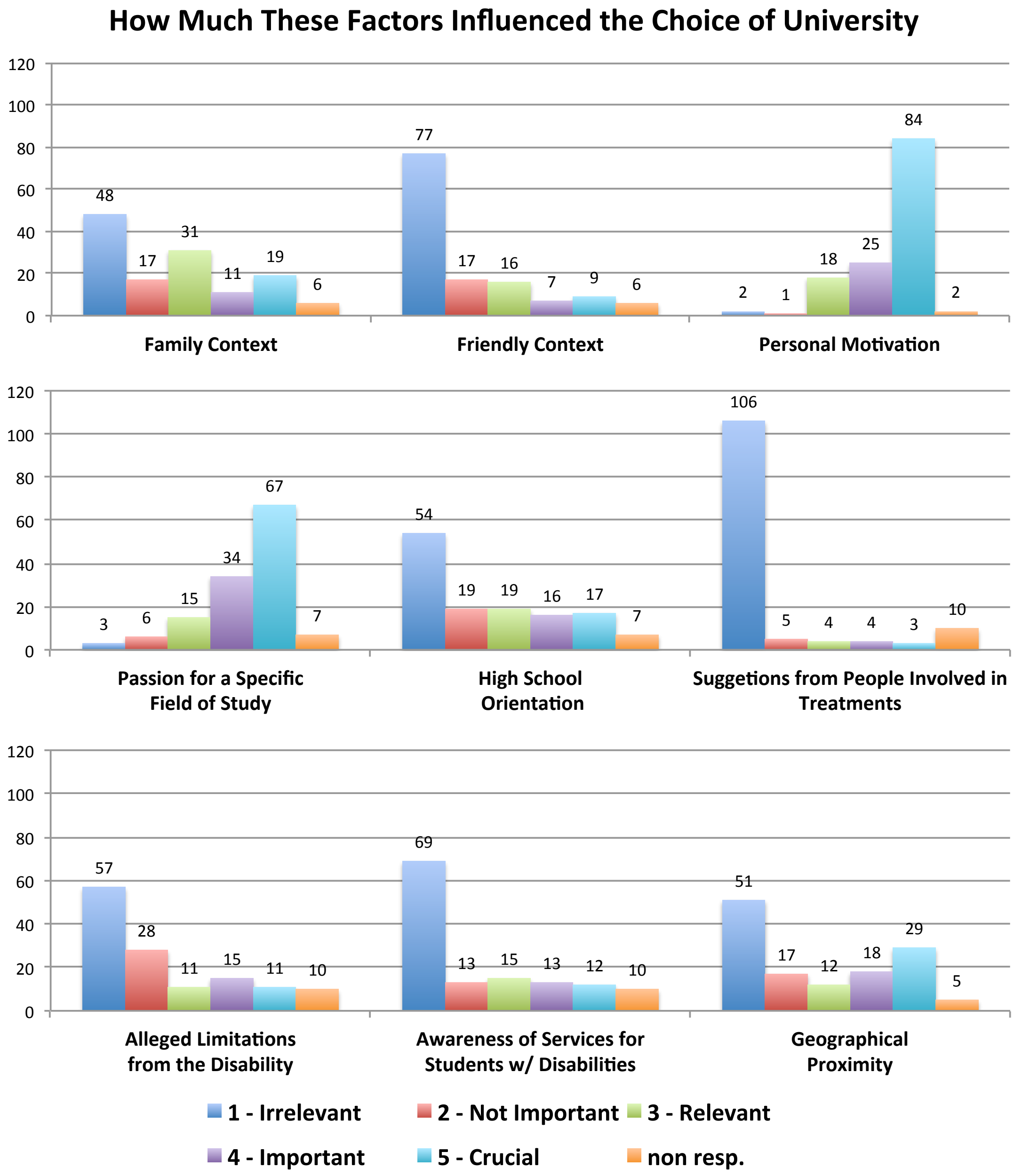
Table 8 – Age of Appearance of the Disability

SEVERITY OF THE DISABILITY	
Interval	**Number of Observations**
100%	54
70%-99%	18
50%-69%	13
< 50%	5
non resp.	42

Table 9 – Severity of the Disability

Choice of University

The questionnaire then investigates the factors that influenced one's choice of university, asking to give a rating, on a scale from 1 (irrelevant) to 5 (crucial), to nine dimensions: family context, friendly context, personal motivation, passion for a specific field of study, high school orientation, suggestions from people involved in treatments, alleged limitations from the disability, awareness of services for students with disabilities, geographical proximity.

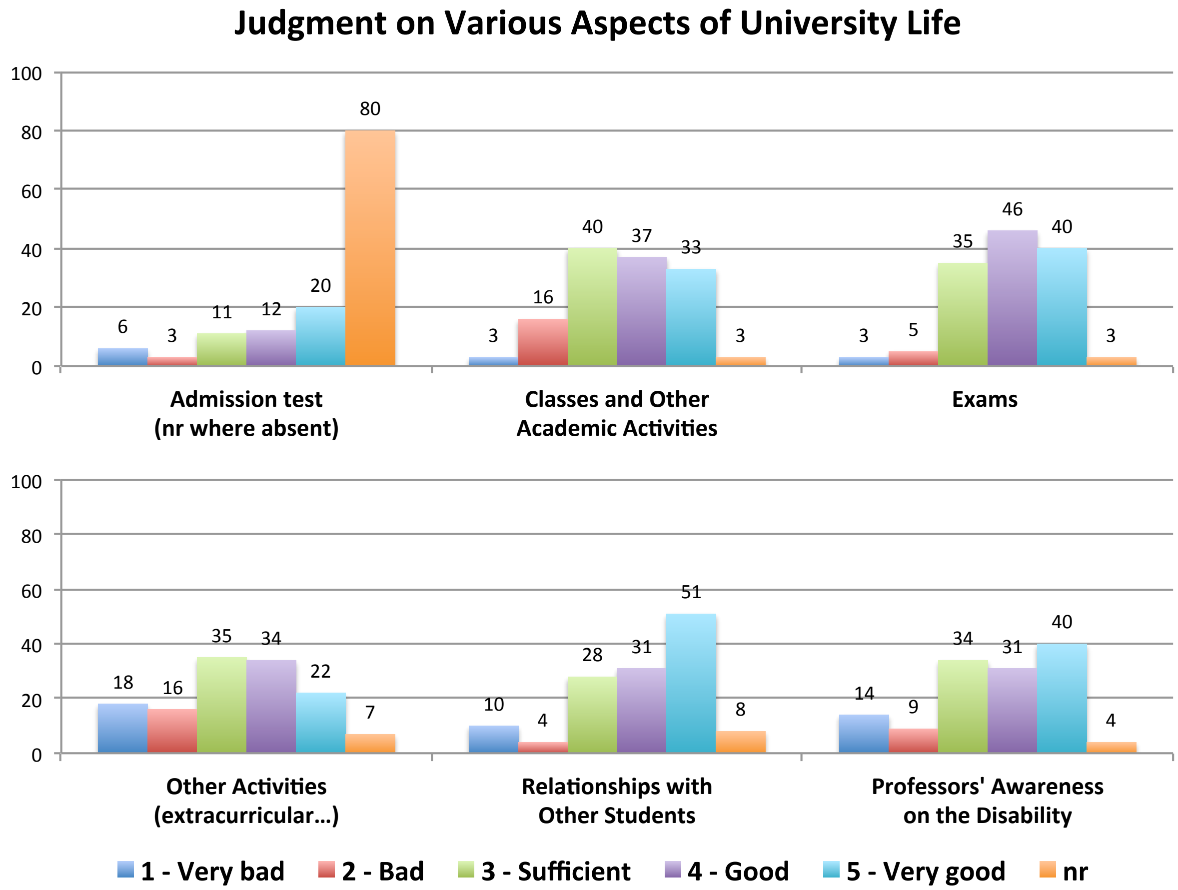


Graph 3 – Factors Influencing University Choice

It can clearly be observed that the two dimensions that most influenced people's choices were personal motivation and passion for a specific field of study; these are both factors of inner motivation, whereas external factors seem to be less relevant in respondents' decisions. This is really interesting, as one would imagine other dimensions to also play a role in the choice, while it is clear that the most relevant factors are the ones that most students use in their choice. In particular, the disability seems to have very little significance in this decision, confirming that university is a personal choice deriving form a person’s ambition. The results are reported in Graph 3.

University Life

The following section includes a series of questions regarding one’s experience during university: first focusing on various aspects of academics and life on campus; then moving to services offered by the university, and finally asking for an overall judgment of the years spent in university. Some results are as shown in Graph 4.



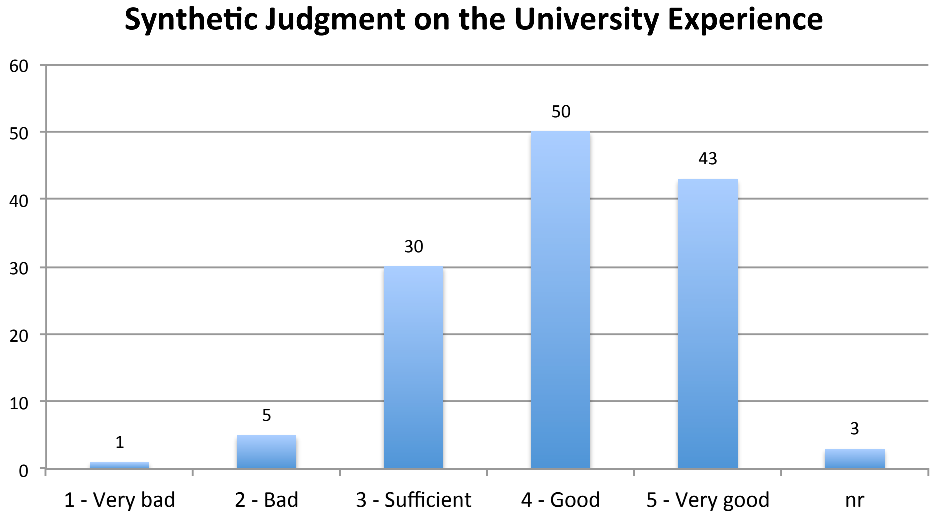
Graph 4 – University Life Evaluation

It can be noted that, apart from the high value of non-respondents in the admission test question – due mostly to the absence of a test in most universities –, results are quite homogeneously distributed across the neutral and positive judgments, with personal relationships with other students obtaining the highest scores. Again, it is interesting to note that a dimension that is generally highly valued in any student's university experience has such a positive judgment also among graduates with disabilities.

Indeed a very interesting correlation between the "relationships with students" variable with the overall satisfaction of the university experience can be noted: this correlation works both ways, but it is not possible to determine its direction with certainty. It is though clear that the overall judgment on the university experience and the rating given to the quality of relationships with other students are positively correlated.

Final Judgment on University

The final question regarding university asks for a final, synthetic opinion regarding the years in university, and it can be observed that overall judgments are rather positive, with the score 4 (out of 5) receiving the most preferences (50), closely followed by the maximum score (chosen by 43 people). The results are summarized in Graph 5.



Graph 5 – Overall Judgment on University

Some Remarks on the University Experience

The data coming from the questionnaire gives rise to a number of observations: some basic ones have already been reported in the different sections above, but others can be made.

By taking the mean of the synthetic judgment as the dependent variable, it is possible to make a number of remarks to understand what factors influence graduates with disabilities’ overall evaluation on the years in university.

First of all, it is quite interesting to notice that the different aspects of the disability seem to have very little influence on respondents’ evaluation: as shown in the tables below, the severity of the condition, its age of appearance, and the nature of disability all yield similar results, in terms of average judgment. One exception stands out: respondents with visual impairments’ evaluations are significantly below the average.

	Severity of the Disability			*Sample Mean*
	100%	**71%-99%**	**< 70%**	
Average Judgment	4,03	4,07	3,89	*4*

	Age of Appearance			*Sample Mean*
	0	**0,1 - 10**	**> 10**	
Average Judgment	4,09	3,95	4	*4*

	Nature of the Disability			*Sample Mean*
	Motor	**Hearing**	**Visual**	
Average Judgment	4,09	4,13	3,38	*4*

Table 10 – Correlation b/w Disability and University Experience

Now, the sample is definitely too small to draw statistically significant conclusions (there are only 20 respondents with visual impairments), but by these results it looks like the university experience for students with visual disabilities might be harder and less satisfying than for other students. This is definitely an aspect that needs to be further investigated in future studies.

From the sample, it can be highlighted that it is not even the final grade that influences one's judgment on the years in university: indeed there are very small variations for classes of grades, as Table 11 shows.

	Final Grade of First Title			*Sample Mean*
	< 95	**96 - 105**	**> 105**	
Average Judgment	4,08	3,98	3,95	*4*

Table 11 – Correlation b/w Grade and University Experience

It is also interesting to note that, in the sample, the judgment regarding the university experience has even little to do with the outcome in the labor market: in fact, in this dimension, the comparison in the satisfaction between those who have found a job and those who have not show very little difference, as shown in Table 12.

	Outcome in the Job Market		*Sample Mean*
	Positive	**Negative**	
Average Judgment	4,08	3,89	*4*

Table 12 – Correlation b/w Current Employment and University Experience

These factors can be used as good indicators of the fact that the university experience is an important and mostly positive one regardless of the more tangible outcomes. It can be stated that it is, first of all, a fundamental step of independence and personal fulfillment.

Indeed, the social aspects of university life seem to be much more relevant in determining whether the university experience is considered successful or not. Table 13 below shows how the overall satisfaction on the university experience increases with the change in the quality of relationships with fellow students and professors.

	Judgment on the Relationship with Other Students					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	3,2	3,5	3,63	3,89	4	*4*

	Judgment on Professors' Awareness and Attention					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	3,57	3,5	3,69	3,85	3,99	*4*

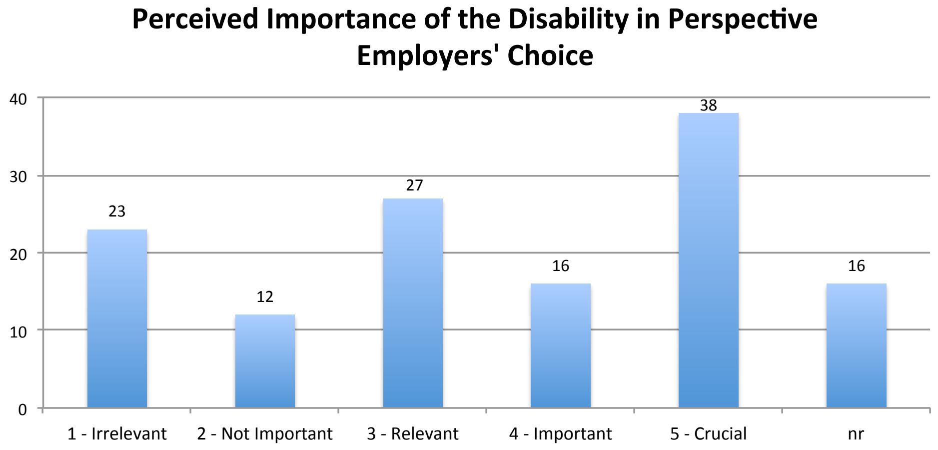
Table 13 – Correlation b/w Social Relationships and University Experience

The statistical significance may not be as strong as one might desire, but the data is definitely sufficient to at least make some hypotheses to be explored with further research.

Approaching the Job Market

The questionnaire then moves on to analyze the period following graduation, when people start to look for a job: in particular it asks the perceived importance of the disability compared to professional competences in the choice of perspective employers.

Here is where the first signs of the disability's effects start to come forward: in fact, it is the first question that clearly shows how graduates with disabilities perceived their disability to have played a prevailing role in their life. Graph 6 shows the complete data, in which almost 30% of respondents answered that their disability has played a crucial role in perspective employers' choice.



Graph 6 – Impact of Disability on Employers' Choice

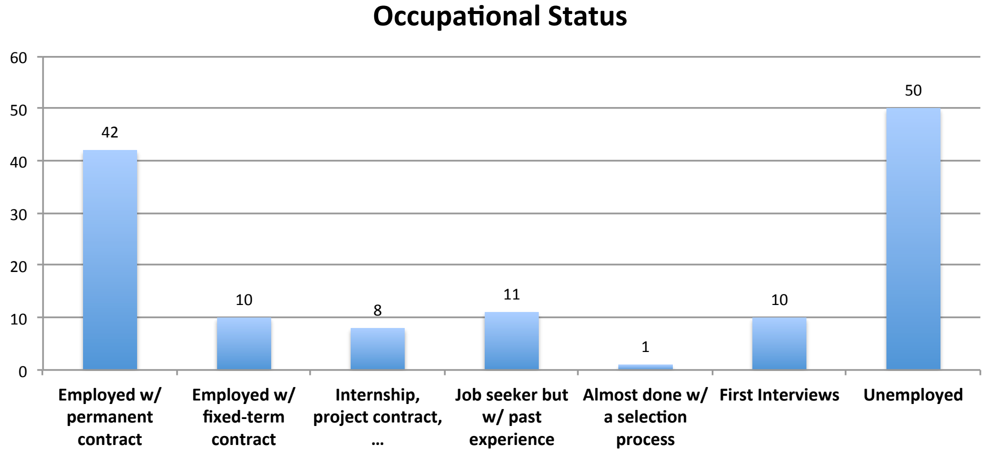
The following question regards opportunities: it asks how many interviews were obtained while looking for a job. This number is, on average, quite low, with about 75% of respondents obtaining 5 or less interviews and more that 20% with no interviews at all. The complete distribution is reported in Table 14.

Obtained Interviews	Number of Observations
0	29
1 or 2	40
3 to 5	30
6 to 10	11
more than 10	6
non resp	16

Table 14 – Obtained Interviews

The Occupational Status

The questionnaire then reaches a watershed, with the question on the occupational status. The sample is therefore divided in two groups: those who have at least one work experience could continue; those who never managed to find any jobs were done.



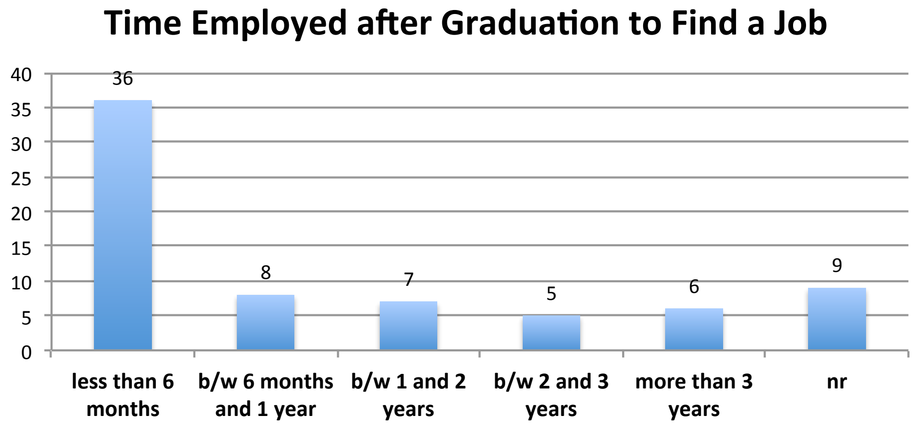
Graph 7

More than half of the sample was in the condition to continue the questionnaire, to answer the questions regarding their employment; but as many as 61 respondents (46%) could not proceed, as they never had any job experience. The detailed results are shown in Graph 7, which reports further distinctions.

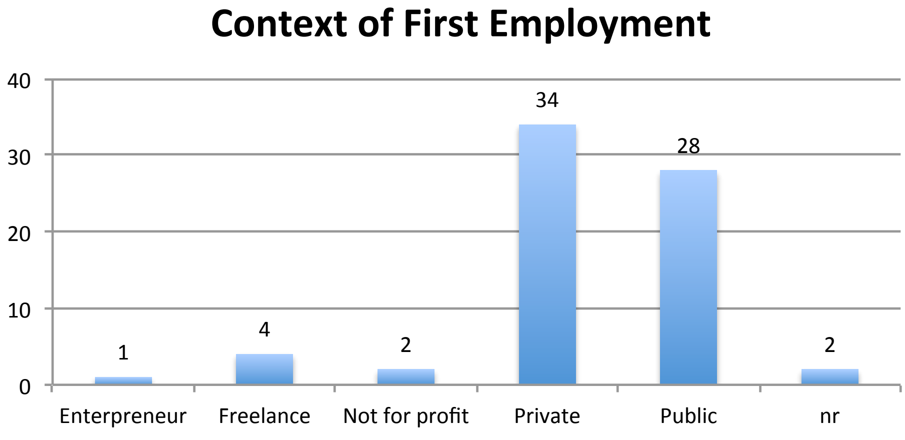
From here on, the sample is composed of the 71 people who either are employed, or at least have some previous experience.

Some information is asked about the various aspects of the job search, the nature and means of finding for the first employment, and some information regarding the current one.

First of all, it can be observed that 51% of the 71 people who had any work experience obtained a job in less than six months from the degree (Graph 8), for the most part as an employee in private (48%) or public

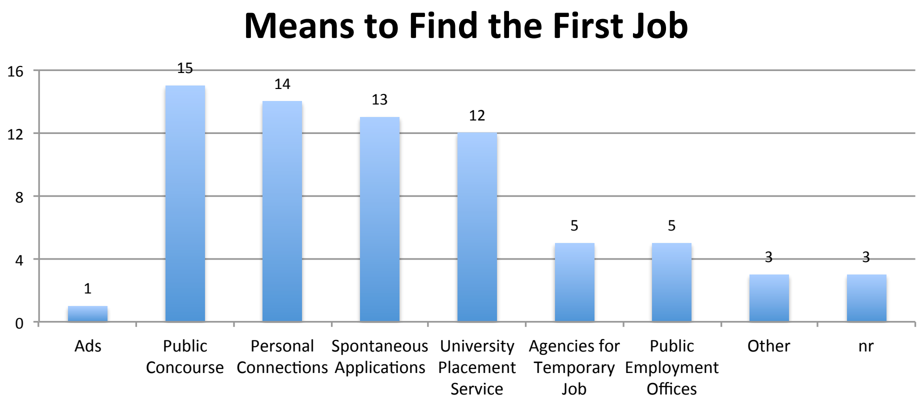


Graph 8

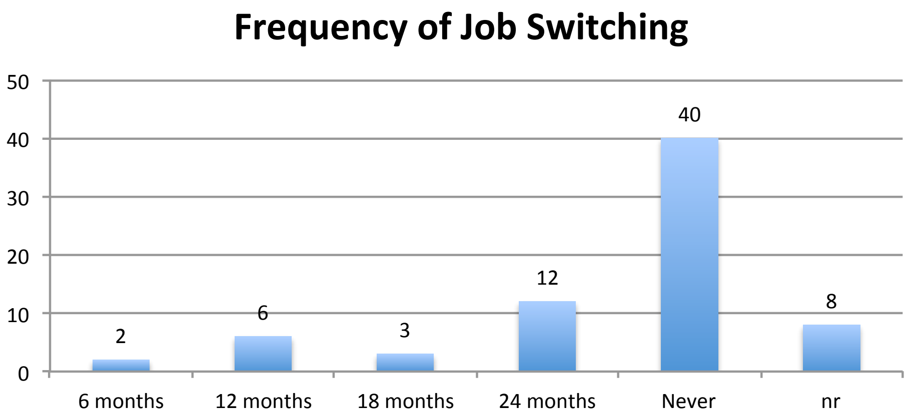


Graph 9

(39%) institutions (Graph 9). The most common means to find first employment (Graph 10) have been Public Competitions (21%), personal connections (20%), spontaneous applications (18%), and university placement offices (17%). Finally, interestingly enough, of those who had any work experience, more than half (56%), never changed jobs (Graph 11).

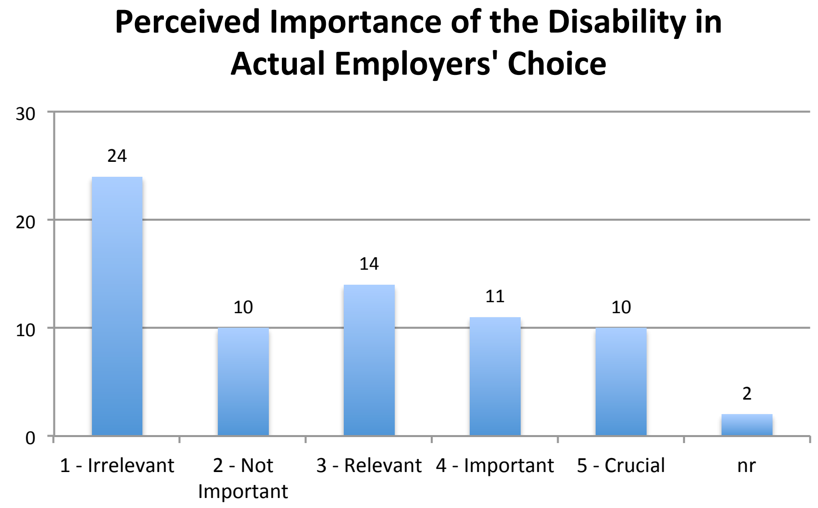


Graph 10



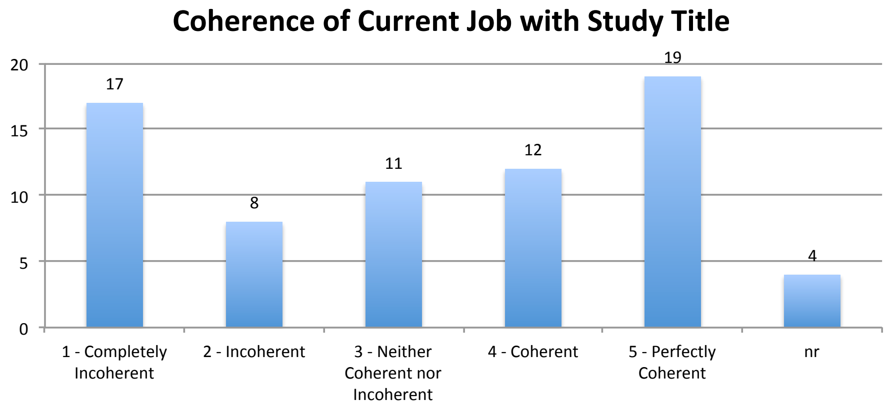
Graph 11

Regarding employment, the questionnaire asked further information: it repeated, though in slightly different terms, the question about the influence on the disability in the choice of perspective employers (Graph 12). People who actually found a job consider their disability to be less relevant. The most indicated answer among the 71 was that the disability has been completely irrelevant (34% of the cases). Still, there is a good 14% who indicated that the disability had been crucial.



Graph 12

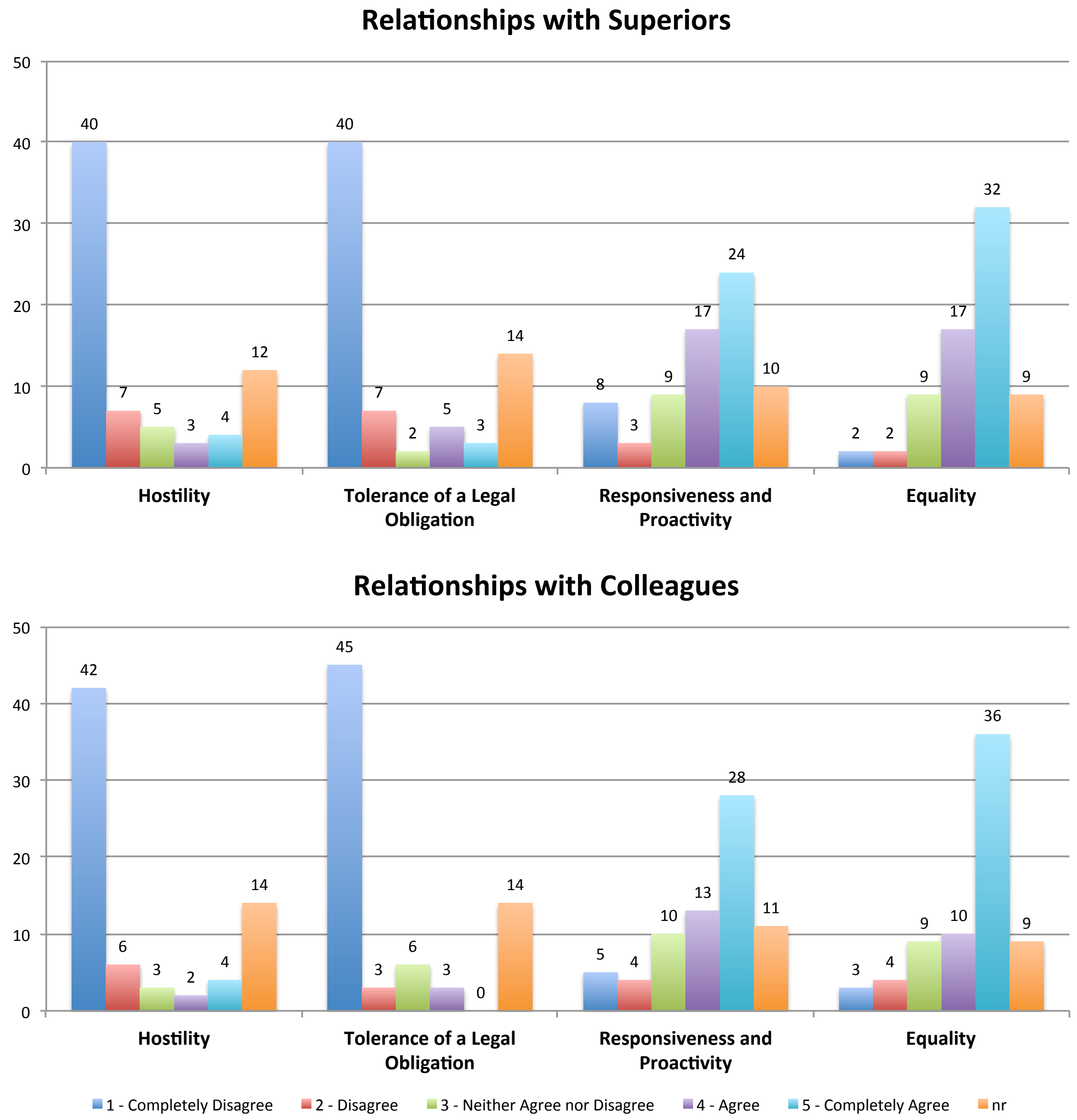
Moreover, in order to understand the impact of university studies on respondents' careers, the questionnaire asked an opinion on the coherence of the current position to their studies. Answers were very diversified, with 27% of the 71 indicating "perfectly coherent", but with 24% answering "completely incoherent". The data is shown in Graph 13.



Graph 13

On the Work Place

The questionnaire continued by analyzing relationships with colleagues and superiors on the job, and found mostly positive results, with graduates with disabilities being treated, in most cases, on an equal basis with others and with particular attention regarding their peculiar needs. This is shown Graph 14.

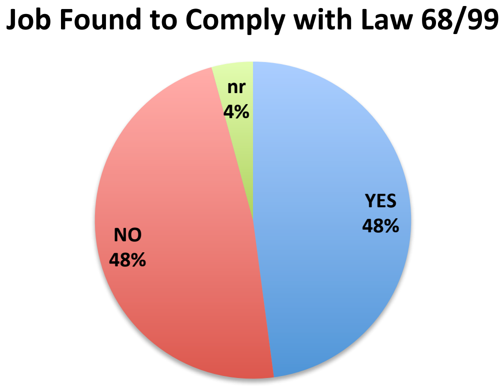


Graph 14 – Quality of Relationships on the Workplace

It is very interesting to note that graduates with disabilities seem to fit very well into working environments: while it is often thought that people with disabilities constitute a problem to a smooth functioning of a work setting, it appears that, when they are put in the right conditions, they are mostly welcomed with positive reactions.

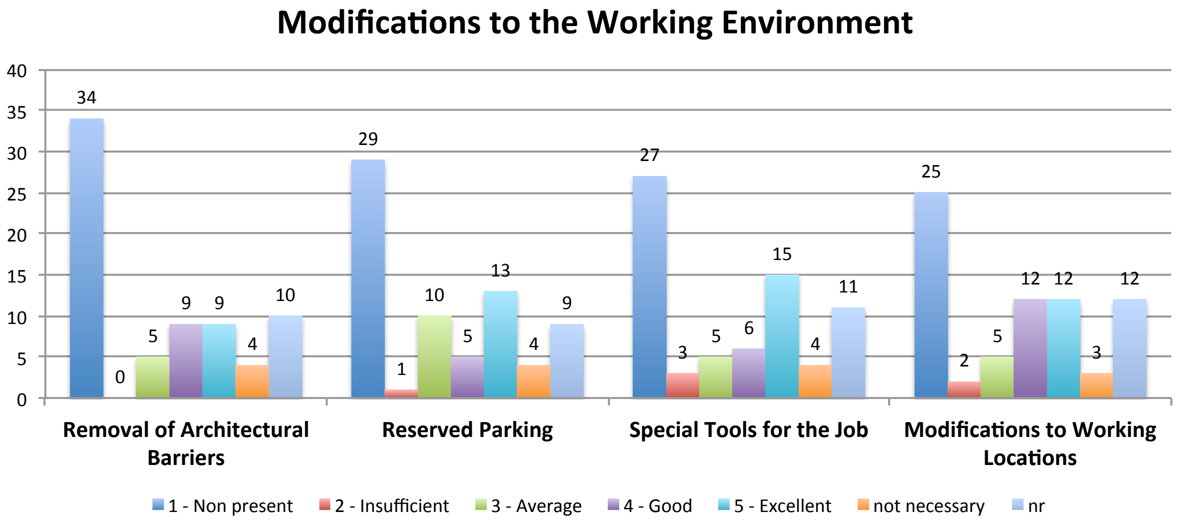
Application of Law 68

The last section of the questionnaire asks about some aspects of the application of the legislation for the employment of people with disabilities described above: in particular, it can be noticed that there is perfect parity between those who have found a job allowing firms to comply with existing regulation and those whose job is instead unrelated to legal obligation; four people did not indicate a choice.



Graph 15 – Compliance with Law 68/99

Moreover, there was a question regarding whether there had been modifications to the work environment, in order to accommodate particular needs deriving from the disability. Even though some people indicated a barrier-free environment, from Graph 16 it can be noted that most people did not benefit from any modifications.



Graph 16

Overall Judgment

A final question was asked in the questionnaire, regarding the overall satisfaction of the current working situation with respect to one's expectations at the time of graduation. "Very high" was the most chosen answer, but only by a small difference: indeed answers cover almost evenly the whole range.

Graph 17

Remarks on the Work Experience

As opposed to the generally positive judgment that could be observed about the university experience, it has just been shown that the overall satisfaction regarding the current job situation has a very high variability: in the following section the average of this variable will be put as dependent variable, in order to try and observe which factors are most correlated with its outcome.

First of all, as predictable, it can be highlighted that satisfaction of the current employment situation is correlated with the coherence of the position with the study title: since most people chose their field of study

	Coherence of the Position with the Title					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	2,13	2,17	2,5	2,64	3,13	*3,08*

Table 15 – Correlation b/w Satisfaction and Coherence of Job and Title

following personal inclination and motivation, it can be easily understood that people would also rather work in a field related to what they have studied, as it is common. Table 15 shows how the coherence of the position with the study title is positively correlated with the average satisfaction on the current situation.

Moreover, another variable seems to play a role in overall satisfaction: it is the perception of the influence of the disability on the employer's choice (Table 16). When the respondent perceives the disability to have played an important role in the selection process, the overall satisfaction is lower, and vice-versa.

	Influence of the Disability on Employer's Choice					*Sample Mean*
	≤ 1	**≤ 2 (10)**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	3,5	3,69	3,29	3,18	3,1	*3,08*

Table 16 – Correlation b/w Satisfaction and Weight Given to the Disability

It can be noted that there is what seems to be an outlier to the smooth trend, at the voice "≤2": this is probably due to sampling errors, as only in 10 cases the answer to this question was 2.

As in the case of contentment with the university experience, it could be observed that sociality-related variables show a strong connection to satisfaction variables. It may be recalled that in the questionnaire there were some questions regarding the quality of the relationships with superiors and colleagues: the data collected with these variables show, with few exceptions, a positive correlation to overall current satisfaction.

Tables 17 and 18 show how the improvement of the judgment regarding "responsiveness and proactivity" and "equality" on the side of superiors and colleagues is positively related to the overall satisfaction on the current working condition.

	Responsivenes and Proactivity (Superiors)					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	1,5	1,8	2,16	2,58	3,14	*3,08*

	Equality (Superiors)					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	3	2,5	2,78	2,8	3,03	*3,08*

Table 18 – Correlation b/w Satisfaction and Relationships with Superiors

	Responsivenes and Proactivity (Colleagues)					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	2,2	2	2,39	2,68	3,14	*3,08*

	Equality (Colleagues)					*Sample Mean*
	≤ 1	**≤ 2**	**≤ 3**	**≤ 4**	**≤ 5**	
Average Judgment	2,33	2,43	2,56	2,72	3,09	*3,08*

Table 17 – Correlation b/w Satisfaction and Relationships with Colleagues

Also here there are a few exceptions to the trends, but they are again due to disproportions in the sample.

As in the case of the university experience, it is very interesting to note that the aspects of personal relationships play an important role in determining whether one is satisfied with his condition or not. Other variables that could be though to be more critical for personal contentment – like the time needed to find a job or the current contractual condition (fixed term or open-ended) – do not show the same correlation pattern. Surely, this is an important aspect that needs to be further explored with deeper research and more accurate data.

Conclusion and Next Steps

The research started from the question regarding which factors influence the educational and employment path of graduates with disabilities. From the analyses performed on the sample, it can be noted that this question is far from resolved, but there are definitely some interesting hypotheses on the directions to be followed in order to answer them through further research.

The Sampling Issue

The main reason why it is difficult to state definitive answers on the subject being studied is methodological: the process of contacting graduates with disabilities has been long and complex, with numerous enthusiastic responses, but with just as many difficult situation, which sometimes were resolved positively – thanks to the researchers' insistence – but which often did not find a solution, in terms of resources and willingness of the counterparty to participate. This logistic complexity caused the sample to be not as large, and therefore the conclusions that can be drawn, though significant in terms of intuition, are not statistically strong enough to be affirmed with reasonable certainty. Indeed, a more complete analysis of the population would be necessary, but to achieve this goal, there needs to be a paradigmatic shift from a sampling to a census-like logic.

A bright example of this practice can already be observed in the United Kingdom, where the Association of Graduate Carriers Advisory Services (AGCAS), with its "What Happens Next" survey, collects data from thousands of graduates across the country. Within this Association, the Disability Task Group (DTG) has conducted, for more than ten years now, a specific report on the experience of graduates with disability.

What is possible in the UK could be replicated in any country: such a centralized activity would allow reaching a very high number of people, therefore increasing dramatically the possibility to perform statistically significant analyses. Although also in Italy some efforts have already been put in place, research on the matter still lacks, as does awareness on the subject. It is not the possibility or the infrastructure that are missing, though, as ISTAT studies are widely used in all research and professional environments as useful and guaranteed data: it is not necessary to create new agencies or set up costly bureaucracies, but available resources must be destined to new and productive studies, to be able to reach significant conclusions and finally set up a legal and social framework in which students with disabilities can compete, finally on an equal basis with all other graduates.

Some Findings

As affirmed above, the results of this research do not have the statistical significance to aspire at being used directly as answers to research questions, but some of the observed correlations, which are summarized below, surely can be employed as hypotheses to give a direction to further research.

The Educational Path

First of all, the overall evaluation of the university experience for graduates with disabilities, according to the questionnaire responses, was really good: for the most part, students with disabilities judged their years in university extremely positively, with 93 out of 132 respondents answering either “good” or “very good” to the question on overall satisfaction regarding the university experience.

Moreover, graduates with disabilities indicated as first drivers of their university choice elements of inner impetus, in particular in the form of personal passion for a specific field of study and individual motivation to succeed in an area.

Furthermore, the outcome of the university experience, in terms of personal satisfaction, seems not to have come from objective and tangible elements like the final grade or even the employment status. It appears that the years in university are considered to be successful when social needs are better responded to. Graduates with disabilities whose relationships with fellow students and professors are positively judged appear to give a better evaluation to their university experience.

On the Job Market

Unlike the university experience, overall satisfaction regarding the situation in the job market has been rated variably.

Satisfaction on the job appears to be positively correlated to the coherence of the position with the study title and negatively correlated to the importance given by the employer to a person's condition of disability.

Again, though, it has been interesting to observe a significant correlation between the quality of personal relationships in the workplace with satisfaction on the current condition, which was increasingly higher for increasing ratings given to positive relationships with colleagues and superiors.

Future Research

As suggested above, broader data are the crucial building block to further research the topic of graduates with disabilities: the findings, summarized above and described in more detail in Chapter 4, may then constitute the starting assumptions of new studies. The questionnaire used for this research can also constitute the tool to collect wider data, but it can also be improved or reformulated in order to study different aspects of the educational and employment paths of graduates with disabilities.

In particular, the peculiar correlation between personal satisfaction and the quality of personal relationships, which seems instead not to be present with more “tangible” variables (such as grades, current employment condition, or time spent looking for a job) should be studied in more depth.

Furthermore, in the field of disability management, additional data may give researchers the possibility to study the topic from employers’ point of view, especially private firms. Indeed, it could be interesting to study a number of variables: what factors drive the decision to hire a graduate with a disability; the impact that having a co-worker with disabilities in graduate-level positions has on the working environment; or the practices that are employed to accommodate peculiar needs that may arise in the workplace. If and when all this information is gathered, it may be possible to compile a list of best practices to be both implementable by firms and useful, in the future, even at the legislative level.

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