

Expanding employment opportunities: Independent living center employment services and collaboration with vocational rehabilitation

Susan Stoddard^a and Brenda Premo^b

^a*President, InfoUse, 2560 9th Street #216, Berkeley, CA 94710, USA*

Tel.: +1 510 549 6520; E-mail: sustoddard@aol.com

^b*Center on Disability Issues and the Health Professions, Western University of Health Sciences, Pomona, CA, USA*

Keywords: Employment, independent living, vocational rehabilitation, collaboration

1. Introduction

Independent living centers (ILCs) and vocational rehabilitation (VR) agencies have, as their mission, improvement of the lives of people with disabilities. Yet their differing worldviews limit opportunities to work together to promote employment. To what extent is it important for these organizations to work together? And how well is such work proceeding now? Findings from a RRTC-ILM survey provided a view of current employment-related collaboration and an indication that, while there is motivation and opportunity to improve the ILC/VR partnership, more work is needed.

1.1. A short history of the ILC/VR relationship

Born of the same federal agency parent, funded under the same legislation, and dedicated to improving the lives of people with disabilities, ILCs and VR originated in different eras. VR, which started in the 1920s after World War I, focused on employment and return to work. The public vocational rehabilitation system is a state-federal partnership with a long history of public funding. While there is considerable variation from state to state in how services are provided, common federal regulations and reporting requirements shape VR. VR's job is to provide the services that enable a person with a disability to achieve an employment outcome.

In the 1970s, it was believed that for “individuals most severely handicapped” (“IMSH”), work was not a possible outcome. At the same time that grassroots ILCs were beginning to develop, first in Berkeley, California and Boston, Massachusetts, and then in more communities, national policymakers were beginning to craft new rehabilitation language to address the needs of the “IMSH.” Increasing pressure on VR agencies to expand services to people with more severe disability led to the 1973 Rehabilitation Act. By 1978, the first 10 ILCs received federal grant support, and what is now the IL program was born. Independent living was the goal. At the start, this program was expected to serve people too severely disabled to work, and provide opportunity for living outside of institutions. By the time these ILCs started, the VR program had been underway for 50 years.

1.2. A different paradigm

From the start, ILCs differed a great deal from traditional rehabilitation. Haworth and Chappell [4] describe the evolution of new expectations and the growth of civil rights for all people with disabilities and the development of the emergent independent living paradigm. Their analysis of traditional rehabilitation and IL paradigms compares and contrasts VR and IL in terms of life roles, problem definition and resolution,

control, and outcomes (Fig. 1). The pioneering work of Ed Roberts and other disability leaders in the 1970s introduced these new IL concepts, which diverged dramatically from the VR tradition.

Thirty years later, it is difficult to appreciate the impact of such a different way of viewing rehabilitation and outcomes. Many of the values in the IL paradigm have been incorporated in the Americans with Disabilities Act (ADA), the NIDRR “new paradigm of disability,” the “New Freedom Initiative” (NFI), amendments to the Rehabilitation Act, and development of international measures of disability. Policymakers today are implementing the principles established in the IL movement over 30 years ago: “choice” in rehabilitation, the importance of advocates and mentors instead of managers and “prescribers”, and focus on environmental and attitudinal barriers rather than limitations of individuals.

While ILC advocacy has provided essential support to people with disabilities and effected the social change reflected in new policy, the VR establishment has often been an ILC advocacy target. Despite common interests and common legislative origin, interaction between ILCs and VR agencies is influenced by differences in organizational goals and service philosophies. VR agencies have been more likely to attribute unemployment to the specific physical or mental diagnosis. In contrast, ILCs perceive barriers to employment as a function of the environment and advocate strongly for change. This difference can be seen in the way these organizations have developed their data systems. VR’s extensive R-911 system contains personal information on all individuals who have entered the system and have either become employed or have unsuccessfully completed their services. For each VR consumer (formerly, “client”) a “primary disability” chosen from a list of “impairment” codes is used as a descriptor. There may also be an additional “secondary disability,” another impairment descriptor. The ILC attitude toward data and disability descriptors has rejected the medical model, relying more on self-reporting, more general descriptive categories, and “people first” language.

While state VR agencies offer expert rehabilitation services such as assessment and training to achieve successful outcomes, ILCs emphasize consumer control, advocacy and peer-oriented services, and reduction of environmental and procedural barriers. These differences continue to make collaboration difficult, even though the services are complementary.

1.3. *The case for collaboration*

Collaboration, a valuable organizational strategy with promising results, is widely studied in business and non-profit management. While many organizational publications focus on concept or theory, some provide helpful tools for building successful collaborations. One example of an empirically based assessment is published by the Wilder Center, where investigators have conducted an extensive meta-analysis of collaborative ventures. Since collaboration promises much in using scarce resources to achieve success, it is useful to study the elements of collaboration success. Through extensive review, screening and analysis of over 400 examples, the Wilder Center identified forty valid and relevant studies. Based on this evidence-based systematic work, the team identified factors for success in the areas of environment, membership characteristics, process and structure, communication, purpose and resources.

Some prior studies have addressed aspects of VR/IL collaboration. Thayer and Rice [7] examined VR/IL collaborations in terms of the types of resources provided by each type of agency and how the services can complement one another. Many IL services are mentioned as preparation for rehabilitation: IL skills training, positive peer modeling and peer support, counseling resources, advocacy in removing barriers and obtaining resources, enhancement of consumer self-direction, development of an enhanced self-concept, and meeting IL needs. While these valuable services were identified, the authors note the barriers to collaboration including VR’s reliance on the medical model and the bureaucracy of VR’s prescribed service process.

From 1996–1999, the VR-IL Employment Outcomes Partnership Project identified more than 70 partnerships operating between ILCs and state-federal vocational VR agencies. Of these, 28 partner organizations submitted data about their projects that helped identify program and practice characteristics that enabled such collaborations to succeed. Investigators found that the best programs considered the services and resources needs of VR consumers as well as vocational goals, involved other local and state agencies, focused on making fundamental alterations to the system of services for people with disabilities, locally or on a broader scale, included staff cross-training and cross-location of staff, and treated employers as customers using strategies to encourage employers to hire and retain people with disabilities. Cooperation required a focus on the consumers’ vocational goals, willingness

	Rehabilitation	Independent Living
Role of a person with a disability	Patient/client	Consumer Participant
Role of service provider	Professional Prescriber Manager	Peer Role Model Consultant Helper Advocate Mentor
Definition of problem	Physical or mental impairment Employability skill deficits Functional limitations Lack of motivation and cooperation	Dependence on professionals and relatives Inadequate support services Architectural barriers Economic barriers
Locus of problem	Individual with the disability	Environment Medical model Rehabilitation process "Professional Attitudes"
Solution to problem	Intervention Evaluation Training	Peer counseling Advocacy Self-help Consumer control
Ultimate control	Professional	Consumer
Desired outcome	Maximum ADL (Activities of Daily Living) Gainful employment Improved motivation	Self-direction Least restrictive environment Social and Economic Productivity

Haworth & Chappell (1990) Chapter 4, page 4, based on the work of several authors, including Gerben DeJong.

Fig. 1. Comparison of traditional rehabilitation and independent living paradigms.

to cut through red tape, effort to avoid service duplication, and a mutual commitment to work together despite differences in goals and approach [3].

A series of studies on collaboration in public programs, conducted by researchers at the University of California Institute of Urban and Regional Development, provide a useful framework for looking at the potential for ILC and VR collaboration. Innes & Booher [5] describe four main models in use in public policy processes, including two types that fit VR and ILCs very well: the bureaucratic/technical model (VR) and the social movement model (ILCs). In VR, with extensive federal and state regulations, and a clear standards-based outcome measurement system, the rehabilitation process has been carefully developed with clear guidelines, and typically did not develop strong interdependent alliances with other systems. According to Innes and Booher, this model works best in conditions of comparative certainty. On the other hand, ILCs clearly fit the social movement model, with advocacy for the rights of people with disabilities including those who are left out of the VR process.

"Social movements are organized around a vision and bring together like-minded interests which discover

that if they cannot play a part inside the policy process, they must become a political force on the outside." [5, p. 22]. And now other outside forces, such as the Workforce Investment Act (WIA) legislation and the changing local employment system, there are new forces that make the environment less certain for both VR and ILCs, presenting challenges, opportunities and possibly incentives for collaboration.

Our study builds on this previous work, obtaining current information from ILCs and VR agencies and assessing the current degree of collaboration and services coordination.

2. Method

One hundred and thirty-six ILCs received a survey on employment services and collaboration with vocational rehabilitation in the spring of 2003. These centers had identified employment services as part of their program in an earlier baseline survey of over 600 centers nationwide conducted by the RRTC-ILM.

A parallel survey was conducted with vocational rehabilitation agencies. These agencies were contacted

after required permission was obtained from the Council of State Administrators of Vocational Rehabilitation (CSAVR) for participation by CSAVR members, the majority of VR agencies. An alternative membership organization for some state agencies, the National Organization of Rehabilitation Partners (NORP), was also notified of the survey.

The first wave of each survey was distributed by e-mail message, including the survey both as an e-mail attachment and in the body of the e-mail message. This method had the potential advantage of quick turnaround and direct communication. Success depended on the e-mail management systems of the recipients. Three follow-up waves by e-mail, fax and telephone increased the response rate. One hundred and nine centers of the 136 ILCs surveyed responded, a response rate of 80%. Fifty-six VR agencies submitted responses to the survey (40 general and combined agencies, 16 agencies for the blind), a response rate of 72%.

This paper includes findings from both the ILC and the VR surveys. The surveys were designed to provide a picture of current views on collaboration, from both the ILC and the VR perspectives, and receptivity for improved collaboration.

2.1. *Employment services in ILCs*

ILCs, particularly those supported by Rehabilitation Service Agency (RSA) funding, have four core services including individual and systems advocacy, independent living skills training, information and referral, and peer counseling. Employment is not a core service. But in several recent studies, employment or "employment-related" services are reported. As ILCs have grown and matured over time, the range of services offered has expanded and employment-related services have been added. Means, Parkerson and Estelle [6] provide abstracts of the employment services in forty ILCs, in terms of focus on specific disability, "special features", and types of employment related services. In their analysis, special features included programs using volunteers and peer counseling. Most of the employment services identified are more related to traditional employment system suppliers: goal setting, job development skills, job acquisition skills, job placement services, on-site training and coaching, job tracking and follow-up, and employer services. The authors estimate that at the time of the study, approximately 25% of ILCs provided employability or employment services. A survey of 141 ILCs in 1995 found that 24% of ILCs had established an employee refer-

ral service, 58% provided return-to-work exploration services, and 93% educated consumers about working positively with employers [1]. Sometimes employment services are not an ongoing part of ILC service, but are related to a specific grant or episodic funding.

Of the 109 ILCs responding to the collaboration survey in the spring of 2003, 84 (77%) indicated that employment services were offered. Table 1 shows the extent to which specific employment services are offered in these 84 centers. Consistent with ILC mission and values, personal advocacy and accommodation services are the most frequently offered; more than sixty percent of the centers reported these types of services. On the other hand, many of the services offered less frequently in ILCs are those associated with more traditional employment service providers: evaluation of employment outcomes, job coaching, work assessment, consumer needs assessment, and career planning. One fourth of ILCs reported provision of workplace personal assistance services (PAS), an emerging service area where ILCs may play an increasing role.

However, when VR agencies addressed Agency use of ILC employment services (Table 2), we see some differences that correspond to differences in paradigm. Almost half the reporting VR agencies cite consumer needs assessment (47%), and 41% reported job accommodation and barrier removal consulting. Many of the most typical ILC services, such as personal advocacy services, promotion of employment programs, and job accommodation, were each used by at least one third of VR agencies. The differences between the ILC response in Table 1 and the VR response in Table 2 indeed reflect how each system regards the job of obtaining employment. However, both systems rated evaluation of employment outcomes at the bottom of the list.

From a person-centered view of the rehabilitation process, the empowering services offered in ILCs would contribute to VR's need for successful employment outcomes. The mutual strengths of these two systems are for the most part complementary. There is an opportunity for better communication in terms of the ILC services available and how they contribute to achievement of employment goals in VR as well as other employment service providers.

2.1.1. *Training*

Training is one method for this kind of communication. ILC training focuses more on the consumer than on the employment system. Most Centers (82%) report some kind of employment training for consumers. Over half (61%) report employment-related training

Table 1
Independent Living Center Employment Services ($n = 84$)

	#	%
<i>Employment services offered</i>		
Personal advocacy services related to retaining employment	71	85%
Job accommodation/barrier removal consulting services	68	81%
Personal advocacy services related to obtaining employment	67	80%
Job search services	60	71%
Promote employment programs for people with disabilities	59	70%
Pre-employment training	51	61%
Promotion of VR IL collaboration on employment outcomes	51	61%
Collaboration with other employment partners (e.g. WIB)	49	58%
Career planning	44	52%
Consumer needs assessment with respect to employment	41	49%
Work assessment	27	32%
Work-place personal assistance services	22	26%
Job Coaching	21	25%
Evaluation of employment outcomes	21	25%
Other	21	25%
<i>Training to enhance employment of people with disabilities</i>		
Training for consumers	69	82%
Training for employers	51	61%
Training for VR Staff	34	40%
Training for community partners	32	38%
Training for other employment programs	30	36%
Other employment-related training	21	25%
<i>Sources of outside funding for ILC employment programs</i>		
Fee for service from Vocational Rehabilitation	38	45%
Grant for specific services from VR	28	33%
Other specific grant (other than VR or local/state program)	17	20%
Fee for service from other local or state employment program	14	17%
Grant from other local or state employment program	14	17%
In-kind provision of space or equipment	8	10%
Other funding	14	17%

for employers. Less frequently, ILCs reported training for VR Staff (40%), training for community partners (38%) or training for other employment programs (36%) (Table 1).

About half (53%) of VR agencies provide training to enhance employment of people with disabilities for ILC staff; half also report providing training for ILC consumers (47%) (Table 2).

2.1.2. Funding of employment services in ILCs

ILCs identify a variety of ways for funding their employment programs. They report that the most frequent source of funding is fees for services provided by vocational rehabilitation agencies (45%). Twenty-eight centers (33%) reported grants from vocational rehabilitation for specific services. Other funding sources include fees from other employment programs, in-kind provision of space or equipment or other grants (Table 1).

When asked what funding is used in VR to work with ILCs on employment, VR agencies also cited fee

for service as the most common mechanism (62%), and other VR grants as next common (38%). There are few resources used for this purpose by VR from other local or state employment program, either fees for service or grants (Table 2). ILCs and VR agencies agree that VR funding is the basis for much of ILC employment-related activity and service. How this happens varies greatly from state to state and varies in terms of ILC interest in employment services. ILCs are beginning to take advantage of other employment services opportunities from the evolving community employment networks mandated in the Workforce Investment Act (WIA). New opportunity does appear to be making some impact. Some ILCs describe working together with VR on the accessibility of One-Stop offices, which unfortunately are operating without accessible offices in some locations, and some have located staff in workforce offices. Other activities include providing transition services for youth and providing social security benefits counseling. As the local employment system continues to evolve, there may be more opportunity for ILCs to expand fees for service in partnership with

Table 2
Vocational Rehabilitation Agency Use of ILC Employment Services ($n = 34$)

	#	%
<i>ILC employment services provided to VR</i>		
Consumer needs assessment with respect to employment	16	47%
Pre-employment training	15	44%
Job search services	15	44%
Job accommodation/barrier removal consulting services	14	41%
Personal advocacy services related to obtaining employment	13	38%
Promote employment programs for people with disabilities	13	38%
Promotion of VR IL collaboration on employment outcomes	13	38%
Career planning	11	32%
Personal advocacy services related to retaining employment	11	32%
Job coaching	10	29%
Work assessment	9	26%
Work-place personal assistance services	7	21%
Collaboration with other employment partners (e.g. WIB)	6	18%
Evaluation of employment outcomes	1	3%
Other employment services	14	41%
<i>Training provided</i>		
Training for ILC staff	18	53%
Training for ILC consumers	16	47%
Other employment-related training	9	26%
<i>Funding used by VR in working with ILCs on employment</i>		
Fee for service from Vocational Rehabilitation	21	62%
Grant for specific services from VR	13	38%
Other specific grant	7	21%
In-kind provision of space or equipment	4	12%
Grant for specific services from other local or state employment program	3	9%
Fee for service from other local or state employment program	2	6%
Other funding	6	18%

other, bigger agencies and funding sources, providing the empowering services where ILCs specialize.

From a marketing perspective, ILCs could learn more about the services that these employment system customers need. It is important that ILCs show how their services contribute to employment and are different from, and complementary to, traditional services in VR and other established providers. The idea in collaboration is not for ILCs to provide "VR-like" services, but to build on strengths in personal advocacy, empowerment and barrier removal to help individuals prepare for and achieve successful employment outcomes.

This requires some conceptual training for both ILCs, VR and other employment service providers, and it does not appear that such training opportunities are systematically made available.

2.2. Shared goals, interdependence, and collaboration

2.2.1. Shared goals

Both the ILCs and the VR perceive some degree of working towards common goals. Only 16% ($n = 105$) of ILCs and 18% ($n = 56$) of VR agencies described

the goals as "not at all common" or less than "somewhat common" with regard to employment goals. In both surveys, the most frequent response was "somewhat a common goal" (36% of ILCs, 39% of VR agencies) and most (50% of ILCs, 43% of VR agencies) used higher ratings of goal congruence (4 or 5 on our scale). This shared sense of goal is a generally accepted pre-condition for collaboration, and while the distribution of responses varies somewhat, and while ILCs and VR agencies see that their service goals differ, the responses indicate general agreement that should support collaborative endeavors.

2.2.2. Interdependence

Almost all ILCs see the importance of collaboration with VR on employment of people with disabilities; over half (53%) regard this collaboration as essential while only 1% indicated that collaboration was not important. From the VR point of view, collaboration is also important; only three reporting agencies (6%) indicated that collaboration is unimportant. But from the VR perspective this collaboration was rated "essential" less frequently (29%). This no doubt reflects VR's historical tenure as an employment service provider,

and the financial relationship of ILCs to VR. In the changing local employment picture, with the Workforce Investment Act (WIA) and the development of One-Stop employment offices, collaboration with other local employment organizations is an important strategy for VR [2]. Both ILCs (43%) and VR agencies (50%) regard collaboration with other local employment organizations as essential.

Prior studies indicated that cross training and cross-location of ILC and VR staff might provide a good approach to understanding and appreciation, leading to successful collaboration [3]. But both groups reported low levels of cross training. Twenty-eight percent of ILCs ($n = 109$) indicated that they engaged in cross-training with VR agencies, 13% indicated that VR staff were located in their ILC, and 12% indicated cross-location of ILC staff at VR agencies. Of 56 VR agency respondents, 50% indicated that there was cross-training with ILCs, 16% indicated that VR staff were cross-posted at an ILC, and 13% indicated that ILC staff were cross-posted at the VR agency.

Another way for increased collaboration to occur is when a significant number of ILC consumers are served by VR. This sharing of consumers is not reported consistently in either the VR system or ILCs, and the respondents estimated this service population. For some centers, there is no service overlap, while in others, all consumers may use VR services. The average ILC estimate of service overlap was 28% of shared consumers. For VR's larger service population, the overlap estimate is less, an average of 13%, with a range from no consumers to 50% overlap. Lacking relevant baseline data, it is impossible to see how this has changed over time, but this seems an important finding, albeit an estimate. (Some individual state systems and ILC records do maintain specific information on the degree of shared consumers, and the referral, service and placement patterns that support the relationship. But this information is not available system wide.)

2.2.3. *Assessment of the degree of collaboration*

The findings demonstrate the importance of collaboration from both the VR and ILC point of view. But, what is the current assessment of how this is working? For 40% of the ILCs ($n = 108$), current collaboration is poor or less than adequate and only 6% rated it as excellent. The VR agency responses ($n = 55$) is similar in terms of excellence (7%) but a little less gloomy regarding poor and less than adequate (27%). For the VR agencies, 65% regarded the situation as either adequate or adequate but less than excellent, while ILCs were

somewhat less likely to rate collaboration this highly (53%).

Three years is the time span of the ILC planning cycle. In terms of perceived improvement in IL/VR collaboration over the past three years, about half of the ILCs (51%) and half the VR agencies (47%) think things have stayed about the same. But almost half of the VR agencies see them as improving (47%) while 39% of ILCs report improvement. Ten percent of the ILCs and 5% of the VR agencies see collaboration as reduced during the last three years. Sixty-percent of ILCs indicated they believed that collaboration would improve in the next 5 years, and 68% of VR agencies responded similarly. The majority of both ILCs and VR reported working on strategies to enhance collaboration for improving employment opportunities for people with disabilities – 69% of ILCs and 57% of VR agencies. But a question about existence of memoranda of understanding show that, at least in terms of this one formal way to establish a collaboration, there are few in place in VR (7%), while from the ILC perspective, about a third of the centers report such agreements.

3. Conclusions

3.1. *Prospects for improving collaboration and employment outcomes*

This study provides a baseline for the extent to which collaboration is in place. In addition to the descriptive statistics summarized here, responses to the survey include examples of collaboration that have been suggested by either the ILCs or by VR for further study and development. To date, respondents have identified a number of examples of good collaboration, including use of the state plan to improve employment outcomes, ILC small business enterprises, an ILC assistive technology center, and collaborations initiated through Ticket to Work and Benefits Planning, Assistance and Outreach (BPAO) grants.

One example of creative collaboration is the partnership between the Wisconsin State Independent Living Council (SILC) and the Wisconsin Division of Vocational Rehabilitation (DVR), with extensive participation with many agencies throughout the state and involvement of other organizations in the state employment system. The SILC and DVR developed the state plan for independent living based on a comprehensive needs analysis that included community partners from the onset. Individuals with disabilities, community ad-

vocates and all of the governor's statutory disability-related councils were involved in the development of the plan's themes and objectives. Their plan established eight employment objectives to be achieved by 2004 and together they are successfully implementing many of the objectives. The objectives include: recognition of the employment objectives in the Department of Workforce Development strategic planning, exploration of lifting income and asset barriers as it applies to the Ticket to Work and Work Incentives Improvement Act of 1999 (TWIIA), facilitating and implementing a statewide accessibility analysis of the 72 job centers and additional vocational rehabilitation district office, assisting with the implementation of the TWIIA rollout through monitoring and policy feedback, collaboration between SILC, VR and Division of Workforce Solutions that resulted in a \$700,000 US Department of Labor grant, and increased dialog and collaboration. The Wisconsin example, an innovative statewide State Plan process that includes a focus on employment outcomes, shows the synergy of a collaborative approach and the expanded possibilities when all strategic partners are involved.

This example and others identified by ILCs and VR agencies will provide quality practices and models that can be initiated in other areas. As organizations continue to build collaborative relationships, a number of specific actions are suggested:

- *Make employment a core service of ILCs.* Employment services are widely provided in ILCs. Because employment is such an important factor in independent living and full participation, ILCs should consider elevating this wide range of employment-related services in their service programs.
- *Increase cross-location of staff in employment programs.* ILC staff in VR offices or One-stops will introduce many aspects of IL philosophy and peer support in these larger systems.
- *Increase cross hiring.* In our Wisconsin example, and in an increasing number of other state VR agencies, the head of the VR agency has an ILC background. Cross-hiring helps to introduce new ideas and respect for the other point of view.
- *Adopt successful service models* that have demonstrated success in other states and localities.
- *Improve data collection* and pay attention to the extent to which consumers are shared.

- *Train ILC leaders in collaboration skills.*

Collaboration is a management skill and should be part of the ILC "tool-kit" of management competencies. RRTC-ILM training will assist in replicating best practices and in building collaboration skills for independent living managers.

Acknowledgements

This study would not be possible without the state VR agencies and ILCs who took the time to complete our surveys and provide the information for the research. The research is designed to inform the development of ILC management training. At InfoUse, Heather Nygren, Joan Ripple, Sabrina Tom and Kathleen Apakupakul contributed valuable assistance in data collection, input and organization. The RRTC-ILM reviewed study plans and interim products, and provided information from their earlier ILC management survey.

References

- [1] A.E. Benjamin, S. Stoddard, L. Jans and C. Douglass, *An Evaluation of the Program: Improving Service Systems for People with Disabilities*, Los Angeles: RWJ Foundation, 1997.
- [2] D. Dew, M. McGuire-Kuletz and G. Alan, eds, *Providing vocational rehabilitation in a workforce environment – WIA. 27th Institute on Rehabilitation Issues*, Rehabilitation Continuing Education Program, George Washington University, Washington DC, 2001.
- [3] S. Hanson and T. Temkin, *Directory of Exemplary Programs & Practices*, Vocational Rehabilitation Independent Living Employment Outcomes Partnership Project InfoUse: Berkeley, CA, 1999.
- [4] T. Haworth and J. Chappell, *Disability Rights Movement: A Drive for Independence*, Independently published excerpts from Vocational Rehabilitation Services in Independent Living Centers. Institute for Rehabilitation Issues, Prime Study Group III, December, 1990.
- [5] J. Innes and D. Booher, *Collaborative dialogue as a policy making strategy Working Paper 2000-5*, Institute of Urban and Regional Development, University of California, Berkeley, CA, October 2002.
- [6] B. Means, S. Parkerson and K. Estelle, *Employability and employment approaches currently practiced in independent living programs Fayetteville*, Arkansas: Arkansas Research and Training Center in Vocational Rehabilitation, University of Arkansas, 1994.
- [7] T.M. Thayer and B.D. Rice, eds, *Vocational rehabilitation services in independent living centers*, 17th Institute on Rehabilitation Issues, 1990.