

THE ROLE OF SUPPORTED EMPLOYMENT AGENCIES IN PROMOTING THE HEALTH OF PEOPLE WITH LEARNING DISABILITIES

*A briefing report for Department of Health and
Agencies*

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EXECUTIVE SUMMARY

This research examines the role of supported employment agencies (SEAs) in promoting the health of people with learning disabilities in real jobs. Strategies used by the UK SEAs to prevent behaviour that risks health have been evaluated using a web survey. Fifty agencies took part to the first phase of the research by completing an online survey.

The activities of assessing, training and ongoing support in relation to health and well-being promotion initiatives were reported. Data on agency's awareness of the health problems people with learning disabilities face (e.g. eating habits, smoking, alcohol use etc.) were included in the survey results. The research identified health promotion assistance agencies either delivered directly or outsourced to health professionals.

The paper identifies the potential for agencies to capitalise on their role as employment mediators to promote healthy lifestyles for employees with learning disabilities, and to contribute to outcomes sought by recent UK government policy.

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1. INTRODUCTION

Government guidelines to health in the workplace

Evidence has shown a direct and positive link between employment and health. The main reason for this is that employment is synonymous with the financial and social benefits that facilitate positive health status. The UK government document “Working for a healthier tomorrow” [1] underlines this positive connection and it emphasises the importance of healthy workplaces designed to protect and promote people’s health. Collaboration with employers to get healthy working conditions is required, in order to help reduce public costs, in term of reduced health costs, and social exclusion.

The previous government strategy “Valuing Employment Now” [2] sets out the ambition that all people with learning disabilities should have the chance to work. Despite the current economic downturn, employment for people with learning disabilities remains a priority for the Coalition Government. The main channel that links people with learning disabilities with employment are Supported Employment Agencies (SEAs) and other organisations that provide a supportive process, and act as mediators between their client with learning disabilities, employers and other stakeholders (families, carers).

For this study, we define people with learning disabilities to be those who have a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) and with a reduced ability to cope independently (impaired social functioning) which started before adulthood and which has a lasting effect on development [3].

The role of supported employment

Supported employment as a system enables people with disabilities to get and maintain a job, allowing them to become more active in society and to become wage earning members of the workforce. This system provides individual and social benefits such as the passage from welfare benefits to the labour market.

While the term “Supported Employment” is used today to describe a range of vocational support approaches, the “job coach” SEA model that offers a “Place, train and maintain” [4] approach, where the first step is the placement in a real job, followed by a successful training for a specific job in a specific work context, is particularly suitable for people with learning disabilities. SEAs are active in mapping out an employment paths for individuals, starting from a person centred approach.

A personal pathway through employment for people with learning disabilities is achievable if it begins with a good assessment, to discover individual skills and interests, and matching this to the right job for the right person. Training in the target workplace is crucial to this SEA approach [5] and usually includes job practicalities, social support, health and safety and travel to work. The strength of this training is that it is held in the workplace; since every job is different, and employers’ have specific requirements, training is provided directly in the workplace. In fact contextualised learning allows people with learning disabilities to familiarise themselves with specific social demands of that particular workplace [5].

Training is usually broken into specific and easy to understand steps: in this way the person with learning disabilities can easily learn without creating dependency on other people. This training can also involve suggestions on how to cope with possible

social difficulties in becoming a member of a working group. Through workplace training and ongoing support, people with learning disabilities become progressively more independent in their tasks. Ongoing support is guaranteed from the agency and additional support for the employee and the employer is provided when requested. Ongoing support is important to avoid common reasons for job loss related to difficulties performing the tasks of the job, lack of motivation, and problems fitting in socially [5].

It is not clear if job coaches promote the health of their clients with learning disabilities. It is certainly the government's intention to increase the quality of job coaching and the government intends to create quality standards as guidelines to achieve this [1]. An example of health promotion through job coaching could be choosing a job that matches not just the person's interests and aspirations, but also matches key health outcomes for the individual. The job coach could select a job requiring some physical activities for a person who needs more exercise, in order to maintain the employee's health. Another way could be improving people personal health before getting employment, to meet a fitness requirement to obtain the job. Agencies could act as mediators not just on job practicalities but also making plans with the person with a learning disability, family and employer, helping to diffuse a culture of positive health. The UK government policies have underlined the importance of matching health promotion with employment [1] and this issue represents a challenge for both agency mission and interventions.

Relevance of health promotion for people with learning disabilities

Health promotion is particularly important for people with learning disabilities as research has shown that they are more likely to experience health inequalities in comparison with the general population, as underlined by the Department of Health in the last document on health inequalities. Health inequalities [6] are due to specific genetic and biological factors and exposure to social determinants such as poverty, poor housing conditions and unemployment. People with learning disabilities also face health difficulties because they can have poor awareness of their body and how it works, poor health literacy and limited communication skills making it difficult to convey any health problems they may have.

Being overweight and obesity are found widely among people with learning disabilities. Women with learning disabilities are more likely to be obese or overweight than men [7]. Also people living in a less restrictive environment and people with higher ability are at increased risk for obesity [6], most probably due to more independence in what people buy and eat in these living arrangements. People with specific syndromes, such as Down's syndrome and Prader-Willi, have inherited tendencies to gain weight [8]. Fewer people with learning disabilities have a balanced diet, with the right intake of fruit and vegetable [6]. Furthermore, many people with learning disabilities tend to lead a physical inactive life [9] and this represents a risk factor for cardiovascular disease, high blood pressure, high cholesterol and diabetes. Obesity is diagnosed at a younger age among people with learning disabilities than in the general population, probably due to socio-economical deprivation, dependence on others and consequently low level of physical activity, and greater consumption of food to counter boredom and social isolation [9].

Another behaviour that could be the object of concern for people with learning disabilities is smoking. People with learning disabilities do smoke, especially people who could be defined as more able, are male and live in a less restrictive environment [10]. Research is inconclusive on this issue. Levels of smoking have been reported to be lower among people with learning disabilities than the general population [7] while a study of adolescents with learning disabilities has found rates of smoking that are higher in comparison with non-disabled peers [6] and people with mild learning disabilities have been found to be more likely to smoke in comparison with people with severe disabilities [11].

Alcohol use is another area of concern. Alcohol abuse increases the risk of cardiovascular, respiratory and gastro-intestinal problems, causes additional difficulties in controlling epilepsy and increases the co-occurrence of mental health problems [12]. The literature on alcohol use by people with learning disabilities is limited, but high level of abstinence has been reported. Robertson and colleagues for example found that participants in their study never exceeded the government's recommended units of alcohol consumption [7].

The current study investigates the health promotion aspects of SEA provision.

2. DATA COLLECTION AND ANALYSIS

Research questions

In the first phase the project set out to answer the following research questions:

1. Do SEAs make themselves aware of the health issues faced by the people

with learning disabilities they serve?

2. How do SEAs support the health of people with learning disabilities?
3. What role does employment play in promoting good health for people with learning disabilities?
4. What are the main obstacles to health promotion from SEA staff's point of view?

Subsequent stages of the project will involve the researcher interviewing employees with learning disabilities, their families, their employer and job coaches to further explore what SEAs do to promote health, how they assist people to take part in employer health promotion initiatives and what impacts these initiatives have on people's health behaviour. Information from the web-survey will be used to identify a sample of SEAs and their clients to undertake the second and third stages of the research with.

Method description: Employment and health promotion web survey

The survey was composed of 34 questions in the following sections:

1. Agency details
2. Information about agency service provision
3. Information on the process used to pursue employment
4. Health problems faced by workers and health interventions used by SEAs
5. Training of agency staff in relation to health and health promotion
6. Social aspect of supported employment and support for traumatic life events

The questionnaire was composed mainly of dichotomised and Likert scale questions, with additional open ended questions. An “other” option in most sections allowed respondents to give appropriate explanations and further detail on their answers.

Ethical approval for the survey was obtained from the Cardiff University, School of Medicine’s Research Ethics Committee. The survey was designed and hosted on The Bristol Online Survey (BOS) system.

Sample

Participants

In order to get an overview of the UK’s SEA provision, the researchers negotiated collaboration with the various Unions and Associations for supported employment for each country within the UK:

- British Association for Supported Employment (BASE)- England and Wales
- Association of Supported Employment Agencies (ASEA) Wales
- Scottish Union for Supported Employment (SUSE)
- Northern Ireland Union of Supported Employment (NIUSE)

Each association approached their members with an email invitation from the research team containing information on the study and the link to access the online survey.

Data Analysis

After the web survey closed, data from agency responses were exported to a database and analysed with the Statistical Package for the Social Sciences (SPSS).

3. RESULTS

Agency participation

Fifty agencies took part in this study; England had the largest number of responses (79%), followed by Wales (13%), Scotland (4%) and Northern Ireland (4%) (Figure 1).

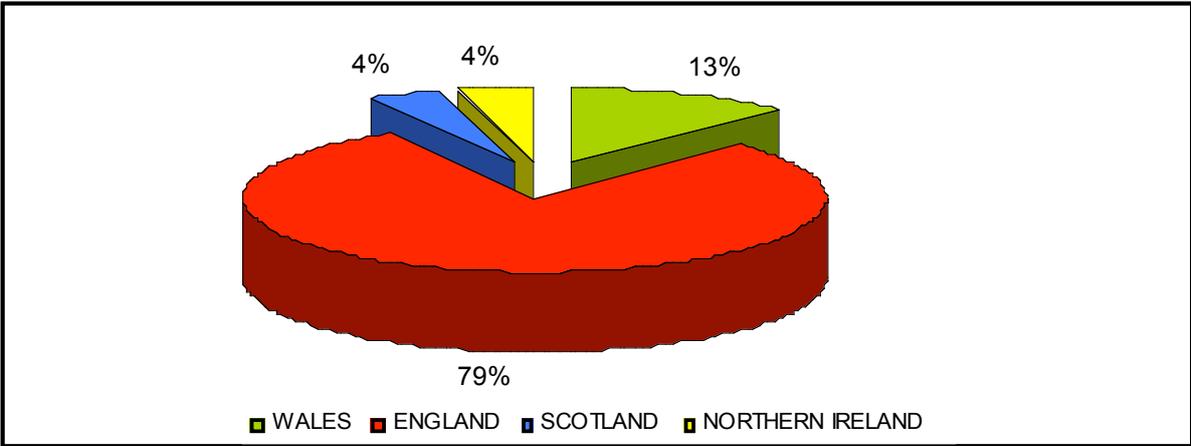


Figure 1: Responses by country

Agency service provision

All the agencies involved support people with learning disabilities. The majority support workers employed in ordinary workplace (86%), and 50% of the agencies provide jobs in their own enterprise and also provide vocational training for their employees (Table 1).

Agency service provision	Agencies	Percentage
Support for jobs in ordinary workplace	43	86%
Vocational training in ordinary workplace	24	48%
Jobs in your own enterprise	25	50%
Vocational training in your organisation	26	52%
Other	9	18%

Table 1: Summary of agency service provision

Thirty-two percent of the sample (16 agencies) are small size agencies supporting less than 20 people, but 16% (8 agencies) are large agencies supporting more than 100 people with learning disabilities (Table 2).

Number of people with LD supported	Frequency	Percentage
less than 20	16	32%
between 21 and 50	13	26%
between 51 and 100	11	22%
more than 101	8	16%
missing data	2	4%

Table 2: Number of clients with learning disabilities supported

Health information collected

The majority of our sample (91%) carry out an assessment of people with learning disabilities. When asked what they tried to assess, apart from job related information, 94% reported that they asked about physical barriers to work, 94% talked about health risks, and 60% talked about promoting health in assessment. Figure 2 shows the detail on whether agencies “always asked,” “sometimes asked,” or “never asked,” potential workers about the specific health issues shown. The results show that it is unusual for agencies to ask about client behaviour where it relates to health that may be seen as depending on client’s choice, as in the case of smoking (56% never ask), alcohol use (52% never ask) or usual diet (54% never ask).

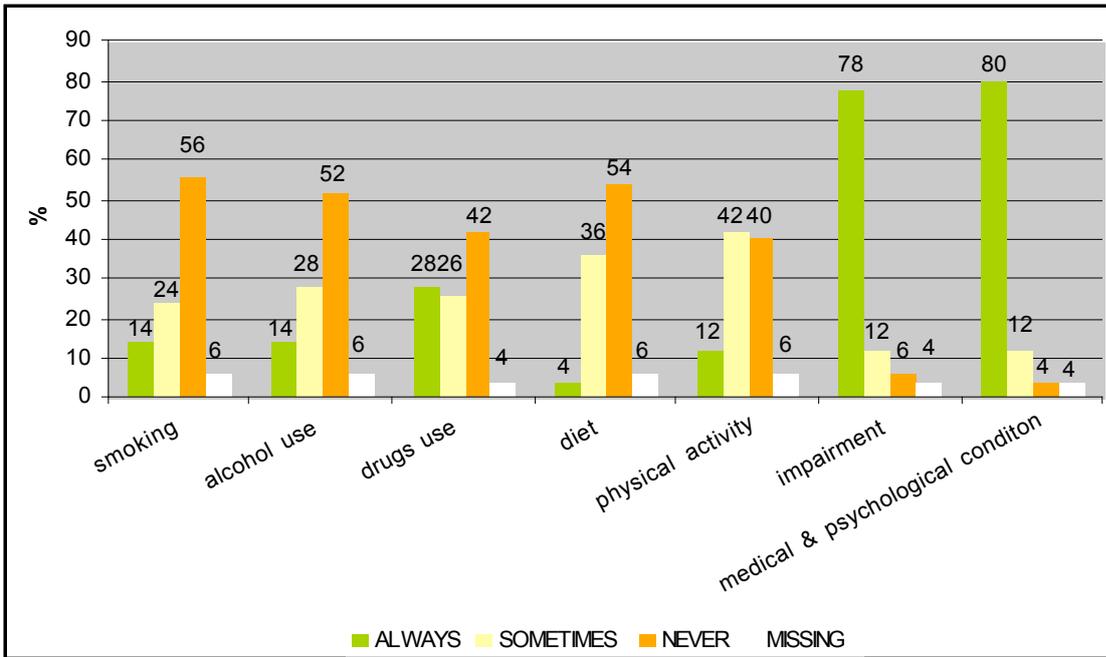


Figure 2: Agency awareness of client's health

There are some differences in the information given associated with the size of the SEA. Larger agencies (20+ workers) tend to provide information on a wider range of issues (those shown in Figure 2) than smaller agencies (less than 20 workers).

It is more likely for agencies to ask about drug use (28% always ask) as this behaviour is related to legal issues and some employers carry out checks with their employees on this issue. Agencies are much more likely to “always ask” about worker impairment (78% always ask), and medical and psychological conditions (80% always ask), because it is thought to be directly related to obtaining and maintaining a job.

Verbal advice for health promotion

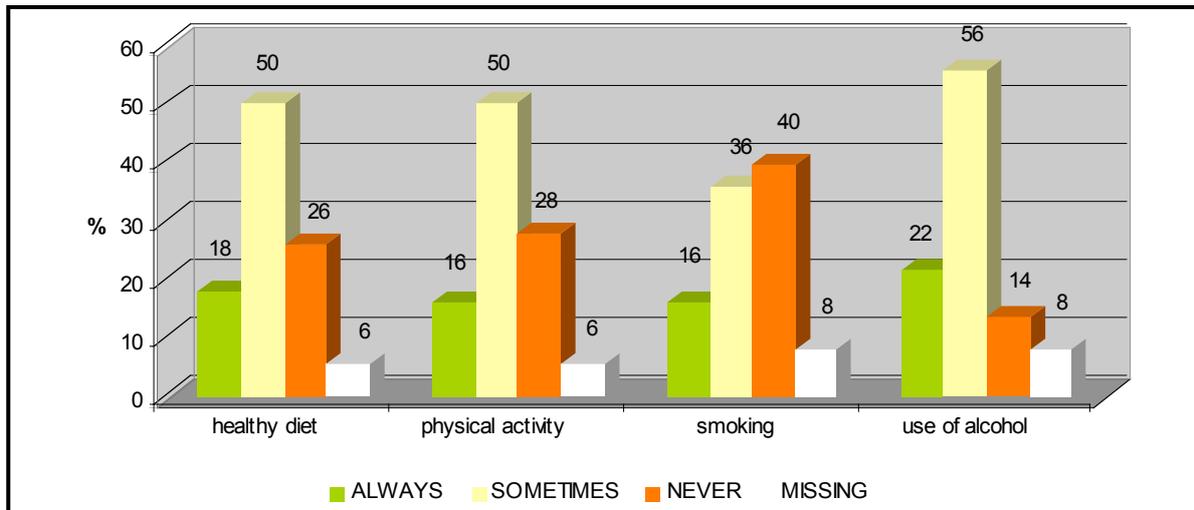


Figure 3: Verbal advice if client has health problems

Figure 3 shows that job coaches “always,” “sometimes,” or “never” give verbal advice over issues of health promotion. This is supported by provision of easy read information on smoking (50% of agencies do something), alcohol (60% do something) and drugs (60% do something). If a worker is overweight, obese or underweight it is likely the agency’s staff will provide advice on a healthy diet or on physical activity. Forty percent of agencies never give verbal advice if a client smokes. Verbal advice is quite inconsistent when a client uses alcohol, with 56% of agencies providing advice “sometimes”.

Planning to promote health

Figure 4 shows whether agencies “always,” “sometimes,” or “never” plan with workers, families and employers to promote the health of people with learning disabilities. It shows that it is rare for agencies to make plans with the worker and

employer in order to promote the health of people with learning disabilities. This is underlined by the fact that only 11 agencies (22%) routinely asked if employers offered health promotion activities, and only 7 of these ask information about it when employers did. Figure 4 also shows that it is unlikely for agencies to plan with the worker’s family if they have a weight problem, smoke, or use of alcohol.

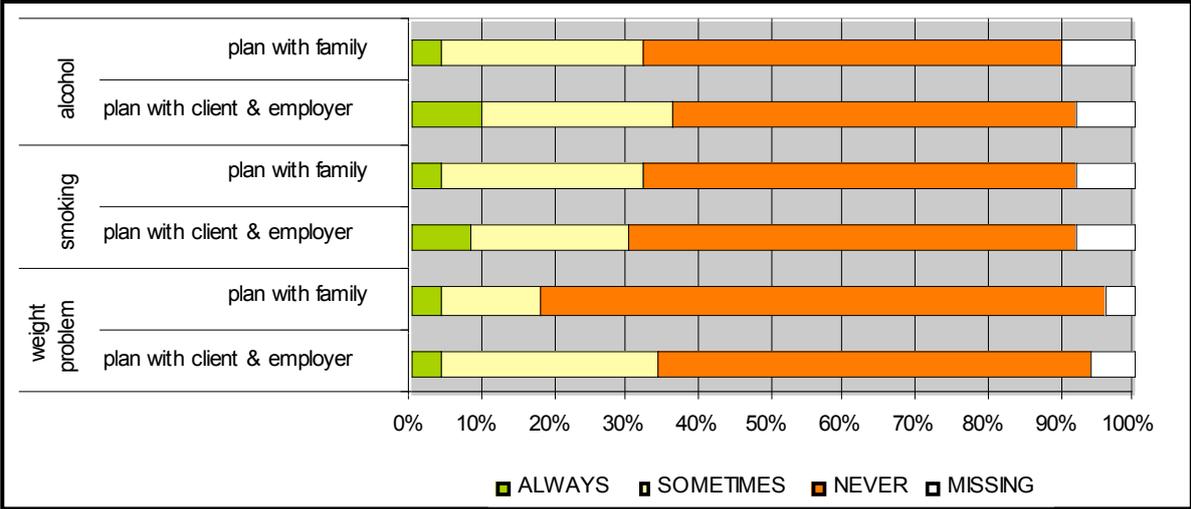


Figure 4: Planning to promote people with learning disabilities health

Involving health professionals to promote health

Figure 5 shows whether agencies “always,” “sometimes,” or “never” involve health professionals when they have identified a health problem with a worker. There is a difference in agency involvement of health agencies that depends on the nature of the health problem. Agencies are most active where a weight problem is identified, with 24% of the agencies “always” involving a health professional if a client has weight problem, followed by the 52% that “sometimes” do. Where smoking is identified as a health problem, active involvement went down to 52% (always + sometimes), with 42% of agencies “never” involving health professional if a client

smokes. Finally, for alcohol use, 58% of agencies “never” involve health professional with only 32% actively involving them.

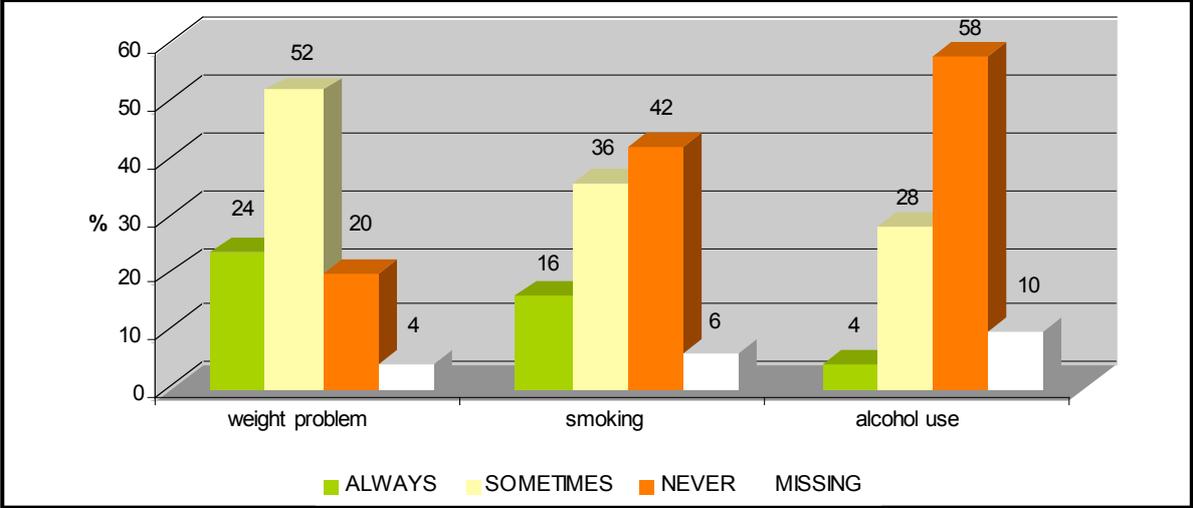


Figure 5: Health professional involvement

Obstacles to health promotion

Agencies were asked about the main obstacles to health promotion of people with learning disabilities (Figure 6).

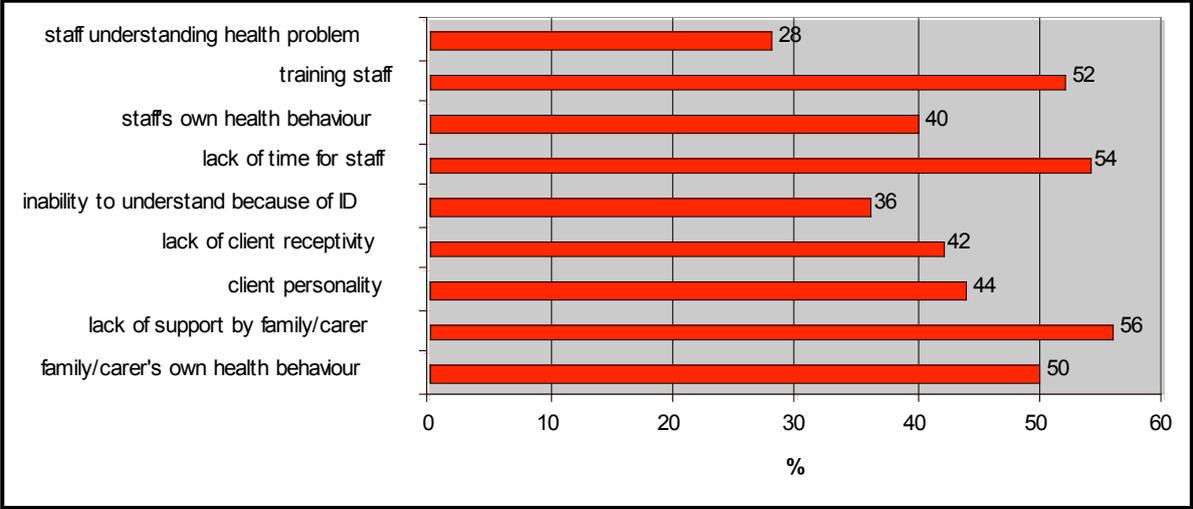


Figure 6: Obstacles to health promotion

It appears that a major obstacle is the lack of training for agencies staff (52% of agencies) and the lack of time (54% of agencies) to deal with health issues. Agencies underline that a lack of support by families (56% of agencies) is a key obstacle to health promotion, in conjunction with the family/carer's own behaviour health behaviour (50% of agencies). Agency staff considers these family attitudes and behaviours as possible obstacles, but at the same time they do not actively plan with families on the worker's health issues as noted from Figure 4.

Health training of staff

Agencies provide a significant amount of training in a number of practical areas of supported employment process. Half of the SEAs surveyed provide training to their staff on the health problems people with earning disabilities commonly experience.

Reported health gains and associated outcomes

Eighty percent of the agency sample reported that they had noticed health gains for their workers after they had been employed (Figure 7).

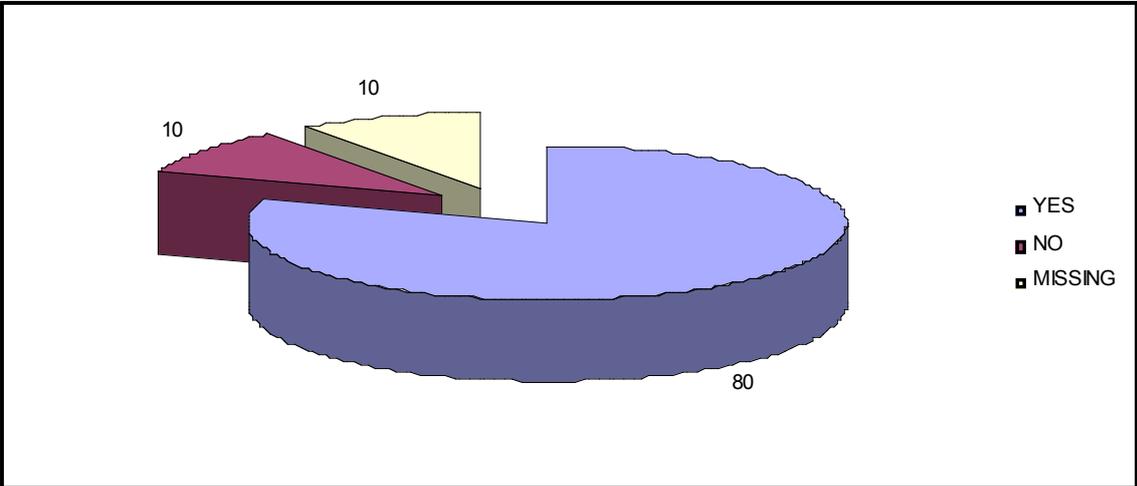


Figure7: Health gains after employment

Whilst of course we have no empirical data to support claims of health gain, this data does suggest that employment delivers some positive change for the health of people with learning disabilities in five major areas: mental health; physical health improvement; reduction of negative health behaviour, such as smoking, alcohol and drug use; and changes in weight and obesity. The following quotes illustrate these:

MH improved. Physical health improved where previously inactive. Healthy eating when staff canteen available. Access to specialist support via signposting where specific health conditions.

Improvement in mental health and self esteem. Weight loss due to increased physical activity. Reduction in alcohol consumption. Reduction in smoking.

Improvement in mental health

Losing weight, improved mental health

Better mental health

30% fall in number of employees smoking.

General well being, stamina, social well being.

Generally this is related to positive mental health, emotional wellbeing and a feeling of self worth and achievement. Other benefits would be around physical activity in getting up and going to work.

For some people undertaking work which involves physical activity has improved their overall physical fitness and general co-ordination.

Related to mental health - increased self confidence etc.

More active and better and healthier eating patterns.

More active. Interested in improving physical ability. Happier mental health improvements. Improved diet. Requests for stop smoking support.

Improved mental health. Improved confidence.

Improved behaviours, sleep patterns, less episodes of poor mental health, more motivated. Improved confidence.

Mental wellbeing, self confidence, higher self esteem.

Motivation and with that comes general improvement in health.

Increase in self esteem leading to a more positive outlook and reduction in sick time absence.

Loss of weight. More positive outlook on life. Better posture.

Increased activity, improvement in lifestyle/eating patterns.

Improved mental health. Improved diet / nutrition intake. Increased physical exercise.

More positive attitude. Customers have a purpose to get up in the morning and go to work. Less time to sit at home.

Too early - measures being developed.

Increased independence and self confidence leads to greater self belief and feelings of well being. Improvements both physically and psychologically.

Weight loss, regular sleep patterns, improved diet, increase well-being.

Better mental health, lifts depression, reduced anxiety, builds confidence, leads on to increased social and physical activities.

Improved fitness and stamina. Better mental health.

The mental well being of clients who achieve and sustain employment i.e. self esteem, which then impacts on motivation in other areas of their life including motivation and confidence to engage with others

Decreased smoking; more regular meals; less junk food.

Mental health improved confidence, sometimes a little fitter.

More aware of their health. i.e. others, become more socially active.

Reduction in stress leads to a variety of other benefits that vary with individuals.

An improvement in their sense of worth and therefore a lifting of depressive moods, Weight loss due to physical activity and increased energy levels. Confidence, increased ability, better mental physical health, overall positive outlook. Improved general well being. Improve rate of attendance in work. Improve self confidence,

Agencies also report increases in confidence and self-esteem and these may in turn be related with general well-being.

Giving them the discipline of work results in more self esteem and social interaction with friends.

Confidence over time.

Confidence building, integration, self esteem increase.

Life style. Copies role models.

Motivation, confidence, well being, happy.

Good timekeeping, reliable, the regular timetable of work helps with their confidence.

People tend to be more active, their personality develops more, they build more relationships with people which in turn makes them happier.

Only happier with a greater feeling of self worth.

These quotes represent evidence that SEA staff believe that there are significant health benefits agencies accruing to people with learning disabilities through getting a job. SEA awareness of these positive changes in health for people with learning disabilities represents an asset for those seeking to maximise health impacts of employment.

Agency practical help in accessing health care

Agencies also reported having helped workers to access basic health services and health checks. SEAs are thus in a key position to promote positive health behaviour. Table 4 shows that 70% of agencies had helped people get eyesight tests and/or glasses and 48% hearing tests or hearing aids. Similarly, agencies had played a role for some people in prompting attendance at a GP surgery (80%), a sport or fitness session (54%) or, to have regular meals at work (78%).

Agency helped person to:	Agencies number	Percentage
Get an eyesight test and/or to get glasses	35	70%
Attend a dentist	27	54%
Get a hearing test and/or to get a hearing aid	33	66%
Attend a GP	40	80%
Attend sport or fitness session	27	54%
Have regular meals at work	39	78%

Table 4: Support by agencies to access basic health services and health checks

Agency support for traumatic events

Finally, agencies reported whether they had supported workers with learning disabilities to cope with any traumatic life events. While such support can help people to keep their job when such events threaten to disrupt their employment. Support in these circumstances can, in turn, help people maintain good health and avoid negative impacts of life events on mental and physical health.

Agency helped person with	Agencies	Percentage
Bereavement	43	86%
Illness or injury	44	88%
Separation, divorce, relationship break-up	44	88%
Problems with family members/others	43	86%
Problems with the police	23	46%
Problems with employer/work colleagues	48	96%
Financial problems	46	92%
Sexual problems	28	56%

Table 5: Support by agencies for traumatic life events

Agencies reported a high level of intervention on these issues, with lower rates of providing assistance in problems with the police or sexual problems. This form of

intervention, although indirect, may well make a contribution to people's wider health and well-being.

4. CONCLUSIONS

The literature suggests that SE represents, in some of its forms, a process responsive to the specific employment needs of people with learning disabilities. Our sample represents a cross section of agencies providing employment, the majority focussed on a job coach model, with others providing an element of vocational training and employment within their own enterprises.

In terms of awareness of people's health, of health behaviour and health promotion, the knowledge of SEAs appears to vary considerably. Many agencies do not generally ask about key health issues of importance in health promotion such as: smoking, diet, and use of alcohol and drugs. Many focus more on medical and psychological conditions, which appear to be regarded as more relevant to the core business of getting and keeping a job. With this, the likelihood of SEAs being involved in a range of health issues that people face varied considerably. Some SEAs do seem to see helping people fit into work rules around smoking as relevant, but they are less likely to promote general health more positively. Few SEAs get involved with outside health professionals, employers, or families in discussing and planning around a person's health behaviour, around alcohol, drugs or weight problems. Some see mental capacity and informed consent as issues.¹

¹ This might be the case if a person lacks capacity to consent to such third party involvement but best interest or assent safeguards would be required.

In terms of the support SEAs do offer around health, it is rare for them to plan health interventions with the worker, employer or family. There is a difference in the areas in which SEAs will intervene, with weight problems receiving more attention, and SEAs are more likely to involve health professionals in the issue than offer in house solutions. Fewer refer on for smoking, or problem alcohol or drugs use. It is encouraging that significant numbers of agencies do have access to easy read materials around the common areas of diet, smoking and drinking. However, there may be scope for closer working between SEAs and health professionals in this sector, as it has been in schemes such as *Pathways to Work* in other sectors. Awareness of what employers are doing about health promotion for their workforce is also low among SEAs, reducing their ability to help people to take part in these where they exist.

SEAs do report that employment is a positive contributor to health, based on positive health changes among people with learning disabilities after employment. In supporting people to enter paid employment SEAs do appear to be promoting positive health. The types of health outcomes cited are broad in nature and include physical, mental health, fitness, weight loss and change in some problem health behaviours. It seems that agencies do have the potential to promote health through their mediation in all of the phases of obtaining and maintaining a job. They are party to the selection of job type and content, work intensively with people with learning disabilities and their families, work with employers and are in a position to identify health promotion activities employers may offer. As they are in a position to see people in a different context to those who support the person day to day, SEAs can potentially spot health problems and advocate that the person sees an appropriate

health professional. As a trusted intermediary, they can also play a role in helping people deal with traumatic life events, and reduce likelihood that stress and poor health outcomes result. Many SEAs report that they do this.

In terms of obstacles to good health outcomes from employment, there is some level of consensus among SEAs that, because it is not “core business” for them, there is a lack of time for SEA staff to concentrate on health outcomes and for training staff about relevant health issues. SEAs also cite a lack of support by families (and possibly from formal carers) and sometimes their failing to provide good role models, as being a barrier to health for their relative with learning disabilities. However, SEAs do not generally plan with families and carers around these issues and if employment is to succeed and better health is to become an outcome, then investment and work is needed to help carers and people themselves to tackle damaging health behaviour.

The precise role of SEA in health needs further clarification. Some SEAs regard the issue as important and organise accordingly. Others see these issues as for the individual to decide about and do not get involved. As public health responsibilities become more widely shared under new government proposals to relocate Public Health with Local Authorities, the question of whether health outcomes should be more actively pursued by SEAs will come into sharper focus.

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