UNDERSTANDING THE PERCEPTIONS OF PEOPLE WITH PHYSICAL DISABILITY BEFORE AND AFTER AN EMPLOYMENT MENTORSHIP PROGRAM

by

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UNDERSTANDING PERCEPTIONS OF EMPLOYMENT BEFORE AND AFTER A MENTORSHIP PROGRAM

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Abstract

Introduction-People with disabilities face numerous employment barriers. Disability benefits systems do not always meet beneficiary’s needs for financial stability, nor do they support pursuit of employment as one of the criteria for benefits is “unemployable”.

Objective- This study investigates the perspective on employment persons with disabilities have before and after their participation in an 8-month Employment Mentorship Support Program.

Methods- Pre and post-intervention interviews with people with physical disabilities were conducted and included questions related to disability benefits, goals for the program, and any concerns they might have. The thematic analysis of this interview data was guided by interpretive description where the researcher used their disciplinary lens and knowledge to understand the phenomenon and to interpret its usefulness.

Results- This thesis provides the results of the thematic analysis and a comprehensive view of these themes (accessibility, the right to work, difficulties obtaining work, mentorship expectations, and contributing to society).

Conclusion- In order for change to occur in the employment sector, it is essential that appropriate pre-vocational worker skills and appropriate supports are in place. This research will inform future programs about the perspective of and issues faced by people with disabilities considering employment, and provide decision makers with systematic evidence to better shape the disability benefits system.
Lay Summary

People with disabilities face numerous employment barriers. This study investigates the perspective on employment of people receiving disability benefits before and after participation in a mentorship program. Results were collated using interpretive description analysis, with individual passages being investigated for patterns within subjects’ responses. The emerging themes were related to accessibility, the right to work, difficulties obtaining work, mentorship expectations, and societal contributions.
Preface

This study was part of larger study evaluating the efficacy of an eight-month community-based employment program pairing volunteer mentors with people with physical disabilities. This work is reporting one aspect of the larger study, that being to understand the perceptions of the disabled individuals regarding employment prior to and following the program using a qualitative research design. The thematic analysis of this interview data was guided by interpretive description where the researcher used their disciplinary lens and knowledge to understand the phenomenon and to interpret its usefulness. Three themes were apparent prior to undertaking the program and included: the places and spaces we need to be; the right to work, and the work of finding work. Following the program, a change was observed with the following themes: expectations of the mentorship program, inclusion/contribution, and the work of finding work. This study was approved by the Clinical Research Ethics Board (UBC), H18-00968.
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List of Abbreviations

BC – British Columbia
CDPP - Canadian Disability Participation Project
CHA – Canada Health Act
DABC - Disability Alliance British Columbia
EMSP – Employment Mentorship Support Project
ICF - International Classification of Functioning, Disability and Health
MSDPR - The Ministry of Social Development and Poverty Reduction
OECD - Organization for Economic Cooperation and Development
PWD – Persons with Disabilities
PPMB - Persons with Persistent Multiple Barriers
UN – United Nations
UBC- University of British Columbia
WHO – World Health Organization
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Special thanks are owed to my wife and children who provided unconditional love, support and trust throughout this change and transition.
Dedication

I dedicate this work to Luciano and Vincenza and wish they will always remember: “One of the most difficult things is not to change society, but to change yourself”. — Nelson Mandela
Chapter 1: Introduction

Persons with Disabilities (PWD) benefits are a substantial part of British Columbia’s (BC’s) social assistance program for adults with severe physical or mental disabilities (BC Government, 2002). These benefits provide needed support for their recipients. However, as identified by numerous authors, receiving benefits contributes to the “economic deterrent” against self-sufficient employment due to fear of losing one's benefits (August, 2009; Cimera, 2012; Cohen, Goldberg, Istvanffy, Stainton, Wasik & Woods, 2008; Hernandez, Cometa, Velcoff, Rosen, Schober, & Luna, 2007; Maestas, Mullen, & Strand, 2013; Mendelson, Torjman, Battle & Lightman, 2010; Olney & Lyle, 2011; Stapleton and Erickson, 2004; and Stapleton, O'Day, Livermore & Imparato, 2006).

**Employment Rate PWD benefit**

People with physical disabilities face numerous employment barriers. In 2011, the employment rate was 49% among individuals aged 25 to 64 who reported having a disability, compared with 79% among those who did not report having a disability. Employment varied widely depending on the disability’s level of severity. Specifically, the employment rate among individuals with a mild disability was 68%, compared with 54% among those with a moderate disability, 42% among those with a severe disability and 26% among those with a very severe disability (Statistics Canada, 2011). People with “high” levels of physical disability – notably mobility challenges – face a range of barriers to employment. Physical barriers are present in the home, on the streets and sidewalks, in transportation, and in professional buildings. Psychological barriers include both personal issues (lack of motivation, low self-esteem, depression) and attitudinal prejudices held by potential employers (Statistics Canada, 2011).
**Definition of Disability**

In order to have a discussion regarding public policy and the people who are affected by such decisions, it is important to define health and disability. The principles outlined in the Constitution of the World Health Organization (WHO, 2018) define health as: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” They additionally state that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.

The International Classification of Functioning, Disability and Health (ICF) defines disability: as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

(WHO, 2018)

The ICF informs of the diversity of disability, in that some people with disability live in poor health, while others do not. Regardless of health or disability, all people have equal health needs and need equal access to health care services (WHO, 2018).

According to the PWD application guide (Disability Alliance BC, 2018), a person is determined to have a physical disability if their medical condition is severe, expected to continue for a period of 2 years or more, restricts their ability to manage daily activities (such as mobility, self-care, home management, community tasks and transportation) continuously or periodically. Due to these limitations, they require support from other people or assistive devices, and if these aids are not available, disabled individuals would find it difficult to complete daily tasks.
The following section will describe the background and rationale for this study.

1.1 Background

Welfare links individuals to needed supports (monthly income, subsidized housing, medical/dental, nutrition, transportation) when one is unable or lacks opportunities to work. If, however, individuals move from welfare to employment, they may lose access to these supports or have these supports reduced. So, once on disability welfare, many recipients with serious, chronic disabilities might find it difficult, if not impossible, to forego this modest income and benefits. It can be a safety net and one of the only ways they can obtain the essential support services that include supplementary health care, prescription drugs, dental and vision care, and child care) that generally are not available to the working poor (BC Government, 2002).

PWD Benefits

According to Klein and Ivanova (2018), 12% of British Columbians lived below the poverty line in 2016 and 4% relied on social assistance. Half of the poor are the “working poor”, and the remainder are seniors on benefits. Most of these are over the 75% poverty line threshold, and those below are mostly on social assistance. Social assistance annual income ranges from 43% of the poverty line for people expected to work (without children), to 68% for a single person on disability assistance to 71% for a single parent with 1 child. It was found that parents with a disability received assistance just surpassing the poverty line; however, these families face additional costs.

In a report by McCain and Chu (2017) it was reported that over 100,000 citizens in BC were given the designation of Persons with Disabilities. The PWD benefits system does not always
meet beneficiary’s needs for financial stability, nor does it support people in pursuit of employment. An individual can make up to $12,000 per year without having their benefits affected. If they make over this amount their PWD benefit is affected with a “clawback” which may or may not be a disincentive for employment.

Beginning September 1, 2016, everyone who had the PWD designation received a $25 monthly increase, and a $52 transportation support allowance. The shelter portion of the benefit that pays for housing may vary. For example, a single person on PWD or Persons with Persistent Multiple Barriers (PPMB) gets a maximum of $375 for shelter; a couple who are both on either PWD or PPMB get a maximum of $570. To get the shelter maximum, rent or housing payments must be equal to or more than the maximum amount. For example, a single person on PWD with no dependents with rent of at least $375/month will get the full shelter benefit. However, the shelter portion of benefits may also be used to pay for items, like phone or hydro if rent is less than the shelter maximum. In a second example, a single person with no dependents on PPMB, the maximum shelter allowance is $375 a month may have rent at $350 per month and use the remaining $25 of shelter allowance toward the cost of phone, as long as the phone bill is provided to the government.

For both PWD and PPMB, the support allowance does not increase if there are more than three people in a family. A single person will receive $758.42, shelter maximum of $375, transportation support allowance of $52.00, for a benefits total of $1185.42 if the PWD recipient takes Transportation Support Allowance in cash, and $1133.42 if the PWD recipient uses the Transportation Support Allowance for a bus pass. If one has children, they may be eligible for Child Tax Benefits.
If one has a disability and is receiving disability assistance, they can still work and earn an income. The money earned does not change the monthly payment, up to a certain amount. There is a new exemption limit each year and the current limits are: $12,000 for a single person with the PWD designation; $14,400 for a family with two adults where only one person has the PWD designation; and $24,000 for a family where both adults have the PWD designation. Money earned over the exemption limit is deducted dollar for dollar from the assistance payment. People do not get an assistance payment if they reach their annual limit, and their monthly earnings continue to be over assistance rates. People may be able to continue to get medical and transportation benefits and without losing their PWD designation (Government of BC, 2018).

Supplements are extra benefits one can receive from The Ministry of Social Development and Poverty Reduction (MSDPR) in addition to shelter and support allowances. These include monthly diet allowances, nutritional supplements, and crisis grants for unexpected emergency needs. Some people who live in group homes or residential facilities may be eligible for a $222 monthly allowance and a $52 transportation support allowance, which can be paid as cash or as a monthly bus pass (Advocacy Access-Disability Alliance BC, 2018).

The Disability Alliance British Columbia (DABC) (2016) reported initial disappointment by the small PWD increase announced in the provincial budget in spring 2016 and stated that people would become more isolated because they would need to choose between additional income and transportation. Initially there was a $45 annual bus pass administrative fee, which was subsequently eliminated due to advocacy efforts. Presently, recipients can keep their pass indefinitely, rather than reapplying each year. They are also able to switch back and forth between the pass and the extra $52 on a monthly basis, if they give advanced notice. Although
the DABC recognizes some positive changes such as the Annualized Earnings Exemption, this is the first increase in PWD since 2007 and is still inadequate in their view.

In the 2017 budget, there was a $50 increase to the PWD rate. BC’s Accessibility 2024 initiative includes a commitment and plan to make BC the most progressive province in Canada for people with disabilities. Advocates are urging that this plan resolve the constant lag between PWD rates and actual living costs. Neil Belanger, executive director of the British Columbia Aboriginal Network on Disability Society stated:

Our concern is that without further adjustments, people with disabilities will continue to live in poverty and that Community Living British Columbia (CLBC) will continue to serve as a crisis response system instead of proactively building capacity to meaningfully fulfill its mandate to promote real community inclusion (Disability Alliance BC, 2017).

**Background Studies**

As a background to this current study, two projects were conducted with the purpose to advocate for change to the BC PWD system. The first was an 18-month pilot demonstration completed by the ConnecTra Society, an affiliate non-profit organization of the Disability Foundation, and showed positive results:

The ConnecTra Society provides outreach services primarily for mobility and physically impaired individuals in Vancouver and the Lower Mainland. It serves as a connecting agency, linking people with physical disabilities to activities and programs that will, over time, allow them to grow, gain confidence and become increasingly more active and involved in community life. ConnecTra aims to get all people with significant disabilities living in the Lower Mainland as socially active and involved as possible, setting the stage for many to
consider training, education and work. This includes: workshops and presentations covering recreational, employment and lifestyle issues; offering one-on-one recreation planning sessions; and becoming a clearinghouse for information about available options. (ConnecTra, 2014).

The Employment Mentorship Support Project was created due to the understanding of unemployment that exists for persons with disabilities. The findings of the project showed that 115 volunteers supported 217 persons with disabilities to find employment, in which 30 were successful (ConnecTra, 2017) yielding a success rate of 15%.

Second, a partnership was established between the ConnecTra Society and the University of British Columbia. A funded Vancouver Foundation project was conducted that examined the experiences of those accessing PWD benefits (Fong, Hurlburt & Forwell, 2014). This study addressed employment, attitudes, and recommendations from those directly impacted by the PWD system, and findings showed that 60% of participants were unemployed, though 91% desired to work. Nine themes were developed from this work including: 1) Impact on quality of life; 2) Emotional response; 3) Dealing with the system; 4) Impact of PWD policies (personal); 5) Impact of PWD policies (employment); 6) Desire to keep benefits; 7) Need for changes to the system; 8) Improve supports to help people find work; and, 9) Self-imposed barriers.

From this research, eight recommendations for BC’s PWD system were described: 1) Maintain medical and dental coverage when working; 2) Accelerate reinstatement system; 3) Remove the earning exemption cap or introduce a graduated exemption policy; 4) Reduce complexity of and streamline access to the PWD system; 5) Build a culture of respect among those working in the PWD system; 6) Facilitate employment, provide financial support when entering work & fund workplace aids; 7) Increase monthly benefits to be at or above poverty;
and, 8) Examine scenarios that test employment options while receiving PWD benefits (Fong et al. 2014).

It is essential that there is an understanding about the appropriate supports required of persons receiving PWD to seek and engage in work that is based on evidence and not anecdotal information. People with disabilities experience multiple barriers in our society due to stigma, inaccessibility, unsupportive policies, and a lack of effective aid systems. These barriers can be insurmountable, although people with disabilities want and have the right to be productive and self-sufficient. The rationale for this study points to a gap in knowledge that is necessary to facilitate the supports necessary. The overall aim, purpose, and objective of this work is to address this gap. Based on the previous work, a large mixed methods project using a delayed intervention, randomized, controlled pre- and post-experimental research design with qualitative methods was developed. The project was developed to focus on the following aims: facilitation of employment for persons receiving PWD benefits (by providing pre-vocational skill development), provision of financial support for entering work, workplace aids, and supports to maintain work. Please see Appendix A for a description of the Employment Mentorship Support Project (EMSP).

According to the BC Government (2018), work means the labour or services an employee performs for an employer. Additionally, work is the time spent by an employee performing labour or service for an employer for which wages are payable. This study hypothesis that implementing employment support intervention will improve job prospects and actual labour market attachments (jobs) for people with physical disabilities in British Columbia by the end of the program, and these will be retained at the 3 month follow-up. This study specifically investigates whether through an intervention, the EMSP can help reduce barriers and increase the
potential for employment for people with physical disabilities. The program entails the recruitment and enrolment of 200 people with physical disabilities. They will be engaged individually with approximately 160 trained, community-based volunteer mentors for up to 8 months, during which employment goals will be worked towards. The intervention has a randomized wait list design with outcomes assessed at regular intervals. The data collection is organized in 2 cohorts to manage capacity issues, staggering the receipt of the intervention over 2 years. Results from participants receiving the intervention will be compared to those not receiving the intervention. The peer-to-peer and professional-assisted program through the ConnecTra Society was developed to assist persons with disability to build skills, consider employment options, and identify the necessary workplace aids to become employed. This study evaluates the outcomes for this program.

**Employment Mentorship Support Project**

The interventional elements of the EMSP incorporate the pairing of skilled volunteer mentors who have employment experience with disabled persons to build confidence, break the task of job-seeking into manageable activities, develop skills for securing work, consider employment options, and identify the necessary workplace aids to become employed. The format includes: one-on-one conversation, planning, and problem-solving sessions; workshops and presentations covering recreational, pre-vocational, employment and lifestyle issues; advocacy and companionship in untested and untried situations; and access to a clearinghouse for information about available employment options for persons with disabilities. The intervention period for each volunteer mentor-participant pair will be up to 8 months.
A manual has been developed and utilized for training volunteers (UBC & ConnecTra, 2017). This manual was created to guide the volunteer mentors while engaging with participants. In Section 1, there is information about the volunteer role in the project, contact information for the Community Connector, and some insight into the barriers faced by people living with physical disabilities. In Section 2, there is practical information about setting and working toward employment goals, the importance of personal branding and social media in self-promotion, and entrepreneurship and self-employment for participants who feel that this is their best path to gainful employment. In Section 3, there is advice for the application and interview process, and the challenging aspects of seeking employment for people with disabilities, including if, when and how to disclose a disability, request accommodation, and deal with biases once employed. In the Additional Resources section of the manual, there is information for leisure and recreation activities.

1.2 Literature review

Human Rights

The World Health Organization (WHO, 2013) Constitution states that health is a fundamental right of every human being. This includes access to timely, acceptable, and affordable health care of appropriate quality. This means that governments must generate conditions that range from ensuring availability of health services, healthy and safe working conditions, adequate housing and nutritious food.

The United Nations (UN, 2000) Committee on Economic, Social and Cultural Rights, which monitors compliance with the International Covenant on Economic, Social and Cultural Rights, adopted a General Comment on the Right to Health in 2000. It states that persons have a right to
timely and appropriate health care and that the right to health contains four key elements; availability, accessibility, acceptability, and quality.

At the UN Convention on the Rights of Persons with Disabilities in 2006, it was recognized that:

persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. Additionally, all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. (WHO, 2011)

The fundamentals of Canada's publicly funded health care system basics remain the same—“universal coverage for medically necessary health care services provided on the basis of need, rather than the ability to pay” (Health Canada, 2012). In 1984 federal legislation, the Canada Health Act (CHA), was passed. This legislation replaced the federal hospital and medical insurance acts, and consolidated their principles of portability, accessibility, universality, comprehensiveness, and public administration (Health Canada, 2012; Madore, 2005). Picard (2013) opines that the problem of the CHA is that it has been attributed to all manner of powers it does not have. It does not prohibit private delivered care, for-profit facilities, sale of private insurance, user fees, and extra-billing. Picard further states that Medicare is no longer about principles; it is about money.

**Unemployment**

Thankfully, the BC Government increased the Annual Earnings Exemption (AEE) for people receiving PWD benefits by $2,400 a year. Jane Dyson, executive director of Disability Alliance BC, stated: “We are very pleased to see an increase to earnings exemptions come in with the rate
increase. Work offers people dignity, independence and it connects them to their community. Increasing the earnings exemption is also a good step towards poverty reduction” (DABC, 2017).

The unemployment and social policy situation must also be viewed from a consumer perspective regarding the goals of people who require such services and what they would ideally wish to do and contribute. Olney and Lyle (2011) note that “between 30-90% of working-age beneficiaries express an interest in working”. Not only are there personal and economic benefits to those seeking and obtaining employment, there are societal benefits. Cimera (2012) discussed potential benefits for taxpayers in that supported employment resulted in up to $1.46 return per dollar investment. In addition, Cimera’s (2012) research also reveals that these results are regardless of disability type.

Cohen et al. (2008) found that employment means more than financial security for people with disabilities, also indicating beneficial effects on quality of life, self-identity, and self-value. Lewis, Dobbs and Biddle (2013) echo these sentiments in which they found that employment and support had positive effects on an individual’s sense of worth, well-being and financial security. Saunders and Nedelec (2014) additionally found that work adds structure to people’s lives, promotes increased activity and can be tied to deep personal meaning.

Access to health care and employment supports has also been an issue in disability policy. Disability policy has shifted in Canada from viewing disability as a challenge to the law, to a medical and economic deficit, and finally as a sociopolitical issue. This has changed the view of disability from an individual limitation to a social responsibility to address the needs of people with disabilities (Bond & McColl, 2013; Jongbloed, 2003).

In a report by the Special Parliamentary Committee on the Disabled, three goals of people with disabilities were identified: “to be treated with respect, to have the right to control their fate,
and to have opportunities to participate equally” (Smith, 1981). However, Canadian disability policies are inconsistent due to varied demands, the fragmented welfare-state policy system, and the questions related to what it means to have a disability and what society “owes” people with disabilities. The development of a “normative foundation” for the goals of respect, participation, and accommodation needs to be addressed in order for progress to be made towards consistent disability policy (Bickenbach, 1993; Bond & McColl, 2013; McColl & Jongbloed, 2006).

**Social Policy**

Various ideas can influence policy decisions. This refers to knowledge and evidence about what is and/or what ought to be (Pomey, Morgan, Church, Forest, Lavis, McIntoch & Dobson, 2010). Policy decisions are affected by societal values and culture, government style, and ideological thinking of professional groups (Hall, 1997). It can be argued that the CHA and disability policy show consistencies in that they have underlying values of an accessible health care system and policies for disability advocacy. In reality, they exacerbate societal barriers and contribute to the marginalization of disabled Canadians.

Canada has a high risk of relative income poverty of persons with disabilities, one-third of who have incomes below 60% of the household-size adjusted median disposable income. This is one of the highest proportions in the Organization for Economic Cooperation and Development (OECD). Other OECD countries, such as the Netherlands and Sweden, have poverty rates for this group as low as 10% (Heonjoo, Gomes, & Prinz, 2010).

Heonjoo et al. (2010) question the paradox of OECD countries including Canada, of workers leaving the labour market due to health problems or disability, and at the same time
many working-age adults with reduced work capacity are denied the opportunity to work. The authors opine that this paradox warrants explanation and action.

According to Stone (2012), “Need is probably the most fundamental political claim”. Stone discusses the equality-efficiency trade-off of public policy and states that extreme inequality limits the very poor to contribute, be productive, or invest in themselves. Stone states that reducing poverty can improve poor people’s productivity, increasing economic growth and social welfare. Opponents of welfare rest on the assumption about human nature called “moral hazard” in which there is a belief that public assistance programs undermine work motivation. Paradoxically, understanding disablement from a social and common human condition is crucial. Although one might not have a disability now, there is a high chance one will have a disability in the future. As such, it is important to look at the commonalities humans share rather than differences (Bickenbach, 1993).

Stone (2012) argues that liberty is the availability of choice and the ability to exercise this choice, and that this is expanded when a person has control over their choices. According to John Rawls’ Theory of Justice (1971), “each person is to have an equal right to the most extensive basic liberty compatible with a similar liberty for others” (p. 266) and that inequalities are to be arranged so they benefit the least-advantaged in society and that there is fair opportunity. This is in accordance to the Canadian Charter of Rights and Freedoms, which states in Section 7: “Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice” (Government of Canada, 1982).

For people who experience marginalization, their right to make occupational choices may not exist or may be significantly constrained due to social structures that are beyond their individual
control. Thinking critically about occupational injustice requires attention to the ways in which occupations are shaped by broader social, historical, economic, and political structures that are beyond an individual’s control (Galvaan, 2012; Gerlach, 2015).

**Occupation**

Townsend and Wilcock (2004) write that access to occupations of personal meaning and societal value is seen as a right. The quality of life of all persons are influenced by the occupations they engage in every day. Participation in the occupations of self-care, play, education, and work sustains our health and well-being. Unfortunately, for many citizens in Canada and worldwide, occupations are not easily undertaken. For those marginalized because of disability, participation in occupations is often restricted (Galvaan, 2012; Gerlach, 2015; Townsend & Polatajko, 2013).

Hammell (2008) defines occupational rights as “the right of all people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (p. 62). Hammell (2015) argues that despite national and international legislation on human rights there continues to be occupational injustice for disabled persons to participate in meaningful activities such as education, employment, or full community participation due to inequalities. Metzl and Hansen (2014) have identified “structural competency” as the ability to discern the impact of conditions—such as policy decisions, ableism, ageism, sexism, racism, poverty, and stigma—on inequalities, and the committed endeavour to act on the structural determinants of inequality. This is specifically exemplified by Hammell’s (2015) challenge to occupational therapists to be structurally competent to explore
occupational opportunities, occupational rights, and participation at a political and policy level and uncovering discriminatory and ablest inequalities.

In the work by Townsend and Wilcock (2004), four occupational rights are described: “to experience meaning and enrichment in one’s occupations; to participate in a range of occupations for health and social inclusion; to make choices and share decision-making power in daily life; and to receive equal privileges for diverse participation in occupations” (p. 75). Despite disability, if one wants to engage in meaningful occupations such as work, they should have the right to make such a choice as any other person in society.

In an exploratory analysis of WorkBC, Hole, Stainton, DeVolder & McDonald (2016) report that the employment programs for people with disabilities have typically been provided by grass-\root organizations who provided case management and specialized services. WorkBC (2018) is the British Columbia government’s program to help residents of the province to navigate the labour market. WorkBC helps people secure employment, explore career options through skill development, and assists employers fill job vacancies. WorkBC offers the following supports: database of B.C. job postings, career tools, a blog featuring trends, job-search tips, employment programs, an interactive map of WorkBC Employment Services Centres across the province, and live chat for instant help with navigating the website.

The report by Hole et al. (2016) was a qualitative study on how the restructuring of employment programs in BC, namely WorkBC, have supported people with disabilities. The findings revealed that participants (providers and recipients) felt the model was not an effective system. The attempt of the WorkBC program since 2012 was to provide a generic system based on results, however, any specialized assistance or support had been lost. The key problem areas described were: a lack of specialized support, inaccessible centres, reduced inclusivity, and
inefficient administration. Similar themes were discovered in this present study. The following chapter will outline the trends, implications, and recommendations for improvement.

In Sweden, people with disabilities receive supports from jobcentres through the National Labour Market Board. Vocational supports are to be put in place through the adjustment of the environment in order to minimize employment restrictions in accordance with the ICF. Unfortunately only small number (4.5%) of people with disabilities become employed (Isaksson, Mettavainio & Ahlgren, 2004).

Isaksson, Mettavainio and Ahlgren (2004) conducted a qualitative study in which they interviewed 10 disabled jobseekers who had obtained employment in order to determine the factors of importance. The results of this study had similar findings to this study in that participants described the process of finding work as a “long struggle”. Work was described as important and part of one’s identity. Participants were motivated to work but had a decreased self-confidence regarding their ability to be successful. Comments also were made regarding decreased joy and isolation while unemployed. Despite this there was a consistent longing to be “efficient citizens” through work, and to experience well-being and fellowship.

Participants in the study referred to the following keys to achieving success in returning to work and establishing a strong worker identity: being an active jobseeker, vocational courses, work experience, and rehabilitation programmes. Measures such as setting a time to return to work, individual support, and adjusted or flexible work was reported as empowering. Participants’ also commented that reorientation to their disability through adjustment and discovering a new work identity were helpful (Isaksson, Mettavainio & Ahlgren, 2004).

In another qualitative study, Bal, Sattoe, van Schaardenburgh, Floothuis, Roebroeck and Miedema (2016) looked at the challenge young adults with physical disabilities experienced
finding and maintaining work. The findings showed that the following factors were found beneficial and were recommended to facilitate employment and reduce barriers according to the ICF: Physical functions and capacities (job interview skills and job placement), supervisor's attitude through education, self-esteem, self-efficacy (peer supports), openness, and assertiveness. These barriers may be exacerbated, however, by the strictures of a neoliberal job environment.

Esposito and Perez (2014) describe neoliberalism “as a broad-based political and intellectual movement to advance the market as the most efficient mechanism for organizing virtually all aspects of human/social life” (p. 418). There exists a paradox of wanting to participate in meaningful occupations, yet social policies equate the value of a person in what they produce economically, reinforcing neoliberal ideals. Citizenship should be promoted through policies and programs that encompasses full citizenship at an economic, social and political level. People have a right to work and neoliberal ideals struggle with this, as they focus is on individualism, employment and efficiency versus diversity and choice.

The World Federation of Occupational Therapists (WFOT) position on human rights in relation to occupation and participation endorses the UN Universal Declaration of Human Rights:

- People have the right to participate in a range of occupations that enable them to flourish, fulfil their potential and experience satisfaction in a way consistent with their culture and beliefs.
- People have the right to be supported to participate in occupation and, through engaging in occupation, to be included and valued as members of their family, community and society.
People have the right to choose for themselves: to be free of pressure, force, or coercion; in participating in occupations that may threaten safety, survival or health and those occupations that are dehumanising, degrading or illegal.

The right to occupation encompasses civic, educative, productive, social, creative, spiritual and restorative occupations. The expression of the human right to occupation will take different forms in different places, because occupations are shaped by their cultural, societal and geographic context.

At a societal level, the human right to occupation is underpinned by the valuing of each person’s diverse contribution to the valued and meaningful occupations of the society, and is ensured by equitable access to participation in occupation, regardless of difference.

Abuses of the right to occupation may take the form of economic, social or physical exclusion, through attitudinal or physical barriers, or through control of access to necessary knowledge, skills, resources, or venues where occupation takes place. (WFOT, 2010)

There is certainly a role for occupational therapy to clarifying the nuances of work that fits with the concept of citizenship. This can be through promoting and upholding policies and programs of full citizenship (political, economic, and social). However, when both work and citizenship are viewed purely as economic, then the relational needs are not met. One of the underlying issues is the individualism at the heart of neoliberal views of productive citizenship.

The right to participate in meaningful occupations can be viewed from the basis of the capability approach. Sen (1999) described three elements of the capability approach: functionings (what we are capable of being and doing), capabilities (the functionings a person has the opportunity and ability to achieve), and agency (the freedom to choose the functionings
one values). This has significant implications as a diversity exists amongst people in what they are capable of doing, and what they choose as meaningful to them. Unfortunately, our society and policies emphasize the economic contributions people make based on employment, and opportunities do not always exist for everyone to achieve what they choose and/or have the ability to do.

Prince (2010) discusses disability policy in Canada with reference to citizenship. Contributions include recommendations to increase disability theory and research to investigate the inequalities that exist in our society, broaden the concept of citizenship to be more inclusive, and how policies should be deconstructed to enable more inclusive citizenship. Prince (2010) argues that persons with disability are “absent citizens” due to their experiences of disadvantages in culture, material, and politics. With a change in ideas of disability, resulting from removing attitudinal and environmental barriers, there could be a change in the number of persons with disability entering paid employment in some capacity. Prince (2010) calls for action to enable citizenship by turning away from neo-liberalism and adopting a form of “social liberalism” which broadens the concept of citizenship by being more inclusive. This inclusivity calls to government to reduce discrimination, improving services and benefits, and engaging the disability movement in governance and policy decisions.

The recently proposed Accessible Canada Act and the Senate report on recommendations for Revenue Canada concerning the disability tax credit (Breaking Down Barriers), are examples of engaging the disability movement in policy decisions. These proposals aim to remove the barriers against the contributions of disabled Canadians. Persons with disabilities should be leaders in implementing these proposals. The implementation should be based on a new mantra: “What’s about us; is up to us” (Etmanski, 2018).
An example of a public policy alternative was the Ontario basic income pilot project. Under the project, a single person could receive up to about $17,000 a year, minus half of any income earned. A couple could receive up to $24,000 per year. People with disabilities could receive an additional $6,000. This pilot project commenced in April 2017 and was originally scheduled to last three years, exploring the effectiveness of providing to those living on low incomes whether they were working or not. Approximately 4,000 households in five communities across Ontario were enrolled in the program. Unfortunately, Children, Community and Social Services Minister Lisa MacLeod announced on July 31, 2018, the program would be discontinued as part of the new government's plan to reform social assistance (CBC News, 2018). This is also an example of social policy decisions being made without the inclusion of the disability movement.

There is a gap in the literature on how to best support people with disabilities to become employed and reduce barriers. The rationale for this study is to better understand the perspectives of people with disabilities regarding employment, and propose an employment support program in order to address this void.

The following study focuses on those on PWD and issues related to potential employment. In Chapter 1 a background for the study is presented, and a summary of the literature outlining the barriers faced by people with disabilities in achieving financial stability and pursuing employment is provided. Chapter 2 details the description of the methodological considerations and assumptions, highlights my positionality, the research questions to be addressed, data collection/management procedures and trustworthiness, analysis procedure of the study, and an overview of the knowledge translation plan to disseminate the results of the study. Chapter 3 presents the findings of the study based on the pre-EMSP interviews. Chapter 4 presents the
findings of the study based on the post-EMSP interviews. Finally, Chapter 5 provides a
discussion, implications of the work, limitations of the study, and future work/directions.
Chapter 2: Methods

Based on the deficiency of literature on the supports and policies needed to facilitate the employment and societal contributions of people with disabilities, the following chapter will discuss the methods in this study. The rationale for this study was of vital importance as people with disabilities want to be employed, yet the barriers to this are often insurmountable. It was necessary to draw from evidence that was based on their perspectives of employment and support programs, in order to provide recommendations on how best to improve supports and adopt policies to do the same. As a result, a core goal for this study was to determine the most significant themes within perspectives of people with physical disabilities. Due to the high rate of unemployment of people with disabilities, it was important to have a better understanding of their perspectives regarding employment, before and after a mentorship program, to obtain information and recommendations to improve such programs. It was also important to obtain information and recommendations to better match mentors with mentees, with the aim of facilitating improved collaboration. The program requires goal-oriented structure and engagement for success.

It is interesting to note that changes have been made at a policy level in BC while this study was occurring. That being said, the information from this study and the larger study will further contribute to recommendations for employment programs and policy expansion. This study helped to address this gap.

2.1 Methodological considerations and assumptions

The following is a review and critique of the approaches and stances which lead to my positionality for this study.
Thorne (2016) discusses how the health sciences took up qualitative methods, particularly a phenomenological approach in understanding a patient’s lived experience. However, in contrast to a purist’s approach to the understanding of essence, being and separation of the person from their world, health researchers adapted the approach for the purposes of improving sensitive practice. As a result, various researchers blended the available traditional approaches towards better ways to meet the knowledge needs of health professional and still maintain standards. Sandelowski (2000) states that any qualitative approach can have the look, sound, feel of other approaches. Work can be produced from the use of methods that are variously textured, toned, and hued. Sandelowski (2000) stresses that qualitative descriptive studies can have a significant contribution in health sciences research.

When characterizing the purpose of my research it was important for me to keep in mind the outcome of my study in terms of theory. I became informed about what theory already exists, and what theory I was trying to build. This helped address my dilemma related to choosing structure versus flexibility in my approach. Some of the challenges that came up when deciding to take a structured approach or not was that it was difficult to set aside theoretical ideas and previous knowledge, to allow the theory to emerge from the data. This was especially true as I am a practicing occupational therapist and work with marginalized populations, where I have seen first-hand how policy and systems can do a disservice to those who most need their supports. My belief was that research and methodology was iterative and that the research and researcher have a collaborative relationship in building knowledge.

A crucial point made in this study was the importance of giving voice to the people who were experiencing this phenomenon of unemployment, thereby gaining a better understanding of their lived experience. Hammell (2013) calls for the occupational therapy profession to partake in
critical reflection concerning its self-proclaimed commitment to client-centred practice. Reference is made to the fact that the profession has defined client-centred practice without clients’ perspectives, or in a collaborative manner. Hammell suggests that client-centredness may be politically and professionally motivated for reasons of status and power, which further contributes to the oppression experienced by disabled people. An example of this can be the gains one makes professionally to advance their career through the pursuit of management positions, and further education to obtain academic status, which becomes the motivating factor above the clients who they are said to be helping.

An additional challenge was using an applied research design and integrating the theories of critical disability studies and occupational justice. Meekosha and Dowse (2010) discuss how social work can be both an enabling and disabling profession when working with a disability population and this can also be applied to the field of occupational therapy. Discussion centers around society as a neoliberal welfare state where people are equivalent to what they produce as far as work, and the unequal opportunities that exist for disabled persons, which leads to further marginalization. Disability is conceived from an individualistic and diagnostic perspective of deficiency. In this view health professionals act as gate keepers, advocates and agents to a political system rather than working with disabled persons. Meekosha and Dowse (2010) argue for a society where health professionals are allies with disabled people in the struggle for social justice. This can be achieved by the awareness that disabled people are fighting for the right to be disabled in a just society, a contention significantly different from the original interpretations of health professionals. This is summarized in the words of the disability movement, ‘Nothing about us without us.’ Sumption and Law (2006) refer to the five core elements of client-centred practice being: power, listening and communication, partnership, choice, and hope. Hope has
referenced moving towards a more positive view of disability described by Swain and French (2000) as the affirmation model of disability, emphasizing positive identity and self-determination.

As my research question was applied, I found my way into interpretive description, as the classic methods did not fit (Thorne, 2016). Interpretive description rose from the need of the applied disciplines for useable knowledge that is credible and defensible, versus attempts to adhere to the rigours of theory-driven approaches. In fact, Thorne argues that methods should never drive research agendas. The nature of classic methods in social sciences is to see theorizing as a worthy goal in of itself. In direct contrast, applied science draws directly from clinical realities, and the hopes of theorizing are to facilitate better application. Interpretive description arose from the necessity to do applied qualitative research that can generate understanding of clinical phenomena, which would be useful to disciplines practicing in the field.

In clarifying the theoretical underpinnings of my research, Thorne (2016) recommends the researcher locate themselves and capitalize on being an instrument of the work itself. Thorne summarizes how phenomenological frameworks require the researcher to strive toward epoché, to set aside (bracketing) any biases they might have before attempting to understand the essence of the phenomenon under study. This is not consistent with the advancement of knowledge in applied research, and this has led to researchers misusing phenomenological approaches. Thorne states that disciplinary orientation for knowledge advancement is critical to applied research. This awareness leads to epistemological positioning of what the applied researcher decides to observe and the sense made from these observations. The knowledge gained from this information will also be dependent on the discipline’s understanding and interpretation of the
population and problem. Finally, Thorne states that the researcher should reflect upon the ideas, motivations and biases they hold that may influence the research agenda.

According to Heath (1997), the proposal in qualitative research should use specific language to name and describe your research paradigm. The term "paradigm" is used to represent the epistemological, conceptual foundation for qualitative research. My research paradigm was based on the philosophical underpinnings of social constructionism. Constructionism (Schwandt, 2007) is based on knowing and is a process of making sense of experience which is continually tested and modified. Interpretations are not constructed in isolation, but rather from a shared process of understanding and interaction. Constructionists are concerned with differences and reject the self-determination of nature. There are three types of things that can be socially constructed: (1) items or objects; (2) ideas; and (3) facts or truths. The weak version of constructionism focuses on how experience of an item, idea or truth is socially constructed. Strong social constructivists deny any ontology of reality. Lincoln and Guba (2011) state that constructivism adopts a relativist ontology and a transactional epistemology.

Social constructionism was the basis of my research study as I obtained information from people on PWD benefits and tried to better understand their perspectives of being unemployed, all the while adding to this information my perspective and interpretation as a clinical researcher in providing recommendations for improvements to social policy. This was a good match for my research study as I was interested at better understanding the perspectives of disabled people’s goals regarding working and employment and the efficacy of a mentorship program in supporting such goals. The interview guides for this study assisted in obtaining information about the participants’ goals, work history, barriers, program expectations, benefits following the program, and perspective of employment following the program.
Meekosha and Shuttleworth (2009) inform that the diversification of critical social theory has opened up new modes of critical enquiry. “The politics inherent in disabled people’s lived experience and the multiple socio-cultural factors that can constrain their agency, so difficult to theorize in terms of a strict materialism, constitute a central area for critical disability studies” (Meekosha & Shuttleworth, p.19). Disablism is “a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing” (Thomas, 2007, p.73). Goodley (2013) summarizes critical disability studies in that the social model can only partially explain the disability experience and that the individual impairment is an equally important element. Davis (2002) described critical disability studies as dismodernist where disabled people are integral to the understanding of oppression.

This study was of significant importance at an individual level and societal level. People should have the right to make choices in their life regarding their health and wellbeing, as well as the meaningful occupations that contribute to this wellbeing. Earlier research has shown that policy and the disability system has not worked for people in facilitating choice as they feel they cannot engage in any type of meaningful occupation while receiving necessary financial support, for fear of losing this baseline. I have worked with clients as an occupational therapist who have multiple health needs and have seen first-hand the difficulties they experience navigating the health care system, and how they are at an extreme disadvantage in other social aspects such as housing, work, nutrition, transportation etc. which compelled me to conduct this research. The PWD system is but one example of social policy that perpetuates the marginalization of people with disabilities, which warrants further study in how to better the system.
I have also volunteered on various committees and boards that were able to provide input and recommendations at a societal level to better our communities and help reduce barriers and increase inclusivity. The research I did in this study has provided additional information that will hopefully help shape and influence policy. I think it is extremely valuable to better understand the lived experience of people with disabilities who are receiving PWD benefits and their perspective of employment before and after receiving occupational mentoring support. From this information, I was able to critically interpret and analyze the information from a practical perspective and determine the most significant themes that should be addressed at a policy level. This information and analysis will be of crucial importance to policymakers, to better help the disabled people and our society as a whole. It is the responsibility of occupational therapists to not only assist our clients in reaching individual goals, but helping to reduce and eliminate societal and policy barriers that contribute to any marginalization and the negative wellbeing of our clients.

2.2 Section: Positionality

In conclusion, based on the previous review and critique, my study approach was guided by interpretive description and social constructionism. Based on the void in the literature regarding perspectives of people with disabilities regarding employment and the need for meaningful change to occur, it was essential that this absence of information be addressed and that there was an understanding about the appropriate supports required of persons receiving PWD benefits to seek and engage in work. Further research is needed to inform future directions of employment support programs, as well as inform government decision makers about employment issues among persons with disabilities and implications of the BC PWD benefits system. Potential
benefits of financial stability and engaging in meaningful occupation are a greater quality of life, life satisfaction, self-efficacy, productivity, and reduced health care needs.

**2.3 Study research questions**

To address this gap, this study investigated the perspective on employment persons with disabilities had before and after their participation in an 8-month Employment Mentorship Support Program. As part of the qualitative aspect of this study, the following questions were addressed through this project:

1) How do adults with disabilities receiving PWD benefits perceive employment prior to their involvement in the EMSP program?

2) How do adults with disabilities receiving PWD benefits perceive employment following their involvement in the EMSP program?

**2.4 Research design**

For this study, the pre- and post-intervention data collection for participants included a qualitative design unfolded using interviews. The qualitative information was crucial to better understand the perspective of people with disabilities regarding employment and their participation in a mentorship program. Interpretive description was used to analyze the data and make appropriate recommendations regarding supports and policy issues. In this study, the pre- and post-intervention interviews conducted with people with disabilities in cohort 1 was part of this Masters student’s thesis.
2.4.1 Eligibility criteria

The following inclusion criteria were used for screening potential participants:

People with physical disabilities:

• had a chronic physical disability;
• were willing and able to comply with protocol for the duration of the study;
• were 19 years or older;
• were willing and able to provide informed consent;
• were able to understand, read, and write English;
• volunteered to participate in the study;
• were interested or ready to be engaged in employment or self-employment;
• were receiving PWD benefits;

People with significant physical disabilities, such as spinal cord injury, post-polio, multiple sclerosis, cerebral palsy, muscular dystrophy, stroke recovery, and similar conditions participated. Many participants had multiple barriers/disabilities.

The following exclusion criteria were used for screening potential participants:

People with physical disabilities:

• were not interested or ready to be engaged in employment or self-employment;
• had a cognitive impairment that would prevent compliance or reliable participation in the study;
• had an on-going serious health condition (e.g. cardiovascular, hepatic, renal, etc), that prevented compliance and reliable participation in the study;
• were participating in employability programs through other sources (e.g., actively involved with the Neil Squire Society employment program or with a WorkBC case manager);
2.4.2 Recruitment

Six geographically located Community Connectors were hired by the project to do face-to-face outreach in their respective communities. They used many methods to communicate with their target audience including: a) guest speakers at meetings held by organizations specific to persons with disabilities, where responsibility was to recruit participants and volunteer mentors to the study; b) seeking out locations (such as community centres) where they promoted the project using posters and rack cards; and c) utilizing their personal contacts within the disabled community for recruiting. They made appointments with management staff at the various WorkBC Employment Service Centres in their districts in order to get referrals to the project and to educate the WorkBC staff on the project.

2.4.3 Number of participants

As part of the qualitative aspect of this study it was determined that 10 participants would be purposively selected for interview prior to and following the EMSP program to obtain their perspectives on employment. Of the ten participants interviewed prior to the EMSP program, seven completed the post EMSP program interview. To accommodate for the three drop-outs following the pre-EMSP interviews, an additional three participants were recruited for the post-EMSP interviews. Overall, a total of 13 participants were interviewed for this study over the 20 interviews. See Appendix B for the demographic and employment history questionnaire. A 45-minute semi-structured interview was undertaken using an interview guide to ascertain perspectives on employment. The participants were purposively selected to obtain a better
understanding of the benefits and limitations of the mentorship program and the policy system in BC.

2.5 Data collection protocol and ethical considerations

This study was approved by the University of British Columbia Office of Research Services Clinical Research Ethics Board. To protect the privacy of participants and to maintain their anonymity, participants were assigned a unique subject number. This number, rather than their name, was used on all research materials that were held electronically and in paper format. The unique subject numbers were not derived from personal identifiers such as Social Insurance Number, Date of Birth, Personal Health Number, initials, etc. The interviews were audio recorded and transcribed verbatim. Both the audio recordings and the transcriptions were password protected. Once the audio recordings were transcribed the recordings were erased. Paper materials that were collected were filed and housed in a locked filing cabinet in a locked research office of the research laboratory of the Principal Investigator (PI). Electronic materials were filed and kept in password protected electronic data files on a limited access server in the UBC Department of Occupational Therapy and Occupational Science. All data circulated to and used by research team members, analysts or other stakeholders did not contain any personal and confidential information. The audio recordings were only accessed by the PI, the research staff (Research Manager and a Master’s student) and a transcriptionist. All data collected will be retained in the unit of origin for at least five years after the work is published or otherwise presented. The paper materials will be destroyed and the electronic materials erased. There are no plans for future use of the data beyond the current study purpose and objectives and no plans for the creation of a research database or registry for future research.
The data collection for the qualitative study was before and after the 8-month program. A semi-structured interview was undertaken using an interview guide to ascertain perspectives on employment.

Interviews are a useful method for eliciting information about people’s feelings, opinions, and experiences (Mack, Woodsong, MacQueen, Guest, & Namey, 2005). Thus, semi-structured interviews were developed to elicit participants' experiences of their perceptions of employment (See Appendices C & D). Semi-structured interviews provide a guiding framework and allow the interviewer to obtain additional information and clarification of answers (Warren, 2002). Probing questions were used as necessary to clarify and allow for elaboration of experiences. Interviews were conducted at the office of Connectra, UBC Robson Square, or participants’ respective homes. When scheduling the interview time and location, participants were asked about any required disability supports to facilitate participation: e.g., accessible transportation, accommodations, childcare concerns. Participants were informed that the interviews would be recorded and transcribed, asked about possible concerns, and were provided with the list of sample questions prior to the interview to assist in their interview preparation. At the start of the interview, the researcher explained the purpose of the study to ensure the participants understood.

2.6 Study rigor

The term "trustworthiness" is used to describe how the study and the credibility of the investigator are integral in determining the rigor of the research. Specific criteria through which trustworthiness can be operationalized include credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Overall, rigour and trustworthiness were addressed
through credibility (reflective journaling, triangulation), transferability (adequate description of sample and setting), dependability (audit trail), and confirmability (reflective journaling).

Triangulation was addressed by corroborating the analysis of themes with two other researchers involved in the larger study who also reviewed the interview transcripts of the participants this writer interviewed. Transferability or the degree the study findings can be generalized was applied to persons with physical disabilities in the Vancouver Lower Mainland who had a connection to the Disability Foundation. This was achieved through in-depth descriptions of participants, phenomena and context, and sufficient information about the recruitment process.

Using small, purposefully selected samples is common in qualitative research to obtain in-depth understandings (Glesne, 2011; Patton, 2002). Studies should include from six to twenty-five participants (Boyd, 2001; Morse, 1994). Guest, Bunce, and Johnson (2006) systematically documented the degree of variability and data saturation throughout the thematic analysis process, finding that significant themes were reached within six interviews, and data saturation occurred after twelve. Based on this information the participants were purposively selected to obtain a better understanding of the benefits and limitations of the mentorship program and the policy system in BC.

An audit trail was established by journaling and establishing systematic procedures such as password protecting information, scheduling for each participant, and a rigorous reporting system, all of which were essential for plausible and reproducible results. A strategy for addressing credibility and confirmability was reflexivity through reflective journaling. Field notes and a journal were kept by the researcher during and after the interviews to ensure reflexivity during the research process. Reflexivity is the process and acknowledgment by the researcher that his/her own action and decisions will impact upon the meaning and the context of
the experience under investigation (Horsburgh, 2003). These notes recorded any issues, difficulties, initial impressions, contextual points, observations, intentions and reactions. This enhanced overall rigour by addressing the degree to which the findings were determined by participants and the context, rather than by the researcher’s interests, motivations and perspectives (Patton, 2002).

Study participants were asked to validate emerging conclusions, and their responses were documented. The audit trail created in this way helped to establish the dependability and confirmability of the data and findings.

2.7 Data analysis plan

Thorne (2016) provides valuable insight on how the researcher can work and transform data through engagement in the transcription process. She recommends jotting down marginal memos and highlighting with colours to reflect thematic similarities (categories). It is also recommended to flag information by creating a “quotable quotes” file. Beyond the use of reflexive journaling Thorne recommends that the researcher create a set of notes that will allow one to ask increasingly complex questions. A notebook was used to record: thematic lists, questions among cases, and emerging patterns. Thorne recommends that attention should be shifted from the individual to the whole data set, and from groups of similarity to various manifestations of difference. Thorne also recommends that one avoid stopping at the obvious, and to keep interrogating to generate findings that will have real usefulness. The researcher used their knowledge and experience to determine what was missing and to engage in a practice-informed exercise as to what kinds of additional cases might provide information on aspects of the phenomenon. It is recommended to avoid predictable hazards such as premature closure,
overdetermination of pattern, misinterpreting frequency, hyper-reflexivity, and conflating absence of evidence with evidence of absence.

The data was analyzed using interpretive description, which included: emphasizing the role of the researcher as a data collection instrument; providing autonomy to make decisions on topics, agenda, and prioritization; being immersed and closer to the data; and supporting the iterative process of inductive analysis.

Analysis was completed by reviewing interview transcripts using Thorne’s methodology, which included jotting memos, flagging quotes and highlighting themes. The analysis began with writing down initial reactions at the end of each interview. Parts of the transcriptions that were meaningful to the research questions were underlined throughout and tentatively grouped according to similarity. These groups were categorized by naming and highlighting them in different colors. The researcher looked at how each participant’s quotes related to and differed from one another, and compared pre and post-EMSP results. At this point, re-reading the initial impressions of each interview and the data in each category informed further analysis. The researcher continued changing the location of quotes until categories became stronger and more meaningful. When the categories become clear, the final themes and subthemes were labelled. According to Thorne’s methodology (2016), the data analysis is completed when one can present and list the themes and subthemes in a meaningful order.

The analysis and interpretation can be enhanced through member checking. Member checking occurs when the researcher goes back to the study participants to determine confirmation of interpretation. Thorne (2016) cautions against this as it can lead to false confidence or potentially alter the researchers own analytic interpretations. However, Thorne (2016) goes on to state that it can be useful to share with participants a synthesis of what the
researcher has learned and offering them to reflect on the accuracy of their experience. This helps with confirmation, clarification, and elaboration to increase meaning and usefulness of the information. Member checking was not completed in this study.

Code-based Theory building software and Code and Retrieve packages assist the researcher in analyzing qualitative data, to apply thematic coding to chunks of data, reducing that data along thematic lines, limiting searching tools and good memoing facilities. CAQDAS allows the researcher to test relationships between themes, and develop broader categories (Lewins and Silver, 2009). The researcher can easily jump between various levels of analysis which increases the researcher’s closeness with the data, however, it is important to note that the software does not actually do the analysis. The responsibility for deciding on the codes, for the categorisation of concepts etc. remains with the researcher (Fielding & Lee, 1998). NViVo was utilized as an organizational tool to further discover themes and subthemes as well as confirm the themes identified.

2.8 Knowledge translation plan

Disability policy in Canada is illustrative of how an attempt to enable equal interests of people with disabilities has further marginalized a population that experiences significant difficulty engaging, performing and participating in daily activities and occupation. Change is needed, as policy institutions and lack of mobilization constrain these developments. In order for meaningful change to occur, it was essential that there was an understanding about the appropriate supports required of persons receiving PWD benefits to seek and engage in work.

In order to continue the initial work completed by the ConnecTra Society, the University of British Columbia, and the BC Ministry of Social Development and Poverty Reduction to address
issues of (un)employment among persons with disability, the following knowledge translation with regard to the results of this research is planned as follows:

A) Executive summary, and social media release to the following: NDP BC Government Premier John Horgan, Minister of Social Development and Poverty Reduction Hon. Shane Simpson, Members of the Legislative Assembly, Members of the public service, members of the opposition;

B) Executive summary to various BC associations (Spinal Cord Injury BC, MS Society, Cerebral Palsy Association of BC, Disability Alliance BC etc.);

C) Executive summary to ConnecTra and other organizations working on employment issues in BC;

D) Summary to Canadian University occupational therapy programs;

E) Journal submission;

F) Conference(s) presentation(s);

G) Canadian Disability Participation Project (CDPP) Infographic - The CDPP is an alliance of university, public, private and government partners to improve community participation among Canadians with physical disabilities. The employment goal is to study practices that increase the number of people with disabilities participating in employment. Evidence-based knowledge is then translated and disseminated (CDPP, 2019).

The research and dissemination of these findings will hopefully sensitize and increase the understanding of the supports required for people with disabilities in BC to achieve their occupational goals and improve their well-being. This research was carried out as stated in the Methods section of this thesis, and the findings are reported in Chapter 3 for the pre-EMSP results, Chapter 4 for the post-EMSP results, and Chapter 5 for trends and implications.
Chapter 3: Perspectives of the people with physical disabilities prior to engaging in the EMSP program

The following chapter will provide the results of the study. Prince (2010) writes that if the attitudinal and environmental barriers in society are removed, more than half of people with disabilities who are working age could enter paid employment. To address this gap in knowledge on how best to support people with disabilities obtain employment, this chapter sets out to answer the following research question: How do adults with disabilities receiving PWD benefits perceive employment prior to their involvement in the Employment Mentorship Support Project EMSP?

3.1 Participant characteristics

The demographic characteristics of the 13 participants are shown in Table 1. Participant 1405 was missing the demographics form so their information was not obtained. See Appendix B for the demographic and employment history questionnaire. The mean age was 42.33 years, SD=10.65 years. Gender was evenly split for men and women. Disability type was not collected systematically; instead it was an open-ended question that participants completed. As a result, some participants provided a lot of detail about their disability and others provided very little. At baseline (prior to EMSP intervention), 9 participants (69.2%) were not employed, 3 participants (23.1%) were self-employed, and 1 participant (7.7%) was employed part-time. Participants were purposely chosen to obtain heterogeneous perspectives.
Table 1. Participant demographic characteristics, n = 13.

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Age</th>
<th>Gender</th>
<th>Type of disability</th>
<th>Employment status upon entering EMSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1109</td>
<td>32</td>
<td>Female</td>
<td>Spina Bifida, Psoratic Arthritis, Generalized Anxiety Disorder, vertigo</td>
<td>Not employed</td>
</tr>
<tr>
<td>1200</td>
<td>43</td>
<td>Male</td>
<td>Multiple Sclerosis (non-ambulatory)</td>
<td>Self-employed</td>
</tr>
<tr>
<td>1201</td>
<td>25</td>
<td>Male</td>
<td>Cerebral Palsy</td>
<td>Part-time employment</td>
</tr>
<tr>
<td>1303</td>
<td>37</td>
<td>Female</td>
<td>Cerebral Palsy</td>
<td>Not employed</td>
</tr>
<tr>
<td>1304</td>
<td>54</td>
<td>Female</td>
<td>Legally blind, Chronic Fatigue Syndrome</td>
<td>Self-employed</td>
</tr>
<tr>
<td>1314</td>
<td>38</td>
<td>Female</td>
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<td>Age</td>
<td>Gender</td>
<td>Disability/Condition</td>
<td>Employment Status</td>
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<td>No response</td>
<td>No response</td>
<td>Self-employed</td>
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</tbody>
</table>

Through the analysis of the pre-program EMSP interviews three themes and nine sub-themes were determined (see Table 2). The three themes are: the places and spaces we need to be, the right to work, and the work of finding work.
Table 2 Summary of pre-EMSP themes and subthemes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The places and spaces we need to be</td>
<td>i. Ability to get to work</td>
</tr>
<tr>
<td></td>
<td>ii. Ability to get in the building</td>
</tr>
<tr>
<td></td>
<td>iii. Workstation fit</td>
</tr>
<tr>
<td>2. The right to work</td>
<td>i. “Yes I can”! Wanting to contribute in a meaningful way</td>
</tr>
<tr>
<td></td>
<td>ii. “Don’t tell me what I can’t do”. Opposing disablist attitudes</td>
</tr>
<tr>
<td></td>
<td>iii. Maintaining or transitioning occupational roles</td>
</tr>
<tr>
<td>3. The work of finding work</td>
<td>i. “It’s an uphill battle”</td>
</tr>
<tr>
<td></td>
<td>ii. “What would work for me”</td>
</tr>
<tr>
<td></td>
<td>iii. Walking the tightrope</td>
</tr>
</tbody>
</table>

3.2 Theme 1: The places and spaces we need to be

The interviews’ most dominant theme centred on the need for accessibility in the workplace. The subthemes that emerged were related to how inaccessibility issues became a barrier for successful entry into the workplace. Wheelchair users also commented on general accessibility needs necessary for barrier-free workplaces, including desks, work stations and bathrooms. Accessibility issues were subdivided into three sub-themes: 1) transportation; 2) buildings; and 3) workstation fit.
Subtheme i: Ability to get to work

Accessible transportation was deemed essential because a person may be fully capable of performing job duties, but this becomes nullified if one cannot access the workplace at all due to transportation barriers. Transportation was viewed by one participant as “freedom” as it opened doors and possibilities to being involved in and able to contribute to society. The ability to access work via transportation was a strong determinant in how successful one was in being able to successfully obtain and maintain work:

“Well, transportation is probably one of the big ones because I-- I'm accessing public transportation to get to places so that always sort of defines how much I can do”. (Client 1304)

Transportation can be analyzed at a macro level related to one’s right to work and contribute in the workplace and being able to take accessible transportation to access the workplace in the first place. One participant discussed the independence from which they could benefit, if they were able to drive. They discussed technology that enabled the possibility for someone using a wheelchair to be able to drive a car, in which the user literally propels the wheelchair into the car. This degree of accessibility would significantly expand the possibilities of their daily activities and routine.

Participants also discussed the financial burden that existed with obtaining technology that could not be afforded privately and funding sources that were not always available. Financial concerns were also relayed regarding the expense of public transportation, another significant barrier.
Subtheme ii: Ability to get in the building

The meso-level of analysis is in relation to buildings and building codes that adhere to universal design features that enable all people to access and function within the building. This includes access into the building and all aspects of the design (stairs, elevators, bathrooms, lighting, etc.) in order to enable a person to participate and work at their full potential:

“And I contacted that employer to go back. But they basically wrote me an email then changed the job parameters to where they wanted me to be working in an office upstairs, and there’s no elevator there. It’s like he, seems like he put forth some obstacles so that you know, he wanted somebody who could do that”. (Client 1603)

But every posting that I found, their place wasn’t accessible. So, that’s, that was a barrier”. (Client 1109)

Participants discussed how they felt “trapped” if they were unable to access buildings, and this was further complicated in inclement weather conditions, which impeded their ability to work. Participants commented on the importance of building access, computer desk height for wheelchair mobility, and bathroom accessibility, all of which were necessary to enable them to work.

Subtheme iii: Workstation fit

Notable comments during participants’ discussions of workstation fit focussed on accessibility and computer use. The final level of analysis is at the micro level, which looks at
the entitlement of one to achieve their potential by enabling an accessible workspace. The examples of participants were centred on wheelchair use and speech and voice recognition. The need for ergonomic and assistive technology, such as voice recognition, to complete work demands was repeatedly voiced by participants. Participants spoke of equality in the workplace, in which an accessible workstation can mean the difference between working and not working.

One participant stated that workstation accessibility was such an important aspect of being able to work that they would be more productive working from home with a proper workstation, than at a job where accessibility was not accounted for:

“… knowing that my computer is set up the way I like…Well I need and just give me a little bit more time to sort of adapt things to the way I need... And that’s why working here [at home] is a much more efficient system than working elsewhere”. (Client 1200)

Funding issues were brought up regarding the cost of ergonomic equipment, such as computers, voice activated software, chairs, slide out trays, etc. One participant mentioned that equipment that was previously funded could be used at a new job if necessary if that new employer was unable to fund for such equipment.

Workstation fit was described as an essential need, particularly for participants who used wheelchairs:

“Umm workplace aids would be an adaptation of the work space for me in terms of like making a space useful for me in either chair. Well no its like having a desk that
will fit to the electric chair and things like that so it’s not really big things there sort of mundane details”. (Client 1200)

3.3 Theme 2: The right to work

The next dominant theme centred on disability and how this could be a barrier to finding and sustaining employment, and the right to work. Three sub-themes emerged, around self-confidence and making a contribution, opposing ableist attitudes, and feelings of loss and transitional anxiety.

Subtheme i: “Yes I can”! Wanting to contribute in a meaningful way

The subtheme of making a contribution seemed to be related to a learned hopelessness regarding the inability to obtain and sustain employment, and the losses associated with not being gainfully employed. Participants commented on the perceptions people have regarding disability and the statements made towards people with disabilities:

““No, no just get out of the way,” sort of thing. Or, you know, “She can’t do it, she’s too little.” Or, “Don’t-don’t try you’re just gonna get it wrong. So let me do that for you.” So, didn’t exactly have a lot of self-confidence. Um, fairly use to being not listened to””. (Client 1107)

“I'm worried about getting a bit disappointed like what if I don't have you know, enough education or maybe – or experience perhaps, you know. I'm trying to be positive about it but you know sometimes when you felt like you had so many doors
closed on you, it can be hard but um—I think it's really within myself trying to you know, really believe that this—this might be able to work for me”. (Client 1405)

Participants spoke of the many barriers they experience such as social stigma, a lack of opportunities to obtain experience, and financial burden. Despite this, many of them spoke of their potential and longing to be included and contribute:

“So I need to change that. Um. Ideally getting into something where I could be feeling like I, I’m a benefit to society still”. (Client 1603)

Subtheme ii: ”Don’t tell me what I can’t do”. Opposing disablist attitudes

These sub-themes are also relate to the stigma associated with disability and the societal treatment of people with disability:

“And she said that I probably wouldn’t be very successful because of the chair and she was asking me very specific questions like, how would you do this, how would you do that”. (Client 1109)

“Um, and see-uh, then I was in depression and all that kind of stuff. And, my family kind of took the stance of well I guess she can’t do anything now and, um, my dad bought me a little hand, saw. Little jigsaw, or whatever it is. And um, was like “well here there’s a guy with one eye in town who makes little ornaments, and now you
can do that too.” It’s like, that’s all I can do? And he’s like “or you could be a greeter at Walmart.” So, I didn’t really get a lot of support, and it was just kind of assumed, I don’t know that I would just not do anything, that I couldn’t do anything. So I, I don’t know I was just didn’t do much. I watched TV…I really need a job. And I’ve been just kind of stuck in a rut”. (Client 1107)

This particular participant felt “pigeonholed” in what they could potentially do in life due to their family’s perception of what someone with a disability could do. As a result, the participant felt that they would never amount to more than these perceptions, and that it was not even worth trying.

Another participant commented that they felt that employers would skim over job applications, and if it was determined that a person had a disability they would not be given the same opportunity to prove themselves worthy of the job. This was a characteristic consequence of stigma, and one participant voiced issues with these behaviours as “discrimination”. Participants often stated that they thought twice regarding disclosing their disability for fear that they would be rejected based on this information.

Occupational justice issues come to light when the participants voice frustration with the marginalization they experience due to societal views of disability and inadequate supportive policies:

“You go to WorkBC and I haven't talked to them for quite a while but – WorkBC is going to try to help you but WorkBC unless the agencies want to go head to head
with employers which they don't, nothing's going to happen, because employer says no”. (Client 1406)

Participants referred to the various challenges they experience such as being a wheelchair user, difficulty with speech, visual impairments, fatigue, pain, and how these challenges manifest in difficulties and inability to work, which can lead to other emotional challenges. Participants referred to occupational justice issues and that they not only wanted to work but had entitlement and a right to work:

“And um, I'm grateful for that. Um, but at the same time it-it-- people don't understand what's going on with me. It- they don't get it that I- I am legally blind and I do run across a lot of social issues around that. That's the hardest part for me. The rest of it I pretty well laugh at some of the silly things that happened. There’s lots of them and it- it is what it is. We all have issues and --and but the social part of it is very difficult for me”. (Client 1304)

The emotional challenges discussed were around societal perceptions of incompetence due to their disability. This attitude seemed to occur so frequently that participants began to feel that they had nothing to offer. Participants also referred to an anxiety regarding their abilities and felt they might fail if given the chance to work. The importance of occupation and contributing to society in a meaningful way were in direct opposition to the disablist attitudes that many participants described in the interviews:
“Um, well I did, uh, through WorkBC, um, we applied at the uh, there was a yarn shop. They were looking for a part time crocheter. Um, and it’s like well that would be perfect. And they didn’t hire me simply because like, “Oh well I would need you to you know, open the store or close down the store and you wouldn’t be able to reach the bolt in the door. So we’re not going to hire you”. (Client 1107)

“But just things like that if I have my cane out, people realize there's something going on and then it—it’s-- I'm more um, I'm more accessible in a way to them. I don't know if that makes any sense but-- so the cane is helpful um, but at the same time it can be a barrier”. (Client 1304)

Feelings of loss centred around the loss of work, self-employment, spending time with family and children, finances, and being able to contribute. Loss could sometimes result in alienation, isolation and decreased feelings of self-worth. One participant disclosed that they had contemplated suicide due to the changes experienced through disability and the loss of roles once performed:

“And there was many days when I was on that roof, looking down, and thinking about just ending it all. And I know like, I’ve got two daughters and that’s, that’s never been me”. (Client 1603)
Subtheme iii: Maintaining or transitioning occupational roles

Roles are associated with the meaningful occupations in which people engage everyday. Participants spoke to the importance of maintaining these roles despite having a disability or the difficulties with transitioning to different roles due to disability, and how this could be fulfilled with new occupational roles such as work:

“Most of the clients I’ve got will stay with me. I know I’ve lost some clients because of disability but most of the clients now understand and are willing to work with me through the disability.” (Client 1200)

The roles are diverse and transfer into areas other than work. One participant informed how disability affected not only his ability to work, but also his abilities as a parent. He stated that he could not provide financially, and had difficulties spending quality time with and providing support for his daughter. He commented that he had lost touch with the daily happenings in his daughter’s life, and that he had lost confidence in his identity as a parent:

“Um, I don’t get to see my daughter very much. Since my injury, she was living with me full time before. But since my injury, she has been staying with her mom...So, you know, seeing my daughter, it hasn’t been very often. And that’s, that’s hard for me. Especially if I’m isolated in this – staring at these trees all the time. Like this is my, this has been my life for the past year. It’s a little frustrating um. But uh, yeah and it, I, ideally job wise, just something I can manage that I’m not pushing myself
too far. And that I’m staying within those parameters that I’m able to enjoy a quality of life. And feel like I’m helpful to someone or something, you know?” (Client 1603)

Participants variously related how their disabilities brought challenges to their daily activities and their ability to find and maintain work. One participant commented that his speech was a barrier as he was not easily understood, which limited his options of employment despite having skills in the information technology field. Another participant commented that symptoms like chronic fatigue became a barrier, necessitating an more flexible work schedule.

3.4 Theme 3: The work of finding work

The third theme centres on the difficulties of finding and obtaining flexible work. The ensuing sub-themes included that of an uphill battle, “what would work for me”/“finding a place for me”, “walking the tightrope”/unrealistic expectations. These reflect participants’ obstacles in controlling their occupational opportunities, and the desire to maximize their occupational potential.

**Subtheme i: “It’s an uphill battle”**

Participants characterized the struggle to find and maintain any type of employment as a constant “uphill battle”. Feelings centred around the barriers they encountered while attempting to reach employment goals, and the inability to gain relevant occupational experience:

“Um, in terms of the work…it’s been hard because I feel like I have so much to offer, things that I’ve learned and um, skills that I can put towards you know…However I
don't feel like I've been given a chance simply because I don't have that experience”.

(Client 1405)

“Um, so ya, I’m from South Africa. Um, moved here when I was six years old, so [inaudible] Um, and been um, my mom is a single mother. So we’ve been having, we’ve had some difficult financial times. So, that’s financially, um, a financial burden for her. Um, right now I’m on low income. So all I get is PWD which most people know is not much and this day and age food is not getting cheaper. It’s getting more expensive. And that goes for everything in life. So, um, ya, it’s been a real uphill battle for me to find work. And hopefully through this program as well as others I can eventually find not the perfect job but like, a job where I can be beneficial to the company and get more experience um, working in the workplace, so”. (Client 1201)

Participants also described solutions to the impediments they experienced in finding and maintaining work. They felt that having flexible employment, the ability to work from home, part-time work, self-employment, volunteer work, or a combination of these would enable them to be productive and gain experience. These varied solutions were perceived to allow a person to pace themselves and optimize their contributive potential. Comments also reflected the importance of having an employer conscious of health and disability issues, and who has faith the contributive capacity of disabled workers:
“So it's only for a few hours so even if I'm not feeling great I can manage it so I feel like I'm contributing to our world and um, and that I – yeah, I have something to offer...it's hard to find the right fit sometimes if you've got a disability”. (Client 1304)

Subtheme ii: What would work for me

Participants stated that the ability to have flexible work was important to maximizing their potential to contribute productively. The ability to work part-time, pace oneself, conserve energy, work to one’s ability, be supported by the employer, and/or be self-employed were all emphasized as important factors in successful employment.

“Because I know with certain jobs you can just be called in at any time. Um, and that would be good thing simply because then I could, you know, I could be in little bit more control”. (Client 1107)

However, due to the constraints of the system available, participants commented on the feelings of having no control or ability to choose the direction of their lives:

“Well not really I mean it was what it was... When I was working for an employer what I did not like was the lack of feeling like I had some control in the circumstance and it was like more that I was waiting for someone else to tell me what was going on and I didn’t feel that well connected”. (Client 1200)
In combination with the unpredictability of symptoms over a range of impairments, this perceived lack of agency leads to an increased feeling of hopelessness. Participants commented on situational unpredictability and lack of support as significant barriers to successful employment, and emphasized change so as to increase occupational opportunity and contribution:

“Ummm what sort of work support have I needed in the past – well first and foremost it’s the understanding from the client about good days and bad days...No, it’s just the unknown about the future...Because it’s the unknowing not the knowing”. (Client 1200)

Participants commented on the disability policy system, which failed to provide security for payment of food and shelter, let alone provide financial stability to obtain and sustain work. This could be further complicated when multiple people in a family had a disability and were receiving disability benefits:

“Well I don’t have a financial support. Ideally my best case is you know, would be to get off of PWD. And to make a living on my own. Um, because like I mentioned before PWD doesn’t cut it...but like for me the opportunity just to get off disability is a big, big one. Um, I really don’t want to be con- be controlled by the government and to me that’s a big one”. (Client 1201)
In addition, participants related problems with the WorkBC system, in that the supports were inadequate in assisting gainful employment. Comments focused on the lack of funding of the PWD system and lack of support of WorkBC. Frustration was related to how these policies did not support people to live and work and how it affected family units:

“No I’m, yes and no. Yes just because I want to get something from it. Like I said, I work, I worked with WorkBC and they provided me with literally no support. Um, and actually getting um, myself out there I, like I provided my skills and everything but they would still send me to jobs that are way out of my league. And I would be like, “Well why are you sending me this?” So I would really like to pinpoint um, what would work for me in terms of my skills. Um, and work from that”. (Client 1201)

“So that's when I--I walked away from WorkBC and started thinking okay, well maybe I should start looking...So I – I felt like I ended up on my own in the end—“ (Client 1304)

Subtheme iii: Walking the tightrope

Participants often expressed frustration with the employment system as viewed as a waste of time, especially considering the potential available and longingness to contribute and be productive. Many participants considered their capacity for self-determination hindered by systemic inadequacy. The imagery of tightrope-walking appeared in that participants felt they could easily “lose balance” due to failure of the system to provide appropriate support:
“Um, so I worked with WorkBC um, for a number of years, on and off. Um, and I found that um, they are not good um, they are- they have too much of a case load and not enough individuals aboard. Um, especially for people with disabilities...But um, I don’t think I have enough skills to put on the resume, that an employer is looking for, and experience too. So, like for me to apply for jobs and to look at the requirements that they need is kinda put a damper on my motivation...So, I, I’m very, I’m very frustrated with the services I’ve gotten so far because they put so much on me and I don’t know where to look anymore...You know, so like, it’s like a catch 22 and I don’t really know where to go from here. So like I worked with them and I’m finally off them because I feel like they, they did send me into a continuous loop that I can’t get out of. And I don’t want to waste my time anymore, I’m really, not into that. I use to go there for fifteen minutes and have to go all the way home”.

(Client 1201)

Participants also noted that chronic health conditions and disability were unpredictable and could cause one to lose momentum in achieving employment goals:

“So, that – that’s – yes, my biggest-- my biggest thing. You know, you can-- your mind can get ahead of your body. And I’ve had to reign myself in. At times I’ve crashed emotionally because I thought things were getting better because it--because of the waves of times where --where I'm looking like I'm feeling better. Um, and then I get all excited. I think I can conquer the world and then I crash again. So
I – it’s – it’s – it’s like a tightrope at times and not-- that's something the biggest—my biggest thing”. (Client 1304)

The balancing act experienced by participants could manifest in feelings of reduced self-worth, lack of confidence, and a fear of failure:

“You know, but I'm always thinking I don't want to let somebody down if I've made a commitment to them. And it's a-- it's a tough thing to balance that you want to be out there and you want to be helpful but are you going to let people down and then they're not going to want you. So it’s a—it’s a tough thing to juggle”. (Client 1304)

Chapter 4 will provide the results of the perspectives of the people with physical disabilities and their transition from the pre-EMSP interviews to the post-EMSP interview.
Chapter 4: Perspectives of people with physical disabilities following engagement in the EMSP program

The following chapter concerns the tabulation and analysis of the perspectives of disabled participants and their transition from the pre-EMSP interviews to the post-EMSP interviews. Through the analysis of the post-program EMSP interviews, three themes and seven sub-themes were determined (see Table 3). The three primary themes are: expectations of the mentorship program, inclusion/contribution, and the work of finding work.

Table 3 Summary of post-EMSP themes and subthemes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expectations of</td>
<td>i. Mentorship relationship/pairing</td>
</tr>
<tr>
<td>mentorship program</td>
<td>ii. ”Finding the right place for me”</td>
</tr>
<tr>
<td>2. Inclusion/Contribution</td>
<td>i. Doing something that is meaningful</td>
</tr>
<tr>
<td></td>
<td>ii. Attitude and ability</td>
</tr>
<tr>
<td></td>
<td>iii. Accomodation and accessibility</td>
</tr>
<tr>
<td>3. The work of finding work</td>
<td>i. ”Finding work is daunting”</td>
</tr>
<tr>
<td></td>
<td>ii. Burden of being on social support</td>
</tr>
</tbody>
</table>
4.1 Theme 1: Expectations of mentorship program

The most dominant theme centred on mentorship relationship issues. Significant comments revolved around a lack of communication and a preference for greater personal interaction, rather than electronic means such as texting, emails, facetime, and phone calls:

“And maybe if it didn’t work out with that person, like in the short term, you could find someone it did work with? I don’t know what it was. Like it wasn’t anything about our interaction. It was just a lot of things that got in the way, but maybe that face to face was lacking too. So, just trying to think of [crosstalk] – some kind of answer”. (Client 1109)

Subtheme i: Mentorship relationship/pairing

Participants felt that they would have made more progress in reaching their employment goals if there was a greater amount of regular, structured, in-person contact. Comments also reflected the difficulties of coordinating schedules to meet, and logistical issues regarding the closeness of the mentor to the mentee in light of accessibility constraints. Some participants had multiple volunteer mentors due to various circumstances, creating inconsistencies which seemed to hinder progress:

“So I, and also she I wanted to have a mentor who lives closer to me. But the thing is she lives in, not, not that close here. So we couldn’t, we couldn’t see each other in person ... Yeah like I said, it’s more helpful if, if I could get a, the mentor who, who
lives around here. So we can like we can, we can sit, we can see each other like uh, once, twice a month at least”. (Client 1303)

“it just seemed like it was very much up in the air all the times, in terms of what the volunteer’s ex – expectations were. It was a very slow process, I found. And I think every month there, there should be some you know, there should be some progress. In terms of helping the participant”. (Client 1405)

It was interesting to note the perceptions of whether the volunteer mentor “cared” about the work they were doing, which affected rapport and relationship-building. Negative feelings came about due to the lack of commitment and accountability in the role of being a volunteer mentor. Busy schedules resulting from scheduling difficulties could be perceived as indifference:

“Um, I’ve learned that some people care and some people don’t, I guess. Is the best way I can put it. Um, some people are committed to, to helping others, and some people are not. But I think communication is key. Like if someone becomes busy or they’re not able to move forward on something, they should take into account how it’ll affect the individual”. (Client 1405)

Subtheme i) was reflected in comments about the importance of the relationship and pairing of the mentor and mentee. Participants expected that the mentors would have some training or expertise in order to help them reach specific employment goals:
“Well, I don’t know what the process is in terms of training the volunteers, not that they were the volunteer’s fault, per say because it wasn’t. It was the lack of training. It was the lack of knowledge, lack of knowledge for the volunteer”. (Client 1201)

“But there wasn’t any goals or um anything more than that. Cuz I don’t think they felt well matched in terms of how they could help me. She didn’t know what to do. And I didn’t know how to advise either. But you know, we had some nice conversations and she’s a nice lady and I appreciate her time”. (Client 1603)

Participants also commented on the importance of having a mentor that had a similar background or life experience, as helping to facilitate the “match” between the mentor and mentee. Having some degree of commonality was viewed as a positive in fostering this relationship and contributing to goal attainment:

“Like Jordan. He didn’t know me from Adam and I, didn’t know him. The only thing that we had in common is we’re both in chairs. Um. Our lifestyles were probably totally different. Our backgrounds as I said are different. I’m trained in hard sciences, and I think he’s one of those artsy people, which really in my previous life, I would tend to avoid”. (Client 1601)

“But I think you kind of want to figure out optimal pairings or people that would be best situated in that? Or most helpful or at least giving them you know, some direction”. (Client 1603)
One participant voiced frustration that the activities undertaken by the mentorship pairing were already in progress could be accomplished independently by the participant. This particular participant was reticent about saying so, but resented the contingency that someone else would take credit for the work they completed independently in reaching their employment goals:

“No, really. I do want to make it clear that the work I do, I’ve been on my own and I feel like some people, I’m not going to name names, but I feel like some are taking credit...I’m doing multiple things throughout the week and finding work. So, I’m not just sitting at home on my butt doing nothing”. (Client1201)

There were positive views of the mentorship program as well, around the encouragement that was created by the mentor-mentee relationship:

“Um. It’s given me the um, encouragement and confidence to go out and, and actually look. You know, to do stuff, rather than just sort of sitting back and going, ok, I would like to do this or I want to do this. But actually doing it”. (Client 1313)

Comments centred on the benefits of being able to brainstorm regarding goal-setting and obtaining employment. The formation of personal relationships made the daunting task of searching for work more enjoyable, when shared with someone that genuinely cared:
“Yes there was. Because there was support, um. I did a lot of stuff on my own, but at the same there was somebody there I could talk to and, and bounce stuff off of. And, and she was there to um, support me and help me, if I, in areas that I needed. So there was definitely good value. Um. Encouragement. More than anything. Encouragement cuz I, I would be doing a lot of research and stuff myself. But it was the support behind it that ok, you’re doing a good job. You know? Or this is working out or let’s check this over this one again. It might not be a good idea”. (Client 1313)

**Subtheme ii: “Finding the right place for me”**

The second subtheme centred on the importance of goal setting and receiving support for the ‘refinement’ of these goals, and finding the right place to work. Participants commented on the benefits of the mentors asking helpful questions, leading to realistic, measurable and attainable goal identification:

“*It was much more defining what would work for me. No refine, not define*”. (Client 1200)

With the goal of finding and securing work often being seen as insurmountable, and the mentorship pairing supported mentees’ ability to divide their course of action into short-term objectives. Completing this exercise of breaking goals into segments was significant, as it made the end result seem more realistic and achievable:
“Yeah it was, it was a benefit, because it really helped me shape what is realistic for me. The real challenge was first defining exactly what the employment would look like. Like, being able to articulate the, the shape of the job”. (Client 1200)

Participants felt reassured that they were making progress and heading in the right direction. There were comments made around the benefits of receiving guidance along this journey:

“It was more of a research thing really. Just different ideas, different ideas with someone, talking about them. I had different ideas, I know what direction I want to go now more. So the things I want to do in the future”. (Client 1501)

“You know, she kept me on point, with those weekly emails... it worked for me, it helped me. You know, I’m still not employed but I got more – guide, a pointing guide”. (Client 1601)

4.2 Theme 2: Inclusion/contribution

The second theme centres on inclusion and issues of contributing and participating in meaningful occupations:

“But overall I, I feel, it’s been a really great help for me to actually do web design work and actually have a paid position. Um, it’s showed me that I do want, this is something that I’d like to long term even if it’s just a part time gig, I think it feels like, it’s something that would really benefit people with just, just physical or
emotional disabilities as well. Because it’s something that can be done from home as well so yeah”. (Client 1405)

Subtheme i: Doing something that is meaningful

Participants viewed themselves positively and spoke of their abilities and creative ways in which they could contribute to the workplace and to society:

“I need to be in a situation where I’m able to give a lot more of myself and not limited by my, uh, lack of ability”. (Client 1603)

They spoke of the hard work they endured to become educated and trained, and that they could perform job tasks equal to those who are able-bodied:

“And what do the accountants do when you give it to H&R Block? Do you think they write it, nope. They don’t write it. They’ve got computer software they open and they get all your data and they just, just fire it through that way. So, it’s becoming very digitized and very accessible in that sense. And there’s no reason why a blind person can’t do those jobs”. (Client 1406)

Some participants asserted that it was their responsibility to educate others regarding disability, and that their condition should not preclude them from being included in and contributing productively to society:
“Really I think it’s a matter of more and more companies coming up with the understanding that people in chairs and the blind, deaf, have other abilities...I’m definitely aware of what people’s perceptions are as soon as they see me. And I’ve not changed my cover letter, to point out to – not to point it out, but to educate them that I am in a wheelchair...Other abilities. People see a wheelchair. I teach them, it’s not a wheelchair. This is you seeing a chair. For me, I see it as a tool, for my independence. And uh, I can’t force that down everybody’s throats”. (Client 1601)

Subtheme ii: Attitude and ability

The second subtheme was around abilities and attitudes. Participants commented around society’s attitude and stigma about disability. Participants commented on the paradoxical situation of whether to disclose the fact that they had a disability or not:

“it was no one’s fault, it’s just it’s, it’s the added problem of the adaptation, that - and, and you have to tell them that you’re disabled. If you don’t tell them you’re disabled, there’s 2 schools of thought: 1 says, they’ll find out when you know, you can get your foot in the door better if you don’t. But that doesn’t really work, because nowadays, what’s the chief way you look for jobs, is on the internet...So you go in, you can’t put that, you can’t put that on your resume, you can’t put “I’m blind” on your resume”. (Client 1406)
Despite these improvements, many participants felt that ableist attitudes seemed to prevail, and that they were not given the chance to prove their worth due to being only looked at as “disabled”:

“I find mostly it’s the employer that, they’re either, they can’t hire you because they’re either, you’re the only person in the office and they can’t leave you alone because if something happens there’s not a whole lot I can do. Or the employer, I’ve had, when they say, oh you’re in a wheelchair. Oh that’s not going to work”.

(Client 1501)

Participants voiced frustration with prejudices, which they felt prevented them from being viewed according to their abilities:

“Still biggest challenge is when I go to employers, you know, they don’t see me, they get the resume, the cover letter. And then here I come, rolling in. And that’s the first thing they see, is the wheelchair. And honestly I think, once they see that wheelchair, all doors are closed. And they still meet with ya and talk with ya, but I think people evaluate the chair with your abilities and aptitudes. And to a degree, your intelligence, you know”. (Client 1601)

**Subtheme iii: Accommodation and accessibility**

The third subtheme was related to barriers of chronic health issues and accessibility in the work environment:
“My fatigue. And trying to figure out my legs, cramps and spasms. Um, there’s been a lot of changes with like my home care and, um, my wheelchair kept breaking down, as far as stressors go. So those things were getting in the way of being success, or getting more out of this project than I want, than I hoped”. (Client 1109)

Chronic health conditions were a concern due to symptom management, progression, and the uncertainty of these issues:

“Well yes. I’ve got two, uh, two major concerns. And they are really, how I can continue to work with disease progression? And, how do I adapt around that? And that’s much more because I don’t know when the change will happen, or how. What severity. And so that’s been one of my own, because it will happen. The question is when and how much, about uh, disease progression”. (Client 1200)

There was a consensus that employers did not adequately understand the symptoms experienced and that flexibility was needed in the workplace to enable one to be maximally productive:

“Yeah I think, the, the workplace should be like flexible. Because like I told you, I have asthma. And sometimes, you know, my symptoms get worse and depend on the
weather. So yeah, sometimes I have to take the day off suddenly. Something like that. 
So should be, I think should be flexible”. (Client 1303)

“Well for me understanding that, um, sometimes it’s, I have insomnia as well. So that’s something that affects me everyday. And so it’s really important for me to work for someone who – there’s some flexibility in terms of s, starting, uh what time I can start. And also, um, sometimes, majority if not all the work is done on computer. So I can easily do it from home as well. And so you know, I want to work for an employer that is understanding of that”. (Client 1405)

Accessibility was also a concern, as participants’ disabilities required accommodations in order to travel to jobs, enter/exit buildings, and utilize work stations and bathrooms:

“Hm I guess it just depends on the job. Like I have a few different interests for what I would want to do. At my work now, like the desk is low enough, there’s elevators to get into the building, they have a headset if I don’t want to use the phone. I haven’t learned how to use it, I usually just hold the phone”. (Client 1109)

“Probably the accessibility of me being in a chair and needing access to the building, access to the bathroom. And making sure that the bathroom is accessible, grab bars, that’s about it though. Other than that, I know my way around the computer, keyboard, mouse, are fine. I don’t really have any specific requirements when it comes to that kind of stuff”. (Client 1201)
“Accessibility. Like when I used to live in Prince George. And up there was, they wanted to hire you but the building wasn’t accessible. There was a place I went to for an interview that I couldn’t even get into it”. (Client 1501)

Very few workers or employers take these factors into account in the conduct and design of their workplaces, however, with someone with a disability or chronic health condition, it can be the difference of being employed or not.

4.3 Theme 3: The work of finding work

Subtheme i: ”Finding work is daunting”

Participants commented on the formidable situation of searching for and maintaining employment:

“Uh, I’m hoping to. The idea, I don’t know what the word is, but, daunting, I guess? The idea of like, going down there and like trying to get work. I also um, the interview part of finding a job scares me. Cuz I went through like 12 of them in 1 year and I never got the job so”. (Client 1109)

Some of the subjects that were discussed concerned the fears and anxieties of acquiring work, not having the qualifications or education to be a valid candidate, and not having the practical skills, such as answering questions in an interview:
“Yeah. Ok the thing, yeah the challenge is they never, they never answer, reply to my resume. Even I sent, even I sent it and they never emailed me back. So yeah, that was a major challenge part, yeah. To, to get the interview is most challenging. I think for me. (Client 1303)

“Yes, because there was times when I just, I was feeling so bad that, um, I didn’t want to do anything”. (Client 1313)

Additional concerns were around the societal stigma of disability, not having the opportunity to prove their worth, and not being called back for an interview in the first place after applying for a job:

“but what I can say is that I have definitely learned what kind of areas there are and how hard it is actually to find work. And even if it’s volunteering, you know, people have this stigma of, people with disabilities, it’s up to us to change that stigma”. (Client 1201)

**Subtheme ii: Burden of being on social support**

The second subtheme is around the lack of support and funding. Issues were voiced regarding the disconnect between organizations intended to provide employment assistance, and the actual employers. Frustration was voiced at the lack of success in finding and obtaining work with the aid of these organizations:
“Well nobody knows how to over, I mean, the people who know how to overcome them are the CNIB. And they don’t do that. They are, they are underfunded...You, you as a government program or you as a non-profit organization like Neil Squire, kind of have to go head to head with the employer”. (Client 1406)

Participants noted a “lack of connectivity” amongst the different organizations whose mandate is to help people achieve their employment goals. Recommendations were made by participants to improve the programs and employment system by having a regularly-updated central information source (such as a website) to connect the various organizations. It was opined that a “one stop shop” would be helpful to provide guidance.

A desire to escape the circumstances associated with PWD benefits was voiced because of the poor financial situation people attained while receiving them:

“But you know, it would be interesting if there was avenues to access maybe some information, maybe there are some programs that could help me with some of this transition and, I don’t know. I need to move forward and I don’t want to be living on PWD. It’s not enough money”. (Client 1603)

This subtheme also reflected the difficulties present in navigating the various policy and insurance systems. Frustrations were voiced regarding the policies around financial benefits, and the prospect of losing these benefits when engaging in any type of program or employment
situation. Significant fear and stress was described regarding the precariousness of maintaining some type of daily income:

“Ummm. I don’t know. I guess um an employer that would let me make that $800 and not go over, so that I don’t – so that the Ministry doesn’t cause problems for me… So that stresses me so sometimes I’m just like, oh maybe I’ll just live on what they give me and then I don’t have to deal with that. But I also, be nice to make enough per month to be able to get off it”. (Client 1109)

In Chapter 5, a discussion and reflection will be made on the trends and implications of the perspective of people with disabilities before and after the EMSP program.
Chapter 5: Discussion

The following provides an overall analysis of this study and highlights points that are in alignment with the literature.

The themes of occupational justice and making a meaningful contribution in society both came across in both the pre-EMSP and the post-EMSP interviews. Participants voiced the opinions that they not only had the right to work and earn a living, but also that this was important to them and that they wanted to contribute and be included in this aspect of society. Participants commented that contributions could look different depending on one’s ability, and that accommodations and accessibility could facilitate and maximize the potential of contribution and citizenship.

It is interesting to note that the participants commented on the right to have choice in life and participate in meaningful activities such as work, but that they also looked beyond self-advocacy issues to view the situation from a broader perspective. This broader perspective was the longing to contribute beneficially to society.

However, anger and frustration were voiced around societal views of people with disabilities and the outright stigma and discrimination that prevents the attainment of employment, self-sufficiency, and meaningful participation in culture.

One participant recognized this stigma and how it affected their self-employment and business opportunities, regardless of their productivity and professionalism. They were reflective and thankful that some of their clients were able to look beyond their disability to see how competent they were in conducting business affairs.
Occupational balance was mentioned as an important aspect the right to work and contribute. Flexibility in the workplace and being able to participate and contribute in unique ways were discussed as options, recognizing that there were other meaningful activities participants wanted and needed to complete on a daily basis. Quality of life issues and recognizing the importance of symptom management and self-management skills was asserted in an attempt to maintain this occupational balance. Participants commented that they did not want to push themselves too far and to stay within specific parameters in order to enjoy a good quality of life.

It was inspiring for this writer to hear participants comment that they wanted to better their own situations productively and financially, and that they knew the value they could provide both employers and society in general.

Occupational justice issues prevailed and participants asserted the importance of advocating for themselves to be able to find and maintain work and be financially independent of disability benefits. Advocacy also centred on the different ways people could be employed or contribute as citizens, beyond traditional views of employment and unemployment policy. The participants voiced personal responsibility in making a difference, educating people regarding their abilities and making recommendations to reduce and eliminate barriers.

The theme of impaired agency frequently came up in the interviews, and participants discussed the difficulty they experienced finding and securing any type of employment. They described their experiences as an “uphill battle”, and “walking the tightrope” with regards to societal and personal expectations. Policy issues came up regarding difficulties with managing daily needs such as housing and food, while trying to live off of the small amount of financial support provided by PWD benefits. The unfair policies around the maintenance of these benefits while also engaging in pre-vocational or actual work were a detriment to attempts at self-
improvement. Participants commented on the dissatisfaction of being a “burden” to society and a feeling of being unable to make choices for their future. The unpredictability of chronic health issues and disability brought up the need to work and have a flexible and understanding employer. Participants frequently spoke of the goal to find work that would “work for me”

In reference to the research questions of participants’ perceptions of employment pre- and post-EMSP, the trends show that participants want to work and do something meaningful in society, but find the barriers are significant and impede their ability to search and sustain any type of employment. Participants felt they must work harder than those without disability to find and maintain work. There were feelings of discrimination based on physical disability and having to prove their value in the workplace. These feelings included a need to prove oneself as credible by compensating for their disability. Additionally, there was frequent frustration regarding the absent or inefficient/ineffective supports to find and secure work. Participants spoke of the difficulty of finding the “right fit”.

Participants often referred to a paradoxical situation regarding obtaining and maintaining employment. Due to various barriers they experience in society, people with disabilities do not have the same opportunities to work and gain work experience, which further divides them from these opportunities in the future.

Being able to have opportunities and make choices was an important issue for participants. There was an overwhelming view of a lack of control in participants’ daily lives and futures. This lack of control was further complicated by the unpredictability of chronic health issues and symptoms, which was inadequately understood by employers and society, thus compounding the barriers experienced for people with disabilities. The need for understanding and flexibility was voiced to reduce and eliminate barriers to facilitate one’s potential for inclusion and contribution.
Lack of control was also described regarding lack of employment supports in the community and unsupportive disability policies that contributed to the marginalization experienced by people with disabilities. Participants commented that disability benefits were not helping or bettering their situation and they felt stuck as there were not sufficient supports on how they could help themselves. A vicious cycle would ensue due to feelings of learned hopelessness, resulting in participants’ referral of control to government support and a corresponding decrease in self-determination.

Despite the barriers faced and the prevalent feeling of helplessness, it was still encouraging to hear comments of hope and advocacy, and the will to change their own destiny by educating society and reducing stigma.

The findings of this study is consistent with other literature. It is interesting to note some similarities to the findings of the study by Isaksson, Mettavainio & Ahlgren (2004) in this present study. The themes of accessibility needs, the right to work, difficulties obtaining work, mentorship/support expectations, and wanting to contribute to society were expressed by some of the participants in their study. The theme of difficulty finding work came up twice in this present study’s pre- and post-EMSP interviews, relating to experiences of occupational justice, desire for meaningful contribution, and feelings of lacking control. Participants commented on the work of finding work and how this caused them to feel that they did not have control of the choices in their lives.

The results of the study by Isaksson, Mettavainio and Ahlgren (2004) show that people with disabilities who return to work successfully were highly motivated and as a result had a strong worker identity. Factors contributing to overcoming barriers to unemployment were empowerment, control, support (practical, moral), and environmental adjustment.
The findings of this study are important in that they further sensitize the reader to the occupational difficulties experienced by people with disabilities, especially when a majority state the goal of being employed and wanting to be included. This work describes the barriers that exist in society and the necessity for systemic improvement. This work will hopefully contribute to making recommendations for the improvement of support programs, and eventually facilitate policy change in favour of people with disabilities.

The ideology of neoliberalism promotes individualism, independence, responsibility and choice in society. However, people with disabilities can face barriers in our society that deprive them of these choices. If people are valued for the independence they demonstrate and what they contribute productively and economically, then a person’s worth can be diminished if they are not able to do so. I view citizenship to include all people and to value their abilities whatever they may be. Being a full citizen means benefitting from the rights and responsibilities that should be available to all (Centre for Inclusion and Citizenship, 2018). Society must support those that need it to be full citizens through programs that are effective and policies that are enabling. If programs and policies reflect the diversity that exists in our society, barriers can be reduced, and people will be better able to contribute in their own ways towards meaningful occupations.

Although government policies state the intention of enabling the equal interests of people with disabilities, these policies sometimes further marginalize the population that they propose to help. Although the government could gain political support by providing for the marginalized, the continued use of inadequate policies is apparent.

The implications of this qualitative study are important in that it sensitize the reader regarding the perspectives of people with disability regarding employment, however, any
recommendations for policy change will need to be interpreted with the larger study results as the qualitative data is limited in its ability to do so.

In the Employment Mentorship Support Project Report to the Ministry of Social Development and Poverty Reduction (Forwell, Ng, Damiano, Perez, Burnett, Breau, Street and Boniface, 2018) the following was recommended for people with disabilities: to become informed regarding provincial and community employment supports, seek networking opportunities, and become informed regarding rights and laws in BC. Recommendations for employment programs included: allowing for flexibility and diversity, maintaining partnerships to increase networking, utilize mentors as a resource and include people with disabilities as a mentoring resource, and encourage regular mentoring meetings. Employer recommendations included: improving support, accommodations, modifications, and inclusivity in the workplace, and considering the benefits of employing people with disability in leadership positions to enhance the overall work environment. Finally, recommendations for the BC Government included: allocation and continued funding for disability-specific employment programs that have demonstrated an impact, allowing for increased flexibility in employment programs to meet the diverse needs of people with disabilities, integration of community and provincial supports to improve access, engagement with people with disabilities in the employment solution, and enforcement of employer requirements regarding accommodations.

5.1 Limitations

The methodology of this study did not involve Clients in its design or seek participants’ perspectives in various methodological considerations. This study, however, is based on two previous studies in which adults with disabilities had considerable input into the intervention,
length of the program, and the way Client-Mentor matches were undertaken. By hiring people with physical disabilities to be Community Connectors and having half of the Mentors be individuals with physical disabilities, the study’s implementation (specifically, enacting the EMSP intervention) was highly influenced by persons with disabilities. To further mitigate this limitation, the analysis and interpretation could have been enhanced through member checking.

As this was a qualitative study within a larger study was in itself a limitation, as the methodology was developed for the overall study and not specifically for the smaller study.

Additional limitations included three dropouts from the original pre-EMSP interviews, for whom the pre-post EMSP analysis was not able to be completed. There were also delays and timeline issues between the pre- and post-EMSP interviews due to mentorship pairing complications and some health concerns of participants, which could have influenced the data being obtained in this study.

5.2 Future work/directions

Further research is needed to inform future directions of employment support programs, as well as inform government decision makers about employment issues among persons with disabilities and the implications of the BC PWD benefits system. From a critical disability, occupational justice, and inclusionary perspective, this social action should be conducted from an affirmative and collaborative approach to promote equality, diversity, dignity, inclusion, participation and self-determination in society. Potential benefits of financial stability and engaging in meaningful occupation are a greater quality of life, life satisfaction, self-efficacy, productivity, reduced health care needs, and a just society.
The themes discovered in this study (accessibility, occupational justice, difficulty obtaining work, mentorship need, inclusion, contribution, lack of control) point to the barriers that continue to exist in our society that prevent people with disabilities being able to make choices regarding how they can be productive citizens. This marginalization leads to learned hopelessness and a vicious cycle where people feel unable to better their situation. People’s right to work and be active citizens can be changed for the better if appropriate supports are implemented, accessibility is improved, and self-determination is respected.

As stated, the right to occupation is based on the value of a person’s ability to contribute in diverse ways, and there should be equitable access to be able to contribute despite these differences (WFOT, 2010).

Prince (2010) called for “social liberalism” through broadening citizenship and advancing inclusivity. It is time to end discrimination by improving services, benefits, policy, and respecting people with disabilities as being in control of their own choices in life. This can be obtained through bold initiatives that value the contribution people can make to society, based not only on productivity and economics but on creativity and diversity.
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Appendices

Appendix A
The EMSP Program (Forwell et al., 2018)

The EMSP program consisted of introducing Clients to a unique intervention: one-to-one mentorship from community volunteers with employment experience. To begin, Connectors matched each Client within their respective GVRD area to a suitable Mentor. Matching was primarily based on similar geographical area, ease of transportation, and ability to meet regularly. Other factors considered for optimal Client-Mentor matches were compatibility of the Client’s job interests with the Mentor’s work history and field of employment. Personal shared interests were also considered to help facilitate a positive relationship and rapport. Once a Client-Mentor match was formed, the Client received assistance from the Mentor to set concrete, employment-related goals based on personal abilities and interests. Clients then met with their Mentor on a weekly basis for eight months to work towards these goals and assess goal outcomes. As each Client-Mentor match was unique and faced different challenges, the Connector provided ongoing, tailored feedback and resources to help the Client move towards their goals and to support the Mentor to facilitate the attainment of Client goals.

Purpose of this Study

Study Objective
The primary objective of this project was to undertake research aimed at testing a refined, innovative program developed by ConnecTra that provides specialized employment support to people with physical disabilities. This EMSP program involved the integration of a community-based intervention, with the purpose of confirming a progressive way of helping unemployed British Columbians with disabilities to join (or rejoin) the labour force.

Research Questions
The research questions (Qs) considered in this study were:
Q1: Is there a difference between the employment status of those enrolled in the EMSP intervention group and those who were in the wait-list control group?
Q2: Is there a difference between employment goal outcomes among those in the EMSP intervention group and those who were in the wait-list control group?
Q3: What supports and workplace aids are used by persons with disabilities to seek, engage and sustain productive occupation?
Q4: What are the perspectives of persons with disabilities enrolled in the EMSP prior to and following the program related to productive occupation?
Q5: What are the perspectives of Connectors and Mentors related to their EMSP involvement?

Throughout the report, study results and implications are presented in relation to the research questions to facilitate transparency and understanding.
Methods

Research Design
This was a mixed methods study that incorporated a delayed intervention, randomized, controlled pre-post experimental research design. Clients were divided into groups 1, 2, or 3 depending on the time at which they were recruited over the 18-month recruitment period. Within each group, Clients were then randomly divided into either Cohort A or Cohort B where those in Cohort A received the immediate EMSP intervention and those in Cohort B received the delayed intervention – that is Cohort B started the EMSP intervention after Cohort A had completed the intervention. The randomization process was outsourced and completed by a statistician at the UBC School of Population and Public Health to prevent selection bias. To increase inclusivity and statistical power, a third cohort was added to the study. Clients in group 3 were not randomized and were placed in Cohort 3A so that all could complete the EMSP intervention by the study’s deadline. In total, there were five distinct cohort groups: 1A, 1B, 2A, 2B, and 3A. Table 3 provides a depiction of group staggering and respective intervention start times.

Table 3. Period of immediate intervention or delayed intervention represented by Cohort.

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<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>Cohort 1 (n=35)</td>
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<tr>
<td>Cohort 1A (n=18)</td>
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<tr>
<td>Cohort 1B (n=17)</td>
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<td>Cohort 2 (n=28)</td>
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<tr>
<td>Cohort 2A (n=13)</td>
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<td>Cohort 2B (n=15)</td>
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<tr>
<td>Cohort 3 (n=24)</td>
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<td>Randomization</td>
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<tr>
<td>Cohort 3A (n=24)</td>
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</table>

Group staggering within the research design allowed for between-group analysis within the same cohort; group A was the experimental group receiving the intervention while group B was the control group. However, as Clients in both cohort A and B groups eventually received the EMSP intervention, all Clients could also be analyzed pre and post-intervention and it ensured that no Client in the EMSP program was denied the intervention.
Participants

Study Participants

The EMSP study involved three different types of participants:

1. Clients (n=87): English-speaking adults with a self-reported physical disability interested in employment or self-employment. Those who reported cognitive disability or recent engagement with another caseworker, job specialist, or disability employment program were not included in the study.

2. Mentors (n=45): English-speaking volunteer adults from the community with at least one year of work experience who were willing to commit to weekly meetings with Clients for the 8-month program. Adults who had no prior work experience, did not pass a criminal record and reference check, or did not complete training were not included in the study.

3. Connectors (n=8): English-speaking adults from the community with a physical disability contracted by ConnecTra on the basis that they have previous work experience, involvement in their community, and were willing to commit to the three-year study. They led the recruitment and matching of Client-Mentor dyads in a specific GVRD area: East Vancouver, Vancouver Westside, North and West Vancouver, Burnaby and New Westminster, Surrey, or the Tri-Cities. They also provided tailored support to Client-Mentor dyads and served as mentors themselves when needed.

Recruitment and Selection

The ConnecTra Program Coordinator and Connectors led the recruitment for the study, primarily by delivering targeted presentations to ConnecTra’s network of community partners. To recruit clients and mentors to this study, presentations were given to disability and employment-centered associates, such as Spinal Cord Injury BC and WorkBC Employment Service Centers. Further recruitment was achieved through ConnecTra’s bi-monthly workshops in Vancouver, ConnecTra’s webpage, articles featured in local newspapers, and poster and study pamphlet distribution in community centers. Connectors, as disability advocates in their communities, used their connections and social networks to disseminate program information and recruit Clients and Mentors.

Recruited Clients underwent screening to ensure that they met the study eligibility requirements. If deemed eligible, UBC was notified and secondary screening was completed. Mentor specific recruitment was also undertaken. ConnecTra placed advertisements on platforms such as Craigslist, Kijiji, and GoVolunteer as well as on community-based volunteer websites like Volunteer Vancouver and Volunteer Burnaby. Interested applicants were screened for eligibility and asked to submit a criminal record check and three employment or volunteer references. Applicants who were positively reviewed and met eligibility criteria were then invited to complete training.

Training of Mentors

ConnecTra provided Mentors with a comprehensive one-day group workshop that featured presentations from employment and disability experts. Topics and presenters included: overview of the EMSP program expectations, job and training resources from WorkBC, disability and
mental health knowledge from medical professionals, respectful communication methods from disability advocates (people with physical disabilities), a discussion of physical, societal, and psychological barriers people with disabilities face, and public transportation information from TransLink. Training also included an overview of the research element of the EMSP study. To supplement learning resources, each volunteer received a training and resource manual that was developed by the UBC researchers in consultation with ConnecTra and the Connectors to a guide to Mentors during the 8 months of their mentorship in the EMSP study. Mentors also received on-going guidance from Connectors who throughout the EMSP program.

Data Collection

Clients
To begin, screened Clients were mailed or emailed an introductory information package. Clients received a follow-up phone call from a research coordinator to address any questions and to schedule the Client for their first study visit, time-point of data collection. In total, there were five data collection time-points described below and shown in Table 4:

Time-point 0 (T-0): Wait List Intake
For Clients in Cohorts 1B and 2B this was the first study data collection point and they therefore completed the study package that included the demographic & employment history questionnaire for people with physical disabilities, the employment goals form and current employment status questionnaire. This data point was then followed by the 8-month wait period, a period in which Connectors and UBC researchers periodically maintained contact with Clients to address questions and to assure their ongoing interest.

Time-point 1 (T-1): Pre-program Baseline
For Clients in Cohorts 1A, 2A and 3A, this was the first study data collection point and they thus completed the study package forms as described above for T-0.
For Clients in Cohorts 1B and 2B only the employment goals form and current employment status questionnaire was completed. A selection of Clients from all cohorts also underwent a semi-structured interview to capture initial perspectives and experiences.

Time-point 2 (T-2): Mid-program evaluation
Halfway through the EMSP intervention, Clients completed the current employment status questionnaire and rated their employment goal outcomes using the evaluation of employment goals form.

Time-point 3 (T-3): Post-program evaluation
At the completion of the program, Clients again completed the current employment status questionnaire and evaluation of employment goals form. Clients were also asked to complete the modifications, supports, and workplace aids questionnaire to identify perceived workplace barriers and types of support needed. Those who had been previously interviewed at T-1 were again interviewed during this session. However, to account for participant attrition, additional Clients were asked to participate in the interview as part of the post-program evaluation.
Time-point 4 (T-4): Three-month follow-up evaluation
To evaluate the sustainability of the effects (if any) developed through the EMSP program, a three-month follow up was conducted with all Clients. Clients once more completed the current employment status questionnaire and evaluation of employment goals form.

Throughout the EMSP intervention, Clients were also asked to complete eight monthly progress report forms. These forms provided further structure to the program and were used to keep Clients on track with their 8-month EMSP intervention timeline. All data collection (see Table 4) done with Clients was done in a timeframe that best suited Clients’ individual abilities and resources, which added to the ecological validity of this study.

Table 4. Timeline of data collection points for Clients throughout the EMSP study.

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
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<td></td>
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</tr>
<tr>
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<td></td>
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<tr>
<td>T-1</td>
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<td>T-0</td>
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<tr>
<td>T-4</td>
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</tbody>
</table>

*C* = Time-point in data collection.

**Mentors**
Mentors meeting the screening criteria received an introductory study package that consisted of a study cover letter, consent form, and a demographic and employment questionnaire for Mentors. This was completed prior to being matched with Clients. After concluding their 8-month
mentorship with a Client, Mentors completed the Connectors and Mentor's perspective questionnaire. At this time, nine randomly selected Mentors participated in a post-program interview with to capture Mentors’ experiences and perspectives of the EMSP program.

**Connectors**
Connectors were asked to participate in four focus group meetings scheduled approximately every eight months throughout the study. During these meetings, Connectors shared their personal experiences and perspectives and provided feedback regarding recruitment and Client-Mentor matches. Midway through their three-year involvement, Connectors also completed the Connectors and Mentor’s perspective questionnaire to provide another way for Connectors to reflect on the EMSP program.

**Measures**

**Clients**
Clients completed the following five measures:
1. **Demographic & Employment History Questionnaire for People with Physical Disabilities**
   A descriptive questionnaire that captured Clients’ background in disability, education, financial standing, housing, employment perceptions, employment priorities, and pre-employment skills and activities. Data collected on these questionnaires were used to describe the Clients that participated in this study.
2. **Employment Goals Form**
   A template through which Clients could specify and rank their employment goals. Goals listed in this form were used as the starting point for the EMSP intervention and were continually revisited throughout the program at each data collection time point. The data collected assisted in addressing research question 2.
3. **Current Employment Status Questionnaires**
   A questionnaire that quantified Clients' achievements and satisfaction and captured whether a Client had attained a paid position. This questionnaire was administered at each time point and was used to help answer research question 1.
4. **Evaluation of Employment Goals Form**
   This form, in the structure of a chart, allowed Clients to quantify the outcomes of their employment goals. This form also permitted Clients to set new goals and helped answer research question 2.
5. **Modifications, Supports, and Workplace Aids Questionnaire**
   This questionnaire was completed at T3 and assisted Clients to identify the type of barriers faced, modifications required, and supports implemented in the workplace. This questionnaire helped answer research question 3.

**Mentors**
Mentors completed the following two measures:
1. **Demographic & Employment History Questionnaire for Mentors**
   This is a descriptive questionnaire that captured basic educational and employment history. It allowed Mentors to describe why they participated in the EMSP program and what their
expectations were. Questionnaire answers were used to describe the Mentors involved in this study.

2. **Connectors and Mentors Perspective Questionnaire**
A questionnaire that allowed Mentors to identify the program’s successes, areas for improvement, and the types of barriers their Client(s) faced. Information collected in this questionnaire helped answer research question 5.

**Connectors**
Connectors complete one measure:

1. **Connectors and Mentors Perspective Questionnaire**
The same questionnaire that was given to Mentors and described previously, was also answered from the viewpoint of Connectors. It was used to supplement information collected from focus group meetings, and helped answer research question 5.

**Interviews and Focus Groups**

**Clients**
A sample of 30 Clients across all cohorts were purposively selected to complete two interviews. Purposive sampling was used to ensure diverse perspectives were captured. The interview were scheduled as follows:

1. Pre EMSP program Interview
An approximately 45-minute semi-structured interview that captured Clients’ interests and skills, independence level, source of income, and vocational history and goals. Sample discussion points and questions included: i) describe your level of independence ii) what is your vocational history in the past five years, and iii) what support do you think would be beneficial in helping you become employed? Information collected from these interviews was used to help build an understanding of Clients’ perspectives, expectations, and experiences regarding employment prior to the intervention program and assisted in addressing research question 4.

2. Post EMSP program Interview
An approximately 45-minute semi-structured interview that allowed Clients to discuss issues of employment obtained, supports for meeting goals, and the EMSP program overall. Sample discussion points and questions included: i) did you reach the goals you set for yourself? Why or why not? ii) What supports do you think would beneficial in helping you become/maintain employment? and iii) What supports did the Connectors and Mentors provide you? Answers were compared to pre-program interviews and were used to help answer research question 4.

**Mentors**
Upon completing the EMSP program, nine Mentors were randomly selected to participate in an interview:

1. Post EMSP program Interview
An approximately 30-minute semi-structured interview in which Mentors shared their experience regarding their Client(s), the EMSP program, and the research component of the study. Sample questions asked in the interviews included: i) Can you tell me about your experience with the EMSP? ii) What was your experience working with your mentee? and iii) what supports do
you think would be beneficial in helping you be a better mentor? Information from the interviews were used to help answer research question 5.

**Connectors**
All eight Connectors completed focus group meetings throughout the three-year study:

1. **Focus group meetings**
   90-minute semi-structured group meetings in which Connectors shared their perspectives and experiences regarding the EMSP program. Sample questions discussed included: i) what was your experience working with Clients? ii) What is your experience with the program component? And iii) what supports do you think would be beneficial to help you become a better Connector? A total of four meetings were held throughout the study, the information of which supported the response to research question 5.

**Data Analysis**
All data was entered into the Statistical Package for the Social Sciences (SPSS) software and checked twice for accuracy by independent members of the research team before the completion of statistical analyses. Descriptive statistics were used to summarize demographic variables of study participants, to describe the type and breadth of employment-related barriers, supports, and workplace aids identified by Clients, and to capture the program evaluation completed by Mentors and Connectors. Inferential statistics were undertaken to compare the immediate intervention and waitlist/delayed intervention groups across the demographic variables, employment status, and goals accomplished. To understand the perspectives of persons with physical disabilities prior to and following the EMSP program, a thematic analysis of Client interview transcripts was conducted. NVivo, a qualitative research software package, was used to facilitate the cross-comparison of participant perspectives and the organization of themes. Thematic analyses were also conducted for Mentor interviews and Connector focus groups.
Appendix B

DEMOGRAPHIC AND EMPLOYMENT HISTORY QUESTIONNAIRE FOR PEOPLE WITH PHYSICAL DISABILITIES

**Information About You**

1. What year were you born? _____________________

2. □ Male □ Female

3. Marital status:
   □ Married
   □ Living with partner
   □ Widowed
   □ Never married
   □ Separated/divorced
   □ Other, please state: _______________________

4. What is the **highest** level of formal education you completed?
   □ Some high school
   □ High school graduate
   □ Some college/university or trade school
   □ Trade school or vocational school graduate (diploma/certificate)
   □ University graduate (bachelor's degree)
   □ Master's or doctoral degree, or professional designation
   □ Other, please state: _______________________

5. Where do you live?
   □ House
   □ Townhouse/Condo
   □ Apartment
   □ Group Home
   □ Assisted Living
   □ LTC
   □ Other, please state: _______________________

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6. Are you independent in community management (i.e. shopping, banking, transportation)?
   □ Yes
   □ No

7. Are there any adults living in your household?
   □ Yes, How many? _________
   □ No
   If yes, what is their relationship to you? (e.g., spouse, parent, sibling, etc.)
   ________________________________
   ________________________________
   ________________________________

8. Are there any children under 18 years living in your household?
   □ Yes, How many? _________
   □ No
   If yes, what is their relationship to you?
   ________________________________
   ________________________________
   ________________________________

9. What is your disability or condition?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

10. Are you able to feed yourself independently?
    □ Yes □ Yes, with assistive devices □ No

11. Are you able to walk?
    □ Yes □ Yes, with assistive devices □ No

12. How many medical appointments, health care appointments and/or medicalizations did you have in the last year?
    ______________________________________________
Is this typical? (Please explain if you have more, less or about the same per year)

_______________________________________________________________

13. Questions about household income are sensitive to some people. We ask this question because engaging in community activities, including work, may be related to economic status. Considering all sources, what was your approximate annual household income last year?

- Less than $20,000
- $20,001 to $40,000
- $40,001 to $60,000
- $60,001 to $80,000
- More than $80,000

14. What is the **main** source of income for your household? (check all that apply)

- Your employment income
- A family member’s employment income
- Your old age, union or employer’s pension plan
- A family members’ old age, union or employer’s pension plan
- Your disability pension
- A family member’s disability pension
- Your unemployment insurance
- A family member’s unemployment insurance
- Your insurance settlement (e.g., ICBC or other insurance company)
- Your workers’ compensation (WCB) benefits
- Family savings & investments (e.g., RRSP’s)
- Other sources ____________

15. Do you currently work as much as you would like to?

- Yes
- No

If no, what is the reason for this?

- My previous work became too tiring
- Because of complications from my disability/condition
- I have other health problems
- I have other priorities
- I am managing the household and/or family
- I can only find part-time work
- I would lose financial benefits if I worked more
- I can’t find an appropriate job
- I am a student
- Other reason. Please specify: ___________________________________________

16. In your experience, how important are each of the following factors in **getting** a job?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance seeking employment</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Vocational counseling</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Availability of job re-training</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Availability of educational up-grading</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

17. In your experience, how important are each of the following factors in **keeping** a job?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible work hours</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Accessible workplace</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>A living wage (sufficient salary)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Supportive/understanding employer</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Supportive/understanding co-workers</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>
Pre-employment and Employment Activities

18. Have you ever prepared a resume?
   □ Yes
   □ No

19. Do you currently have a resume?
   □ Yes
   □ No
   If Yes, have you updated it in the last year?
      □ Yes
      □ No

20. Have you ever registered with WorkBC?
   □ Yes
   □ No
   If Yes, when did you register?
      DATE: __________________

21. Have you ever applied for a volunteer job?
   □ Yes
   □ No
   If Yes, how many volunteer jobs have you applied for?
      Number of jobs: __________

22. Have you ever applied for a paid job?
   □ Yes
   □ No
   If Yes, how many paid jobs have you applied for?
      Number of jobs: __________
23. Employment History Details (Include both current and past jobs for the last 5 years). Please answer if appropriate.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Job #1</th>
<th>Job #2</th>
<th>Job #3</th>
<th>Job #4</th>
<th>Job #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of Employment (Start to End)</td>
<td>Nov/2010-Oct/2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title or Type of Work</td>
<td>Editorial Assistant at local newspaper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Hours/Week</td>
<td>Average of 20 hrs/wk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this a paid or volunteer job? (Paid/Volunteer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this self employment? (Yes/No)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this seasonal work? (Yes/No)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you left the job, why?</td>
<td>Editor retired, job was eliminated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other comments about this job</td>
<td></td>
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</tr>
</tbody>
</table>
24. Looking to the future, what type of work are you interested in:
   ☐ Full time
   ☐ Part time
   ☐ Seasonal
   ☐ Self-employment
   ☐ Other ________________

25. What would your ideal job look like:

________________________________________________________________________
________________________________________________________________________
Appendix C
INTERVIEW GUIDE FOR PEOPLE WITH PHYSICAL DISABILITIES PRIOR TO THE PROGRAM

Introduction and overview of the study
Thank you for agreeing to have me interview you today. These interviews are an important part of the larger ConncTra-UBC project that evaluates the employment mentorship support program. The questions today focus on your background and experience with employment to date as well as your expectations of the EMSP. We will also be doing follow up interviews after the program finishes, to get a sense of your experience in the program as well as learn about what works and what doesn’t in the program, so we can improve the program for its future iterations.

CHECK-IN: ANY QUESTIONS?
Guiding questions for discussion:

1. Can you tell me a little bit about yourself?
   What are your interests and abilities?
   - Quiet recreation?
   - Active recreation?
   - Socialization?

2. What are your vocational goals/hopes/needs?

3. How has work/working fit into your life so far?
   - Educational background related to work
   - Attempts to get employment in the past
   - Experience with employers and/or co-workers
   - Successes
   - Failures

4. Describe your volunteering history.

5. What vocational or work supports have you needed and/or received in the past?
   - Successes?
   - Failures?
   - Perceived barriers?
   - Fears?

6. What vocational or work supports do you think you would need or would like to receive in helping you become and stay employed in the future?
   - Pre-vocational supports?
   - Financial support?
   - Workplace aids?
7. What are your concerns moving forward?

8. What are your expectations of the program?

Those are all of my questions.

Is there anything else you would like to add?

Thank you very much for your participation.
Appendix D
INTRODUCTION GUIDE FOR PEOPLE WITH PHYSICAL DISABILITIES FOLLOWING THE PROGRAM

Introduction and overview of the study
Thank you for doing this interview with me today. The questions today are a little bit different than the ones last time. Today, we want to get a sense of your experience in the program as well as learn about what works and what doesn’t in the program, so we can improve the program for its future iterations.

CHECK-IN: ANY QUESTIONS?

Guiding questions for discussion:

1. Can you tell me about your experience with the program?
2. Tell me a little bit about the employment goals that you set at the beginning of the program and how working on them played out.
3. What value, if any, has been derived from the EMSP?
4. What supports did you receive in obtaining employment/reaching your goals?
   What supports did the Community Connectors/Mentors provide you? Was this of benefit to you? Why/why not?
5. What were some of the challenges you encountered in working on your goals?
   Probing question: was there a particular issue you worked on?
6. What supports do you think would be beneficial in helping you become/maintain employment in the future?
   Probing questions: vocational supports, financial support, workplace aids, getting to the workplace, social support, etc.
7. What are your concerns about employment in the future?
8. How has your perspective of employment itself or the process of seeking employment changed based on the program?
   What would you tell others about the program?

…. Those are all of my questions.

9. Is there anything else you would like to add?

Thank you very much for your participation.