



The Community Perspectives Series



Not For Lack of Trying: Barriers to employment and the unrealized potential of psychiatric survivors living in boarding homes

The Ontario Council of Alternative Businesses (OCAB)

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The Community Perspectives Series:

Recent community based research from our enabling grants program

The Wellesley Institute is a non-profit research and policy institute advancing urban health through research, policy, community engagement and social innovation. Our focus is on developing research and community-based policy solutions to the problems of urban health particularly in housing and homelessness, healthcare reform, immigrant health and social innovation through health equity lens.

The Community Perspectives Series features recently completed community-based research on a range of health-related issues. Community-based research strives to promote the research capacity of communities by enabling community members to identify and examine a particular health issue and to recommend effective solutions. Through our Community-Based Research grants programme we offer 'Enabling Grants'; small, time-limited grants to support community and academic researchers to collaboratively pursue research on issues that urban communities identify . These can include identifying unmet health needs, exploring or testing effective solutions to problems they experience, or increasing our understanding of the forces that shape people's health and the way these forces affect people's health.



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Introduction

The aim of this community based research project was to engage Habitat tenants, both as researchers and as participants in focus groups, to provide qualitative evidence that would help make the case for greater resourcing of the boarding home sector in the area of employment. In addition to building the capacity of Habitat as an organization to use qualitative research to promote recovery, this project also provided transferable skills to five tenants living in Habitat funded homes through training as research assistants.

Through the facilitation of five focus groups, this project gathered feedback from approximately fifty individuals living in boarding homes on the topic of employment. The research found that while an overwhelming number of tenants want to work, they are confronted with a number of systemic and personal barriers that make this goal next to impossible.

This report seeks to highlight the potential, realized and unrealized, of psychiatric survivors living in boarding homes as well as to inform the community development sector through engaging tenants in a grassroots, participatory manner.

Rationale for the Study

The Ontario Council of Alternative Businesses (OCAB) is a consumer/survivor run provincial umbrella organization that develops and supports paid work opportunities for psychiatric survivors through several small non-profit businesses. As research has indicated, employment opportunities are critical to the recovery pathway for consumer/survivors and lead to an increased stability and a reduced reliance on traditional mental health services. OCAB currently provides employment to over 120 psychiatric consumer/survivors within supportive and inclusive workplace environments.

The psychiatric survivor community faces a daunting rate of unemployment of almost 90% [Senate Standing Committee on Social Affairs, Science and Technology, 2004]. The work of OCAB and other Consumer Survivor Initiatives operating businesses has proven to be a successful community response to this reality. According to a study published in the Canadian Journal of Community Mental Health (1992) people who were employed by Alternative Businesses reported:

- Significant reductions in the number of days of in-patient hospital treatment;

- Significant reductions in crisis contacts;
- Significant reductions in the number of times in hospital.

Through engaging hundreds of psychiatric survivors employed through Alternative Businesses in the past ten years, OCAB has become keenly aware of the social determinants of health as key to the success and recovery of individuals living with mental health issues.

Consumer/Survivors often live in inadequate and unsafe housing, go hungry, and cannot afford medical services that are considered 'extras' within our health care system. In addition, inadequate levels of income support through Ontario Works and the Ontario Disability Support Program have led to substantial barriers when it comes to securing and maintaining employment. This reality has become increasingly problematic with the imposition of recovery ideology by these institutions that do not recognize the social determinants of health as key to this process.

For psychiatric survivors, these conditions set the stage for community life characterized not by acceptance and growth, but by grinding poverty, homelessness and social stigma. Their real suffering begins after discharge from hospital. Regardless of ideological diversity, psychiatric survivors are bound together by a relentless commonality of life circumstance. Having been assessed, diagnosed, treated, institutionalized and otherwise intervened upon, they share the experience of being misunderstood and feared by other members of society. They have essentially been denied citizenship through the discrimination they experience in the realm of employment, housing, training and education. Their marginalization in these crucial areas has meant that psychiatric survivors as a group are generally poor, unemployed or underemployed and inadequately housed. This experience is particularly evident within the boarding home sector, where psychiatric survivors are paying large proportions of their income to housing and meals and are often unable to access the support necessary to move forward.

Over the past year, OCAB has been working with Habitat Services (Habitat) in an attempt to address some of the recovery barriers that exist within boarding homes and to develop a more comprehensive strategy to address these barriers. Habitat has done considerable work in this area and, as an organization, has shown a demonstrated commitment to improving the lives of tenants living within their portfolio.

Habitat was developed in 1987 in response to identified problems with the physical conditions and personal care standards provided in private sector boarding and lodging homes, where many people with a history of serious mental illness were housed.

Currently, Habitat provides boarding home accommodation for more than 850 people in 45 locations across the City of Toronto. In 2005/2006, Habitat received more than 650 referrals from over 150 designated referral sources in the city. Forty-three percent of referrals came from

hospitals. Twenty-six per cent of current tenants were referred to Habitat by the Centre for Addiction and Mental Health.

OCAB and Habitat have identified substantial barriers that boarding home tenants face when attempting to improve their quality of life, however this is mainly through anecdotal evidence. There has been little or no research conducted specific to this demographic. The silo effect of service delivery across the social service sector has made it difficult to make the case for a more integrated approach to supporting tenants living in boarding homes. Specifically, it has been difficult to provide resources for tenants to seek out and maintain employment while living in the boarding home context.

Through this research project, OCAB and Habitat sought to highlight the employment barriers of individuals living in boarding homes as well as to identify what resources might be required to assist those who are interested in employment to realize their goals.

Process

Through an interview process, five current/recent tenants of Habitat boarding homes were selected to participate as researchers with this project. The selection was based on tenant interest in the community-based research process, their involvement within their boarding homes, and their commitment to improving the quality of life for those living in the boarding home sector.

We understood community-based research as a process that takes place in community settings and involves community members in its design and implementation. At the heart of our thinking is a deep respect for the contributions of all community members as well as the principle of "doing no harm" to the communities involved.

To demonstrate this approach to community based research, we adhered to the following principles:

- That all researchers be involved at the earliest stages of the project and have input into how the project will unfold.
- That the process and the outcome of the research should benefit the community.
- That participants should be paid adequately for their time and contribution.
- That barriers to participating in the project be examined and removed wherever possible.

- That the relationships that are formed through the process continue beyond the scope of the project.

The development and planning phase of this project began after our researchers were hired. Researchers participated in seven separate training sessions that included:

Leadership Training

This session was facilitated by Pat Capponi, a well-known psychiatric survivor activist and advocate, and focused on leadership and its importance to developing a vibrant and strong consumer/survivor voice. As a former tenant of one of the most notorious boarding homes in the 1980s, Pat also shared her own experiences living in the boarding home sector and how much of activism and advocacy undertaken in the 1980s shaped the evolution of supportive housing as we know it.

Facilitation Training

This training was designed to help the group achieve specific outcomes through the use of active, participatory, participant-centered methods of facilitation. Researchers were taught to regularly evaluate the process in real time, as well as how to stimulate dialogue and interaction between participants, not just between themselves and the participants.

Introduction to the Research Process

This session offered basic information on the research process, including research design, literature reviews, hypothesis development, sampling, measurement procedures, ethics, survey instruments, statistical analysis, and dissemination.

Development of Research Tools and Data Analysis

The researchers were also actively involved in the development of the focus group questions, developing and organizing the focus groups, and in analyzing the data once it was collected. Each tenant researcher received an honorarium, TTC tokens, and a meal at each meeting they attended.

In total, data was collected through the facilitation of five focus groups held in January and February of 2008. There were between 5 and 10 participants at each focus group with a total of 49 individuals participating. To ensure the broadest level of participation, focus groups were held both in the boarding homes (for those not wanting to leave) and in the community (for those who felt more inclined to participate when not inside of the house). Focus group participants received a \$20 honorarium, refreshments and TTC tokens for their participation.

At the start of each session, those attending the focus groups were reminded that participation was completely voluntary and that they could withdraw from the process at any time. They were also reminded of the expectation of confidentiality. Participants were informed that the information they provided would be compiled without identifying individuals, but rather feedback grouped into broad themes. There were assurances made that identifying information would be kept in strict confidence and that no personal information would be shared with Habitat staff or with the owners of the boarding homes.

Each group was asked a series of ten questions related to their employment history, their experience with skills training and education, their employment related goals, and the barriers to employment that they have experienced (Appendix One).

Findings

Participant Data

Of those who attended focus groups, 65% were men and 35% were women. This is in line with the gender breakdown of the Habitat boarding home portfolio overall. The average age of those participating was 46. The average length of time individuals had lived in a boarding home was 4.5 years. Given the perception of boarding homes, it was surprising that 65% of participants indicated that they would like to stay where they are currently living.

The majority of focus group participants (70%) indicated that they would like to find employment. Of the remaining 30%, 10% were currently working, and 20% were not interested in paid employment.

Employment History

One of the greatest tragedies of mental illness and the system that treats it is the dehumanization of psychiatric consumer/survivors. The process of diagnosis and treatment often erases the entire history of those so labelled, rendering them patients, recovering patients, and at best, recovered patients. The various personal talents and accomplishments, the life lead prior to hospitalization, can become only a memory once people enter the mental health and social services system.

Facilitators commented that there was a feeling of floodgates opening when participants were asked about their previous job experiences. Individuals, often with a tone of pride, recounted their varied work experiences. In total, there were over 150 different responses related to the question “What jobs have you had in the past.” Of those responses, the largest category was related to trade/service occupations (38%), almost half of those being food service related. 15% of participants had worked in the personal care field (childcare, personal aid, housekeeping) and 10% of respondents had worked in the field of arts/media (visual arts, journalism, music). Other occupations included teaching, customer service, telemarketing, counselling, gardening, I/T, and farming.

When asked which work experiences were the most rewarding, most participants (30%) indicated jobs that fell into the category of “helping professions.” An additional 16% preferred jobs related to the arts industry and 9% indicated work that took place outdoors.

Some of the commentary that accompanied these responses suggested that many individuals preferred work that instilled a feeling of independence and a level of trust in being left to accomplish tasks. Many agreed that just being busy and having something to do was rewarding in its own right.

Training

The vast majority (over 80%) of respondents indicated that they had participated in some sort of training program related to employment prior to this community based research project. Of those, only 41% indicated that they had found these programs useful.

There were a number of areas of training, the most utilized pertaining to job-readiness related workshops. These included resume writing, the development of interviewing skills, and life skills training. The majority of those who had participated in these workshops indicated that this training had not assisted them in finding paid work.

There were numerous other training programs, sessions and workshops that focus group participants indicated they had taken. These included training in the following areas:

- Food service
- Skilled trades
- Computer
- Janitorial/Maintenance
- Childcare
- Mediation/Facilitation
- Workplace Hazardous Materials Information System (WHMIS)
- Smart Serve (government training about safe alcohol service)
- Writing

For the most part, participants indicated that training generally did not lead to paid work. They cited a number of reasons why they thought this was the case, including age barriers, relevance to current marketplace, the physical nature of many of the jobs available, and lack of a living wage offered. Also, it was clearly noted that available training programs are often not based on the interests of the individuals. Of those who found training opportunities useful, most were in the area of social services (peer support, community worker).

Gaps in resumes, literacy issues, and stigma were all cited as reasons why training opportunities did not translate into paid work when applying for positions.

Focus groups participants were asked what training programs they would like to access that are currently unavailable. Training opportunities in the area of accounting/finance were cited by 20% of participants. An additional 10% of respondents indicated they would like training in the area of

peer support and mentoring and 7% wanted opportunities in the information technology field. Other desires for training included:

- Environmental management
- Translation/Interpretation
- Security/Policing
- Urban Planning
- Case Management
- Nursing
- Counselling
- Community Development
- Administrative/Clerical
- Food Service

Many participants indicated that cost was the largest barrier to accessing these training programs. There was also some frustration that training was only available for entry-level jobs that were not in line with the skill sets of those individuals who had held professional positions in the past and who would most benefit from updating their existing skills.

There was a strong sentiment among participants that their life experience would make them good candidates for jobs in the social service sector if they were able to access more training in this field.

Employment Barriers

Focus group participants were asked to identify barriers to employment that were specific to their housing situation. The largest barrier cited was the lack of access to a telephone or telephone messages (54%). Although Habitat mandates that each boarding home have a public phone available to tenants, telephones are often in use and there is no reliable system for message taking. Second was the boarding home atmosphere, including difficulty sleeping due to noise and overall chaos (24%), and third was related to a lack of access to clothing/showers/personal hygiene items (20%). Other barriers included:

- Lack of computer and e-mail access
- Meal Schedules (missing meals means going hungry)

- Outbreaks of illness
- Not feeling secure in the home
- Lack of support or encouragement from boarding home staff

Focus group participants were also asked to list barriers to employment that were not directly related to their housing. The overwhelming barrier that participants cited was the punitive nature of social benefit programs (64%). A number of respondents also cited a lack of resources to look for work, including the cost of transportation (58%) and primary health issues (22%) as barriers to finding employment. A number of others cited a lack of support from health care professionals and boarding home staff.

When asked what might alleviate these barriers, participants provided the following list (in order of importance):

- Improved education for employers about mental illness and poverty
- Improved access to telephones and messages
- Improvement to current training opportunities and support programs
- Improved personal attitude
- Improved access to public transportation
- Improved access to computers
- Improved access to healthcare (including issues with medications)
- Improved access to clothing
- Incentives for those looking for work.

Survival Skills

The last question we asked participants was related to the skills they had developed while living in a boarding home that might help them in the workforce. Answers included:

- Money management/budgeting
- Communication skills
- Patience
- Punctuality (getting to meals on time)

- Optimism
- Persistence
- Tolerance
- Ability to get along with others

Discussion and Implications

Research Findings

Despite the numerous challenges faced by those living in the boarding home sector, the overwhelming majority of participants indicated a strong desire to work. This is particularly surprising when one considers the many barriers that stand in the way. From sharing a bedroom with a perfect stranger, to standing in line to use the washroom, to adhering to strict meal schedules that leave little room for daily freedoms, the lives of boarding home tenants are consumed with tasks related to daily survival.

Improvements to the conditions that exist within boarding homes are most certainly critical to the success of tenants who are seeking employment. When asked to list barriers to employment, it is notable that tenants identified quite practical things. Access to telephones, the eradication of double rooms, more flexible meal schedules, and the use of a computer, were all at the top of the list. Issues related to mental health diagnosis and symptomology were barely mentioned by participants, which is in many ways counter to the social service sectors perception of what individuals need in order to work. Respondents did discuss the difficulties they encountered with psychiatric medications, which often left them drowsy and unable to work. Most saw this as an issue with dosage.

It is clear that training programs should be much more responsive to participants. Not only do they need to respond to the interests of individuals, they should also consider the fact that no matter how well trained a person is, there are other practical concerns that may impede success. If a person is unable to make it to a job interview because s/he cannot afford public transportation, or perhaps did not even receive the message from a prospective employer, the training program may be all for nought.

The most common barrier to employment is the punitive nature of social benefit programs. Both Ontario Works and the Ontario Disability Support Program operate with an overwhelming number of policies and rules that are enforced by caseworkers who have limited understanding

of the needs of their clients, and even less power in providing what the clients need to find employment. Recipients who are able to work part-time have 50% of their earnings deducted from benefits. And the employment supports and services that are part of the program are not available to everyone who requests them.¹ Further anxiety is created when benefits are suspended or cancelled because the rules around reporting income are not always clear and while a small benefit is made available for those who are working in the form of an “employment start-up,” there are no resources available to assist those seeking employment.

Process Related

We were somewhat disappointed that the information gathered did not provide more anecdotal evidence. We had hoped that participants would elaborate on their answers to the questions asked, allowing for richer and more narrative data. For the most part, respondents provided one or two word answers to each question, and when probed, were reluctant to give more. In hindsight, this is not surprising. While we had made assurances of confidentiality, our “word” may have provided little relief to those living in such precarious placements. From the answers provided, it was clear that many boarding home tenants feel fearful, demoralized, suspicious, and unsupported in their current living situations. Given this, their ability to be fully honest was thwarted.

This community based research project was a positive learning experience for everyone involved. Tenant researchers talked repeatedly about how much they learned from the training and were very engaged in the interpretation of data. Since completing the project, two of the participants have found work. All five researchers continue to be very active with Habitat, and continue to commit themselves to improving the lives of tenants living in boarding homes. Habitat and OCAB have also forged a stronger relationship and are starting work on their next collaborative research project.

Lastly, we have begun to look at ways that the recommendations that follow can be implemented, improving the quality of life for boarding home tenants across the Habitat portfolio.

¹ Income Security Advocacy Centre, Rethinking the role of Social Assistance within Poverty Reduction Strategy

Recommendations

Action Within Boarding Homes

- Increase telephone access within boarding homes (for example, standards could stipulate that there be at least one telephone for every 4 tenants).
- Ensure that voice mail is available for all tenants. Bell Canada and Rogers, for example, offer an “extended mailbox” service that would allow each tenant to have their own voicemail box.
- Provide access to computers and the internet in all boarding homes.
- Work towards the elimination of shared rooms in all approved boarding homes.
- Provide information on employment opportunities within the Alternative Business sector to all boarding home tenants.

Action in the Community

- Continue to lobby ODSP and OW re-examine their policies related to employment to create incentives for people living with mental health and addiction issues to re-enter the workforce. This should include providing additional resources for jobseekers, eliminating the claw back on the first \$450 of employment earnings (as per the recommendations of the ODSP Action Coalition), and including clothing and transit allowances.
- Provide written resources to tenants moving into boarding homes on available employment resources in their community.
- Develop and evaluate potential peer-support models that would allow tenants to support each other in realizing their employment goals.
- Educate service providers, doctors/psychiatrists, and boarding home staff on how they can better support tenants to pursue employment opportunities.
- Continue to develop community development and community economic development opportunities focused on empowering boarding home tenants.

Appendix One

Focus Group Questions

1. What work have you done in the past?
2. What job has given you the greatest feeling of satisfaction?
3. What job would you like to do?
4. Have you ever accessed a training program or service related to employment? Was it useful? Why or why not?
5. Are there training opportunities that you would like to access but are currently unavailable to you?
6. What training would you find useful?
7. What are some of the barriers specific to your housing situation do you feel limit you when it comes to getting a job?
8. What are some of the barriers (not related to your housing) that you fee limit you from getting a job?)
9. What would help eliminate some of these barriers?
10. What are some of the survival skills you currently have that you think would help you in the workplace?

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