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For further information, contact the CWGHR at info@hivandrehab.ca.

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# A Framework to Enhance Labour Force Participation Options for People Living with HIV/AIDS in Canada



Catherine Worthington (Faculty of Social Work, University of Calgary)
Kelly O'Brien (Department of Physical Therapy, University of Toronto)
Elisse Zack (Canadian Working Group on HIV and Rehabilitation)
Melissa Popiel (Canadian Working Group on HIV and Rehabilitation)
Brent Oliver (Research Coordinator, Faculty of Social Work, University of Calgary)
Eilleen McKee (Canadian Working Group on HIV and Rehabilitation)

# **HIV and Employment Framework Overview**

People living with HIV in Canada (PHAs) face significant challenges to participating in the workforce. We synthesized information from studies and consultations with stakeholders (including PHAs, employers, insurers and policy makers) to create a framework that shows key employment barriers and facilitators, potential outcomes of employment, and employment strategies and supports for people living with HIV. In the framework, we addressed these factors within personal, employment and public policy domains.



**Public Policy Domain** 

We screened 11,165 journal articles and report abstracts, and conducted a review on 285 selected documents to develop the preliminary framework. We then conducted 18 qualitative interviews and 3 focus groups (with a total of 34 participants) to augment the framework. The framework was also reviewed by members of a community advisory committee of those active in the HIV and employment fields.

We hope the framework and this booklet provide useful information for PHAs, AIDS service organizations, vocational rehabilitation workers, employers, insurers, and policy makers as they work to develop options for labour force participation for PHAs. The next page provides an overview of some of the key contextual factors that influence labour force participation, and the following pages show details of barriers, facilitators, potential outcomes, and strategies and supports within the different domains (personal, employment and policy).

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**Public Policy Domain** 

# Barriers

#### INSURANCE BENEFITS

- Fragmentation and lack of integration among programs, services and policies
- Risk perspective approach among insurers
- Inconsistent eligibility criteria for vocational programs and benefits

## **PROGRAMS & POLICIES**

- Poor accessibility of social and community programs
- Lack of evidence to inform policies and programs

# Facilitators

## INSURANCE BENEFITS

Flexibility of disability income supports
 (transitional benefits, automatic
 reinstatement, and
 allowable earning
 amounts)

# PROGRAMS & POLI-CIES

- Providing equity of access to community programs and r sources
- Anti-discrimination legislation

# **Potential Outcomes**

## INSURANCE BENEFITS

- Cost savings for insurers
- Decreased costs for public income support programs
- Tax benefits
- Decreased burden on health and social service programs

#### **PROGRAMS & POLICIES**

Promotes inclusive and diverse communities

# Strategies & Supports

- Advocacy
- Creation of networks of service providers: partnerships, coalitions
- Support for capacity building among networks of ASO's and NGO's
  - · Public education re: HIV and disability
    - Legal supports
    - Workplace prevention programs
  - Increased involvement of labour unions
  - Creation of HIV specific employment programs
  - Support for anti-discrimination and anti-stigma work

Important factors within the public policy domain include those related to insurance benefits and programs and policies. Advocacy and intervention at this level are significant components of any effort to assist PHAs in successfully maintaining employment.

The factors outlined in the framework are part of a larger discussion on enhancing the successful workforce participation of PHAs in Canada. Front-line AIDS service organizations, people living with HIV/AIDS, employers and policy-makers all have critical roles to play in improving employment options for PHAs, and in building workforces that contribute to a healthier, more diverse and, ultimately, more productive society.

# **Employment Domain**

# **Barriers**

# DISABILITY IN THE WORKPLACE

- Stigma and discrimination
- Disclosure and confidentiality

# WORKPLACE FACTORS

- Unsupportive work environments and workplace cultures
- Employer attitudes: fear and misunderstanding of HIV and people with disabilities
- Fearful and unsupportive co-workers

# ACCOMMODATION FACTORS

 Lack of clarity of duty to accommodation legislation

# **Facilitators**

# DISABILITY IN THE WORKPLACE

- Policies to increase awareness and acceptance
- Self-advocacy training
- Vocational and employment services
- Access to information

## WORKPLACE FACTORS

- Organizational cultures that value people with disabilities
- Workplace AIDS education and support programs
- Leadership / human resources champion
- Flexibility in the workplace

# ACCOMMODATION FACTORS

- Workplace accommodations
- Government funded resources for employers
- Organizational structure: large employers more able to accommodate

# **Potential Outcomes**

# DISABILITY IN THE WORKPLACE

- Negative response of clients and customers
- Decreased litigation
- Providing equity and raising morale

#### WORKPLACE FACTORS

- Improves organizational culture of businesses
- Contributes to productivity, efficiency and success of organization
- Employer reputation as a responsible corporate citizen
- Attraction and retention of qualified employees

# ACCOMMODATION FACTORS

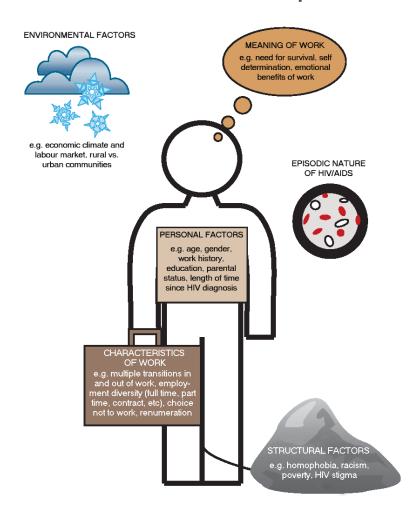
- Costs of accommodation
- Costs to employers of not accommodating employees
- Decreased productivity
- Possible attendance issues

# Strategies & Supports

- Outreach and education with employers
- Providing PHAs with informed mentors
  - Initiatives to reduce discrimination

Key factors related to the employment domain may impact a PHAs' ability to successfully participate in the labour force. Factors related to disability in the workplace, workplace conditions and accommodation play a role in shaping the organizational context. Strategies to address these factors are important considerations when supporting PHAs in employment situations.

# **Broader Factors Influencing Labour Force Participation**



Several contextual factors significantly influence labour force participation for PHAs in Canada. Environmental factors such as economic climate and location of residence; structural factors such as HIV stigma and homophobia; the episodic nature of HIV; personal factors such as level of education and employment history; the type and characteristics of the work; and personal meanings attributed to work will all have an effect on labour force participation for PHAs. Each of these contextual factors will influence the personal, employment and policy domains.

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# Personal Domain

#### Barriers

# INCOME

## MAINTENANCE

 Fear of loss of income, insurance and health benefits

## **VOCATIONAL FACTORS**

- Previous unemployment or work interruptions
- Low levels of job skills, education and training
- Poor work/individual matches

#### **HEALTH FACTORS**

- Poor health and/or advanced stage of disease progression
- Medication adherence, scheduling and side effects
- Effects of concurrent health conditions

# MENTAL HEALTH FACTORS

 Emotional and psychological factors (depression, neurocogntive impairments)

## SOCIAL FACTORS

- Social isolation
- Caregiver responsibilities
- Effects of stigma and discrimination
- Lack of access to social and community benefits

# **Facilitators**

# INCOME

# **MAINTENANCE**

Flexible disability and income supports

## VOCATIONAL FACTORS

- Job characteristics (psychologically an emotionally rewarding jobs)
- Job skills, work experience and education
- Good work/individual matches

## HEALTH FACTORS

- Improved health status
- Successful, stable access to HAART regimen
- Managed concurrent health conditions

# MENTAL HEALTH FACTORS

Self-awareness, assertiveness

## SOCIAL FACTORS

- Instrumental social supports (peer support and case management)
- Stable partnership or family support
- Self-advocacy skills
- Access to community resources (childcare, transportation, legal, medical care)

# **Potential Outcomes**

## INCOME

# MAINTENANCE

Increased or decreased income for PHAs

#### **VOCATIONAL FACTORS**

- Increased physical and cognitive stimulation
- Reduction in risk beha iours

#### **HEALTH FACTORS**

- Better perceived general health / Work stress leads to negative health effects
- Employment can lead to higher HRQOL among PHAs
- Slower disease progression / reduction in HIV symptoms
- Higher physical functioning / fewer physical limitations
- Less physical pain

# MENTAL HEALTH

Increased sense of well being

## **SOCIAL FACTORS**

- Decreased ability of PHAs to access community services
- Increased social participation

# **Strategies & Supports**

## PRE-WORK PREPARATION

- Support for well informed decision making including decision not to work
- Opportunities to develop job search skills: resume writing, interviewing
- Access to return to work training without risking benefits
- Support for career development and career change
- Defining 'success' in flexible terms

# SUPPORTING RETURN TO WORK

- HIV-specific services
- Peer support
- Individualized approach
- Strengths-based approach
- Services provided by supportive, courteous and respectful professionals
- Facilitated adjustment to the workforce
- Opportunities for temporary and part-time work
- Services that allow PHAs to return to work in a way that best suits their financial and adjustment-related needs
- Holistic and process-oriented approach
- Emphasis on learning practical skills
- Encouragement to counter broader cultural messages re: illness and stigma
- Support for career advancement

# SUSTAINING EMPLOY-MENT

- Support for disclosure
- Off site vocational counseling: job-specific, problem solving, disability management, & coping skills
- Occupational therapy: workplace modification, training, energy conservation techniques

Key factors within the personal domain play a critical role in influencing labour force participation for PHAs. These may include income maintenance, vocational, health, mental health or social factors. Support at this level during all phases of the employment process is important in assisting PHAs to successfully achieve their vocational goals.

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