INSTITUTING MARKET-BASED PRINCIPLES WITHIN SOCIAL SERVICES FOR PEOPLE LIVING WITH MENTAL ILLNESS: THE CASE OF THE REVISED ODSP EMPLOYMENT SUPPORTS POLICY

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
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Instituting Market-based Principles within Social Services for People Living with Mental Illness: The Case of the Revised ODSP Employment Supports Policy

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2011

Abstract

Policies are shaped by social values and assumptions, and can significantly impact the delivery of health and social services. Marginalized groups are often disadvantaged in the political realm and reliant on publicly funded services and supports. The purpose of this research is to consider how public policies are constructed and implemented for marginalized groups and to increase understanding of the consequences of policy reform. It draws on a case study of the Ontario Disability Support Program, Employment Supports (ODSP-ES) and considers the impact of the policy revision that occurred in 2006 on employment support services for people living with mental illness. A constructivist grounded theory approach guided data collection and analysis. Key policy documents were analyzed and 25 key informant interviews were conducted with individuals who were involved in: the construction and/or implementation of the policy; developing and/or delivering employment services under the policy; or advocacy work related to the policy.
The findings highlight the impact of outcome-based funding on employment services and practices, and provide lessons for the construction and implementation of public policy for marginalized groups. The new funding system has promoted a shift from a traditional social service model of employment supports towards a marketing model, wherein services focus on increasing job placement and short-term job retention rates. However, the introduction of market principles into employment services has had significant implications for people living with mental illness. Employment programs are required to absorb increased financial risk, thereby altering the way service providers work with clients to help them find and keep jobs; there is a heightened focus on the rapid placement of clients into available jobs and less attention to the quality of employment being achieved and to complex barriers that prevent individuals from succeeding with employment. Although ODSP-ES has been somewhat successful at connecting people with disabilities to competitive employment, it has led to secondary consequences that compromise its overall utility. The findings highlight the complexity of constructing and implementing public policy for marginalized groups and suggest that evaluating public policy is an interpretative exercise that should be explored from multiple perspectives beyond the stated objectives.
Acknowledgments

The completion of this dissertation and my career as a graduate student would not have been possible without the support and assistance of many people. I am particularly grateful to my thesis supervisor Dr. Bonnie Kirsh for providing me with encouragement, guidance, wisdom, and many valuable learning experiences over the last 7 years as I completed my master’s degree and then my PhD. I will draw on these experiences as I embark on my career beyond graduate studies. I would also like to thank Drs. Brian Rush and Cheryl Cott for agreeing to be on my program advisory committee, providing helpful and timely feedback on drafts of my work, and for sharing their insights as my research progressed. I am also grateful to Dr. Dina Brooks who provided significant support to me throughout my PhD. I would also like to acknowledge my colleagues in the School of Rehabilitation at McMaster University for their ongoing support, encouragement and insight as I completed revisions on my dissertation.

I am indebted to the 28 individuals who contributed to this research by agreeing to be interviewed and for taking time to share their insights and experiences. I would also like to acknowledge the financial support I received from a Canadian Graduate Scholarship from the Social Sciences and Humanities Research Council of Canada (SSHRC), the Canadian Occupational Therapy Foundation (COTF), and the Graduate Department of Rehabilitation Science at the University of Toronto. Without all of this support, my work as a graduate student and this dissertation would not have been possible.

I would like to thank my family and friends who provided tremendous support and encouragement, as well as practical assistance throughout my time as a graduate student. In many ways my family and friends shared in the burden of completing this work by creating space so I could work, picking up the slack in other aspects of my life, and tolerating my
“distraction” throughout the past several years. Specifically, I want to acknowledge the love and support I received from my husband Jeff, my parents, and my son Connor. Balancing my multiple roles and responsibilities would not be possible without your support, understanding (and occasional push!). Thank you very much!
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Chapter 1: Introduction

The construction and implementation of public policy is shaped by social values, assumptions, and the manner in which social problems are understood. Although stakeholders and advocates can influence public policy, the power to do so is not evenly distributed (Prince, 2004). Marginalized groups are often disadvantaged in the political realm and are less likely to influence policy construction and implementation (Schneider & Ingram, 1993). However, public policies can significantly impact the delivery of social services and access to needed supports, which are often particularly important to individuals from marginalized groups (Chouinard & Crooks, 2005). Therefore, it is important to explore how public policies are constructed and implemented for marginalized groups, and the consequences of policy reform.

Helping persons with disabilities become employed and remain in the labour market has become a priority across several jurisdictions in the developed world. The Organisation for Economic Co-operation and Development [OECD] (2003) reports that the demand for disability income support is increasing and that recipients rarely return to the labour market. Given this increased demand and low outflow, many countries have implemented substantial policy reforms over the past two decades to promote the inclusion of persons with disabilities in the labour market. Such efforts have included introducing anti-discrimination legislation and financial incentives to encourage work participation among persons with disabilities. In Canada, for example, the Charter of Rights and Freedoms, the Canadian Human Rights Act and the various provincial human rights legislation make discrimination against persons with disabilities in the workplace illegal. In Ontario, the introduction of the Accessibility for Ontarians with Disabilities Act (AODA), 2005 represents an important piece of legislation that aims to further improve opportunities for persons with disabilities in education and employment by identifying and removing barriers to participation.
The drive to increase work participation and curtail income support costs pose particular challenges for employment services in the mental health sector. People living with mental illness have historically been among the most disadvantaged groups in society and have been particularly marginalized from the workplace (Baron & Salzer, 2002; Drake, Skinner, Bond, & Goldman, 2009; Marrone, Foley, & Selleck, 2005). This population represents the largest and most rapidly growing group of recipients on disability income support rolls across several countries (Cook, 2006; Drake et al., 2009; Marrone et al., 2005; OECD, 2003) including Canada (Lawand & Kloosterman, 2006).

To date, much effort has been directed at assisting people living with mental illness to obtain and maintain employment. There are currently a plethora of different approaches being used to improve employment outcomes among people living with mental illness (Kirsh, Krupa, Cockburn, & Gewurtz, 2006) along with growing concern that many approaches are not particularly effective in improving rates of competitive employment (Crowther, Marshall, Bond, & Huxley, 2001). Therefore, policymakers, service providers, and consumers have been challenged to find and implement innovative ways of helping people living with mental illness obtain and maintain employment, and thrive in the workplace. Thus, it is timely to turn to policy in order to address the systemic problem of unemployment among people living with mental illness.

1.1. Purpose and Relevance of Research

The purpose of this research is to provide insight into the construction and implementation of public policy for marginalized groups. Using the Ontario Disability Support Program, Employment Supports (ODSP-ES) policy as a case study, this research explores the factors that have led to its current construction as well as its implications for employment services for people living with mental illness. This research considers different stakeholder perspectives on the
revisions to ODSP-ES that occurred in 2006, and how these perspectives intersect with one another in the construction and implementation of the policy. Through an analysis of this case study, this research extends our existing knowledge about the impact of policy reform on employment supports for marginalized groups such as people living with mental illness, as well as the interaction between policy, employment services and employment support practices.

The findings of this research contribute to our understanding of processes involved in policy reform for marginalized groups. This increased understanding can help consumers, advocates and service providers exert more influence in the political realm. Furthermore, this research provides knowledge about the impact that public policy has on services for marginalized groups. This insight can enable policy decision-makers to design more responsive and inclusive public policies that better meet the needs of marginalized groups. Specifically, the findings of this research highlight the unique challenges faced by those who live with mental illness as well as those who provide services to individuals living with mental illness in pursuing employment goals within the current policy context.

The findings of this research have particular relevance to rehabilitation science. The field of rehabilitation has a long history of addressing issues related to employment among persons with disabilities (Obermann, 1980) and growing levels of attention continue to characterize the field today (Kirsh, Cockburn, & Gewurtz, 2005). Furthermore, there have been calls for rehabilitation professionals to gain a more in-depth understanding of the drivers and impacts of policy reform, and to become more active in proposing policy alternatives (Randall, 2007). The findings of this research can help rehabilitation professionals better understand the issues that affect employment services for people living with mental illness and the drivers that contribute to policy reform. Such insight can help the field of rehabilitation become more active and
influential in the formulation and implementation of public policies that can improve opportunities for marginalized groups.

An in-depth understanding of the drivers and impacts of policy reform is also useful to consumer groups who are involved in political advocacy, particularly those concerned with employment and income support for marginalized groups. The findings of this research can help such groups better understand the relationship between policy and services, and highlight some of the implications of introducing new funding arrangements in social services. Furthermore, policy analysts can benefit from this research by better understanding how policies are implemented as they enter the public domain, and the impacts they have on access to services and service delivery. Organizations and programs that provide supports to marginalized groups will benefit from the findings of this research as they negotiate their funding arrangements with government bodies to ensure the sustainability of their services.

1.2. Public Policy

Public policy can be defined as “a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems” (Pal, 1992, p. 2). According to Torjman (2005) public policy seeks to identify and solve problems and achieve desired goals that are thought to be in the best interest of society. Titchkosky (2006) argues that “policy organizes, even produces, the meaning of persons in the here and now and deserves to be studied as a form of power that packages people in ordered relationships with themselves, with others, and with problems” (p. 71). Accordingly, the construction of public policy is based on social representations of target populations, beliefs and assumptions about rights, and relationships to structures of power (Schneider & Ingram, 1993). Therefore, in order to evaluate policy and study the consequences of policy solutions, we must consider not only how the effect is experienced, but also how problems and target groups are defined, how policies are
constructed and implemented, and the implications for individuals, groups, communities and society (Merton, 1936; Schouwstra & Ellman, 2006).

1.3. Personal Reflection

In my past clinical work as an occupational therapist working in community mental health, I regularly encountered many of the challenges related to employment, poverty and policy described throughout this research. The majority of the people with whom I worked were unemployed and reliant on social assistance. Yet, despite their challenges, most expressed aspirations of returning to work. Many had tried and failed. Some were working part-time in some capacity to supplement their income support payments and some had all but given up hope about their potential in the realm of employment.

My past research focused on employment among people living with mental illness. In this research, I explored the many personal and social factors that contribute to how individuals develop ideas about their potential for work. I discovered that through initial work experiences, individuals often begin to adopt a new identity as a worker and begin to see themselves as persons with possible work futures. The findings from this past research highlight the need for supports and services to help people living with mental illness find and keep jobs and experience success in the realm of work.

Thus, I come to this current research with very clear beliefs about employment, mental illness, poverty, and the potential of people living with mental illness to succeed at work. I believe in the importance of helping people living with mental illness succeed with employment and in the need to address structural issues such as the effects of poverty on individuals, families, communities and society. As I entered my doctoral program, I enrolled in a collaborative program in health services and policy research in order to enhance my knowledge of policy research. It quickly became clear that I wanted to pursue research to explore employment
services for people living with mental illness at the system level. Questions that I pondered included: How is the current system promoting or restricting the implementation of evidence-based approaches to employment supports? What more can be done at the system level to support people living with mental illness to move towards employment given their dreams and ambitions?

In formulating my research project, I consulted with key actors in the field in order to develop a research agenda that would be relevant and produce useful findings. I consulted with consumer advocates and service providers who told me about their experiences. Service providers related their struggles around trying to respond to recent policy changes within ODSP and their efforts to develop employment services according to the requirements that would meet the needs of their clients while ensuring their ongoing financial viability. These stories and experiences seemed worthy of further exploration and investigation. Thus, the revisions to ODSP-ES seemed to provide a natural case study to explore the construction and implementation of public policy and consider its effects on services for marginalized groups such as people living with mental illness.

1.4. Population of Focus

This research is concerned with employment supports for people living with mental illness. This population is quite diverse but is typically defined in terms of level of disability, duration and severity, and diagnosis (Ontario Ministry of Health and Long-Term Care, 2000). Disability refers to difficulties that interfere with an individual’s capacity to function in major life activities such as employment. Duration and severity refer to the acute, continuous, and intermittent experience of illness. Diagnoses typically include schizophrenia, mood disorders, and various types of psychoses. Furthermore, people living with mental illness often have concurrent conditions such as substance abuse or dependence, and physical health problems (Makikyro et
al., 1998; Mitchell & Malone, 2006; Regier et al., 1990). Although the focus of this case study is ODSP-ES and employment services for people living with mental illness, I acknowledge the heterogeneity of this population and the comorbidity of mental illness with other health conditions. While exact numbers vary depending on different factors including how mental illness and employment are defined, people living with mental illness experience substantially higher rates of unemployment than the general public (Waghorn, Chant, & Whiteford, 2002) and other disability groups (Mechanic, Bilder, & McAlpine, 2002). The Canadian Mental Health Association [CMHA] Ontario and the Centre for Addiction and Mental Health [CAMH] (2010) have noted that for people with the most severe and persistent mental illnesses, unemployment rates typically range between 70 and 90 percent.

ODSP-ES is a policy for all persons with disabilities. Services and programs funded through ODSP-ES include those open to individuals with any type of disability, as well as those targeted to individuals with particular disabilities. The goal of this analysis was to hone in on the unique needs of people living with mental illness and accordingly, many informants interviewed for this research were focused specifically on services for this marginalized group. However, several other informants held positions at the system level; their perspectives are included in the analysis and findings, and reflect this broader focus. A cross disability or system-level perspective was most prevalent among policy informants. Throughout this research I have tried to clearly distinguish between these various perspectives and populations of focus.

1.5. Terminology

Language used to speak about and understand salient issues project our values and assumptions. Choices around language are especially important in reference to groups who have been marginalized and stigmatized. This research is about policy, services and supports for people living with mental illness. I have made decisions about the terminology used throughout
this report, balancing the need for clarity and consistency with the desire to remain true to the
diverse experiences of the individuals who participated in this research. In making these
decisions, I reviewed recent literature in the area and considered how terminology has been
addressed by others in the field. I balanced my desire to be respectful with the need to accurately
capture the language used by the key informants in describing their experiences. Below, I
delineate the terms used in this research and their meanings.

1.5.1. People Living with Mental Illness

In the final report on mental health, mental illness and addiction services in Canada by the
Standing Senate Committee of Social Affairs, Science and Technology (2006), the challenge of
language in relation to individuals living with mental illness was addressed. The Committee
argued that there is little agreement about the most respectful and appropriate terms to identify
people living with mental illness. In the report, the Committee notes that terms such as consumer
and client are often used to refer to people living with mental illness who have used services and
supports available in the mental health system. The Committee chose to use the term people
living with mental illness when referring more broadly to individuals who have experienced
mental illness. Consistent with the work of the Committee, I also use the terms people living with
mental illness, as well as client and consumer to accurately capture the experiences of the key
informants.

1.5.2. Service Providers, Employment Programs, Policy Programs

The majority of the key informants who participated in this research were individuals
involved in developing and delivering employment services for people living with mental illness
in Ontario. I refer to these individuals as program informants. However, the ODSP-ES policy
directives use the term service provider in a broad sense to encompass individuals, organizations
and programs that have contracts with the Ontario Ministry of Community and Social Services
(referred to hereafter as MCSS) through regional ODSP-ES offices to provide employment supports to eligible individuals. In the interest of clarity, I use the term employment program in this research to refer to employment services that have contracts with the MCSS through regional ODSP-ES offices. I use term service provider to refer to the individuals involved in delivering employment services. In most cases, individual service providers are paid an annual or hourly salary by the organization or agency that houses the program, regardless of the funding arrangement between the MCSS and the program. This way of speaking about service providers and employment programs is consistent with the terminology of the key informants.

A further complicating factor, however, is that policies such as ODSP-ES are also commonly referred to as policy programs. In the public policy literature, Larson (1980) notes that policy and program are often used interchangeably to refer to a way of dealing with public problems. In order to clearly distinguish such policy-level programs from service-level programs, I use the term policy or government initiative throughout this research when discussing policy programs.

1.6. Organization of Thesis

This thesis is organized and presented in seven chapters. In Chapter 2, I provide an overview of the existing literature in the area of employment and policy for people living with mental illness. I also introduce the theoretical perspectives that have guided previous research on policy construction and implementation for marginalized groups. In Chapter 3, I review the theoretical framework of this research, the methodology, and details about the methods employed for data collection and data analysis. In Chapters 4 through 6, I present the findings of this research and provide raw data in the form of verbatim quotes from the documents and the interviews. In Chapter 4, I outline the construction of the policy by presenting the old policy, describing the revised policy, and exploring the intent of the policy change. In Chapter 5, I
analyze the challenges surrounding the *implementation* of the revised policy and consider its effects on practice. In Chapter 6, I revisit the challenges that have been previously presented and provide an analysis of the *consequences* of the revised policy. In the final Chapter, I position the findings of this research in the context of existing literature and theory. I highlight the lessons that have been learned and discuss implications for research, policy and practice in terms of ODSP-ES and employment supports in Ontario, outcome-based funding models, and the construction and implementation of public policy for marginalized groups.
Chapter 2: Literature Review

The purpose of this chapter is to outline the existing literature relevant to this research. I begin this review by considering literature that points to the benefits of employment for people living with mental illness, the impact of unemployment and underemployment, and what is known about barriers to employment among this population. I then introduce research that has examined public policy through a social constructionist lens, and go on to outline how people living with mental illness have been portrayed in public policy by drawing on the social construction of target population framework. I go on to explore the study of public policy reform for marginalized groups: First, I consider how principles of neoliberalism have influenced policy reform in welfare and employment supports; next, I provide an overview of policy implementation research and how it has evolved over time to its present focus on using interpretative approaches that explore multiple perspectives in policy development and implementation. I conclude this chapter with a review of different funding mechanisms that have been used in an effort to improve employment outcomes associated with employment supports and their impact on employment services in the mental health sector. Through this review, I highlight the merit of turning to policy to address the issue of unemployment among people living with mental illness, and the need to further explore the drivers and consequences of policies on services for marginalized groups.

2.1. Employment among People Living with Mental Illness

In the context of the current recovery-oriented paradigm within community mental health services, employment among people living with mental illness has become an important area of concern among researchers, clinicians, consumers of mental health services, and policy decision-makers. At its core, recovery is about individuals being actively engaged in life despite the presence of ongoing mental illness (Anthony, 2004; Davidson et al., 2001; Jacobson & Greenley,
2001; Onken, 2007). Employment has become an important indicator of recovery and of the success of recovery-oriented services (O'Day & Killeen, 2002), and much attention has been directed at finding effective ways to help people living with mental illness find and maintain employment.

2.1.1. Benefits of Employment

It is generally accepted that employment is associated with multiple benefits that can contribute to health, wellness and improved functioning. For example, employment can provide daily structure and social status that counteracts some of the negative consequences associated with mental illness (M. Boyce et al., 2008; Henry & Lucca, 2004; Honey, 2004; Kirsh, 2000b; Krupa, 2004; Provencher, Gregg, Mead, & Mueser, 2002; Stuart, 2006). Employment provides access to financial resources that can help break the cycle of poverty that is all too common among people living with mental illness (M. Boyce et al., 2008; Boydell, Gladstone, Crawford, & Trainor, 1999; Capponi, 1997; Honey, 2004; Marrone & Golowka, 1999; Wilton, 2004b). Through employment, individuals can experience a sense of belonging and being valued (Honey, 2004; Kirsh, 2000b; Lysaker & Bell, 1995; Marrone & Golowka, 1999), and begin to develop skills and interests (Gewurtz, Kirsh, Jacobson, & Rappolt, 2006; Honey, 2004; Rogers, 1995; Strong, 1998) which can counteract the pervasive stigma and discrimination that exists towards people living with mental illness in society. Employment can also provide a way to connect with others in meaningful ways and expand social networks (Becker, Whitley, Bailey, & Drake, 2007; Provencher et al., 2002; Salyers, Becker, Drake, Torrey, & Wyzik, 2004; Townsend, 2003). Given these benefits, providing opportunities for employment and improving employment outcomes among people living with mental illness should be an important goal of mental health services and policy directives.
Research examining employment among people living with mental illness has revealed multiple benefits in nonvocational domains. Two studies that are similar to one another, one conducted by Mueser et al. (1997) and the other by Bond, Resnick et al. (2001), examined the effects of employment on psychiatric symptoms, quality of life and self-esteem for unemployed individuals with mental illness who received vocational rehabilitation services. At 18-month follow-up, Mueser et al., found that participants who obtained employment tended to have lower symptoms, better overall functioning, and higher self-esteem, even after controlling for baseline symptoms. In an attempt to replicate, update and expand on the findings reported by Mueser et al., Bond, Resnick et al. explored differences in nonvocational outcomes across four groups of work attainment: competitive work, sheltered work, minimal work, and no work. Participants across the different groups did not differ at baseline on any of the nonvocational measures. These researchers found that participants who worked in competitive employment for 18 months showed a greater rate of improvement in several nonvocational outcomes including psychiatric symptoms and self-esteem. Both groups of researchers concluded that competitive employment fosters improved functioning and improved outcomes beyond the work domain. These findings are consistent with research by other authors suggesting people living with mental illness tend to experience decreased hospitalizations and mental health service use when they are working (Becker et al., 2007; Fabian, 1992). While other research reports that symptoms remain the same regardless of whether or not individuals are working (Salyers et al., 2004), the evidence suggests that having a job is often associated with improvements in mental health and functioning (Gewurtz et al., 2006; Killeen & O'Day, 2004). Fears held by some clinicians that competitive employment may cause stress and lead to increased symptoms, hospitalizations and substance use (Baron & Salzer, 2000; Marrone et al., 2005) are thus not grounded in the current available evidence.
2.1.2. **Unemployment and Underemployment**

Despite the known benefits of employment and the desire expressed by many people living with mental illness to work (Baron & Salzer, 2000; Lord, Schnarr, & Hutchison, 1987; Thornicroft, Rose, Huxley, Dale, & Wykes, 2002; Turton, 2001), most consumers of mental health services are not employed. Although efforts have been directed at developing services and supports to help people living with mental illness pursue employment (Kirsh et al., 2006; Latimer, 2005), mental illness is associated with the lowest employment outcomes among various disability groups (Mechanic, Bilder, & McAlpine, 2002). Unemployment rates among this population generally range between 70 and 90 percent across several developed countries including the United States (Garske & Stewart, 1999; Noble et al., 1999), the United Kingdom (S.B. Harvey, Henderson, Lelliot, & Hotopf, 2009; Marwaha & Johnson, 2004), and Australia (Waghorn et al., 2002). This range is consistent with unemployment rates among people living with mental illness receiving community mental health services in Ontario (CAMH, CMHA Ontario, Ontario Mental Health Foundation, Government of Ontario, 2004). These unemployment rates have essentially remained unchanged over the past several decades despite efforts to develop innovative and promising employment services and supports.

These staggering unemployment rates are particularly troubling in light of research on the impact of unemployment and underemployment. Within the general population, studies have indicated that unemployment and underemployment are associated with decreased health and well-being (Beland, Birch, & Stoddart, 2002; Dooley, Prause, & Ham-Rowbottom, 2000; Friedland & Price, 2003; Thomas, Benzeval, & Stansfeld, 2005). Murphy and Athanasou (1999) examined 16 longitudinal studies to explore the relationship between employment status and mental health and well-being. These researchers found that there is strong support for the claim that individuals who lose their jobs experience a decline in mental health and an increase in
mental distress. Conversely, individuals who move from unemployment to employment experience improved mental health.

Underemployment is a related concern in considering the employment of marginalized groups who have historically been excluded from the workplace. Underemployment in this context draws attention to the importance of the quality of employment along dimensions of hours worked, income, skill and status (Friedland & Price, 2003). Individuals are underemployed when their job does not provide them with adequate hours, pay, challenge or social status given their qualifications, skills and experiences. Research focused on the experiences of people living with mental illness has found that unemployment and underemployment are stressful and unfulfilling (Honey, 2004; Kirsh, 2000b; Mechanic et al., 2002) and are associated with decreased access to social determinants of health such as income, social support, and a sense of belonging (Honey, 2004; Marrone & Golowka, 1999; Mechanic et al., 2002; Stuart, 2006). Exclusion or marginalization from the workplace increases poverty, lowers self-esteem and results in greater social isolation.

2.1.3. Barriers to Employment

In an attempt to understand the dismal rate of employment among people living with mental illness, research has explored barriers encountered by this population. Although it is widely accepted that the onset of a mental illness can interrupt career development and restrict opportunities in the realm of work (Gewurtz et al., 2006; Krupa, 2004; Secker, Membrey, Grove, & Seebohm, 2003; Waghorn & Lloyd, 2005), there has been a drive to better understand how a mental illness presents as a barrier to employment and what factors are predictive of future employment outcomes. Past research has focused on how various personal factors can predict employment outcomes. This research has produced conflicting findings. For example, Tsang et al. (2000) found that diagnosis and psychiatric symptoms were inconsistent predictors of
employment outcomes. In their review of 35 controlled studies published between 1985 and 1997, these researchers report that work history, premorbid functioning and current social skills were the only significant predictors of employment outcomes. Using data from 782 participants diagnosed with psychotic disorders collected as part of a large collaborative clinical and epidemiological investigation in Australia between 1997 and 1998, Waghorn et al. (2002) found that various personal factors including the course of the illness, pre-morbid work adjustment, and diagnostic category predicted aspects of work recovery for people living with mental illness. Shankar and Collyer (2003) found that work history and work skills were positively associated with securing employment among their sample of 65 clients from a large community based vocational rehabilitation centre in Sydney, Australia. However, the researchers report that a significant number of individuals with poor work histories successfully obtained employment after participating in the vocational program. Similarly, in a review of eight randomized controlled trials and three quasi-experimental studies on supported employment, Bond, Becker et al. (2001) found that a good work history predicted better employment outcomes in some cases. However, the most consistent finding from the studies they reviewed was that personal characteristics such as diagnosis, symptoms, work history, age, and education were generally not strong or reliable predictors of employment outcomes.

These conflicting results indicate that various personal factors can have an impact on employment under some circumstances, but seem to have little predictive value. Although the cyclic and episodic nature of many mental illnesses can be particularly problematic in the context of the workplace (Gewurtz et al., 2006; O'Day & Killeen, 2002), personal factors alone are unable to explain the high unemployment among people living with mental illness (Honey, 2002). Slade and Salkever (2001) developed a structural model to estimate the impact of mental illness on employment and found that that even a 40% reduction in all symptoms associated with
mental illness would only increase the rate of competitive employment by 8%. Given these findings, there is a need to explore how environmental and contextual factors, and existing systemic structures, contribute to the problem of unemployment among people living with mental illness.

**Environmental and contextual factors**

Research has also focused on environmental and contextual factors that contribute to the employment trajectories of people living with mental illness. Studies conducted by Kirsh (1996, 2000a, 2000b), Shankar and Collyer (2003, 2004), and Strong (1998) have focused on the work environment and factors within the workplace that act as facilitators or barriers to employment among people living with mental illness. These and other studies have highlighted the protective effects of social support at work on mental health and well-being (Stansfeld, Fuhrer, Head, Ferrier, & Shipley, 1997). In a meta-synthesis of seven qualitative studies on the experiences of people with disabilities at work and organizational culture, Gewurtz and Kirsh (2009) found that acceptance, support, and understanding from supervisors and colleagues were important to the experiences of persons with disabilities in the workplace and were prominent across all of the studies. Such relationships were found to be critical for job performance, job maintenance, and job satisfaction among persons with disabilities. In particular, those with conditions such as mental illness that are invisible, poorly understood and episodic in nature seem to benefit from social support at work. In their qualitative study exploring employment among people living with mental illness, O’Day and Killeen (2002) report that many participants found it helpful to have contact with other people living with mental illness who have successful careers and are living full and satisfying lives.

The stigma associated with mental illness is a profound barrier to employment that has been highlighted in the literature. Work-related stigma often presents itself in the form of beliefs
that people living with mental illness are incapable, incompetent, unreliable and unpredictable as employees (Krupa, Kirsh, Cockburn, & Gewurtz, 2009). Such beliefs marginalize people living with mental illness in the context of work, making them more susceptible to unemployment, underemployment, and precarious employment. Shankar and Collyer (2004) found that regardless of the quality of work performance and the qualifications of job applicants, many employers were apprehensive about hiring people living with mental illness because they did not feel comfortable providing constructive feedback about their work performance and were concerned about how to support an employee with a mental illness. Furthermore, they were uneasy about the possibility of a future crisis in the workplace and uncertain about their responsibilities and obligations to the employee and co-workers. In turn, many people living with mental illness internalize these negative beliefs, fears and assumptions about their capacity and their ability to cope in the workplace (Henry & Lucca, 2004). This internalized stigma can subsequently decrease self-efficacy and impact the choices individuals make in their career development (Gewurtz et al., 2006).

The policy context also acts as a significant barrier to employment. The structure of financial benefits provided through government income support programs presents as financial disincentives to paid employment. Efforts to assist individuals on government income support programs to obtain paid employment are undermined by caps on earnings and recipients’ fears of losing medication and drug coverage (Baron, 2000; Henry & Lucca, 2004; Matthews, 2004; Noble, 1998; O'Day & Killeen, 2002). People living with mental illness face particular challenges in this regard. Many mental illnesses are characterized by fluctuations between episodes of illness and periods of relative health. Obtaining paid employment during a time of health and stability might lead to a financial crisis in the case of a relapse if income benefits and medication coverage are discontinued. Even during times of health and stability, many people
living with mental illness rely on medication to manage symptoms to maintain their ability to participate in the workforce. Although prescription drug coverage could shift from the public to private spheres as individuals enter the workforce, many jobs obtained by people living with mental illness are low pay and entry level, without adequate employee benefits (Baron, 1995; Baron, 2000; Bond, Becker et al., 2001; Marrone et al., 2005).

Research examining the impact of income support substantiates these concerns. Warner (2001) notes that employment among people living with mental illness is highest in jurisdictions that have less severe disincentives to work in their disability pension programs. Bond, Xie, and Drake (2007) found that recipients of disability income support benefits had poorer employment outcomes than non-recipients in four randomized controlled trials of supported employment among people living with mental illness. Although these findings seem intuitive, they highlight the need to address the systemic disincentives to work embedded in many income support programs. Findings from qualitative research shed further light on how disability income support benefits act as a persistent barrier to employment among people living with mental illness. Four qualitative studies in the United States highlight how concerns, misunderstandings and inaccurate information about the rules associated with employment for recipients on income support create particularly pervasive barriers to employment (Estroff, Patrick, Zimmer, & Lachicotte, 1997; Henry & Lucca, 2004; Killeen & O'Day, 2004; O'Day & Killeen, 2002).

Although the policy context in the United States differs from that of Canada, the issue of addressing barriers to employment in income support programs remains equally pressing. According to Estroff et al. (1997) “disability income is both nurturing and confining; it may relieve survival stresses and strains but may also spawn despair” (p. 521). Using a narrative approach, these authors conducted a 32-month prospective cohort study to describe how people living with mental illness apply for and receive disability income support benefits. The findings
suggest that the arduous process of applying for and being approved for benefits, coupled with fear of losing medical and drug coverage, can discourage individuals from pursuing employment opportunities. Other researchers have echoed these findings and have described how many recipients limit their employment participation or choose not to work at all for fear of losing their eligibility for income support (Baron, 2000; Noble, 1998; O'Brien, Revell, & West, 2003). These studies demonstrate that the financial disincentives entrenched in the system can restrict the amount and type of work that individuals pursue. Steps to remove financial disincentives ingrained in government structures of administering income support across disability support programs in Canada and the United States have been attempted in efforts to improve employment outcomes among recipients. However, the fears associated with losing benefits persist. Individuals struggle to reconcile their ambitions around work with their fears by restricting their employment to part-time, entry-level positions regardless of their capacity, interests, or available opportunities (Baron, 2000; Estroff et al., 1997; Lawand & Kloosterman, 2006; O'Brien et al., 2003). Honey (2004) highlights the need to further explore the ways that government policies affect employment among people living with mental illness and how such policies might contribute to maintaining high unemployment and underemployment.

2.1.4. Summary of Knowledge about Employment among People Living with Mental Illness

Taken together, this literature suggests that high unemployment among people living with mental illness is a complex and multi-faceted problem that requires systemic examination. The employment support needs of each individual might vary throughout the course of their illness and there are few reliable methods of predicting future employment success. Such circumstances are challenging when designing policies, services and supports to help people living with mental illness find and keep jobs. Services and supports must be individualized and flexible enough to
account for the episodic and unpredictable course of many mental illnesses. Furthermore, there is a need to consider the impact of financial disincentives to work and rules associated with income support programs that can restrict opportunities for employment and make transition to work challenging and risky. Even with adequate provisions, there is a need to ensure that recipients understand the way the system works and the rules surrounding their entitlements. Given what is known about employment among people living with mental illness and our understanding of factors that can act as barriers, it is logical to look to policy for possible solutions to the pervasive problem of unemployment among people living with mental illness.

2.2. Social Constructionism and the Study of Public Policy

I now turn to the study of public policy and consider theoretical perspectives that have guided policy analysis. Social constructionism is the belief that there are multiple interpretations of reality and that reality is constructed through social actions, interactions, and social processes (Charmaz, 2006; K. White, 1991). Individuals perceive and interpret phenomena based on their unique position and experience (Charmaz, 2006; Schwandt, 2000; B. White, 2004), and these meanings are thought to shape human action and interaction (Blumer, 1986). Using the theoretical stance of social constructionism, social structures such as public policies are considered outcomes of human action and interaction. According to social constructionism, the construction and implementation of public policy is an interpretive process that can only be understood by exploring how different individuals or groups act towards it, define it, and the meanings they attribute to it under different circumstances. Researchers who have applied this approach to the study of public policy have asked how policies come to be as they are, and what intended and unintended consequences they have on individuals and groups in particular contexts (Merton, 1936; Schouwstra & Ellman, 2006).
The development and implementation of disability legislation in Ontario, Canada and in the United States have been studied through a social constructionist lens. For example, Lepofsky (2004) documented the numerous interactions between politicians, disability advocates and the general public over 10 years that led to the eventual passing of the Accessibility for Ontarians with Disabilities Act (AODA) in June 2005. By studying these interactions during the construction and implementation of the legislation, assumptions about the perceived value and rights of persons with disabilities were explored. This account describes how a group of individuals with disabilities were able to mobilize political power and highlight social inequalities ingrained in society that restrict their social participation.

Similarly, using the theoretical stance of social constructionism, Harlan and Roberts (1998) explored the construction of disability in the workplace and examined how the process of social reform unfolds by asking how and why organizations resist making reasonable accommodations required under the Americans with Disabilities Act (ADA). According to these authors, employers are in a position of power and negotiation of accommodations for employees with disabilities occurs under conditions of unequal power. Employers are often able to mold and manipulate their responsibilities and requirements under the legislation in ways that minimize change (Harlan & Robert, 1998). As a result, employees with disabilities continue to experience alienation and harassment despite legislative gains (Robert, 2003). This research illustrates that the impact of a policy and legislation can only be understood by analyzing the resulting social interactions that occur as it is implemented.

2.2.1. The Social Construction of Target Population Framework

Beginning in the late 1980s, the concept of social constructionism was explicitly applied to the study of policy design through the Social Construction of Target Population Framework developed by Schneider and Ingram (1993). According to this framework, social constructions of
target groups influence the political agenda and the design of public policies, and how policy
decision-makers address various social problems. The policy-making process incorporates
various stakeholders who are actively involved in the design of public policies including elected
officials and their staff, consultants, interest groups, and agencies. The social construction of
target population framework suggests that future policy designs arise from past and current
policies, mediated by factors such as the values, beliefs and assumptions held by stakeholders
about the target population, and the dynamics of the policy-making process (Ingram, Schneider,
& DeLeon, 2007; Robichau & Lynn, 2009). For example, the allocation of benefits to various
groups in society depends on their power to influence the policy process and their social
construction as worthy and deserving of assistance (Ingram et al., 2007). According to Ingram et
al., this framework can:

- Explain how and why particular kinds of policies are produced in particular
  contexts and how these shape subsequent participation patterns, political
  orientations, meanings of citizenship, and the form of democracy that prevails.

- Social constructions are “created,” “used,” and “manipulated” in the production
  of policy and the meaning of citizenship. (p.119)

In particular, this framework highlights two dimensions of target group constructions. The
first dimension is the political involvement and power of target populations, and includes the
extent to which the members of the group can influence and mobilize the political agenda
(Ingram et al., 2007; Schneider & Ingram, 1993). For example, individuals who are socially
marginalized will tend to have fewer resources and less access to policy decision-makers, and
often have less experience participating in government. Such groups are less likely to mobilize,
contact officials, or provide well articulated positions on political issues. The second dimension
refers to positive or negative social constructions of groups as more or less deserving of
assistance. This dimension exerts influence through the reaction of other voters who may approve or disapprove of the policy decision (Schneider & Ingram, 1993). For example, criminals are generally viewed in a negative regard and as undeserving of assistance, whereas children are generally viewed in a positive regard and as deserving of supports. Policies that are seen to help individuals who are viewed negatively by society will generally not be supported; those seen as helping deserving groups or punishing undeserving groups will likely receive widespread support. These social constructions become embedded in policies and send messages about what governments should do to support citizens and which groups are deserving or undeserving of assistance and political action.

This framework becomes more complex when considering groups who straddle the boundaries of these two dimensions and fall somewhere between weak and strong, and deserving and undeserving. For example, early conceptualizations of this framework have generally classified individuals with disabilities as “dependents”, with weak political power and as deserving of assistance (Schneider & Ingram, 1993). Recent experience with disability policies such as the Americans with Disabilities Act in the United States and the Accessibility for Ontarians with Disabilities in Ontario, Canada have demonstrated how individuals with disabilities, although largely marginalized, can successfully mobilize and gain political power in their interactions with government (Albrecht, 1997; Hinton, 2003; Lepofsky, 2004; Robert, 2003). Furthermore, some groups of individuals with highly stigmatized conditions are often viewed as less deserving of assistance (Gewurtz & Kirsh, 2009; Krupa et al., 2009). Therefore, in more recent publications about the social construction of target population framework, Ingram et al. (2007) have depicted individuals with disabilities as occupying a more ambiguous space, falling somewhere between weak and strong political power and positive and negative social constructions.
Given this ambiguity, it is not surprising that policies that guide the distribution of disability benefits seem to reflect and perpetuate different constructions of persons with disabilities and their rights and responsibilities in terms of employment and income. At different points in time, disability policy has emphasized different issues based on different ways of understanding persons with disabilities and society’s responsibilities for enabling social participation (Bickenbach, Chatterji, Badley, & Ustun, 1999; Jongbloed, 2003). From a conventional perspective, disability is viewed as a threat to personal well-being and persons with disabilities are generally seen to be deserving of assistance (Ingram et al., 2007). Within this conventional perspective, disability policy addresses the methods and processes that dictate access to services and eligibility for benefits (Fox & Willis, 1989; Jongbloed, 2003). In contrast, persons with disabilities have argued for a sociopolitical definition of disability where the focus is on the failure of society to adjust to the needs of persons with disabilities (Bickenbach et al., 1999; Hahn, 1993; Jongbloed, 2003; Jongbloed & Crichton, 1990). According to this perspective, persons with disabilities are a political force and have the capacity and right to contribute to society (Albrecht, 1997; Hahn, 1993). Therefore, from a sociopolitical perspective, disability policy should address the needs and aspirations of individuals (Fox & Willis, 1989) and create opportunities for citizens to participate fully in society (Bickenbach et al., 1999).

In Canadian disability policy, both the conventional and the sociopolitical definition of disability exist (Jongbloed, 2003; Prince, 2004). As a result, disability policy in Canada is fragmented, with policies that are inconsistent with each other in their approach to addressing the needs of people with disabilities (Jongbloed, 2003). For example, the Canada Pension Plan–Disability (CPP-D) subscribes to a conventional perspective. It is intended for individuals who have made contributions through their employment income and who have a disability that is severe and prevents them from working at any job on a regular basis (Jongbloed, 2003; Social
Development Canada, 2005). Thus, CPP-D policy is grounded in the assumption that disability is essentially incompatible with employment and that individuals with disabilities should be provided with financial support to compensate for lost earnings. In contrast, the Accessibility for Ontarians with Disability Act (AODA) subscribes to a sociopolitical agenda. Its purpose is to remove barriers that limit opportunities for people with disabilities in society (Ontario Ministry of Community and Social Services [MCSS], 2005). The focus of the AODA is to ensure that people with disabilities can participate in all aspects of society including education and employment. Therefore, the fundamental assumption of the AODA is that disability is compatible with employment as long as existing barriers are removed.

Chouinard and Crooks (2005) and Wilton (2004a) have examined the development and delivery of ODSP in Ontario, Canada. These authors argue that the introduction of ODSP has changed the construction and treatment of groups formerly considered among the “deserving poor”, such as individuals with disabilities. Specifically, these authors highlight how income and employment support programs for people with disabilities under ODSP have been developed and implemented in harsher and more punitive ways that position employment as a condition of citizenship. The assumption underlying this approach to assistance is that “individuals are primarily responsible for their own fates” (Chouinard & Crooks, 2005, p. 19), regardless of their disability status. This assumption suggests that individuals and their personal support networks are responsible for solving the problems of poverty and unemployment, and serves to justify funding cuts to both income support and employment supports (Chouinard & Crooks, 2005; Wilton, 2004a; Wilton & Schuer, 2006). These shifts blur the distinction between deserving and undeserving poor; those with disabilities are subjected to similar treatment as those without disabilities, where there is little tolerance for people who are unemployed and in need of support (Chouinard & Crooks, 2005). This approach to addressing the needs of persons with disabilities
fails to acknowledge the complex barriers to employment that they face (Chouinard & Crooks, 2005), unaccommodating and disabling workplace conditions that decrease their capacity to secure a job and earn a liveable wage (Wilton & Schuer, 2006), and the significant impact of poverty on their quality of life (Wilton, 2004b).

### 2.2.2. Mental Illness and Public Policy

Policy research grounded in the social construction of target population framework has highlighted the important influence that different conceptualizations of groups in society can have on policy-making; groups that are constructed in largely positive terms are more likely to receive support and assistance. Therefore, it is important to examine research to date that illuminates how people living with mental illness have been conceptualized in policy; this body of work can assist in understanding how policies designed to respond to problems associated with this population have been developed and implemented.

Mental illness is generally poorly understood and poorly defined in the policy context. Cockburn, Krupa, Kirsh, Bickenbach, and Gewurtz (2006) found that in 22 Canadian disability policy documents published between 1990-2003, most disabilities were described in functional terms that acknowledged potential accommodations that could improve opportunities for employment. However, mental illness or psychiatric disability was described vaguely with a focus on possible causes rather than functional implications and accommodations. These findings suggest that there are often problems in the way that mental illness is represented in policy documents. The absence of any physical markers and the fluctuating course of many mental illnesses perpetuate this lack of understanding and can invite disbelief about the legitimacy of mental illness and the impact it can have on social participation and employment (Gewurtz & Kirsh, 2009). Similarly, two policy analyses, one of the Accessibility for Ontarians with Disabilities Act (Gewurtz, 2006) and the other of the Americans with Disabilities Act in the
United States (U.S. Congress Office of Technology Assessment, 1994) found that the needs of people living with mental illness are absent or poorly developed in general disability policy. The concept of disability typically evokes images of persons with physical impairments, often in a wheelchair or using another mobility device. Thus, the needs of people living with mental illness are often invisible when discussing barriers to participation and possible accommodations in the workplace.

Beyond a lack of understanding and challenges conceptualizing mental illness in concrete functional terms in the context of policy, the stigma associated with mental illness is widely recognized as an important factor that can restrict community participation and social inclusion. Recent conceptualizations of stigma have examined it as a social process that produces structural conditions that rationalize discriminatory practices in particular contexts such as the workplace (Krupa et al., 2009). Although discrimination towards people living with mental illness in the workplace and in the political realm violates Canadian laws such as the Canadian Human Rights Act and the Canadian Charter of Rights and Freedoms, stigmatizing attitudes continue to influence how people living with mental illness are viewed and perceived in society.

Clearly, there is need for further research about the representation of mental illness in disability policy. Are the needs of people living with mental illness adequately addressed? How do conceptualizations and assumptions about people living with mental illness influence how problems associated with unemployment and poverty among this population are understood and addressed? Since unemployment and poverty are such pervasive problems among people living with mental illness, disability policies that address income and employment supports are particularly important.
2.3. Research on Public Policy Reform and Implementation

In this section I provide an overview of neoliberalism and policy implementation research. These two topics provide the necessary backdrop for considering the driving forces involved in the design and implementation of employment support policies and the impact on services and practices for people living with mental illness. I begin by exploring how the assumptions and values of neoliberalism are influential in the construction of public policy and reform. I consider how neoliberalism has been applied to policies that govern employment supports and efforts directed at supporting those reliant on social assistance to secure employment. I then provide an overview of policy implementation research and how policy implementation has been studied in the health and social service sectors. This overview provides a summary of the lessons that have been learned about policy implementation, and suggestions for how to explore this complex component of public policy.

2.3.1. Neoliberalism and Public Policy Reform

Neoliberalism has become an influential political ideology in public policy reform, especially pertaining to socially marginalized groups in areas such as welfare, disability and employment. It is grounded in capitalist globalization and embraces the principles of free markets, a limited role of the state, as well as notions of individual responsibility for self-provision (E. Boyce, Boyce, & Krough, 2006; Hartman, 2005; D. Harvey, 2005; Navarro, 2007). Neoliberalism is not confined to the economic sphere, but it defines the political and social spheres of society as being dominated by market concerns and market rationality (Brown, 2006). Although often considered a political ideology most consistent with right leaning political parties, aspects of neoliberalism can be found across the political spectrum (Brown, 2006; McKenzie & Wharf, 2010; Navarro, 2007). As described by Albo (2002), “It’s a cold hard fact of contemporary politics that regimes of different political stripes have all endorsed capitalist
globalization and implemented policies of deregulation, privatization, and social austerity. We get neoliberalism even when we elect social democratic governments” (p. 47).

In neoliberal states, market principles are conceived as the most efficient way to organize human life and thought to contain the solution to nearly every political or social problem (Brown, 2006; DeVault, 2008b; Swenson, 2008; Walters, 1997). Thus, neoliberal policies promote public sector retrenchment, deregulation, privatization and individual responsibility (Albo, 2002; Swenson, 2008). Under such circumstances, competition between individuals or groups within the market is seen as a natural and effective mechanism to drive creativity and innovation (Coburn, 2000; DeVault, 2008a; Navarro, 2007). As stated by D. Harvey (2005), proponents of neoliberal policies argue that “privatization and deregulation combined with competition…eliminate bureaucratic red tape, increase efficiency and productivity, improve quality and reduce costs” (p. 65). A neoliberal approach supports state cutbacks, and accordingly, individuals and private enterprises are often required to absorb additional financial risks and responsibilities in the delivery of public programs.

In Canada and elsewhere, neoliberalism has had a particularly strong influence on policy reform in the area of welfare restructuring. This restructuring has increasingly relied on private markets for the provision of social services such as employment supports for those on social assistance, and focused on promoting self-sufficiency and individual responsibility. These conditions can conflict with the equitable distribution of social assistance as the needs of private corporations are prioritized over individuals who are reliant on support (Ramon, 2008; Scott & London, 2008). For example, neoliberal welfare reform strategies adopted in Ontario during the mid-1990’s instituted mandatory rules for rapid entry into the labour market through welfare-to-work programs (Herd, Lightman, & Mitchell, 2009; Lightman, Mitchell, & Herd, 2005b). These programs have enabled governments to address the problem of unemployment and poverty in a
manner that serves the needs of the corporate elite. Recipients are forced into entry-level, part-time, temporary, low-paying, precarious employment situations (Hartman, 2005). These individuals often remain reliant on social assistance but fill a human resource need for corporations by forming a “peripheral labour market” of cheap, casual or temporary workers (Hartman, 2005, p. 65).

Although positioned as a mechanism to increase efficiency and accountability, neoliberal strategies such as competition and privatization can decrease access to support for the most vulnerable and marginalized citizens. For example, Pedlar and Hutchinson (2000) examined services for adults with developmental disabilities across Canada and found that increased reliance on private for-profit programs in social services resulted in the emergence of a market-orientation within the sector. Individuals with the greatest needs and most complex disabilities became particularly challenged in terms of accessing needed services as programs sought to select clients with low service needs in order to protect their bottom-line: “In organizations where competition for people and commodification take hold, the dominant organizational goal is to protect and even enhance the profit margin - simply put, profit over people” (p. 650).

Similarly, Dias and Moynard-Moody (2007) explored the move towards for-profit providers in a welfare-to-work training program for long-term welfare recipients in a large northeastern city in the United States. The researchers found that the focus on turning a profit while meeting contractual obligations caused clashes between program managers, frontline staff and clients. Ultimately, the managers were unable to balance priorities. They pushed for low-cost rapid job placements and decreased attention to client needs, which led to the creation of “a chaotic and hostile environment, not efficiency” (Dias & Moynard-Moody, 2007, p. 207).

Research also highlights how neoliberal welfare reform has tightened access to support by introducing more stringent rules governing eligibility. Although such reform can decrease the
number of recipients in the system, it can have significant negative consequences for individuals, communities and society. Using an ethnographic approach, Scott and London (2008) explored the impact of introducing a time-limited welfare regime, Temporary Assistance to Needy Families (TANF), on fifteen women in the most disadvantaged neighbourhoods in Cleveland, Ohio in the United States. Although positioned as a way to encourage self-sufficiency by moving recipients off assistance and into the labour market, the findings suggest that the policy actively ignores the reality of the lives of women who are reliant on social assistance. Some found very-low waged, often temporary, employment. Others survived by relying on members of their support network. But some women reached the time-limit in a state of complete desperation and lost their utilities, housing, children, dignity, and self-respect. In reflecting on the stories of women who were reliant on welfare and who met its time-limit, the authors suggest: “We must ask whether we are neglecting and abandoning some of our fellow citizens who are most in need of social support” (Scott & London, 2008, p. 175). Similarly, Chouinard and Crooks (2005) argue that the neoliberal reforms to social assistance in Ontario have created policy structures that punish those most in need and make it harder for individuals to access needed supports. Specifically, these authors suggest that the introduction of ODSP in Ontario in 1997 altered the lives of women with disabilities by eroding the social safety net, and placing the responsibility for economic survival on the individual. Burger (2004) conducted a case study to examine changes in community health under New Jersey welfare reform and found that while the number of families receiving welfare assistance decreased, the number of individuals without health insurance increased. The author highlights the significant harmful consequences associated with an increased population of uninsured individuals including decreased access to preventative health services, increased risk of poor health, and added strain on healthcare organizations that serve low-income and marginalized groups.
Research has demonstrated that welfare reform guided by a neoliberal paradigm has typically reduced the financial value of income support with significant negative consequences for individuals and communities. For example, Wilton (2004a, 2004b) explored the link between welfare restructuring and poverty among people living with mental illness living in residential care facilities in Hamilton, Ontario. The findings reveal that welfare restructuring has led to a significant decline in the value of income support over the last decade, thereby deepening the poverty faced by recipients and restricting their access to needed resources such as housing. Wilton traced these trends back to the neoliberal agenda of the Progressive Conservative government in Ontario beginning in 1995 in their attempts to control welfare spending and break the cycle of dependency among those reliant on social assistance.

Together, these studies demonstrate how policies constructed within a neoliberal framework can trap individuals within a cycle of unemployment and poverty, and how marginalized groups such as people living with mental illness are particularly vulnerable in this regard. The gravity of the situation is increased by accumulating evidence suggesting that poverty and unemployment are associated with poor health outcomes (Friedland & Price, 2003; Marrone & Golowka, 1999; Phipps, 2003; Saraceno & Barbui, 1997). Attempts in several jurisdictions to reduce welfare spending have created new tensions and undesired outcomes. Thus, the construction and implementation of policy reform can have significant social consequences. Rather than increasing system accountability and efficiency and helping individuals achieve greater self-sufficiency and economic prosperity, such programs can deepen dependency and poverty and make it harder for individuals to access needed supports.

2.3.2. Policy Implementation Research

Policy implementation is a critical stage of the policy process that encompasses the space between deciding what to do and figuring out what has been done (Smith & Larimer, 2009).
Even under ideal circumstances, the implementation process is highly complex, involving multiple stakeholders, each with different and sometimes conflicting perspectives. As described by McKenzie and Wharf (2010), “a policy announced is not a policy implemented,” (p. 113) and agreement around a policy goal or intent does not necessarily provide direction on what should and will be done to achieve that goal. Thus, implementation is an often neglected but crucial stage of the policy process. In this section I consider the study of policy implementation and the theories and approaches used to guide scholarly work in this area.

**The study of policy implementation: The search for comprehensive theories**

According to Goggin, Bowman, Lester and O’Toole (1990), the study of policy implementation has evolved over time. Early research explored specific cases of policy failure (Schofield, 2001). The focus was on exploring the complexity of the implementation process and the multiple and diverse players involved (deLeon, 1999; deLeon and deLeon, 2002; Smith & Larimer, 2009). This research generally used a positivist case study approach and was grounded in the assumptions that policy formation and implementation was rational and linear (Schofield, 2001). Although these studies made important contributions to the field by highlighting the complexity of policy implementation, there was little generalizability or synthesis between studies (deLeon, 1999) and the field lacked a general framework for understanding the implementation process.

Recognizing the need for comprehensive theories about the policy implementation process, the focus of policy implementation research shifted as researchers sought to develop models that could predict policy processes and outcomes (deLeon, 1999; deLeon & deLeon, 2002; Smith & Larimer, 2009; Schofield, 2001). Most notable were the efforts of Mazmanian and Sabatier (1983) who argued that there were three basic perspectives involved in policy implementation: 1)
the centre, the high-level policy decision-makers; 2) the periphery, the low-level bureaucrats or frontline workers who carry out policy implementation in practice through their day-to-day actions on the job; and 3) the target population, the individuals who are directly impacted by the policy. According to this framework, policy implementation is seen as a top-down process that is hierarchically organized as decisions flow downwards through a chain of delegation from the centre to the periphery (Robichau & Lynn, 2009). Acknowledgement of the various perspectives involved in policy implementation suggests the different types of research questions that can be explored through implementation research (Smith & Larimer, 2009). For example, studies might explore how high-level decision-makers who construct policy are able to get frontline service providers to implement policy as they intended. Or it might focus on how those on the ground respond to policy and the impact that the policy has on the lives of the target population.

Other implementation scholars have focused on the how policy implementation can emerge from the periphery or the target population. This bottom-up approach is focused on how policy is implemented by examining the discretionary practices of frontline service providers and “street-level” bureaucrats in molding policy in practice (Schofield, 2001). Lipsky (1980) argues that these individuals are in fact the primary policymakers. Thus, as described by Smith and Larimer (2009), those embracing a bottom-up approach argue that implementation should be considered part of the policy formulation process. Since those on the frontline are actually responsible for carrying out policy in practice, they should be key players in determining the best way to approach issues and design policy.

This debate between top-down and bottom-up in implementation research has never been fully resolved (Smith & Larimer, 2006). Although those embracing a top-down perspective acknowledge the discretionary powers of those on the ground, their focus is on “how to translate the intent of policy into action after the formal policy objective had been decided” (Smith &
Larimer, 2009, p. 168). On the other hand, those embracing a bottom-up perspective suggest that groups on the frontlines should be involved in the entire policy process and believe that policy should be designed and implemented from the ground up (deLeon, 1999). Many scholars have argued that the debate between top-down and bottom-up policy implementation is confusing and distracts from the important issues surrounding policy implementation (Saetren, 2005; Smith & Larimer, 2009). However, Barrett (2004) notes in her reflection on 20 years of policy implementation research that this ongoing debate does raise important questions. For example, should the focus of policy implementation research be on evaluating policy outcomes or understanding the complexity of the interactions that take place in practice? The tension created by these two perspectives on policy implementation highlight the need to account for the many forces that can influence how a policy is developed and carried out in practice.

Despite efforts and attempts, policy implementation researchers have found little success trying to develop a comprehensive theory of implementation that offers a general understanding of the process (Smith & Larimer, 2009). As a result, several key scholars have expressed concern about the demise of the policy implementation field and have made declarations that further research on policy implementation could be of little value (Barrett, 2004; deLeon, 1999; Hill, 1997; Lester & Goggin, 1998; Schofield, 2004). As described by Smith and Larimer, “to encompass all the apparently essential elements of implementation, theoretical frameworks had to carry so much causal water that they sprang leaks at the seams” (p. 170). Thus, many policy scholars express skepticism about the ability to achieve conceptual clarity around the policy implementation process.
Future directions for policy implementation research: An interpretative, case study approach

More recently, Smith and Larimer (2009) have called for a return to the roots of policy implementation research. Although many scholars agree that better theory is needed, there remains little agreement about what theory should explain, whether such theory is possible, and how it should be constructed (Smith & Larimer, 2009). For example, should such theory focus on explaining policy outcomes, implementer behaviour, or both? Should such theory focus on a top-down approach, a bottom-up approach, or some combination of the two? Rather, there seems to be agreement among several scholars that there is a need for a revival of implementation research and that such studies can provide valuable insight about the policy implementation process and the complexity involved in translating policy into action (Barrett, 2004; Saetren, 2005).

While conceptual and theoretical developments of policy implementation have waxed and waned over time, there has been a steady proliferation of research on the construction and implementation of policy in health, education and social services (Saetren, 2005; Smith & Larimer, 2009). This research has generally added to our understanding of the complexity of the implementation process and the interactions of the multiple stakeholders, and has generally been conducted by researchers in the health, education and social services. It has helped us explore the evolution of policy change in particular areas rather than the study of the policy implementation process itself. For example, Lightman and his colleagues have conducted research about welfare reform in Ontario and the adoption of mandatory participation requirements for welfare recipients in work readiness programs (Herd et al., 2009; Lightman, Herd, & Mitchell, 2006). This research suggests that although policies are developed at the top by high-level policy decision-makers, they are implemented at the “street-level”, within the everyday practices and
interactions of frontline workers and clients. This approach is designed to allow for local solutions and adaptations to the provincial policy. However, according to these researchers, the provincial government has remained in control by establishing a policy framework and prescriptive policy rules that have effectively constrained the possibility of local solutions. Thus, Lightman et al. (2006) argue that the localization of welfare reform in Ontario has, “served largely as a political strategy to download costs and political blame while maintaining, and in some sense increasing, provincial control” (p. 140). This research is an example of the ongoing tension between top-down and bottom-up implementation approaches, and the need for ongoing exploration of the policy implementation process.

Despite the lack of theoretical and conceptual clarity, there is general agreement that exploring the construction and implementation of specific policies can provide useful insights and understandings that can inform policy and service level decision-making. Such research can be especially important for policies that impact socially marginalized and disenfranchised groups. In particular, deLeon (1999) and Schofield (2001) have called for more interpretative approaches to policy studies which can provide clarity around the ongoing tensions and ambiguity by considering the multiple perspectives involved in policy design and implementation.

2.4. Funding for Employment Supports

Research that describes and evaluates funding models for health and social services has, for the most part, been conducted in the United States. Although there are fundamental differences between the delivery of health and social services in the United States and Canada, research evaluating the effectiveness of various funding arrangements in the United States holds some relevance to employment services for people living with mental illness in Canada. In this section I review research on funding models for employment supports; after briefly reviewing
literature on fee-for-service funding and capitated managed care, I offer an in-depth review of the existing literature on outcome-based funding.

### 2.4.1. Fee-for-Service Funding

In a fee-for-service system, employment programs are reimbursed for each unit of service provided regardless of the outcome (Brooke, Green, O'Brien, White, & Amerstrong, 2000; McGrew, Johannesen, Griss, Born, & Katuin, 2005; Rapp, 2002). Although such an approach can offer financial stability and predictability, the incentive is to increase the services delivered rather than focus on improving outcomes or efficiency (Brooke et al., 2000; Corden & Thornton, 2003; Frumkin, 2001; O'Brien & Revell, 2005; Wehman & Revell, 2005). As described by Block, Athens and Brandenburg (2002), fee-for-service funding can have the unintended effect of encouraging inefficiencies by rewarding service providers for the provision of additional services rather than outcomes achieved:

> The less capable an organization is, then more working hours are required to find a person a job. A lack of competency in their own operation allows the service provider to bill for more hours of service compared to the efficient organization that makes a good job match and provides minimal job coaching support. (p. 169)

As a result, costs can increase as more services are provided while outcomes remain stagnant. Many individuals do not receive the most effective services in the intensity required (Frumkin, 2001; Rapp, 2002; Wehman & Revell, 2005). Accountability is focused on service provision rather than outcomes.

### 2.4.2. Capitated Managed Care

Another common funding approach utilized in health and social services is the capitated managed care system. Under this approach, service providers are paid a fixed amount of money
to provide a set of services (Rapp, 2002). Expenditures are capped and service providers are typically responsible for paying for spending above the agreed upon amount but are able to keep the unspent money as profit. The incentive, therefore, is on spending reduction and cost containment. Such circumstances can result in denying critical services to those most in need in order to contain costs. The focus is on short-term maintenance and crisis response rather than trying to improve long-term outcomes (Rapp, 2002).

2.4.3. Outcome-based Funding

Given the known limitations in traditional funding approaches, there have been attempts to find and evaluate financing structures that shift incentives to improving client outcomes and promoting practice innovation. In recent years, new arrangements in health and social services in the United States, the United Kingdom and Australia have been developed that directly link pay incentives to clinical performance and outcomes (Block et al., 2002; Boyd et al., 2005; Brooke et al., 2000; Corden & Thornton, 2003; Garber, 2005; Novak, Mank, Revell, & O'Brien, 1999; O'Brien & Revell, 2005; O'Brien et al., 2003; Safavi, 2006). The central principle guiding these efforts is that financial incentives and funding arrangements can change the behaviour of service providers, leading to improved outcomes (Behn & Kant, 1999; O'Brien & Revell, 2005). This shift towards funding based on achieved results rather than service provision is grounded in the discourse of evidence-based practice, accountability and cost control measures that pervade the system (Behn & Kant, 1999; Block et al., 2002; Corden & Thornton, 2003; Frumkin, 2001; Gates et al., 2004; McGrew, Johannesen, Griss, Born, & Katuin, 2007; Novak et al., 1999; O'Brien & Revell, 2005; Wehman & Revell, 2005). Service providers, clients and payers become focused on the shared goal of improving outcomes (Behn & Kant, 1999; McGrew et al., 2007; O'Brien & Revell, 2005).
There are several terms used to describe such funding arrangements, and little agreement regarding the precise definition of each term. Most commonly, funding arrangements that directly link pay to performance or to the achievement of specific milestones are referred to as *outcome-based funding* or *performance-based contracting*. Martin (2004) suggests that performance-based contracting can be described as:

An attempt to move human service contracting away from its historical reliance on input and process *design* specifications (telling contractors how to perform the work) in favor of output, quality and outcome *performance* specifications (telling contractors what is expected) and leaving the how-to up to them. (p. 65)

Whereas performance-based contracting might include a combination of fee-for-service funding and performance-based incentives, outcome-based funding is typically used to describe funding arrangements in which program funding is directly tied to the achievement of particular milestones or outcomes. Some systems include a combination of both process-based and outcome-based milestones (Martin, 2004); however, the emphasis is usually on outcome-based milestones, and such milestones are typically associated with higher financial rewards (Gates et al., 2005; McGrew et al., 2005).

Many critics have expressed concern about the multiple unintended consequences and incentives that accompany outcome-based funding. In an outcome-based system, service providers assume greater financial risk by providing services to clients without the guarantee that funding will be provided unless they achieve the agreed upon client outcomes (McGrew et al., 2007; O'Brien & Revell, 2005). Such circumstances can discourage service providers from working with harder-to-serve individuals with more complex issues (Behn & Kant, 1999; Boyd et al., 2005; Corden & Thornton, 2003; Frumkin, 2001; O'Brien & Revell, 2005; Rapp, 2002).
Furthermore, without a regular flow of appropriate client referrals, programs can be left without sufficient income. Such unpredictability can pose challenges to programs that need to plan their annual budgets and staffing levels in advance (O'Brien & Revell, 2005). There is a need to understand the impact that an outcome-based funding arrangement can have on services and programs for marginalized groups such as people living with mental illness.

**Research evaluating outcome-based funding**

There have been a series of studies evaluating the effectiveness of outcome-based funding on employment services for people living with mental illness in New York, Indiana, Colorado, and Oklahoma. Gates et al. (2004; 2005) conducted a nonexperimental study to explore the likelihood of, and the factors associated with, securing and sustaining employment for people living with mental illness in New York State who received vocational services through an outcome-based funding arrangement. This demonstration project used performance-based contracting with six incremental milestones and service requirements. Agencies were reimbursed when clients achieved milestones and the state verified service delivery through an audit of agency records. The authors report that under this arrangement the funder (the New York State Office of Mental Health) and the agencies became mutually invested in the goal of improving employment outcomes among clients. Each milestone was reimbursed at a different rate with later milestones (sustaining employment for three, six and nine months) weighing more heavily than earlier ones (assessment, initial placement, job skill acquisition) to provide further incentive. In order to prevent service providers from working exclusively with easier to place clients, agencies were paid 20% more for achieving outcomes with individuals who were deemed more difficult to serve based on their work and hospitalization history. Unfortunately, no comparison groups were included in this analysis, thereby limiting the implications of the findings.
Gates and colleagues (2004) conducted a one-year follow-up evaluation to assess: (1) the extent to which the performance-based contracting milestone service requirements and outcome-based payment structure changed agency operation and approach to service delivery and, (2) to assess the impact of the performance-based contracting and outcome-based payment structure on employment outcomes among clients. The findings showed that 40% of those enrolled in the employment services funded through the performance-based contracting arrangement were placed in jobs. Most were in permanent positions (93%) and worked an average 22 hours per week. However, the findings showed that some clients struggled to secure job placements.

Agency-level changes after one year of operation included revamping assessment forms to reflect greater emphasis on outcomes, offering benefits counselling earlier in the vocational process to better prepare clients to return to work, and enhancing coordination between treatment and employment programs. Furthermore, this funding arrangement heightened awareness of the need to integrate vocational services with non-vocational services in order to address the non-vocational barriers to employment faced by many clients.

The findings at follow-up after two years are also promising in terms of the effectiveness of outcome-based funding. Gates et al. (2005) found that 63% of those who were still active in the demonstration project were successful in securing jobs. Most individuals were placed in only one job; however, 35% of those who secured jobs were placed more than once. At the two year mark, most of those placed (73%) were working and over half of those still working had sustained work for at least six months. The number of provider hours stood out as being most strongly associated with securing an initial placement, with the odds of an initial placement increasing 6.35-fold for every additional hour that a service provider spent with an individual. Furthermore, there was no significant difference in the likelihood of getting or keeping a job between those who met the criteria for being hard to service and those who did not.
Similarly, McGrew et al. (2005, 2007) conducted a pilot project to evaluate the impact of implementing performance-based contracting and an outcome-based funding arrangement for supported employment for people living with mental illness in Indiana using a mixed experimental design. The goal of the project was to improve long-term employment outcomes for people living with mental illness in the region. Consistent with the demonstration project in New York State, providers were reimbursed when clients achieved specific milestones in the employment process. Five sites participated in the study. At the large site, clients were randomly assigned to either the outcome-based or the fee-for-service funding systems. At the remaining four sites, clients were matched into pairs and one site from each pair provided outcome-based funded services while the other provided services through fee-for-service funding. The outcome-based and fee-for-service groups of clients and staff were statistically equivalent across a variety of demographic measures and indicators at the outset of the study. Data were collected for two years between July 2002 and July 2004. A total of 122 clients were included in the study (81 = outcome-based funding and 41 = fee-for-service). The researchers found that clients enrolled in vocational services funded through an outcome-based system achieved better vocational outcomes than those enrolled in a fee-for-service program (McGrew et al., 2005). Specifically, those in the outcome-based system tended to attain higher milestones and were more likely to achieve nine months of continuous employment than those in the fee-for-service program. The researchers concluded that performance-based contracting and outcome-based funding arrangements are effective in improving outcomes among clients enrolled in supported employment programs.

Despite these positive outcomes, the research by McGrew et al. (2005, 2007) highlights several potential limitations to the outcome-based funding model. First, the advantage of outcome-based funding is limited to characteristics specified in the milestone reimbursement
schedule (McGrew et al., 2005). For example, the findings showed no significant differences between the groups on non-milestone employment variables (such as type of job, job match, job satisfaction and wages) or clinical outcomes (such as quality of life and functioning).

Furthermore, fee-for-service programs performed equally well compared to the outcome-based programs in achieving moderate-term job tenure, a milestone that triggered an incentive payment in the fee-for-service system (McGrew et al., 2005). Second, while acknowledging that outcome-based funding could produce rapid results, reduce paperwork and provide opportunity for programs to earn higher levels of funding, program staff expressed concern that the outcome-based system shifted too much financial risk to programs (McGrew et al., 2007). These staff described feeling pressured to serve those most likely to succeed with job placement and retention.

Two additional studies by Block et al. (2002) and Frumkin (2001) provide descriptive accounts of transitioning to outcome-based funding systems for vocational services for persons with disabilities in two different states. Colorado experienced a 37% increase in the number of long-term job placements for persons with developmental disabilities after introducing a funding system that included incentives for achieving specific milestones (Block et al., 2002). In Oklahoma, 13 of the 16 nonprofit organizations involved in providing vocational services to persons with disabilities had improvements in all areas following a transition to an outcome-based funding system including: a 50% reduction in wait lists, a 18% reduction in the length of time before job placements, 9% reduction in the cost of assessments, a 33% decrease in staff paperwork, and a 25% drop in the overall cost for each case that was closed (Frumkin, 2001). These studies provide further confirmation about the positive effects of outcome-based funding on employment outcomes for persons with disabilities.
How does outcome-based funding influence service provision?

The research on outcome-based funding for employment supports provides little information regarding the exact mechanism by which employment outcomes improve. Although funding arrangements are a program-level intervention, the available evidence suggests that staff behaviour differs in programs funded through outcome-based arrangements compared to programs funded on a fee-for-service basis. Specifically, in the studies by Gates et al. (2004, 2005) and McGrew et al. (2005, 2007), the clients in the outcome-based programs received more hours of in-person contact and evaluation time with their service provider, and were more likely to be placed rapidly into a job compared to those in the fee-for-service programs. Similar findings have been reported in performance-based contracting for addictions treatment programs (McClellan, Kemp, Brooks & Carise, 2008), where it was found that successful programs under performance-based contracting adopted strategies that included extended hours of operation, facility enhancements, salary incentives for staff, and evidence-based interventions. McGrew et al. (2005) suggest that program funding structures influence program policies, thereby impacting program staff behaviour. For example, changes such as instructions to staff, program service models, staff pay incentives, and evaluation criteria could influence staff decisions and priorities. Therefore, outcome-based funding might work by providing incentives to programs that trickle down to program staff and influence priorities, decision-making, and their direct work with clients.

In outcome-based funding systems there is clarity of focus and compensation is directly linked to supporting the ultimate goal of helping clients find and keep jobs (O'Brien & Revell, 2005). Such circumstances introduce a form of regulation and quality assurance; services that are unable to achieve results will be unable to stay in business. Therefore, there is a reduced need for close monitoring by funders of service provider activities and the employment support process.
(Corden & Thornton, 2003; Frumkin, 2001; Novak et al., 1999; O'Brien & Revell, 2005). Indeed, an evaluation conducted by Frunkin et al. credited the reduction in paperwork and reporting requirements with creating more efficiency in the system and increasing the amount of time service providers are able to spend supporting clients and developing job placements.

**Concerns about outcome-based funding**

Despite widespread agreement about the promise of outcome-based funding as a mechanism to improve vocational outcomes, there remain ongoing debates about the exact structure of an effective employment support system. Specifically, there is disagreement about the ideal number of milestones that should be included in a well designed outcome-based system. The systems described in the literature have generally consisted of four to six milestones, from planning and assessment, to job placement, job retention and closure (Brooke et al., 2000; Corden & Thornton, 2003; Frumkin, 2001; Gates et al., 2004; McGrew et al., 2005; Novak et al., 1999; O'Brien & Revell, 2005). The number of milestones included in the funding system impacts the shared risk between the service providers and the funder. Traditionally, funders have assumed all the risk under the fee-for-service model. Too many milestones can indicate that the funder is still assuming too much risk and that the system could be distorted by overly simplistic indicators (Frumkin, 2001; Novak et al., 1999; O'Brien & Revell, 2005). Too few milestones can mean that programs are assuming too much risk and that the system could become so complex that it results in confusion and poor compliance (Frumkin, 2001; Novak et al., 1999; O'Brien & Revell, 2005). One expert in the field interviewed by Frumkin (2001) described the risk sharing arrangement between funders and programs in terms of the number and weighing of milestones as follows:

The number and weighting of the milestones determines the amount of risk each party is willing to accept. It represents the risk sharing agreement between
the funder and the service provider…. Traditionally, the state has carried all the risk; some outcome-based systems reverse this and shortsightedly ask the vendor to carry all the risk. Either risk-dumping approach is a mistake, creating perverse incentives leading to unintended consequences. (p. 22)

Despite the need to balance risk, in the interest of administrative simplicity and clarity of focus, Frumkin suggests that system developers err on the side of too few rather than too many milestones.

Concerns have also been expressed regarding the possibility of creaming, the selection of individuals who least need services but might be easier to support towards the achievement of desired outcomes (Behn & Kant, 1999; Corden & Thornton, 2003; Frumkin, 2001; Novak et al., 1999; O’Brien & Revell, 2005; O’Brien et al., 2003; Piggott & Grover, 2009). According to Corden and Thornton (2003) creaming is also grounded in perceptions about risk and opportunity to secure funding. Service providers make decisions about the desirability of clients based on their experiences and assumptions working with different clients and their perceptions about the likelihood of being able to successfully achieve milestones. Although the existence of creaming has not been confirmed by the available evidence focused on outcome-based funding in employment supports for persons with disabilities (Corden & Thornton, 2003; Gates et al., 2004; McGrew et al., 2005), Shen (2003) found that the percentage of clients classified as most severe substance users dropped by 7% (p<0.001) following the adoption of performance-based contracting in the Maine Addiction Treatment System in the United States. To counteract the incentive within outcome-based funding to focus on those who appear easier to serve, researchers suggest the use of a tiered funding system that encourages and rewards programs for working with individuals with higher needs (Corden & Thornton, 2003; Frumkin, 2001; Novak et al., 1999; O’Brien & Revell, 2005). Corden and Thornton (2003) describe other ways to
address this concern including setting benchmarks for clients with greater needs, providing additional fee-for-service funding to meet the needs of individuals deemed hard to serve, requiring quotas of clients with high needs within the outcome-based structure, and applying external control and management to client referrals. These approaches further promote the idea of shared risks between funders and programs when working with clients who are perceived to be harder to serve.

**Outcome-based funding and evidence-based employment supports**

Funding models such as outcome-based funding appear well aligned with the core principles of evidence-based employment practices, and in particular, supported employment (SE). SE is a model of practice focused on helping individuals with disabilities find and keep jobs in the mainstream labour market. It involves rapid placement of individuals in paid employment in the mainstream workforce, followed by the provision of support and skill training (Bond, 1998b; Bond, Becker et al., 2001; Drake, Becker, Clark, & Mueser, 1999). Key features of SE include work for a competitive wage as a regular employee in an integrated setting, and time-unlimited supports (Drake, Becker et al., 1999). Outcome-based funding promotes a focus on rapid placement into competitive employment in order to achieve milestones and secure program funding (Novak et al., 1999; O’Brien & Revell, 2005). Promising results have been found when an outcome-based funding system was overlaid on SE, thereby ensuring that milestones associated with reimbursement were consistent with an evidence-based approach (McGrew et al. 2005). These findings highlight how funding can be used to promote and create incentives for the adoption of evidence-based SE. More research is needed to better understand how outcome-based funding influences the implementation of evidence-based employment services and the impact of this process on employment services for marginalized groups such as people living with mental illness.
Outcome-based funding: Implications for employment services for people living with mental illness in Ontario

The research on outcome-based funding illustrates that funding arrangements can have significant implications for service provision. Outcome-based funding seems to address many of the concerns associated with traditional funding systems and improve system efficiency. Based on these findings, outcome-based funding holds much promise for employment services for people living with mental illness. It is reasonable to assume that this funding arrangement might promote the adoption of evidence-based practices such as supported employment in an effort to improve employment outcomes and secure program funding. Indeed such findings have been reported with the adoption of performance-based contracting in the addictions field in the United States. Specifically, McLellan et al. (2008) report that the adoption of performance-based contracting in Delaware’s outpatient addiction treatment programs encouraged the adoption of evidence-based clinical interventions such as Motivational Interviewing and Cognitive Behavioural Therapy. However, at present there are no known studies that have evaluated outcome-based funding in a Canadian context. A better understanding of the effects of outcome-based funding arrangements on employment services and employment outcomes for people living with mental illness within the current context of community mental health services in Ontario is needed.

2.5. Summary of Literature Review

Despite the extensive literature highlighting the benefits of employment among people living with mental illness and efforts to help individuals find and keep jobs, the unemployment rate among this population remains staggeringly low. One way to address this pervasive problem is through policy reform. Policy solutions, however, can have broad implications, both intended and unintended (Schouwstra & Ellman; Pal, 1992; Stone, 2002; Merton, 1936). There is a need
to further explore and understand how public policies are constructed and implemented, and the impact of policy reform on services for marginalized groups. Based on the lessons learned from this review of the existing literature, such an investigation should use an interpretative approach to capture the multiple perspectives involved, and should focus on examining the driving forces involved in policy design and policy implementation.
Chapter 3: Theoretical Framework, Methodology and Methods

Past research has shown that policy changes and funding mechanisms can have significant impacts on the delivery of health and social services. Many jurisdictions have developed policies and programs to improve employment opportunities among people living with mental illness and other marginalized groups. However, there is a need to better understand the forces that shape such policies, perspectives of key stakeholders, whose voices are heard, whose interests are served, and the implications of funding arrangements on service provision and access. Thus, it is important and timely to explore the ideas, values, and beliefs that have shaped the construction and implementation of employment policy, and the impact on employment services for people living with mental illness. This research explores the construction, implementation and impact of public policy for marginalized groups by examining the revisions to ODSP-ES and the consequences of policy reform on employment services for people living with mental illness.

3.1. Theoretical Framework

This research is grounded in the theoretical assumptions of social constructionism and uses an interpretive approach described by Charmaz (2006). At the core of this research is the assumption that there are multiple realities, that reality and truth are indeterminant, and that truth is provisional. This position challenges positivist and empirical science and the idea that truth and reality can be observed and discovered (Caron & Bowers, 2000; Charmaz, 2006; Charon, 1998). Rather, a social constructionist position sees the world as relativistic and provisional, based on our own experiences and interpretations (Caron & Bowers, 2000; Charmaz, 2006; Charon, 1998). Research grounded in this theoretical perspective questions how particular constructions of reality come to be by asking: “What do people assume is real? How do they construct and act on their view of reality?” (Charmaz, 2006, p. 127). Accordingly, in order to gain an understanding of phenomena, we must explore how individuals who are situated
differently define and interpret phenomenon of interest by examining their perceptions, their actions and the meanings they attribute to it within particular social contexts (Charmaz, 2006; Charon, 1998).

In the case of this research, social constructionism encourages a focus on understanding the ideas, values, and interests of different stakeholders that can influence the construction and implementation of policy. Problems are defined and political solutions are formulated and implemented in an historical, cultural and geographic context (Schouwstra & Ellman, 2006). Values, assumptions and the power to manipulate political processes greatly influence the construction and implementation of policies (Schouwstra & Ellman; Stone, 2002). For example, simply getting an issue or problem on the political agenda can be a challenge for marginalized groups with little political clout (Stone, 2002; Lepofsky, 2004). Once formulated and legislated, powerful groups with vested interests can further manipulate how policies are implemented and enforced (Gewurtz & Kirsh, 2009; Harlan & Robert, 1998). Social constructionism can be a useful framework to guide researchers to consider these issues by exploring the complex actions and interactions involved in constructing and implementing public policy.

The social constructionist position can be applied equally well to joint or collective actions, and therefore, to the study of social processes, social practices and public policy (Charmaz, 2006). For example, in the democratic political process, individuals are often brought together to act or decide on action in response to political problems (Stone, 2002; Pal, 1992). In such circumstances, a social constructionist perspective would challenge us to consider how political problems and possible solutions are constructed through interactions among the various players throughout the policy-making and policy implementation process. In this study, social constructionism is used to explore the drivers and consequences of the revised ODSP-ES policy,
focusing on how this policy has been constructed and implemented through past and ongoing actions and interactions among different stakeholders.

3.2. Research Objectives

This research explores how public policy for marginalized groups is constructed and implemented using the ODSP-ES policy as a case study. The research question for this work is: How has the change in ODSP-ES policy been constructed and implemented in the mental health sector and what have been the consequences? The following interrelated research objectives guide this investigation:

1. To understand the values, ideas and assumptions that were influential in the construction of the problem and the policy.
2. To explore how service providers, programs, and employment support workers are responding to the policy.
3. To explore the intended and unintended consequences of the policy by considering, for example, the implications for employment services and practices for people living with mental illness.

3.3. Methodological Approach

This research utilizes a qualitative, case study approach. The goal of qualitative research is to gain an in-depth understanding of phenomena by exploring the meanings people bring to them through their lived experiences and interactions (Creswell, 1998). It seeks to understand social action, and can shed light on how ideas are constructed by particular groups of people in particular contexts and how possible solutions are conceived and implemented (Orum, Feagin, & Sjoberg, 1991). Given the research objectives and the aim of this investigation to explore the construction, implementation and consequences of the revised ODSP-ES policy on employment supports for people living with mental illness, this approach is most fitting.
Case study is an appropriate research design when the goal is to explore a particular situation over time through “detailed, in-depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). It is often used to study real-life events, such as the development of public policies, where the researcher seeks to retain the holistic and meaningful aspects of the particular case while striving to understand the broader processes and contextual features at play (Stake, 1995; Yin, 2003). For example, case studies have been used to examine health and social services and in policy research to examine the implementation of innovative practices and policies in particular jurisdictions such as collaborative mental health care (Mulvale & Bourgeault, 2007), mental health services for homeless adults (Felton, 2003), consumer involvement in mental health services (Hodge, 2005), the introduction of market forces in homecare services (Denton, Zeytinoglu, Davies, & Hunter, 2006; Denton, Zeytinoglu, Kusch, & Davies, 2007; Spalding, 2005; Randall & Williams, 2006), and welfare reform (Burger, 2004; Chouinard & Crooks, 2005; Dias & Moynard-Moody, 2007; Turton, 2001; Wilton, 2004a, 2004b). Such studies can provide descriptions and in-depth analyses of social processes that are richly contextualized (Stake, 1995).

While it can be difficult to generalize findings from case studies to other contexts, those conducted in contexts that are representative of other cases and that are focussed on developing theory can offer broad insights and theoretical innovations (Brodkin, 1997; Burawoy, 1991; Eisenhardt, 2002; Orum et al., 1991; Walton, 1992). Certainly there are classic case studies such as Goffman’s (1961) work on the inner workings of asylums; Whyte’s (1993) examination of street-corner gangs; and Pressman and Wildavsky’s (1973) study of policy implementation and failure in the United States. These studies have provided theoretical understandings of social phenomena that have been applied to other settings. According to Orum et al. (1991), the case study method permits the study of social phenomena in their natural setting and collects
information from a number of sources. Brodkin (1997) suggests that an in-depth case study can provide an empirical basis from which to identify factors that influence the implementation of public policy. These authors argue that a case study approach encourages a holistic perspective and can often produce findings that have theoretical transferability.

This research is guided by the methodological principles and strategies of constructivist grounded theory as described by Charmaz (2000, 2006). This approach embraces a flexible and interpretive perspective to exploring phenomena grounded in the theoretical underpinnings of social constructionism. Constructivist grounded theory provides “a way to learn about the worlds we study and a method for developing theories to understand them” (Charmaz, 2006, p. 10). A constructivist grounded theory approach requires researchers to learn about different perspectives and relationships, unravel the complexities of situations in the social world, and construct theoretical interpretations of phenomenon (Caron & Bowers, 2000; Charmaz, 2000, 2006; Clarke, 2005). Accordingly, the focus is on exploring how and why individuals construct meanings and actions in different situations (Charmaz, 2006).

Data collection and data analysis occurred simultaneously according to the constant comparative approach (Charmaz, 2006; Creswell, 1998). Consistent with an interpretative approach to qualitative research, hypotheses were not developed at the outset of the study in order to remain open to new concepts that emerged from the data. Rather, theoretical propositions were developed through the analysis and were grounded in the data (Glaser & Strauss, 1999; Stevenson, 2004).

3.4. Data Sources

Given the focus of the research, it was important to gather data on the beliefs and assumptions that guided the construction of the policy and the impact of the policy on key stakeholders. Therefore, data collection involved two components: document review and key
informant interviews. The intent was to use data sources that would provide information about the approaches and principles incorporated into ODSP-ES policy construction and implementation, as well as the consequences of the policy in practice.

3.4.1. Document Review

The document review component of the research was designed to consider how the policy has been presented and expressed in government and program documents, to explore the intended consequences of the policy, and to understand how service providers and programs are responding. Originally I planned to collect government documents that described the ODSP-ES policy and program documents that described services and supports being offered under the policy. However, as I entered the field and began collecting data, I quickly discovered that this plan was not feasible. At the time of the data collection, the policy had existed for approximately two years and programs were still very much in transition. They were adjusting to the new requirements and expectations, and re-tooling their approaches. Although such transitional circumstances created interesting tensions that I explored in the key informant interviews, it hampered my efforts to collect program documents. Few program informants were willing to share details about their approaches under the new policy or internal program documents describing their unique approach to service delivery under the new policy. The information provided on their websites consisted of superficial descriptions and often had not changed since the introduction of the revised policy. Thus, my focus shifted to policy documents and the ODSP policy directives. Randall and Williams (2006) encountered similar problems investigating the impact of policy reform in sectors that rely on private for-profit and non-profit programs, and agencies that compete with one another for service contracts. These researchers found that service providers were hesitant about sharing their business practices in order to maintain their competitive edge. The impact of this shift in my approach to data collection is further explored in
the chapters on the findings of this research (Chapters 4-6). Table 2 (page 74) provides a list of the documents included in this analysis.

In order to identify policy documents for this research, I began by conducting a search for documents describing the ODSP-ES policy on the MCSS website. ODSP, however, is comprised of two branches, employment supports and income supports. Although the focus of this research is on employment supports, I reviewed documents from the ODSP income support branch which described the treatment of earnings from employment. I obtained a hardcopy of the policy directives for the former ODSP-ES and ODSP income support policies from 1999, which were no longer available on the MCSS website. The original policies were used to provide context and analyze the changes that occurred regarding employment supports and the treatment of earnings from employment among recipients of ODSP income support. I also asked the key informants to share any documents they referred to in their interviews including program descriptions, evaluations, and models.

3.4.2. Key Informant Interviews

I conducted 25 in-depth interviews with individuals who had insight into how the ODSP-ES policy change was developed and/or implemented, and had a perspective or story to share about this process. Specifically, I sought out three main stakeholder groups for the interviews (see Table 1 on page 59): (1) program informants who were involved in the development and/or delivery of employment services for people living with mental illness under ODSP-ES; (2) policy informants who were involved in the construction and/or implementation of ODSP-ES; and (3) consumer informants who self-identified as a person living with a mental illness and who was involved in either informing the policy, planning services under the policy, or advocacy/activism related to ODSP-ES. Most of the interviews were done one-on-one with key informants; however, three interviews involved two informants from the same organization.
These paired interviews were done only when requested by the participants who felt there was another important perspective for me to capture.

**Table 1: Types of Informants**

<table>
<thead>
<tr>
<th>Informant Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Program Informants</td>
<td>Individuals who have been involved in the development and delivery of services funded through ODSP-ES for people living with mental illness in Ontario. This category includes Executive Directors, Program Directors and Managers, as well as employment staff who work directly with clients and have insight into the ODSP-ES policy.</td>
</tr>
<tr>
<td>Policy Informants</td>
<td>Individuals who have been involved in the construction and implementation of the ODSP-ES policy. This category includes individuals who work at the MCSS or regional ODSP-ES offices.</td>
</tr>
<tr>
<td>Consumer Informants</td>
<td>Individuals who self-identify as living with a mental illness and have been involved in either informing the policy, planning services under the policy, or advocacy/activism related to ODSP-ES. This category includes individuals who are considered leaders in the mental health community and either work in the field or sit on boards or committees.</td>
</tr>
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Within each key informant interview, I explored topics based on each participant’s unique perspective and experience in order to elicit their interpretations of the issues (Charmaz, 2006). For example, I asked individuals involved in developing the policy about the intent of the policy and the outcomes they were striving for. I asked program informants about how they have responded to the policy and the impact it has had on service delivery. I developed a preliminary set of questions to pursue within the interviews based on the research objectives in order to provide a consistent framework for gathering data (see Appendices A, B, & C, pages 250-252) (Patton, 2002). However, I maintained sufficient flexibility so that I could freely explore, probe, and ask questions based on the unique insights offered by each key informant. As the theoretical categories emerged, interview questions were tailored to further explore and understand them.
(Creswell, 1998; Cutcliffe, 2000; Imelda, 1997; Strauss & Corbin, 1998). The interview guides were developed based on the literature and my personal experience in the area of employment services and policies for persons with disabilities. They were not circulated in advance in order to preserve flexibility in the line of questioning that I pursued in each interview; however, the information/consent form that was provided to each informant prior to their involvement in the study outlined the general areas that I was planning to cover in the interviews. The interviews varied in length depending on how much each informant had to share and ranged from approximately 30 minutes to almost 2 hours.

Informants were also asked to complete a brief questionnaire following their interview in order to collect and describe employment–related information such as their educational background, number of years on the job, and number of years in the mental health system (see Appendices D & E, pages 253 & 254). This questionnaire was administered in a simple paper and pencil format. I filled in much of the information on the questionnaire based on the information gathered in the interviews. However, I asked each informant to confirm, clarify and add to the information on the questionnaire immediately following the interview.

**Sampling strategy**

Based on the principles of constructivist grounded theory and the constant comparative approach, I used theoretical sampling procedures to identify participants for this study. That is, sampling decisions were driven by the evolving theory to maximize opportunities to discover variations among concepts under study and to elaborate and refine the emerging analytic categories (Charmaz, 2006; Glaser & Strauss, 1999; Strauss & Corbin, 1998). Using this approach, I identified informants who had insights that could help me fill in gaps within the emerging analytical categories. First, I collected initial data based on my research question and objectives. Next, I engaged in some preliminary analysis to identify issues in need of further
study, and what I needed to learn more about. Following this preliminary analysis, I returned to the field to collect further data that enabled me to elaborate and refine emerging categories. For example, after completing some initial analysis I sought out program informants from organizations that varied specifically in terms of funding structures and size in order to explore how the emerging categories varied under these conditions. I adjusted my recruitment strategies to ensure I interviewed informants from both for-profit and non-profit organizations, informants from large programs with multiple funding sources, and informants from small programs where ODSP-ES was the only source of funding. This iterative and interpretive approach to sampling and theory development is based on abductive reasoning – data are examined, possible interpretations are considered and explored, and then new data are collected to verify and refine the emerging explanations (Charmaz, 2006; Danermark, Ekstrom, Jakoben, & Kalsson, 2002).

**Recruitment strategy**

Before commencing recruitment for this research I obtained ethical approval from the University of Toronto Health Sciences Ethics Review Committee. In addition, one large mental health organization from which I recruited two program informants and one consumer informant required me to submit to their internal ethics review committee. There, I was able to request an expedited review. Following ethical approval, I used the process outlined below to identify and recruit policy and program informants (See Figure 1 on page 64):

1. I contacted individuals in the policy and service provision arenas who were known to me and my thesis supervisor and who have been involved in policy-making and/or program development related to ODSP-ES in the mental health sector.

2. I described the study and circulated the study information/consent form by email or fax (see Appendix F, page 255). I then discussed the study with my contacts to see if they had insights into the policy and if they were interested in participating.
The consumer interviews occurred at the same time as the interviews with policy and program informants. All of the consumer informants were involved in policy and/or program development and self-identified as being a person living with a mental illness. In some cases, these informants could also be classified as program informants. I used the following strategies to ensure that I included consumer informants for this study:

1. I used my contacts in the field to help me identify leaders in the consumer community who had insight into the ODSP-ES policy. Specifically I contacted directors and managers at local employment programs who received ODSP-ES funding and provided services to people living with mental illness.

2. I contacted the leaders of two important groups devoted to the promotion of employment services for people living with mental illness: the Employment Works Group at the Centre for Addictions and Mental Health (CAMH), and the ODSP Action Coalition. The Employment Works group meets monthly at CAMH to discuss issues related to employment among people living with mental illness and addictions in Ontario. There is a particularly strong consumer constituency in this group; many members are leaders in the community, are involved in program and policy development, and have insight into employment supports and relevant policies. The ODSP Action Coalition is a group of consumers and service providers who advocate for improvements to the income and employment supports provided by ODSP. It too has a particularly strong consumer constituency and is comprised of many consumers who are leaders in the community and who have insight into ODSP-ES, the income support branch of ODSP, and the impact of these policies on the field.

3. I designed a flyer describing the study (see Appendix G, page 259) and I asked my contacts in the field to circulate the flyer to consumers who sit on boards or committees within their organizations and who have insights into the ODSP-ES policy and/or services funded
through this policy. Consumers who were interested in learning more about the study and their potential involvement were able to contact me by telephone or email.

I followed the following additional steps with all potential key informants:

1. I asked my initial policy, program and consumer contacts to recommend other potential informants for this research whom I subsequently contacted directly by telephone or email. This snowball or chain approach to sampling helped me identify and recruit individuals who had important perspectives and insights to share on the topic (Creswell, 1998). Furthermore, this snowball approach provided confirmation that I had included the most prominent key informants involved in this policy, as my ongoing recruitment efforts kept leading me to individuals I had already interviewed.

2. I drew on emerging theoretical permutations to guide recruitment efforts for later interviews based on the principles of theoretical sampling. That is, I focused my recruitment on individuals who could inform and refine the emerging categories.

3. I initially spoke with all potential participants over the telephone to describe the study and answer any questions they had about their potential involvement. I provided information about the topics that would be covered in the interview and the kinds of questions that would be asked on the questionnaire.

4. I assured all potential key informants that their involvement in the study was completely voluntary and would remain voluntary. Participants were assured that they could decline to answer any questions and that they could choose to withdraw from the study at anytime without any adverse consequences.

5. Potential key informants were assured that all interviews would be kept confidential and that no names or identifying information would be used in materials that result from this research.
6. I sent a copy of the information/consent form to each informant in advance by email or fax so they had time to read it over and ask questions prior to participating in the interview. Prior to each interview I reviewed all of the components of the consent form and provided further opportunity for each informant to ask questions. Informants were asked to consent in writing before proceeding with the actual interview (see Appendices F & H, page 255 & 260).

7. Most local informants were interviewed in person at a research office at the University of Toronto or at their offices (a government or program office). Informants were also given the options of being interviewed by telephone.

Figure 1: Recruitment of Key Informants
Some of the interview participants were known to me and/or my thesis supervisor prior to their involvement in the study as they were colleagues from the field. However, as the interviews were focused on the development and implementation of the ODSP-ES policy in the mental health sector, the interviews were not of a personal nature, and prior relationships did not impact the research process.

3.5. Data Analysis

Data collection and data analysis occurred simultaneously. Emerging ideas were used to direct and focus later data collection. New data were compared to existing codes and categories to refine, verify and alter the emerging theoretical propositions according to the constant comparative approach (Charmaz, 2006). Comparisons were made to explore similarities and differences in order to examine phenomenon from different perspectives and in different contexts (Charmaz, 2006). This approach allowed me to explore the multiple ways concepts were constructed and used, and how concepts varied under different conditions and circumstances. This process continued until categories were saturated, and fresh data did not further my understanding of the concepts under study by revealing new insights, properties or dimensions (Charmaz, 2006).

Data collected from the documents and the interviews were initially analyzed separately. However, as the analysis progressed, these data sets were integrated in order to explore the multiple perspectives involved in constructing and implementing the ODSP-ES policy. This process was iterative and fluid: my analysis of the documents influenced the questions I asked in the interviews, and the data collected in the interviews influenced my ongoing analysis of the documents. I drew on data collected from both the documents and the interviews to explore the intent of the policy and the employment support process; I compared what was written in the documents to what the informants described was occurring in practice; and I drew on the
interview data to explore various interpretations and rationales for particular aspects of the policy outlined in the documents.

Interviews were audio-recorded using a digital recorder and transcribed verbatim. In addition to the recordings, I took detailed field notes describing the setting of the interviews and other contextual characteristics. The computer software program NVivo 2 was used to organize the data for efficient analysis. NVivo is a new generation of qualitative research software to index, search and organize qualitative data (Richards, 2002).

### 3.5.1. Coding Procedures

I used coding procedures to work through my analysis of the data. According to Charmaz, “coding means naming segments of data with a label that simultaneously categorizes, summarizes, and accounts for each piece of data” (p. 43). Coding involved taking data apart and grouping them together in new ways to build analytic and theoretical interpretations. This process allowed me to explore “what ‘all’ is going on here?” (Schatzman, 1991, p. 310) in order to consider the ways in which ideas and concepts seemed to vary in the data and the conditions under which such variation occurred. In my analysis, I constructed codes to make sense of the data and organize emerging ideas.

During initial coding, I remained open to exploring the data and considering different possible theoretical and analytical permutations to follow. I compared and contrasted the data collected from different sources and from participants who were situated differently to better understand the concepts and issues that were influential in the construction and implementation of the policy. This approach allowed me to consider concepts from different perspectives and how concepts varied under different conditions. At this stage, codes remained provisional and grounded in the data. Initial coding, however, guided further data collection by identifying what I needed to know more about. I approached coding line-by-line according to the *code for coding*
outlined by Charmaz (2006). Specifically, codes were simple and precise, focused on action and interactions, and I compared and contrasted the data as I moved through the interviews. This approach to coding encouraged me to think about the data in new ways while remaining immersed in the analysis.

Once I began to develop direction in my analysis, I used more focused coding procedures. Coding became more selective and I began to categorize data by grouping several codes together or prioritizing some codes as being most significant to my emerging theoretical understanding of the concepts under study. My analysis at this stage was directed at developing categories along the lines of their properties and dimensions and exploring relationships between categories (Charmaz, 2006). I paid attention to the perspectives, contexts, conditions and consequences represented in the data and the relationships or interconnections among concepts (Charmaz, 2006; Schatzman, 1991).

I used memo-writing and journaling to analyze my data, record my reflections regarding the research process and the emerging categories, relationships and theoretical propositions. Memos were a place to entertain emerging ideas and explore tentative relationships between categories. According to Charmaz (2006) “memos catch your thoughts, capture the comparisons and connections you make, and crystallize questions and directions for you to pursue” (p. 72). I used early memos to record what I saw happening in the data and to play with my codes by considering what I was hearing and what I wanted to know more about. In later memos, I documented my process in developing categories and made multiple comparisons within and between categories, different perspectives and conditions, and the existing literature.

3.5.2. Document Review

The purpose of the document review was to explore the values, ideas, assumptions and intended outcomes of the policy change. Therefore, my analysis consisted of using the coding
strategies described above to explore expressed goals and strategies related to employment among people living with mental illness and the ODSP-ES policy directives. In analyzing these documents according to the constructivist grounded theory approach, I considered their contexts and how the policy was presented (Charmaz, 2006). However, using a critical approach, I also considered what was missing from the documents, what was assumed, and what underlining values and beliefs surrounded the policy change (Charmaz, 2006). Specifically, I examined the documents and addressed the following questions:

1. Whose voice/perspective was represented in the documents? Whose voice/perspective was missing?
2. What was the intended purpose of the documents and who were the intended audiences? Were there unstated or assumed purposes?
3. Were the documents grounded in certain values and assumptions about employment and people with disabilities/mental illness?

I began this analysis prior to conducting the interviews. However, this component of the research continued throughout the study. Consistent with grounded theory and the constant comparative approach, concepts and ideas that began to emerge in the initial analysis of the documents were further explored and refined during the interviews, and concepts from the interviews were further explored and refined by returning to the documents.

3.5.3. Analysis of Key Informant Interviews

The purpose of the key informant interviews was to explore how the policy change was constructed and the impact of the policy on the field and on stakeholders. My analysis employed the coding strategies outlined above to consider how concepts were developed across different perspectives and different contexts (Caron & Bowers, 2000). From the beginning, I used memos to push my analytic thinking and track my decisions. The
preliminary analysis from both the interviews and the documents also helped me identify subsequent key informants, a process consistent with the constant comparative approach. The following questions were used to guide my analysis of the interview data:

1. What are the underlying assumptions and values revealed by the key informants?

2. How have issues of power, marginalization, and accountability influenced the construction and implementation of the new policy from different perspectives?

3. How are the various perspectives different from one another? How are they the same? What do these similarities and differences reveal about the construction and implementation of the policy change?

4. How have different perspectives been included or excluded during the construction of the policy and during the development of programs and practices under the new policy? Which perspectives have been prioritized or given greater authority?

3.6. Strategies for Ensuring Trustworthiness

I incorporated several strategies for increasing trustworthiness into the design of this study based on Guba’s model of trustworthiness for qualitative research (Guba, 1981). The triangulation of data sources and multiple perspectives in the study design was one such strategy. That is, including different data sources and different perspectives increases the credibility of my findings (Krefting, 1991; Lincoln & Guba, 1985). Peer examination was also incorporated into the process as I had regular thesis advisory committee meetings and shared the initial findings of the research with my thesis supervisor, my committee members, and others in the field through informal discussions and formal presentations. These discussions and presentations provided opportunities for feedback from other researchers, graduate students, service providers, and consumers. By providing dense descriptions of the methods used, the data collected and the key
informants, the reader of this research is better able to assess the transferability of the study results to particular contexts (Creswell, 1998). The information collected on the participant questionnaires and excerpts from the interviews enable me to further describe the key informants and present contextual and historical information. Consistent with the constant comparative approach, the interview guide was adjusted throughout the study according to the emerging categories and the unique perspective of each informant. Later interviews served to confirm, refine and alter emerging theoretical propositions (Creswell, 1998; Glaser & Strauss, 1999; Krefting, 1991).

3.6.1. Reflexivity

Consistent with the theoretical groundings of this research, that is social constructionism, reflexivity was used as an additional mechanism to ensure rigour and trustworthiness. Accordingly, I acknowledge my own role in the construction of this research through my interactions with research participants and the data that I collected, and the impact I have on my interpretations and findings (Finlay, 2002; Pyett, 2003; Seibold, 2000). According to Finlay (2002), “reflexivity can open a window on areas that in other research contexts would remain concealed from awareness” (p. 541). I maintained a journal where I kept a written account of my interactions with key stakeholders as I developed my research plan, collected the data, and analyzed the findings. I documented my responses to the emerging categories and included these reflections in my memos. I also discussed my personal experience with the research with my thesis supervisor and committee members. This reflexivity allowed me to be transparent about how my values, assumptions, interests and experiences have contributed to the construction of this research and the research findings.
3.7. Ethical Issues

3.7.1. Privacy and Confidentiality

The identity of the participants and the names and identifying information of people or services discussed in this research has been kept confidential. Although interviews were audio-recorded and transcribed verbatim, all names and identifying information were removed prior to storing the material. The audio files were downloaded onto a secure computer and deleted from the digital recorder. The files were then uploaded onto a secure website for transcription. Once received by the transcriber, they were permanently deleted from the website. After the transcripts were received from the transcriber and checked for accuracy, the audio files were permanently deleted. The transcripts and other electronic study materials were stored on a secure computer. Hardcopies were stored in a locked file cabinet in the university research office. All study materials will be destroyed five years after the completion of the study.

3.7.2. Compensation

Every attempt was made to ensure that participation in the study occurred at no cost to the key informants. I met with each interview participant in convenient locations, either at the research office at the University of Toronto or in their office depending on their preference. I offered reimbursement for any transportation costs incurred in coming to the interview and a beverage during the interview. Any participant who was unable to arrange the interview during their regular work hours (either because they were unemployed or their involvement in the research was not supported by their employer) was given an honorarium of $20 in appreciation for their contribution to the research.
3.7.3. Risks and Benefits

There were minimal risks associated with participating in this study. Most of the informants were individuals involved in policy and program development in the mental health sector and discussed their views on the work they have been involved in. The types of questions that were asked in the interviews did not pose any risk. Consumer informants were citizens who were actively involved in community life. No adverse events arose during this study.

There were no direct benefits associated with participating in this study. However, what was learned from this research contributes to our understanding of the drivers and consequences of policy reform on employment supports and services in the mental health sector. This understanding may help in the ongoing efforts to improve employment outcomes and opportunities for people living with mental illness.
Chapter 4: Constructing ODSP Employment Supports

In the following three chapters, I present the findings from this research. Chapter 4 focuses on my analysis pertaining to the construction of the revised ODSP-ES policy. In chapters 5 and 6, I consider the challenges of implementing this policy, and the impact and consequences on practice and on the experiences of people living with mental illness. Thus, I revisit several key concepts throughout the three chapters as I consider the construction, implementation and consequences of ODSP-ES.

In this chapter, I begin by providing a description of my sample, including the 28 key informants I interviewed and the documents I reviewed. I then paint a broad picture by providing information about employment supports available to people living with mental illness and the mental health service delivery system in Ontario. This context is necessary in order to position the ODSP-ES policy within the larger system of available services and supports. The findings of this research are best understood when situated in this larger context of health and social services. Following this overview, I delve into the research findings by providing an examination of the ODSP-ES policy, including: a description of the old policy and the problems that were experienced by persons with disabilities; a description of the new policy and how it differs; and an analysis of the issues that policy-makers were challenged to address as they revised the policy in 2006.

4.1. Description of Sample

4.1.1. Documents

I collected 57 documents from six different sources (See Table 2, page 74). The majority of the documents comprised the ODSP-ES policy directives. I reviewed the directives from the old policy released in 1999, and from the revised policy released in 2006. This aspect of the research allowed me to consider how the driving principles have changed, evolved, or remained the same.
I also included the policy directives from the ODSP income support branch related to employment in my analysis, as these documents informed the rules and regulations governing the treatment of earnings from employment for recipients. These rules and regulations were also reviewed and revised in 2006 and were important to consider in my analysis of the ODSP-ES policy. Furthermore, I included other documents produced and released by ODSP including a press release about the revised policy. Beyond documents from ODSP and the MCSS, I reviewed relevant documents from the ODSP Action Coalition and a relevant national policy report on employment for individuals with disabilities by Human Resources Development Canada. I also reviewed a document from the Job Opportunity Information Network (JOIN), a network of service providers and employment programs funded by ODSP-ES in two regions of Ontario.

**Table 2: Documents Included in the Analysis**

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<tbody>
<tr>
<td>a. Directive #101-01 Introduction to the ODSP Employment Supports Directives</td>
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<tr>
<td>b. Directive #102-01 Employment Supports Program Inquiries</td>
</tr>
<tr>
<td>c. Directive #102-02 Eligibility and Application Process</td>
</tr>
<tr>
<td>d. Directive #103-01 Employment Planning</td>
</tr>
<tr>
<td>e. Directive #103-02 Requests for Services from Employed Clients and Clients with Job Offers</td>
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<td>f. Directive #103-03 Client Progress</td>
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<td>g. Directive #104-01 Employment Supports Funding Mechanisms</td>
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<td>h. Directive #104-02 Client Contribution Requirements</td>
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<td>i. Directive #104-03 Employment Supports Funding Agreement</td>
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<td>k. Directive #105-01 Eligible Goods and Services</td>
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<td>l. Directive #105-02 Innovative Projects</td>
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<td>m. Directive #106-01 Dispute Resolution</td>
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<td>n. Directive #106-02 Local Planning and Coordination Group</td>
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<td>o. Directive #106-03 Performance Measures and Information Reporting</td>
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<td>p. Directive #106-04 Program Marketing and Community Outreach</td>
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q. Directive #106-05 Third Party Suppliers
r. Directive #106-06 Workplace Accident Insurance Coverage
s. Directive #106-07 Subrogation

   a. Preamble
   b. Directive 1.1 Introduction to ODSP Employment Supports
c. Directive 2.1 Program Eligibility
d. Directive 2.2 Employed Applicants and Applicants with Job Offers
e. Directive 3.1 Client Pathway
f. Directive 3.2 Employment Information Session, Employment Supports Funding Agreement, and Selection of Service Providers
g. Directive 3.3 Employability Determination and Employment Plan
h. Directive 4.1 Job Placement
i. Directive 4.2 Job Retention and Career Advancement
j. Directive 4.3 Exceptional Work-Related Disability Supports
k. Directive 4.4 Self-Employment Supports
l. Directive 4.5 Non-Eligible Goods and Services
m. Directive 5.1 Employment Supports Funding
n. Directive 5.2 Special Project Funding
o. Directive 5.3 Client Contribution Requirements
p. Directive 6.1 Client Progress and Cancellation/Suspension of Supports
q. Directive 6.2 Dispute Resolution
r. Directive 6.3 Local Planning and Coordination Group
s. Directive 6.4 Performance Measures and Information Reporting
t. Directive 6.5 Workplace Accident Insurance Coverage
u. Directive 6.6 Subrogation

3. Ontario Disability Support Program - Policy Directives from the Income Support Branch, 1999 related to employment
   a. Directive 5.3 Deductions from Employment and Training Income
   b. Directive 5.4 Treatment of Self Employment Income

4. Ontario Disability Support Program - Policy Directives from the Income Support Branch,
a. Directive 1.3 Rapid Reinstatement
b. Directive 5.3 Deductions from Employment and Training Income
c. Directive 5.4 Self Employment Income
d. Directive 9.1 Employment and Training Start Up Benefit and Up Front Child Care Costs
e. Directive 9.10 Extended Health Benefit
g. Directive 9.18 Work-Related Benefit
h. Directive 9.19 Transitional Health Benefit

5. Additional Documents from the ODSP Branch of the Ontario Ministry of Community and Social Services
   a. Enhancements to the ODSP Employment Supports Funding Model – Key Messages (June 2009)
   c. Ontario Disability Support Program Cases with Mental or Developmental Disability (December 2008)

6. Additional documents from other sources
   d. ODSP Action Coalition, Earnings and Employment Work Group, Recommendations to Improve Employment Supports (December 2005)
   e. ODSP Action Coalition, Earnings and Employment Work Group, Submission to the Cabinet Committee on Poverty Reduction
4.1.2. Interview Informants

I interviewed 28 key informants within 25 interviews over the course of 8 months between January and August 2008. Specifically, I interviewed fifteen program informants, five policy informants, five consumer informants, two policy advocates, and one policy consultant/service provider trainer (See Table 3, page 79). The program informants were employed by 10 agencies and organizations across the province. The majority of the organizations included in this research were large non-profits; however, the sample also included one small non-profit, one small for-profit, and one large for-profit employment program. The distinction between large and small in this context is in reference to the funding base; large programs have multiple funders for their employment support service while small programs are only funded by ODSP-ES. The non-profit organizations offered diverse programming and their employment support services were one of several different programs operating through the organization: the for-profit programs, on the other hand, were independent operations and only offered employment programming. The policy informants were employed by the MCSS, either at the ODSP branch of the MCSS or at one of the ODSP-ES regional offices. Those at the ODSP branch of the MCSS were involved in developing and formulating the policy; those working at one of the regional offices were either responsible for managing contracts with local service providers or working with individuals who were interested in receiving ODSP-ES funded services to assess their eligibility. The consumer informants sat on various boards and/or committees within the mental health sector, and two were also employed as service providers. The policy advocates were members of the ODSP Action Coalition and did further advocacy work in their paid positions in the non-profit sector. The policy consultant/service provider trainer was involved in advising the MCSS during the construction of the policy and has provided consultation on designing employment support
programs in other jurisdictions internationally. This informant also provides training to service providers on employment outcome strategies and job development solutions.

As previously mentioned, I conducted three paired interviews at the request of the informants. Two of the paired interviews involved program informants (a program director and a frontline employment support staff; a program director and a researcher), and one involved a program informant and a consumer informant who also worked as a service provider (a program coordinator and a peer-support worker).

Although the focus of this research is on the impact of the ODSP-ES policy on employment services and supports in the mental health sector, the informants’ connections to mental health services varied. The five policy informants did not specifically work in the mental health sector; rather, they offered a broad perspective of ODSP-ES among individuals with disabilities. The program informants, on the other hand, worked primarily with people living with mental illness, and five out of the fifteen worked exclusively with this population. The consumer informants had experience receiving mental health services, all but one has accessed ODSP-ES services at some point, and all were informed about the policy. However, only two consumer informants had accessed ODSP-ES since the policy change. The key informants had various levels of education, background and training, including those with many years of on-the-job experience and those with formal graduate and professional training.
Table 3: Summary of Key Informants

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<tr>
<th>Program Informants</th>
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<tr>
<td>2 Executive Director/President</td>
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<td>6 Director/Manager</td>
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<td>2 Employment Coordinator</td>
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<td>4 Frontline Employment Support Staff</td>
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<td>1 Researcher</td>
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<th>Policy Informants</th>
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<td>1 Policy Director</td>
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<td>1 Policy Analyst</td>
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<td>2 Employment Supports Systems Manager</td>
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<td>1 Employment Supports Specialist</td>
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<th>Consumer Informants</th>
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<td>1 Advocacy Group Leader</td>
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<td>1 Advocacy Group Member</td>
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<tr>
<td>1 Board Member, Mental Health Agency</td>
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<tr>
<td>1 Employment/HR Coordinator</td>
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<td>1 Peer Support Worker</td>
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<th>Other</th>
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<tr>
<td>2 Policy Advocate</td>
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<tr>
<td>1 Consultant/SP Trainer</td>
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4.2. Situating ODSP-ES within the Ontario Policy Context

Ontario is a large, culturally and geographically diverse province. With over 12.8 million residents, Ontario makes up 36% of the Canadian population (Statistics Canada, 2009a). There
are large urban, suburban and rural areas within the province, with unique cultural, religious, and ethnic compositions (Statistics Canada, 2008). At the time of the data collection component of this research, Ontario had an unemployment rate of 6.5%, and an employment rate of 64.2% (Statistics Canada, 2009b). However, these rates varied considerably across communities. For example, in June 2008 Ottawa, the capital city of Ontario, had an unemployment rate of 5.5%, whereas the Northwest region of the province had an unemployment rate of 8.9% (Statistics Canada, 2009b). Such diversity across communities can pose challenges in terms of designing and delivering social services on a provincial scale.

4.2.1. Mental Health Services in Ontario

As with the majority of health care in Canada, mental health is primarily under provincial/territorial jurisdiction (Goering, Wasylenki, & Durbin, 2000; Latimer, 2005). The Canada Health Act (CHA) requires provinces and territories to provide first-dollar coverage for hospital and physician services that are considered medically necessary (Health Canada, 2004); however, psychiatric hospitals are specifically excluded from the CHA (Latimer, 2005; The Standing Senate Committee on Social Affairs, Science and Technology, 2004). Therefore, provinces and territories are generally free to use their own discretion in designing and funding the majority of mental health services. In recent years, reliance on psychiatric inpatient care has decreased (Latimer, 2005). In order to meet the needs of citizens in the community, a wide variety of community supports have emerged. However, these community supports and services have emerged slowly as a rather unbalanced and fragmented system of care with significant variations between regions, and have generally not been sufficient to meet the needs in each community (Goering et al., 2000; Latimer, 2005; The Standing Senate Committee on Social Affairs, Science and Technology, 2006).
Small non-profit community organizations are one of the main providers of community mental health services in Ontario (Latimer, 2005). Community mental health agencies often provide a single highly specialized service in a particular area such as housing, crisis intervention or employment (Latimer, 2005). In Ontario, there exist over 350 such programs (Ontario Federation of Community Mental Health and Addiction Programs, 2005; Ontario Ministry of Health and Long-term Care, 2003). Although efforts have been made to improve communication between agencies and develop formal partnerships, most agencies continue to operate in isolation. Even in relatively well-serviced areas, individuals often have difficulty getting their needs met in the community (Latimer, 2005). For example, Rebeiro (1999) conducted a qualitative study and found that navigating through the complex labyrinth of community mental health services can limit recovery and potential for growth.

4.2.2. Employment Supports for People Living with Mental Illness in Ontario

Although there is acknowledgement of the importance of social determinants of mental health such as employment in a comprehensive mental health system, such supports typically fall under the authority of multiple ministries within provincial and federal governments (Goering et al., 2000). In Ontario, there are several ministries involved in funding and administering employment supports for people living with mental illness. Traditional vocational rehabilitation is conceptualized as a form of rehabilitation or therapy, and therefore, usually falls within the scope of the Ontario Ministry of Health and Long-Term Care (MOHLTC). Employment in the general population is usually considered a human resource or skill development issue which lies outside of the scope of the MOHLTC. For example, the Ontario Ministry of Training, Colleges and Universities (MTCU) provides employment assistance to help people prepare for and find jobs. These services are designed for individuals who have been laid off, individuals who are
new to Ontario, students looking for summer employment, and individuals who are looking to change careers (Employment Ontario, 2008). Furthermore, the MCSS has traditionally been involved in funding programs to assist individuals on social assistance with employment.

At the federal level, Human Resources and Social Development Canada (HRSDC) offers supports and services to help individuals in the general population find jobs. For example, the Skills Development initiative provides financial support for skills training to individuals eligible for Employment Insurance (EI) (Service Canada, 2007). There are also initiatives specifically for individuals with disabilities. For example, the Opportunities Fund, also delivered by HRSDC, provides funding for national, regional, and local projects that assist people with disabilities in preparing for and finding employment or self-employment, as well as acquiring the skills necessary to maintain a job (E. Boyce et al., 2006; Service Canada, 2009b). Furthermore, Canada Pension Plan Disability (CPP-D) offers vocational rehabilitation that includes vocational assessment, counselling, planning, financial support for training, and job search services to recipients to help them return to work (Lawand & Kloosterman, 2006; Service Canada, 2009a). In some cases private insurance plans also provide employment supports to recipients (Jongbloed, 2006).

Both for-profit and non-profit organizations are involved in providing employment supports to people living with mental illness. Although most employment programs have emerged within small organizations, some have emerged as part of large organizations or institutions (Latimer, 2005). There are also variations in the way these programs are funded. Whereas some have only one funding source, others have multiple funding sources. Furthermore, some programs are focused on providing supports to people living with mental illness, while others have a cross-disability focus or a focus on working with individuals from the general population who face barriers to employment. People living with mental illness can often access
services intended for the general population; however, these services are not specifically designed to meet their needs. Thus, there is significant variability in terms of the level of specialization and expertise pertaining to working with people living with mental illness. Although this diversity across programs can increase options, it can also lead to fragmentation, unbalanced access, and a lack of system accountability (Goering et al., 2000; Latimer, 2005; The Standing Senate Committee on Social Affairs, Science and Technology, 2003).

Despite the plethora of employment supports available throughout the province, many remain inaccessible to people living with mental illness. Eligibility is often tied to one’s connection to the labour market. For example, eligibility for services through EI and CPP-D is restricted to recipients of these benefits. Therefore, individuals who have never been employed or who have very sporadic employment histories might not be eligible (E. Boyce et al., 2006). Supports through private insurance plans are also often tied to employment, as plans are usually taken out by individuals who can afford the premiums, groups of self-employed people, or by employers who offer this benefit to their employees (Jongbloed, 2006). Furthermore, many supports are largely generic in nature and are usually not specifically designed to meet the needs of people living with mental illness. As a result, many individuals with mental illness are reliant on employment supports through provincial disability support programs such as ODSP-ES.

4.2.3. Funding for Social Assistance in Ontario

Like health care, Canada’s system for social assistance is largely under provincial jurisdiction. However, the federal government has a role through cost sharing legislation and transfer payments. Until the mid-1990’s, the Canada Assistance Plan (CAP), 1966 offered the provinces open-ended, 50/50 cost sharing for the provision of welfare (Lightman et al., 2005b; Torjman, 1995a). The CAP transfers, however, prohibited any conditions to welfare benefits other than need, and prevented any distinctions between groups considered to be deserving or
undeserving of assistance (Pedlar & Hutchinson, 2000). In 1996, CAP was replaced by the Canada Health and Social Transfer (CHST) that combined funding for health care, post-secondary education and welfare into a single block grant (Lightman et al., 2005b; Wilton, 2004a). The introduction of the CHST eliminated the previous conditions associated with the CAP and meant that welfare spending had to compete with health and post-secondary school funding at the provincial level (Pedlar & Hutchinson, 2000; Torjman, 1995b). Furthermore, when first introduced in 1996, the CHST represented a 2.5 billion reduction in federal transfer payments compared to what would have been paid out under the former system (Pedlar & Hutchinson, 2000; Torjman, 1995a). As a result, the real value of social assistance for individuals in Ontario, including those with disabilities, dropped significantly (Wilton, 2004a, 2004b). Since 2004, federal transfer payments for health and social services have been separated into Canada’s Health Transfer (CHT) and Canada’s Social Transfer (CST). However, the rules around conditionality of support remain and provinces are free to distinguish between “deserving” and “undeserving” poor.

In 1995, when the CHST was first introduced, the Progressive Conservative Party under the leadership of Premier Mike Harris came into power in Ontario, replacing the previous government led by the New Democratic Party. The new government’s platform was focused on restructuring social services and social assistance in order to contain spending and move people off social assistance (Chouinard & Crooks, 2005; MCSS, 2000; Wilton, 2004a). The Ontario Disability Support Program (ODSP) was introduced as a way to distinguish individuals with disabilities from the general welfare program. Under the ODSP system, individuals with disabilities are given higher monthly income support benefits (Hyland, 2001), and are exempt from the mandatory participation requirements of the revised welfare system which emphasize the shortest route to a job (Herd et al., 2009).
4.3. The Ontario Disability Support Program

The Ontario Disability Support Program (ODSP) Act, 1997 came into effect on June 1st, 1998. It evolved out of the Social Assistance Reform Act (SARA), 1997 to replace the former Family Benefits Act (FBA) and the Vocational Rehabilitation Services Act (VRSA) in providing income and employment supports to eligible Ontarians with disabilities through the MCSS. The purpose of ODSP is to support individuals with disabilities to participate in society through the provision of income and employment supports (MCSS, 2000). Although the ODSP Act provides legislative authority over both income and employment supports, these programs are administered through two separate branches. The focus of this research is on the employment supports branch of ODSP.

4.3.1. Critiques of ODSP

From its inception ODSP has been largely criticized by individuals with disabilities, service providers, and researchers who argue that it limits social participation and the rights of recipients by maintaining individuals below the poverty line and restricting their ability to actively participate in community life (Chouinard & Crooks, 2005; Hyland, 2001; Wilton, 2004a). Several reports have documented the barriers encountered by persons with disabilities in accessing and receiving ODSP income supports (Access Committee of the ODSP Action Coalition, 2008; Community Support and Research Unit and Social Work Council, 2003; Hyland, 2001; Income Security Advocacy Centre, 2003). Although positioned as a way to improve social assistance for individuals with disabilities, ODSP has stricter eligibility requirements than its predecessor in terms of being deemed “disabled enough” to qualify (Chouinard & Crooks, 2005, p. 23). Thus, many individuals who previously qualified for assistance under FBA do not qualify for ODSP and are streamed into the general welfare program, Ontario Works (OW). Chouinard and Crooks (2005) examined the impact of ODSP
income support on the lives of women with disabilities and argue that the introduction of ODSP represents a significant shift from assisting individuals with disabilities on the basis of need towards a focus on getting people off income support. In 2004, Deb Matthews, then parliamentary assistant to the Minister of Community and Social Services, conducted a series of discussions across Ontario with hundreds of people involved in social assistance about employment assistance programs. The resulting report identified several problems with the ODSP system at the time, including multiple financial disincentives to employment for recipients which restricted their options and opportunities to improve their quality of life (Matthews, 2004).

I now turn to the findings of this research that relate to how the revised ODSP-ES policy was constructed. Specifically, throughout the remainder of this chapter, I draw on data collected from the documents and the key informant interviews to examine the construction of the revised ODSP-ES policy. I begin with a description of the ODSP-ES policy by drawing on documents that delineate its principles and terms. I then draw on data collected from the key informant interviews to highlight the problems that exist in the ODSP system, and explore what policy decision-makers were trying achieve in the construction of the revised policy. Through my analysis, I explore the forces that influenced the development of the policy and how the policy reflects socially constructed assumptions about the target population.

4.4. Perspectives on ODSP-ES

ODSP-ES is a voluntary policy initiative administered by the MCSS for persons with disabilities who are interested in competitive employment. Established in 1999, the intent of ODSP-ES is to help individuals with disabilities, “to remove disability-related barriers to employment and lead to competitive employment” (Introduction to the ODSP Employment Supports Directives, ODSP-ES Policy Directive #101-01, 1999, p. 1). For the purpose of this policy, competitive employment is defined broadly as “any remunerative employment which can
reasonably be expected to contribute to a person’s economic well-being” (Introduction to the ODSP Employment Supports Directives, ODSP-ES Policy Directive #101-01, 1999, p. 1). This definition includes conventional waged employment at minimum wage or higher, self-employment or ownership, or participation in a business enterprise. A person with a disability is also broadly defined and includes individuals with a “physical or mental impairment that is continuous or recurrent and expected to last one year or more and that presents a substantial barrier to competitive employment” (Eligibility and Application Process, ODSP-ES Policy Directive #102-02, 1999, p. 1). This definition includes disabilities associated with mental illness; however, it excludes individuals with substance abuse or dependency unless accompanied by another physical or mental impairment. The eligibility criteria for ODSP-ES are different than the eligibility criteria for ODSP income support. Individuals applying for employment supports do not have to be recipients of ODSP income support as long as they meet the eligibility criteria; however, the majority of individuals who apply for ODSP-ES are recipients of income support. One policy informant noted that approximately 70% of ODSP-ES clients are in receipt of income support.

Although ODSP-ES is not the only funder of employment supports for people living with mental illness in Ontario, it does have a unique niche. Its stated purpose is focused on improving rates of competitive job placements rather than other health and psychological benefits associated with employment and work-related participation (Introduction to ODSP Employment Supports, ODSP-ES Policy Directive #1.1, 2006). ODSP-ES is specifically designed to meet the needs of individuals with disabilities (Program Eligibility, ODSP-ES Policy Directive #2.1, 2006) and there are programs that specialize in working with people living with mental illness. Furthermore, ODSP-ES is available to individuals with disabilities who are 16 years of age or more, residents of Ontario, and are legally entitled to work in Canada regardless of their past
connection to the labour market after they have exhausted other available supports (Program Eligibility, ODSP-ES Policy Directive #2.1, 2006). Therefore, people living with mental illness in Ontario who are not eligible for other public or private sources of employment supports often turn to ODSP-ES.

In December 2008 there were a total of 250,140 individuals or families on ODSP Income Support. Among these, 85,724 (34 percent) had a mental illness (Ontario Disability Support Program Cases with a Mental or Developmental Disability, December 2008). According to the Earnings and Employment Supports Working Group of the ODSP Action Coalition in their submission to the Cabinet Committee on Poverty Reduction, 7000 applications were made for employment supports in 2006-2007. Among those applications, 6,800 were determined to be eligible for services and were referred to a service provider. Of those referred, 2,100 were placed in employment and 2,000 were able to accumulate 13 weeks of employment.

ODSP is a provincial initiative administered and delivered at the regional level through regional offices. Each regional office is responsible for ensuring that people with disabilities in their communities who are eligible for ODSP-ES “have access to goods and services needed to prepare for, obtain and maintain employment” (Introduction to the ODSP Employment Supports Directives, ODSP-ES Policy Directive #101-01, 1999, p. 4). Using a brokerage model, regional offices are responsible for developing an extensive network of local service providers to work directly with clients and help them achieve competitive employment.

ODSP-ES is funded under the Multilateral Framework for Labour Market Agreements for Persons with Disabilities (Federal/Provincial/Territorial Ministers Responsible for Social Services, 2003). This framework is a joint initiative between the federal, provincial and territorial governments in Canada to improve employment opportunities and supports for Canadians with disabilities. Under this arrangement, the federal government contributes up to 50% of the costs.
incurred by each province or territory to provide employment supports and services to persons with disabilities. Provinces and territories are required to track and report indicators and outcomes including the number of persons being served by programs developed under this framework and the employment outcomes achieved. However, there is considerable flexibility to allow each province and territory to determine their own priorities and approaches to meet the needs of persons with disabilities in their jurisdiction.

In 2002, the disability community in Ontario mobilized around the ODSP policy by forming the ODSP Action Coalition. The Action Coalition is made up of people with disabilities who receive ODSP benefits, representatives from disability groups, mental health organizations, community agencies, employment support service providers and community legal clinics. The overall mandate is to advocate for improvements to the income support and employment supports provided to ODSP applicants and recipients (ODSP Action Coalition, n.d.). In December 2005, the Earning and Employment Supports Working Group of the coalition made recommendations to the MCSS related to ODSP-ES. Specifically, the group recommended that all persons with disabilities who want to work should be given multiple opportunities to explore and find suitable employment. The group warned that the use of job readiness assessments by service providers to determine eligibility for employment supports could lead to denying opportunities to those with more involved and severe disabilities. The group embraced the principles of supported employment and recommended that services and supports be provided on a time-unlimited basis, that all clients have access to evidence-based employment supports and services, that services take into account the episodic nature of some disabilities, and that provisions be made to address the multiple disincentives to work that exist within the income support branch of ODSP. These recommendations were made prior to the recent changes to ODSP that came into effect in 2006.
4.4.1. **ODSP-ES 1999-2006**

When ODSP-ES was established in 1999 there were four possible funding mechanisms available: 1) direct funding to clients in order to purchase goods and services based on an approved employment plan, 2) individualized funding to a third party supplier on behalf of a client for approved goods and services, 3) bulk purchases of goods or services from a third party supplier, and 4) projects funded through an annually negotiated service contract (Employment Supports Funding Mechanism, ODSP-ES Policy Directive #104-01, 1999). Generally, funding to employment programs was on a fee-for-service basis, although bulk funding and project funding were also available at the discretion of the regional offices. There was a strong emphasis on encouraging clients to take responsibility for directing their own employment planning and job search, and making clients accountable for achieving the goals set out in their employment plans (Introduction to the ODSP Employment Supports Directives, ODSP-ES Policy Directive #101-01, 1999).

Under ODSP-ES, service providers could use different approaches to assist clients with their employment plans. The list of available goods and services funded under ODSP-ES was quite extensive and included: employment planning and preparation supports and services, employment skills training, training support services, assistive devices and supplies, interpreter and intervenor services, transportation assistance, job coaching, and job placement services (Eligible Goods and Services, ODSP-ES Policy Directive #105-01, 1999). The ultimate goal of the policy was competitive employment and there was a requirement, as a condition of eligibility, that applicants must “be able to prepare for, obtain or maintain competitive employment (Eligibility and Application Process, ODSP-ES Policy Directive #102-02, 1999, p. 8). However, there was significant funding available for several pre-employment supports and services. Actual job placement and retention was a very small component of the policy.
4.4.2. Problems with the former ODSP-ES policy

I now shift my analysis to the problems associated with the former ODSP-ES policy by drawing on data collected from both the documents and the key informant interviews.

**Poor employment outcomes**

Many informants noted that prior to the change in policy that occurred in 2006, individuals were often receiving employment supports but the actual goal of obtaining employment was rarely being realized. For example, one policy consultant noted that the focus was previously on pre-employment supports and “changing the individual so they look more…normal” (Interview 9). According to these informants, employment supports were being offered and money was being spent but individuals with disabilities generally remained unemployed, poor, and reliant on income support. When individuals did secure employment, it was often done without assistance. Thus, several informants felt that there was a need to make the program more effective in terms of helping individuals secure and retain jobs. As described by one informant, a policy consultant:

That's what ODSP was up against. Paying a lot of money. I think they were paying something like $35 million two years ago before they made the switch and they were getting somewhere between 1,000 and 1,900 placements of which I think…they estimated about 1,000 were self placed which means the service providers may or may not have had involvement in a self placement. Generally it's not. Generally it means the candidate finds their own job through their own efforts. (Interview 9)

Several informants noted that under the old funding system, there was a financial incentive for service providers to offer clients as many services as possible and programs were rewarded for providing abundant pre-employment services as opposed to rapid placement into a job. One policy informant who working at a regional ODSP-ES office stated: “Getting the job could be
quite prolonged because… they get paid for each individual service it's not as much of a direct benefit to the service provider to have the client placed in a job quickly” (Interview 19). There was a financial benefit to service providers to hold on to their clients and offer them every possible service available. As described by this same policy informant, “It was really in the service provider’s best interest in the fee-for-service world just to keep that person totally to themselves and recommend themselves for every single service that they felt that client needed” (Interview 19). A program director elaborated on this point, “a lot of people [service providers] were basically just recycling or serving the clients through a number of activities to ensure they were getting paid” (Interview 15). As described by a policy informant who was involved in orchestrating the policy change, some service providers “weren’t in the business of getting people jobs in the past…they were in the business of providing services” (Interview 8).

The effectiveness of these pre-employment supports in helping individuals with disabilities find and keep jobs was questionable in the minds of several informants. One informant, the director of an employment program, felt that the poor employment outcomes under the old system was the greatest motivation for changing the funding model: “I think the Ministry [MCSS] looked at their data and realized that the system they developed was putting people through a lot of prevocational opportunities, but at the end of the day, folks weren't getting jobs and weren't keeping jobs” (Interview 5). Another informant, a service provider trainer and policy consultant, noted that there was a need to change how service providers approached their work with clients. Rather than focusing their efforts on changing the way clients present themselves in the context of the workplace as is done in pre-employment services, service providers had to become “better marketers of the individuals regardless of the employment barrier” (Interview 9).

Several informants described how this focus on providing pre-employment supports rather than job placement and job retention services meant that service providers did not always keep
the objective of securing employment at the core of their work. For example, several informants questioned the intentions of service providers under the fee-for-service funding model and felt that government funding was being misused. Some informants went as far as referring to what occurred under the old system as *abuse*, although they most often retracted this term to settle on *misuse*. For example, one program director described the situation before the changes to ODSP-ES as follows:

So I mean there was a lot of abuse from the community. Not abuse. I shouldn't use [the word] abuse. There was a lot of money spent on putting people into unpaid placements and then they would have a coach the whole time they were there, only to be told they're unemployable and then you know the file closed… I don't want to use [the word] abuse but the lack of or the misuse of.

(Interview 15)

Several informants described the key motivation for the policy change as creating a financial incentive to ensure ODSP-ES is really about helping persons with disabilities find and keep jobs. For example, one policy informant working at a regional ODSP-ES office described the situation as follows:

A lot of funding was spent in the old model and didn't necessarily produce a job outcome in the end. So I think they were hoping with the new policies that if we paid for employment achievement and retaining folks in employment that more persons with disabilities would find jobs and keep jobs. (Interview 12)

Another policy informant who was involved in developing the policy further emphasized this new incentive within the revised funding model as “dangling a carrot for a service provider to put a client in a job” (Interview 24). In essence, the new funding arrangement created a financial
imperative for service providers to ensure they are providing services that are effective in helping individuals find and keep jobs.

**Inefficient processes**

Some informants expressed concerns around the efficiency of processes involved in the former ODSP-ES system. Services providers were required to get authorization from the MCSS staff at the regional ODSP-ES office for every step of the employment plan and at times this process led to significant delays and unnecessary paperwork. For example one policy informant working at a regional ODSP-ES office described this problem as follows:

In the past we had a fee-for-service model where the service provider would have to come to the employment supports specialist and we’d do... an authorization for employment planning. And then they would submit the plan and then we would do an authorization for a job trial and job coaching and travel training or transportation to the client. And then they would come back and say okay now the client's ready for a job. So we would do an authorization for on-the-job training or job placement. And so there was a lot of back and forth, back and forth, back and forth…. We'd have to wait, they'd have wait and not provide service to clients…. (Interview 21)

Several informants described that there was a significant amount of waste and delays in terms of waiting for different components of the process to be approved. Such delays could interrupt the momentum of the job search process and often meant that clients spent a great deal of time waiting for the service provider to be ready to work with them rather than actively engaged in the employment support process.
Disincentives to employment

Beyond concerns about poor employment outcomes and unnecessary paperwork, informants described many significant disincentives to employment within the income support program that restricted options for employment among recipients. Several informants felt there was a need to reform the manner in which earnings and benefits were handled for recipients who report earnings from employment within the income support branch of ODSP in order to help more individuals move into competitive employment. These informants described how some of the rules within the income support branch of ODSP were preventing individuals from pursuing employment. If individuals did work, they typically worked part-time in order to preserve their eligibility for income support and the associated health and dental benefits. One informant, a policy analyst, described the push to review the policy to improve the rules and benefits associated with employment for individuals on ODSP income support:

Another push for all these changes was that a lot of the supports that we already had, employment supports, and employment benefits, that we thought were acting as incentives, or were going to help people get jobs, were actually not very effective. And so that was sort of the second part of the push, is to look at what was already in existence, and improve them. (Interview 24)

Together, these concerns highlight the problems with the former ODSP-ES policy that contributed to the widespread sentiment that ODSP-ES was generally ineffective and inefficient in supporting clients towards competitive employment. These concerns provide the backdrop from which the new policy was developed.

4.5. The Revised ODSP-ES Policy

In 2006, the MCSS revised both the income support and the employment support branches of ODSP with the intent of removing many of the disincentives to work within the income
support branch, and implementing an outcome-based funding model for employment supports. Under the revised ODSP-ES policy, service providers earn funding when they are successful in meeting job placement and retention targets, which are set by the MCSS through their regional ODSP-ES offices (Employment Supports Funding, ODSP-ES Policy Directive #5.1, 2006, p. 1). The focus of this research is on the construction, implementation and consequences of the changes to ODSP-ES. However, the changes to the income support branch of ODSP are also considered in terms of their impact on employment supports.

4.5.1. Formulating the Revised Policy: Consultation and Research

Several informants noted that the revised ODSP-ES policy was constructed to improve rates of competitive employment among persons with disabilities. As stated in the policy directives, ODSP-ES is “an employment placement and retention service where funding to service providers is based on achieving employment results” (Introduction to ODSP Employment Supports, ODSP-ES Policy Directive #1.1, 2006, p. 2). The informants who were involved in the construction of the new policy described the process that was followed by the MCSS in order to formulate the new policy and make decisions about its content. According to these informants, research and multiple consultations with stakeholders were used to determine the specific aspects of the policy according to the best available evidence from the literature and from experiences in other jurisdictions. Some policy informants described how they conducted extensive research by looking at similar programs in other jurisdictions and consulted the literature in order to inform their decisions. For example, one policy informant who was in a leadership position as the policy was being constructed and implemented described this process as follows:

We had a massive consultation first of all before deciding which direction we were going to go and we also continued to consult... as the changes rolled
out…. We did literature reviews, we did inter-jurisdictional scans, all the Canadian jurisdictions, a number of key jurisdictions in the United States who have changed their employment policy…. We looked at experiences of countries such as New Zealand, Australia, the UK…. (Interview 8)

Policy informants described how the MCSS considered the mandate of ODSP-ES and how to best achieve their goals. Several informants described that there was a drive to better understand and address barriers to employment among persons with disabilities in order to develop a policy that would be more responsive to the needs of key stakeholders. As described by one informant, a policy analyst, “we knew people do want to work, so what are the barriers that, you know, we’ve got up there, whether it’s something we’re not offering or something we’re offering that’s not very good” (Interview 24). Furthermore, informants involved in the construction of the policy described how they considered how the changes would impact other government programs and the stakeholders involved, including people with disabilities and service providers. For example, one informant, a policy analyst, described her role by outlining the questions she asked as she worked on the revisions to this policy:

What kind of impact it will have to the client? Will it be a beneficial or a bit of a negative? Will there be “losers” in quotation marks? How may it affect other ministries, and other programs in other ministries? Did I say financial costs? Any legal implications? Could there be some human rights challenges as a result, or some legal challenges? (Interview 24)

According to the informants who were involved in the construction of the new policy, the MCSS then consulted with service providers from across the province, the ODSP Action Coalition, and the staff at the regional ODSP offices. As described by a policy informant: “The consultation was broad, extensive, and long” (Interview 8).
However, informants struggling to implement programs or advocating for the needs of people living with mental illness under this policy also drew on the literature to criticize particular aspects of the policy and their implications for service delivery. These consumer and program informants questioned the evidence that was used to formulate the policy and the extent of the consultations. For example, one consumer leader was quite critical of the consultation process taken by ODSP in formulating the revised ODSP-ES policy and questioned the legitimacy of the consultation process:

They said they’d been down to the States and they’d… met with all these employment places… and that’s the information that they were… basing their changes on…. And I said well, where were those places and who did you talk to and what were the reports that you read…? I don’t know if they had or what. Maybe they’d just gone to Florida for a vacation and talked to, you know, somebody on the beach…? They really didn’t have any information to give us.

(Interview 7)

Other consumer and program informants questioned how the policy decision-makers within ODSP decided who they would consult with and wondered why they did not have the opportunity to provide input on the process based on their extensive experience in the field. These informants felt their experience and the evidence they had gathered from published research and data collected in Ontario about recipients of ODSP did not support the changes that were made to ODSP-ES. Rather, these informants felt that the ODSP-ES policy should focus on addressing barriers associated with accessing ODSP income support, helping individuals move out of poverty, and the disincentives to work that remain.
4.5.2. The Focus of ODSP-ES: Self-Sufficiency and Independence

In the revised policy, the stated mandate is to help “people with disabilities to increase their economic independence through competitive, sustainable jobs” (Introduction to ODSP Employment Supports, ODSP-ES Policy Directive #1.1, 2006, p. 1). Although the focus on funding supports “to remove disability-related barriers to employment” (Introduction to ODSP Employment Supports, ODSP-ES Policy Directive #1.1, 2006, p. 2) remains present, the emphasis is on helping individuals become financially independent and self-sufficient. This aspect of the policy is consistent with statements from some key informants. A few consumer informants positioned employment as one of the few ways for income support recipients to increase their monthly earnings. Policy informants, on the other hand, positioned employment as a possible cost-containment mechanism for income support, and as a way to move recipients off income support. For example, one informant, a policy consultant, described the pressure that was mounting within ODSP to manage the budget and move some recipients out of the system:

ODSP has too many people on its rolls; 220,000 of them. Welfare only has 187,000. The budget can't keep going up, right. They've got to bleed some of them off…. So they could cut the whole Program. They could say no, we don't care, employment supports, who cares, right. We'll take the $35 million and put it back into the income support. That'll give us, allow us to take on, you know, another 3-4,000 people. But then they'll run out again. The numbers on ODSP are not going down they're going up. (Interview 9)

Accordingly, an underlying goal of ODSP-ES is to relieve pressure on the income support branch and encourage recipients to become more self-sufficient and financially independent by finding and keeping jobs in the competitive labour market.
4.5.3. Funding for ODSP-ES

The funding model for ODSP-ES was one of the most significant changes that occurred with the revisions in 2006. Funding under the revised ODSP-ES policy is composed of three components: 1) job placement, 2) job retention and career advancement, and 3) funding for exceptional work-related disability supports (Employment Supports Funding, ODSP-ES Policy Directive #5.1, 2006). Employment programs earn funding at a rate of $6000 per job placements, which is defined as three months (or 13-weeks) of cumulative employment. Job retention funding can be earned by programs on a monthly basis following the three-month job placement. The job retention fee includes career advancement supports for clients wishing to increase their earnings or move to another job. Income support recipients are able to receive job retention supports for up to 33 months following the three-month job placement period; individuals who are not on income support can only receive up to 15 months of job retention supports. For income support recipients, the payment to employment programs for job retention services is 60% of the recipient’s chargeable earnings per month of employment. Chargeable earnings refer to the amount of earnings that recipients claim after all ODSP exceptions and deductions are applied and represent the savings to ODSP income support as a result of employment. During the first 15 months there is a minimum payment to the employment program of $250 per month of employment, which is the same amount that programs earn for retention with non-income support clients. The job retention fee is meant to cover all costs incurred by employment programs during the retention period including individuals who lose their job and require assistance finding another job placement. Clients who are already employed but at risk of losing their job can also receive job retention supports.

Funding for exceptional work-related support is also available to eligible clients receiving ODSP-ES services and includes: expensive assistive devices or equipment; training to address
disability-related needs; and on-the-job supports such as sign language interpreter, intervenor, reader and note-taker services. This funding is negotiated between regional ODSP-ES offices and employment programs in advance and is included in the service contract. It is based on the anticipated number of clients who will need these supports and the estimated cost.

The single milestone system

Several informants questioned some of decisions that were made about the content of the policy. Specifically, many consumer and program informants, and some of the policy informants who work at regional ODSP-ES offices, questioned why ODSP decided to go with a single milestone payment system rather than incorporating additional milestones earlier in the employment support process. They expressed concern about why employment programs were only able to earn funding after their clients achieved 13-weeks of cumulative employment. Citing research on outcome-based funding from other jurisdictions, these informants felt that the single milestone approach would not meet the needs of ODSP-ES clients. These informants felt there was a need to incorporate earlier milestones into the system to cover the costs of the employment support process, regardless of whether or not clients went on to achieve 13-weeks of cumulative employment. For example, one policy informant working at a regional ODSP-ES office described this concern while considering the perspective of local employment programs and the MCSS:

But from their perspective [service providers] it's difficult to work with "x" number of clients and really not be credited anything via funding for any of their upfront accomplishments. Especially with folks who may not achieve that goal to get the funding. So that's kind of one of the main issues from service providers that they might, you know, work with 10 clients and you know 60 or 70% are employable. The other 20-25% are not employable but they've done
some work with that person and not received any funding for them. And as well, some of the 70% or 80% that are employable, not all of them will move on to achieve 13 weeks of employment in order for them to earn that $6,000. And so there's a lot of upfront work not being, I guess, recognized. Although on the other hand I guess from our Ministry's [MCSS] perspective, if they achieve "x" number of clients in job placement, that amount of funding should cover the costs that are involved in getting that number of clients to that point.

(Interview 12)

Policy informants who were involved in constructing the policy acknowledged these concerns but felt that moving to a single milestone system was critical in terms of focusing the program on the outcomes they were interested in –helping persons with disabilities find and keep jobs. They felt that there needed to be a financial imperative for service providers to commit to working with clients throughout the process of finding and keeping a job. For example, one policy analyst explained the rationale for the funding formula as follows:

We really wanted to get the person a job. And there's that fear that if the service provider gets paid for, you know, meeting stage one, that they might up and leave after that and not really commit to really working with the client and really getting them into an appropriate position. And, yeah, I do know that other jurisdictions do that and we, we did look at that…. So we thought, okay, do we give them a bit of money when they complete the basic assessment? Or do we give them money the day the person gets the job?… Do we give them the money when they hit 13 weeks? Do we do it at this percentage at this time and this percentage, or the amount all here, or none here …. But, it was truly to have a true outcome-based system is why we didn't have those upfronts.
Because we really wanted to get away from how the program was…. We wanted to get results for the clients and we thought… the best way to do that was really to have the service provider compensated at the end. (Interview 24)

These comments suggest that one of the reasons that employment outcomes were perceived as poor under the old system was the absence of financial incentive to ensure that service providers and employment programs focused on securing job placements for their clients. Thus, according to these informants, the single milestone system was established to ensure that programs could not survive financially unless they achieved the ultimate goal - job placements for clients.

**The funding level**

An additional concern expressed by some program informants was how ODSP decided on the payment of $6000 per placement and $250 per month for retention. Some service providers felt that these amounts were too low to cover the costs associated with providing employment supports to their clients. In describing the construction of the policy, one informant, a policy analyst, provided an explanation about how the MCSS used data from their old system to calculate the average amount that was spent per client:

We looked at our old system, we looked at what was the average amount that we spent per client. And that's a good place to start but we had to keep in mind, that we knew that tons of money was being spent on clients with no end result. So okay, so we looked, we tried to break it down and looked at what was spent on clients who got jobs. What was spent on clients who didn't get jobs. And that was really high, and what was spent on clients who got jobs, in most part, was not as high as those who didn't… so yeah, so we thought okay… maybe this is the road we should be going down. (Interview 24)
Although this line of thinking might seem logical and reasonable, as previously noted, several informants felt that individuals who were getting jobs under the old system were perhaps getting jobs on their own. Thus, they argued that using data about the costs associated with job placements from the old system might not provide an accurate picture of the true costs associated with job development and job placement. Furthermore, many program informants maintained that the funding levels for job placement and retention do not provide any additional funds for supporting individuals with more complex barriers to employment or individuals who experience multiple job losses during the retention period. These informants felt they needed to be compensated in a reasonable way for the upfront supports they provided to clients who did not move on to secure employment or achieve 13-weeks of employment. As stated by one program manager, “Our employment support workers help them get to the employment-ready stage but just because they haven’t made the final hurdle of actually finding employment, none of that work is being recognized” (Interview 25a).

**Transitional funding**

In order to give programs a chance to adjust and adapt to the new funding arrangement, the MCSS established two years of transitional funding. During these two years, programs maintained their previous funding levels and were not penalized for falling short of their targets. A policy informant who was involved in constructing the policy described that they came up with the plan for the transitional funding by consulting with service providers and other stakeholders. Policymakers decided that for two years, they would hold funding for programs at the level received under the fee-for-service model. This transitional period provided them with time to determine what targets they would have to meet to earn comparable funding and adjust
their services accordingly. Several informants commented on the challenge and stress of moving from transitional funding. For example, a program manager, speaking about this transition period for his program, stated:

Last year was… the final year of grace essentially… that they wouldn't claw back your money should you not reach your targets. We came very close, but everybody was sort of scrambling in the end to try to make sure that we had those targets, and you know, breaking out the calendars and figuring out where people were at… the challenge remained, your funding was directly tied to it, it's all results based. And the unfortunate thing is you can have someone who does 12 weeks and five days of employment, they leave, quit their job, we get nothing. (Interview 25a)

Policy informants acknowledged the challenge for service providers but felt that the single milestone, outcome-based funding was necessary in order to improve the system and re-focus services on helping individuals find and keep jobs. They described that they were engaged in ongoing monitoring of the policy and that they continued to consult research from other jurisdictions in order to understand the change process. For example, one policy analyst stated: “We're looking at some other regions that have milestones or don't have milestones and what are their experiences with it. Have they had problems or, is it just growing pains and then it gets better?” (Interview 24). However, as previously highlighted, informants noted that Ontario was unique in adopting a single-milestone system.

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1 The interviews were conducted during the first year of non-transitional funding.
4.5.4. Changes to ODSP Income Support

In addition to the changes to ODSP-ES, the income support branch implemented several changes to encourage work participation among recipients. Policy informants who were involved in constructing the new policy described how they considered the existing rules and policies in the income support branch of the program that made it difficult and risky for recipients to take on jobs. They added a work-related benefit to defray the costs associated with employment, increased the amount of allowable employment earnings, increased benefits available to recipients who start working, developed provisions for recipients to keep their health and dental benefits if equivalent benefits are not provided by the employer, and added a process for rapid reinstatement onto income support in the case of job loss (What Ontario is doing to improve ODSP employment services and supports, 2007).

Under the old policy, ODSP income support recipients who reported earnings from employment were allowed to keep 100 percent of their earnings up to $160 if they were single or $235 if they were a family unit (Deductions from Employment and Training Income, ODSP Income Support Policy Directive #5.3, 1999). Any earnings beyond this amount were subject to a 75 percent deduction through their ODSP income support benefits (Deductions from Employment and Training Income, ODSP Income Support Policy Directive #5.3, 1999). Under the revised policy, all earnings from employment are subject to a 50 percent deduction; however, any recipient reporting earnings from employment receives an additional $100 work-related benefit (Deductions from Employment and Training Income, ODSP Income Support Policy Directives #5.3, 2006). Furthermore, the allowable deductions for childcare and work expenses related to disability have been increased. Specifically, the allowable childcare deductions have increased from $390 per month to the actual cost of licensed care and the work expenses related to disability have increased from $140 to $300 per month (Deductions from Employment and
Training Income, ODSP Income Support Policy Directives #5.3, 1999; 2006). In addition, the Employment and Training Start-up Benefit has increased from $235 under the old policy to $500 under the revised policy in any 12-month period for recipients who accept a new job or change jobs (Deductions from Employment and Training Income, ODSP Income Support Policy Directives #5.3, 1999; 2006). Together, these changes allow individuals to keep more of their earnings from employment. Table 4 outlines the rules associated with earnings from employment and the determination of chargeable earnings under the old and the revised policy. Chargeable earnings represent the amount by which an individual’s ODSP income support benefit is reduced as a result of earnings from employment.

**Table 4: Treatment of Earnings from Employment for ODSP Income Support Recipients**

<table>
<thead>
<tr>
<th>Old Rules</th>
<th>New Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Earnings up to $160 (single) or $235 (family) – recipient keeps 100%</td>
<td>• All earnings – recipient keeps 50%</td>
</tr>
<tr>
<td>• Earnings above $160 – recipient keeps 25%</td>
<td>• $100 “work-related benefit” for all recipients who report any earnings from employment</td>
</tr>
<tr>
<td>• Determination of Chargeable Earnings:</td>
<td>• Determination of Chargeable Earnings:</td>
</tr>
<tr>
<td>➢ Net earned income</td>
<td>➢ Net earned income</td>
</tr>
<tr>
<td>• Minus basic exemption ($160 for single or $235 for family)</td>
<td>• Minus allowable retainable amount (50% of net income)</td>
</tr>
<tr>
<td>• Minus allowable retainable amount (25% of net earnings beyond the basic exemption)</td>
<td>• Minus child care deductions (actual costs of licensed care and up to $600 per child for unlicensed care)</td>
</tr>
<tr>
<td>• Minus child care deductions (up to $390 per month if &lt;6yrs; $346 6-13yrs)</td>
<td>• Minus work expenses related to disability up to $300 per month</td>
</tr>
<tr>
<td>• Minus work expenses related to disability up to $140 per month</td>
<td></td>
</tr>
</tbody>
</table>
Several consumer and program informants described the changes within the ODSP income support branch as being very positive and helping ODSP income support recipients increase their earnings. According to several informants, these changes address many of the disincentives to work previously expressed by ODSP income support recipients and others involved in providing social assistance. A policy analyst who was involved in formulating the content of the new policy reflected on the rationale behind the changes to the income support branch of ODSP by describing how fear was hampering progress in the area of employment for many income support recipients and that there was a need to improve this situation by making the prospects of entering the workforce less risky for recipients:

We'd heard of various cases of people being offered good jobs and turning them down, because they were afraid of, you know, just by the nature of having a disability, there… it could be a cyclical, or it could, they might be healthy one day, and not the next…. If they lose their job, they're going to have to face, you know, the whole eligibility process again, which is quite cumbersome.

(Interview 24)

4.6. Discussion of Findings in Relation to Extant Knowledge: Driving Forces Associated with Policy Construction

In this chapter I considered the construction of the revised ODSP-ES policy and the move to an outcome-based funding model. Data collected from documents, program informants and consumer informants provide a critique of the ODSP-ES policy, both before and after the changes that occurred in 2006. These voices question the decisions that were made in the construction of the policy, and express concern about the implications of these decisions in practice. Through an analysis of the policy directives and data collected from the policy informants and some program informants, the findings highlight the driving forces associated
with the construction of the revised ODSP-ES policy in 2006. A depiction of these driving forces and assumptions, and their impact on the construction of the revised ODSP-ES policy is provided in Figure 2 (page 111).

This analysis discerns that although there is a stated focus on helping individuals get jobs, the full intent of the policy is grounded in neoliberal ideology and includes a cost containment goal and a focus on moving individuals who have been reliant on social assistance towards financial independence and self-sufficiency. Under the revised policy, the problem of unemployment is addressed by using a funding model to implore service providers to assist clients to enter the labour market as quickly as possible. These goals are consistent with earlier research on ODSP that have highlighted its neoliberal undercurrent (Chouinard & Crooks, 2005; Wilton, 2004a).

Assumptions and beliefs about the target population and their potential for work underlie many of the shifts that have occurred within the ODSP. Although ODSP income support does not require recipients to participate in employment supports, it is highly encouraged, and earnings from employment provide a way for individuals to increase their monthly income. The findings presented in this chapter suggest that the changes to ODSP-ES are grounded in the assumption that many individuals with disabilities want to work and are capable of working. The assumption that individuals can work is consistent with sociopolitical perspectives on disability (Hahn, 1993) and could help support the need for changes to labour market conditions to establish more accommodating and accessible workplaces. However, the findings highlight that the assumption that individuals are capable of working has been accompanied by a focus on promoting self-sufficiency and economic independence through employment, and a belief that people with disabilities “should” work. Consistent with previous research pertaining to ODSP (Chouinard & Crooks, 2005, Wilton, 2004a), these conceptualizations of the relationship
between persons with disabilities and employment are extensions of beliefs about unemployed individuals in society at large; they position employment as a condition of citizenships and social inclusion (Chouinard & Crooks, 2005; Wilton and Schuer, 2006) and accordingly, they serve to blur the distinction between deserving and undeserving poor.

This research describes how policy informants based their decisions about revising the policy on extensive research including literature reviews, consultations, and inter-jurisdictional scans. However, program and consumer informants challenged the extensiveness of this research, questioning who was consulted and what research was drawn upon in formulating the revised policy. These program and consumer informants drew on a different body of research to refute the decisions made in constructing the policy; they were not guided by research on outcome based funding, rather they highlighted the need to consult research that addresses issues associated with poverty, access to supports, and quality of employment. These findings resonate with others’ claims that there are many sources of evidence that can inform policy decisions (Pawson, Greenhalgh, Harvey, Walshe, 2005). Interestingly, neither group of informants referred to the quality of the evidence in terms of relevance and rigour, which has been highlighted in the literature as critical for interpreting evidence and determining how it can be used to inform policy decisions (Pawson et al., 2005). Furthermore, the policy informants did not incorporate the full set of principles and knowledge regarding outcome-based funding into the revised policy; previous research on outcome-based funding for employment supports for persons with disabilities has highlighted the need for multiple milestones in order to avoid shifting the financial risks associated with delivering employment supports too drastically onto employment programs (Frumkin, 2001). This aspect of the evidence was acknowledged, but quickly dismissed by some of the policy informants, who argued that multiple milestones would take away from their primary focus on getting individuals into jobs. These informants described how
they drew on the evidence supporting the effectiveness of outcome-based funding, albeit not all components of this model. They applied the research to the adoption of a single milestone system by arguing that they were most interested in ensuring that clients got jobs as quickly as possible. The consequences of these decisions on practice will be discussed in the coming chapters.

Figure 2: The Construction of the Revised ODSP-ES Policy
Chapter 5: Implementing and Operationalizing the Revised ODSP-ES Policy

In this chapter I describe the implementation of the revised ODSP-ES policy and its impact on employment services for people living with mental illness. I identify how the policy change described in the previous chapter has been operationalized in practice in terms of modification of employment services. Three trends within services funded by the revised ODSP-ES policy emerged, which structure the discussion that follows: 1) a shift in focus from pre-employment to job placement services; 2) a decreased capacity to address barriers to employment; and 3) constrained collaboration and increased competition between programs and service providers.

5.1. From Pre-employment to Job Placement Services

According to several informants, programs and service providers have re-focused their approach to employment supports. In response to the revised policy, employment programs and service providers have changed the underlying goal of their work from supporting clients in getting ready for employment to placing clients into jobs. They are now firmly focused on what is reimbursable – helping clients find and keep jobs. Thus, program informants described how the new funding model for ODSP-ES has shifted their service delivery focus from providing pre-employment services and supports to providing job placement and retention services.

Many informants further highlighted how the new funding model has clarified the purpose of the policy as helping individuals with disabilities move into competitive employment and has successfully re-focused those involved in employment supports on the actual goal of employment. According to these informants, service providers are no longer able to spend a lot of time and money on pre-employment supports because they may not be compensated for their efforts unless the individual goes on to achieve 13 weeks of cumulative employment. For example, one program director stated: “The good things are that it has focused us on employment
as opposed to pre-vocational steps” (Interview 10). Clients and service providers alike are now focused on this goal of employment and the financial incentive is now firmly attached to actual job placement and job retention rates. Another program manager emphasized this point as follows:

So clients come in with the expectation that I want to get a job and we're sitting here knowing that that's what we want to do for them too. And we also know that we're going to be funded on that basis so there's less room for ambiguity.

(Interview 17)

Some informants felt that this refined focus on job placements could work to remove inefficiencies and increase the application of best-practice approaches in employment supports. These informants hoped that the new funding model would push service providers in the field to adopt practices and approaches that have proven to be effective. For example, one consumer leader described her initial sentiments towards the policy and its potential impact on employment services for people living with mental illness: “I had some hopes that it would motivate the services so that they would increase their focus on actually getting the job and stop with the pre-employment groups and all that other crap” (Interview 23).

As described by several informants, under the new outcome-based funding model, service providers have to develop and deliver services and supports that directly improve placement and retention rates. One informant, a policy consultant and service provider trainer, noted the following: “What it means is you must be able to make a direct link between your intervention and an outcome” (Interview 9). Even though service providers have greater flexibility to determine the best way to support their clients in securing job placements and maintaining jobs, as they no longer require authorization for each piece of the employment plan, some informants argued that there is more accountability built into the system. For example, a policy analyst
described the situation as follows: “Service providers can still provide a myriad of supports to the client. But at the end of the day, you need proof that there’s a reason why you’re giving those supports, to help them get into that job” (Interview 24). Whereas previously, service providers could work with individuals and provide supports that may have helped them get to the point of being ready for employment, program informants felt they now have to be fairly confident at the outset that they will be successful in terms of supporting their clients to find and keep jobs: “Now we have to be a little bit more confident to say, well, I'm going to work with this person because I understand that they have a good chance of working and they are employable at this point…you need to be accountable for that and show rationale for it too” (Interview 17).

Some informants noted that this focus on job placement and retention has improved client satisfaction with the program. Under the previous funding model clients would go to a service provider looking for help finding a job and would receive pre-employment services and assessments. In the end, however, they often remained unemployed. As described by a program manager, “So I think for clients it's a lot better. It's like they're getting what they want. Like they can work and they don't want to, you know, just spend three months doing volunteer work or whatever” (Interview 18). One consumer informant who had personal experience receiving ODSP-ES further elaborated on this issue as he reflected on his experience receiving supports under the former policy and considered the type of supports that would have better met his needs and assisted his efforts to find a job:

They sought to provide me direction in my job hunting, but what I needed was a bit more actual assistance, because it is new to me, I had just graduated and I was on disability at the time, and, my resources were very limited. And I think if I had a, a bit more, like support in… contacting employers, rather than leaving it to me to do my own research and figure out what jobs are available.
Like that's the whole reason I went to an employment support agency, was to get that assistance. And what I got were surveys and personality evaluations.

(Interview 25b)

These examples illustrate the many positive impacts of the shift from pre-employment to job placement services within employment supports funded by ODSP-ES. I now consider some of the negative implications of this shift, as well as challenges encountered by programs and service providers operationalizing the ODSP-ES policy in practice.

5.1.1. Funding for Training

Several informants felt that accessing funding for training was particularly problematic under the revised ODSP-ES policy. Although the range of services that can be provided under the policy is quite broad and flexible, there is no additional funding available to cover the costs associated with certification courses, training or skill upgrading. A few policy informants highlighted that service providers can still send clients for training; however, money for such activities must come from their own operating budgets and the money they earn for meeting their job placement and retention targets. As described by a policy informant: “It’s just a matter of them [service providers] making choices around how to best utilize their funding” (Interview 19).

Program informants described how this approach to funding training did not acknowledge the reality of their operations. According to these informants, they have little guarantee that the individual will succeed in a job placement after completing training or certification. Furthermore, these informants noted that the money earned by meeting targets is usually used to pay for the operating costs associated with running a program, with little left over to cover the costs of training. For example, one informant, a program director, noted the challenge that service providers encounter providing funding for skill upgrading or certification under the new funding
model: “It doesn't work for ODSP to say, well yeah, you can take it out of the money you're getting and that's what they do but that's usually going to salaries” (Interview 10). Many program informants expressed concerns about the financial risks associated with paying for expensive training for their clients. For example, one program manager described her experience funding a certification course for a client under the new policy:

Well you can still do that but it's out of your $6000. And so we had funded someone last year, we funded someone for, what was it, AZ or DZ driving. A $3000 course because there was no reason that this person couldn't move forward after. I had him sign a contract and we already had a job lined up so we were willing to, you know, take a risk.... And he disappeared after the course was done. And so I am very reluctant at this point to fund any training.... Because, of course, you don't get it back until the person has then maintained 13 weeks. So there's never the guarantee and the risk is very, very high and I think that's a lot to ask of a service provider. (Interview 14)

Some program informants described how individuals often come to them with specific career ambitions but are missing the necessary education and training, or might possess credentials and skills that are out of date. Previously, service providers were able to provide some employment preparation and training funded through ODSP-ES to help them realize their career goals (Eligible Goods and Services, ODSP-ES Policy Directives #105-01, 1999). However, this aspect of the program is no longer available. Therefore, several program informants noted that the focus has shifted to placing clients into jobs that are often unrelated to their interests, skills or career ambitions, and may not provide opportunities for growth, development and career advancement:
Training - we used to obviously provide training. So clients used to come to us with, you know, not just job but career ambitions. Yeah I need an assessment because I want to do training and training is going to lead to this. (Interview 17)

Several consumer and program informants felt that access to training and skill upgrading should be better addressed by ODSP-ES in order to adequately meet the needs of persons with disabilities. According to some informants, this limitation in the policy is especially pertinent for people living with mental illness who have often had their education and career development interrupted with the onset of their illness. Although many informants agreed that a move away from extended pre-employment services was positive, they expressed a need to better address skill training and education for clients and that funding should be available for these needs within ODSP-ES. One informant, a program manager, articulated this concern as follows:

A lot of times the clients… they had started school and then they became ill and then there was a huge gap in their employment. So they come to us in their 40s and they maybe had education from a long time ago but… they could really benefit from skill upgrading. So that is not there at all. So it's more you come in and you get a job with the skills that you have right now. So in one way... focusing on all the pre-employment stuff… I didn't think was a good thing. But there were... like that skill training piece was really, you know, people are at a disadvantage…. Like it's very common that the clients come in and they're like, “well I want to do this” and it's like well we can't help you with skill upgrading. So they're in jobs that maybe, you know, that's not their dream job. It's more of a short-term thing. (Interview 18)
Consumer and program informants opposed the move away from funding training and education. These informants were quite adamant that training helps persons with disabilities penetrate the labour market above the entry-level, and thus, in the words of one consumer informant, the associated costs, “far outweigh the social and health costs that we’re paying right now to keep them out of the labour market” (Interview 4). Other informants suggested that this focus on placing individuals who are ready to work was put in place because of budgetary constraints within ODSP-ES. For example, one informant, a consultant and service provider trainer, elaborated on the budgetary restrictions and financial motivations of ODSP-ES by arguing that the move was about trying to do “something” rather than everything:

Why would I be investing [in training and education], when I've only got $35 million dollars? Why would I be investing in the education of the others until I can prove that I can work with these ones [those who don’t need training], right? I've got a whole bunch of top notch people right now. Why would I give you as a service provider $10,000 dollars to send them to school with no more certainty that they're going get a job at the end of it, when if I gave you the $10,000 you could place three of them that already had the education.

(Interview 9)

In defending the move away from funding training, some policy informants re-emphasized the focus of the program and explained that training is available through other government programs. However, other informants felt that the training available elsewhere is inadequate for people with disabilities because it does not account for their unique needs and the barriers they experience. One informant, a policy advocate, described this issue as follows:

They [ODSP] do not provide any training… even less than they used to in the past. There used to be some provision for training here and there but now
training and education… is completely outside of ODSP. And they say well, if someone wants that, they can go to programs through the Ministry of Training, Colleges and Universities…. They either go to a community college or university program and get student loans, or… a training program through employment insurance, or one of the other types of training that are out there… but not through ODSP. And people with disabilities say that is inadequate, it doesn't meet the needs of people with disabilities. (Interview 1)

Accordingly, funding for training remains a contentious issue within the revised ODSP-ES policy.

5.1.2. Skills and Beliefs of Service Providers

Some informants felt that the biggest challenge with employment supports in the mental health field under the revised ODSP-ES policy is that service providers lack the necessary skills to develop jobs and market their clients to employers. Further, some informants highlighted that many service providers do not actually believe their clients can be successful with employment. As a result, service providers often do not use the most effective strategies to work with their clients and help them find and keep jobs. For example, one informant, a policy consultant and service provider trainer, referred to this problem among many service providers in the mental health field and how their lack of skills and their beliefs about their clients often lead to a focus on providing pre-employment supports rather than job placement services:

They're terrified of their product. They don't really believe their product is placeable. So when you really push them, they wouldn't hire that client either. And so they have a very hard time representing them… to the general market place. So no skills, no strategy and a shaky product. So what they do is they try
and build the product all the time which is the candidate. Try to make them better, better, better so they have some confidence in them. (Interview 9)

According to this informant and others, these beliefs lead service providers to continue to focus on changing the “product”, their clients, by addressing their symptoms or providing more pre-employment supports instead of developing jobs, forming connections with employers, and marketing their clients as potential employees. These informants described how pre-employment supports are often used to give the client opportunities to develop skills in the workplace; however, these strategies do little to help individuals find and keep jobs and can further perpetuate the image of the person as a deficient and less competent worker:

They're still caught in the place that supported employment was 20 years ago which is, if I offer you extra help on my candidate it makes my candidate look easier to you as an employee. So I'm still assuming the risk, I'm still basically saying my candidate is risky. I'm still assuming the risk because I'm providing all the extra help and the candidate still looks like a loser. We're arguing it has nothing to do with the product. The product is irrelevant. It has to do with the sell. (Interview 9)

Several informants also described how the lack of marketing skills and the deeply rooted beliefs of service providers about the potential of people living with mental illness in the workplace explain why many service providers continue to focus their efforts on low paying, entry-level jobs. These informants described how service providers often slot clients into very simple jobs because they do not have the competency to develop higher level jobs, and because of their fears around the possible impact of exposing their clients to stress in the workplace. However, consumer informants in particular acknowledged the stress involved in low-end jobs, where individuals are often required to do repetitive tasks and often have little control over their
workload, their work schedules or their working conditions. Once again, some informants linked the assumption about the type of work that clients can do to the misconception that mental illness equates with incompetence and thus presents as a challenge to employment. A consumer informant articulated this concern as follows:

I mean I'm better with a high paying senior job where I have some control over my time than I am over something… where I have to be evaluated like over the phone all the time. But yet we're being sent to these low-wage jobs, we're being sent to these stressful jobs, because we're supposed to only able to do simple things, which is a total myth. (Interview 3)

These findings illustrate how skills and beliefs of service providers present as a challenge with the shift from a pre-employment to a job placement focus within services funded through ODSP-ES.

5.1.3. Program Responses to the Revised Policy

Several informants described the challenges for employment programs under the revised policy with the shift away from pre-employment to job placement and retention services. Program informants outlined steps they took to improve placement and retention rates and their capacity to meet or surpass their targets. These informants described how the policy change motivated them to revisit and revitalize their approach with clients. For example, one program manager described how the ODSP-ES policy change and the new funding system triggered her organization to adopt an approach to working with clients that incorporated best practice; specifically rapid entry to work or a “place-then-train” approach:

Well we had several meetings, ourselves as the management team came together and talked about best practices and what was working in certain regions versus others. And we came up with standardized intake forms and
assessment forms to be able to come to as much information as quickly as possible…. Whereas before we had a little bit more time to assess someone, we wanted to make sure that they were being looked at in an active way instead of a kind of a “train-then-place” model. We wanted more of a “place-then-train” model. So it was a little bit opposite of what had been happening and in doing the “place and train” there was a little bit of a shift that had to be done… and so trying to get the staff to kind of shift towards that mentality as well. But it was a lot of research. It was a lot of development based on our best practices.

(Interview 14)

Program informants stated that they shifted their focus to job placement and retention services; they expressed frustration and impatience towards clients who progressed too slowly through the process of finding and keeping a job and reaching the 13-week milestone. These informants tended to blame clients for not taking responsibility for their circumstances and for not being fully engaged in the process. For example, one program informant noted: “Especially…when you have, you know, the type of client who insists on taking let’s say 7 or 8 months to work 13 weeks” (Interview 11).

Despite participants’ explicitly stated shift towards rapid placement, there were some implicit messages to the contrary. For example, one program informant described that she is now focused on placing individuals into jobs; however, her description of her work with clients remained centered on pre-employment assessments and preparatory supports rather than actively working with employers to identify jobs and market her clients as good candidates for the available positions:

I'm here to assist the clients to get them going. Our main goal really is to make sure they're suitable and they're assessed properly before entering the
workforce. Okay? So then the way we do that is we do… a lot of, you know, skills testing and making sure they have the transferable skills, doing their value testing. One of the things that I'm actually developing now is... the true colours and seeing their personality and how that reflects as well as a communication style and how that reflects in the workforce. And also, once we've actually determined them and then we know they're actually suitable and then we'll actually go about and we'll start doing the resumes and cover letters for them, and they work on that process with us. We also go through the interview process with them considering the interview process has completely changed dramatically. And so we make sure they're out there and ready to go for work and then we provide them with the job leads. (Interview 11)

Thus, even with the financial imperative to place clients into jobs as quickly as possible in order to secure funding, some service providers are holding on to their practices and continuing to provide extensive pre-employment services and work readiness assessments.

5.2. Decreased Capacity to Address Barriers to Employment

According to several informants and the revised ODSP-ES policy directives, supports and services offered under ODSP-ES are intended to help people with disabilities find and keep jobs. In order to accomplish this goal, many informants felt supports and services should be responsive to the needs of clients by addressing their barriers to employment. In this section I consider how these barriers to employment are being addressed in practice under the revised ODSP-ES. I begin by discussing the challenge of operationalizing the ODSP-ES policy in services that meet the needs of people living with mental illness. Based on informants’ perspectives and documents, I consider the unique barriers to employment faced by this population and the challenge of addressing these barriers while achieving the goal of rapid
placement into jobs. I then examine how barriers to employment are being prioritized in practice under the revised ODSP-ES policy. Thus, this analysis highlights several unmet needs and gaps in practice that remain under the revised ODSP-ES policy, despite efforts to help individuals find and keep jobs.

5.2.1. Perceived Challenges of Mental Illness: Instability and Unpredictability

Prevalent in the interviews were discussions about the unique challenges of working with people living with mental illness around finding and keeping jobs in the competitive labour market. Most of the informants felt that providing employment supports to people living with mental illness requires a unique set of expertise and that there is a need for service providers who specialize in working with this population. These informants felt that service providers often provide “superficial employment supports that they would do for the general public” (Interview 2) by focusing on things such as resumes and appearance. On the other hand, several consumer and program informants felt that complex and unpredictable issues can arise as people living with mental illness pursue employment opportunities. These informants maintained that such unpredictability remains inadequately addressed by services offered through ODSP-ES.

A few informants placed emphasis on instability and relapse as barriers to employment among people living with mental illness. These informants noted that even the smallest perception of instability or relapse is enough to prevent progress towards competitive employment as employers are hesitant to hire individuals who are perceived to be unpredictable and unreliable. Under such circumstances, the focus becomes trying to “fix” the individual so he or she appears more stable and capable of employment. For example, one program manager highlighted the impact that even the semblance of instability can have on their work with clients under ODSP-ES where the focus is on rapid job placement. This informant described how the
perception of illness and instability could delay progress towards employment as individuals are perceived as incapable of managing the demands of competitive employment:

Well if there's any semblance of instability than the person is not going to be able to move forward. And so waiting for that stability to come back and then for them to be able to, you know, take on the demands of competitive employment is going to take some time. Our timelines get shifted for various reasons based on illness, disability, hospitalization, whatever it might be.

(Interview 14)

Another program informant referred to the challenge of addressing the perception of unpredictability and instability among people living with mental illness in the context of employment supports by comparing it to working with individuals with physical disabilities:

I guess just that the mental health clients, you know, can be a little more unpredictable than people with say physical disabilities. Because if you have a physical disability it's more black and white. Like, you know, what you can do and, you know, what you can't do. With mental health it's not quite so black and white. Things can change on a daily basis, and it's an invisible disability whereas, you know, if you have a physical disability it's obvious. Where mental health it's very invisible. (Interview 13)

These examples highlight the challenge of addressing the episodic and unpredictable nature of many mental illnesses in the context of employment, and how this aspect of mental illness encourages a focus on trying to “fix” the illness before moving forward with employment.
5.2.2. The Challenge of Stigma: The Image of People Living with Mental Illness as Deficient

Many informants also noted the prevalence of stigma among potential employers and how this stigma is stalling progress in the area of employment among people living with mental illness. According to these informants, the success of any employment support program is dependent on engaging local employers and their willingness to hire people living with mental illness. The issue of stigma is particularly significant in the context of ODSP-ES because of the imperative to place clients into jobs as quickly as possible in order to reach the 13-week milestone. Informants reflected that employers often do not understand the needs of people living with mental illness and how they can be accommodated. Therefore, they often fear the potential consequences of the illness at work. For example, one informant involved in advocacy work around the ODSP-ES policy noted:

> It's still much too hard to find employers willing to take on…people with disabilities… and again…it's probably people with mental illness that encounter the most stigma…. Employers might be willing to deal with physical issues and have someone in a wheelchair or who is blind if they can be accommodated in some way. But it would be because of all the stigma with mental illness, you know, employers don't want to take a risk. (Interview 1)

Other informants described how people living with mental illness continue to be particularly disadvantaged because of the largely invisible nature of their condition. Although many employers have embraced diversity in the workplace and have began to seek out potential employees with disabilities in order to improve their public image, people living with mental illness and other invisible disabilities do little to promote the image of diversity in the workplace.
One manager of an employment program further elaborated on the challenges they face in their efforts to reach out to employers and companies around hiring people living with mental illness:

I think there's a lot of companies that brag about the disabled people that they take on but very few of them are profiling people with mental illness. It's always the person sitting in the wheelchair, you know, the augmentative communication device in front of them or whatever. (Interview 13b)

Discussions about self-stigma occurred in a few of the informant interviews in terms of the impact it has on the risks or chances individuals might take around employment, and the amount of effort they might exert. Some consumer and program informants described how people living with mental illness often come to believe that they cannot succeed at work and how this belief can prevent them from seeking out employment supports. These informants emphasized that nobody actually wants to be poor and dependent on income support but, after multiple experiences of failure, some people have actually come to truly believe there is no place for them in the world of work:

It’s a big thing for somebody with a mental illness to get out there and market themselves… we've spent a lot of time being taught that we are disabled that we… aren't as capable. And a big part of employment is getting that confidence in yourself that, yes, you can, you can do the job, and you can contribute. (Interview 25b)

A few consumer and program informants noted that individuals who have internalized the belief that they could never succeed in the realm of work would be unlikely to even consider signing up for ODSP-ES. If they did seek out employment supports, they might be denied access because of the way they present in an intake interview and because of their history of failure in the workplace. Furthermore, if accepted into the program, some informants expressed concern
that such individuals would not get the supports they need to move forward in their careers because the focus of the ODSP-ES policy is directed exclusively on job placements. Stigma can reduce the pool of potential clients who might even consider pursuing ODSP-ES, and reinforces the negative beliefs associated with people living with mental illness and their potential for employment.

Under the new policy, service providers are encouraged to reach out to local employers and form connections and partnerships with employers in order develop job placements and employment opportunities for their clients. One policy informant argued that the revised ODSP-ES policy does a better job of addressing stigma towards people living with mental illness among employers because it allows service providers to do more education in the workplace:

The fact that service providers can go into the business, or the organization or whatever and provide supports to the employer as well, and inform them, education and so on, not just them but the other staff, about mental illness or about, you know, like the cyclical nature of certain disabilities. And again, that would involve disclosure of the person's disability, likely. There is that ability to do some education, and hopefully that would allow, or educate an employer enough, that it wouldn't maybe be detrimental to the person's job, if they did have a problem and they needed to stop working for a little bit or something.

(Interview 24)

However, other informants argued that some of the approaches being used by service providers such as wage subsidies and unpaid job trials are further perpetuating the image of people living with mental illness as deficient in the context of the workplace. Furthermore, as previously noted, some informants suggested that service providers have not been very successful in their outreach and education to employers because they lack the necessary marketing and job
development skills. In addition, some program informants noted that they were limited in their capacity to provide additional services such as employer education about mental illness under the current funding model, as the funding earned from meeting their targets goes directly to their program operation costs. Thus, the potential for employer education within ODSP-ES about mental illness and other highly stigmatized conditions has not transpired in practice.

5.2.3. The Importance of Motivation

Most program informants identified personal motivation as a key factor in the process of finding and keeping a job. Within the interviews, key informants described motivation as a characteristic that individuals must possess before coming onto ODSP-ES. Most of the program informants noted that motivation is the key factor they look for when they first meet potential clients in order to determine if they are ready for employment and are suitable for this type of employment program. These informants felt that assessing motivation enables service providers to determine with a certain degree of accuracy the probability of success for each client. For example, one program manager described the intake process as follows:

The clinicians are looking at where the client has been and the history and the fact that they want a job and they're committed, they're motivated. I think motivation is a key component. If there was anything we would be looking at, it is motivation. And we use motivational interviewing and the stages of change in deciding employability. (Interview 10)

Several program informants outlined the steps they take to quickly assess motivation in potential clients in order to identify individuals they want to take on as clients, and those they will turn away. These informants described how they typically measure motivation by assessing how individuals follow through with agreed upon tasks and their presentation at initial meetings. For example, one program director described the following assessment process:
But one of the things we do some very simple things and if we're working with someone and we feel physically and mentally they're able to hold a job, one thing we do is kind of check for ambition. And what we will have them do is simple things like they need to call us by 10:00 every day for 2 weeks. And if they stick to that, well that's, you know, definitely a plus in their favour….Then we know at least they... have the ambition to move forward with the employment and really it comes to be that's the number one barrier many, many times is their wherewithal and their ambition to work. And if we see that over a two or three or four week period we're quite apt to, you know, absolutely because other barriers we'll kind of... see our way around those. If they have the desire we'll definitely work with them. (Interview 20)

Several informants described how motivation is particularly important under the revised ODSP-ES. According to these informants, individuals must be motivated and committed to working with a service provider to find and keep a job and to persevere despite any challenges and set-backs they might encounter. Some program informants specifically highlighted that because ODSP-ES is a voluntary program, the motivation to pursue employment must be internalized by the individual prior to coming onto the program and beginning their work with a service provider. According to them, without a certain degree of motivation and commitment to pursuing employment, individuals will often be unable to succeed with employment. One program manager further elaborated on this issue:

What we find as well is that clients suddenly realize, oh work is work, and finding work is work, and then they're not quite ready for that. And so it's a voluntary program. I mean we're not going to be breathing down their necks
telling them, “well let's go, let's go” because they're just going to run. So we're trying to get over the hump of that motivation. (Interview 14)

Many program informants also noted that it is very hard to work with individuals who are not motivated or committed to the process of finding and maintaining jobs. They felt individuals need to take responsibility and follow-through with tasks in order to move forward with their own employment goals and expressed frustration when individuals were disengaged from the process: “So they’re sitting at home waiting for us to give them a call and say okay, you start tomorrow…. And they don’t understand the fact that we need a commitment on their end to help us as we’re helping them” (Interview 11).

To address the perceived lack of motivation for work among persons with disabilities, ODSP-ES administrators developed information sessions for income support recipients across the province. According to informants, these sessions are typically held in local banquet halls or conference centres and include a catered meal. These sessions also include a motivational speaker who describes the benefits of work and why recipients should try employment. Local service providers are at these sessions and recipients are encouraged to speak to the service providers and sign up for employment supports. As described by one informant, a service provider who has attended these sessions in the past:

Yeah so it's like basically anyone who's on income support are invited to this big dinner and then like employment supports are there on hand ready to sign people up to work, right? And then [name of speaker] is this motivational speaker who's like, “Come and work! You'd love it!” (Interview 18)

These sessions and the descriptions of the assessment process offered by informants highlight the focus on motivation embedded in ODSP-ES and the assumption that a lack of motivation is a critical barrier to employment and the primary cause of unemployment among this population.
5.2.4. Social and Material Resources as Determinants of Employment

Many informants discussed the significant impact that various social and material resources such as poverty, housing and access to reliable transportation have on employment success. According to these informants, without stable and safe housing, good nutrition, suitable clothing, adequate transportation and supports to manage their illness, individuals are often unable to move forward with their employment goals. Given the focus on rapid placement within ODSP-ES, such issues are important because they can stall progress. One informant, a consumer leader and advocate, described the impact these factors can have on self-esteem and therefore, employment prospects:

When you're going out looking for employment, you need to feel in control and capable of… selling yourself, you know, of having something to sell. And if your teeth are falling out… and you haven't had breakfast… and you don't have a bus ticket to get home… I mean it’s basic stuff. (Interview 7)

Several informants argued that employment supports can only be successful if social and material resources such as poverty are addressed. Although employment and employment support services are often positioned as anti-poverty strategies, informants in this study identified poverty as a significant barrier to employment that can restrict options for employment, hamper efforts towards education and training, and cause stress in people’s lives. For example, one informant, a consumer leader, described how an increase in income leads to improved quality of life which greatly impacts one’s ability to find work with or without help from employment supports:

What we found was that when people started to see, that they were able to raise their rate [of income support], some of them almost double, or close to double… that they felt better, that they could get their teeth fixed…. And that
they started to live… their own authentic life at that point, and they could go out and get their own job…. (Interview 7)

Despite agreement on these barriers to employment, most program informants felt that there was little room within ODSP-ES to adequately address these social and material resources with clients. Service providers and policy informants working out of regional ODSP-ES offices who were involved in determining eligibility for supports related that they assess a person’s readiness for employment by screening for these social and material issues because they are limited in their capacity to address these concerns through ODSP-ES:

We try to get some idea of the client's readiness for employment and just in terms of health issues and just where they're at. Just making sure that they have transportation, that they have stable housing, that they're not currently experiencing any major problems or issues, that their health is stable. Just to some extent we get a sense of that they're ready to look at going right into a job. Because the program is very much, you know, placing people directly into employment. (Interview 21)

Therefore, stability in social and material resources are generally considered prerequisites for services funded by ODSP-ES, something that must be established before service providers are able to work with the individual.

5.2.5. Income Support as a Barrier to Employment

Despite the desire to move people off income support into employment, informants described many significant disincentives to employment within the ODSP income support program that continue to restrict options for recipients. Although eligibility for ODSP-ES extends beyond recipients of ODSP income support, informants noted that the majority of clients are reliant on income support. Several consumer and program informants described how some of
the rules within the income support branch of ODSP, such as those that dictate how earnings from employment are treated, continue to discourage individuals from pursuing opportunities for employment. According to these informants, such concerns persist despite changes to the ODSP income support system (described in the previous chapter) to encourage employment among recipients. Through its deeply-rooted legacy of work disincentives and distrust, the ODSP system fails to encourage employment among recipients and support individuals towards finding and keeping jobs.

Consumer and program Informants described that successfully qualifying for income support creates an inherent contradiction when presenting employment and employment supports as an option to clients. ODSP income support requires that individuals experience significant limitations in their capacity for employment in order to qualify. Several informants noted that being deemed “incapable of work” can discourage individuals from even considering employment as a realistic option. These informants described how the long and often difficult process of qualifying for income support and establishing oneself as sufficiently disabled often convinces people they will never be successful with employment. One informant, a service provider, explained how this process can limit an individual’s potential in the realm of work:

Somewhere along the line, a doctor or a social worker or some helper somewhere has told folks that, “You know what, due to your illness, you'll probably never work again”…. And somewhere along the line, you know, some well intentioned folks saying, “You know what, we're going to give you… some income support for the rest of your life”. And this can happen at any stage, but I've seen it often times with people as young as 18, 19 years old…. And so there you, what you've done is, you've pigeon holed someone, you have said to them, “We're going to take care of you. But this will be the
limit of your achievement, especially in terms of ever having a career or anything, you might as well forget about that! But don't worry, you're going to be well taken care of”. (Interview 25a)

According to several informants, one of the biggest barriers to work for individuals on income support is the lengthy and difficult process they have to go through to qualify for income support. These informants described how individuals are generally hesitant to do anything that might jeopardize their position on income support. Although this issue pre-dates the policy change, it remains a significant concern for many individuals who might otherwise consider signing up for ODSP-ES. Thus, it further limits the success of the revised policy. One informant, an advocate, described the problem as follows:

I mean one of the biggest problems with ODSP is how difficult it is to get on it in the first place. If you're disabled, the hoops you have to go through to prove you're disabled. With medical forms and financials, and how long it takes…. So the idea of people taking a risk, getting a job, if they could, and then if it doesn't work out, if they had a relapse of their illness…. They were afraid they'd be stuck on social assistance, welfare, with impossible to pay their rent, or eat decently. And be stuck in that situation for a year or more if they needed to try to go back on ODSP. (Interview 1)

Several informants noted that another significant barrier to employment for recipients of income support remains the entrenched fear that any progress towards employment will automatically result in a loss of income support. These informants referred to a deeply-rooted mistrust in the system. For example, a policy advocate described how changes to the policy to address these concerns have failed to ease these entrenched fears:
Despite the fact that they've made these improvements where, working is encouraged, there is still a lot of confusion and misunderstanding and fear, just downright fear out there. People who possibly could work, at least would be able to try working part-time, are still afraid. Either they haven't heard enough yet about the changes or the whole ODSP system is so complex that they don't understand it, or even if they've heard something, they don't quite believe it, or trust it. (Interview 1)

Accordingly, many informants expressed concern that recipients do not understand or believe the improvements that were made to the treatment of employment earnings within ODSP income support. As a result, many recipients are choosing not to pursue employment because they feel the risks are still too great. These concerns are particularly prevalent among those with episodic conditions, such as mental illness, who could experience intermittent periods of wellness and illness. For example, a consumer informant described the impact of this fear by explaining how it prevents people from moving forward in their recovery:

The fear of losing benefits, is a big one as well. Because a lot of people say, “Well, if I get a job and I lose my ODSP, what if I get sick again? What do I do then?” And there's a lot of fear to take the chance and people get kind of stagnant in their position on assistance because there's just so much fear and anxiety about entering the workforce, “Well what will happen to me in a year if I take this job, you know?... Like what if I have a hard time or something?”

(Interview 25b)

A policy informant working at a regional ODSP-ES office further elaborated on this problem by describing the efforts she dedicates to explaining the employment benefits associated with the income support side of ODSP to new recipients:
So we take quite a bit of time explaining that and just, you know... reassuring people. Because they have made a lot of changes to ODSP income support and how they treat income from earnings from a job. And they've increased the benefits to people working so... but there's always, there's this perception in the community that especially people with mental health issues is they have a... fear that they're going to be cut off after ODSP if they go out to work. So we really spent a lot of time explaining that that's not the case. (Interview 21)

Several informants provided clear examples of how this fear and mistrust could prevent ODSP income support recipients from moving forward with employment. Individuals turned down job opportunities because they worried that succeeding with employment would put into question the legitimacy of their disability and disqualify them from income support and the associated health benefits. Several informants related that for many ODSP recipients who have spent so much time and effort applying for income support and proving that their disability significantly limits their capacity for employment, there are real fears about the risks associated with employment. For example, one program manager described witnessing this fear and how it works to restrict efforts towards employment during a team meeting for an agency-run catering business that provides employment opportunities for many people living with mental illness who are on ODSP:

I had folks at a team meeting and I said, “Folks I really need you to step up, we've got a bunch of different jobs coming in, I'm going to need people on demand, we're going to be doing some long hours and everything else....” You could almost hear crickets, with the response I got, because people were sitting there and looking at me and it seems, “Oh I'm sorry, maybe I miscommunicated something, this is really positive!” Right.... I was very
excited… a lot of jobs are success and, “Let's all contribute!” And then one person put up his hand, in a team meeting, believe it or not. It was so strange and he said, “Uh, I can't work because I don't want to lose my disability”…. And I thought that, now this is what, a year or two after the new model that had come in…. There was palpable fear in the room, that I was asking people to work and that they would be seen as capable and therefore kicked off ODSP…. Fear is definitely blocking any kind of understanding that could have happened. (Interview 25a)

ODSP system errors described by participants reinforce mistrust and compromise efforts to support clients towards employment. Although recipients are told that they will receive various employment benefits such as a $100 work-related benefit and ongoing access to drug coverage, some informants noted that these benefits are not always forthcoming in practice. For example, one program informant described the experience of some of her clients: “We've had clients going back to work and they've been promised their benefits will continue and they're losing their benefits so that's an issue… which is not supposed to happen but has been happening” (Interview 10). Furthermore, program and consumer informants noted that recipients of ODSP income support will often receive a strongly worded letter stating that their benefits will be suspended or terminated when they first start claiming earnings from employment; these letters are automatically sent out to individuals who do not complete particular forms by required deadlines or do not provide particular information to ODSP about their employment arrangement. These letters provide little information to the recipient about what they need to do or who they should contact to discuss their situation. According to several informants, these letters threaten job maintenance and cause individuals to fear the system, since recipients do not want to
compromise their position on income support. One program informant elaborated on the impact of this problem:

When individuals are told that ODSP is a great thing and all these wonderful changes and part of that means that you're, you know, it's a fast track back should you lose your job after a period of time and your medication, you'll never lose your medication that'll all be there.... And you know, that you'll get your $100 per month for employment related expenses should you be working. All of that... Once they start working these letters get spit out automatically. Huge issue. That’s actually, on a number of cases, the first letter [is sent out and] they're out, they're gone. Only because they totally fear like even if we say, you know what, it's just an automatic letter that gets sent out. Disregard the letter. But it's pretty strong. You're going to be cut off, you know, all of that stuff. Because let's say they just didn't bring in their pay cheque fast enough, this letter gets spit out. That's an issue. And the letter says you're going to be, you know, your cheque is going to be cut off. So that's a problem and we're seeing that more and more and more. (Interview 16)

These findings highlight that despite improvements to the income support system, reliance on ODSP income support continues to act as a pervasive barrier to employment and that service providers and program have been unable to adequately address these issues in practice.

5.3. Constrained Collaboration and Increased Competition between Programs and Service Providers

Within ODSP-ES policy directives, the MCSS has clearly articulated that service providers are expected to work together in order to improve the quality and cost effectiveness of employment support services: “Goods and services are provided in response to the needs of the
client and/or the employer. The service provider may provide these supports directly or through coordination with, or by purchasing services from, other providers in the community” (Client Pathway, ODSP-ES Policy Directive #3.1, 2006, p. 4). This collaboration is expected to extend across programs and organizations and include services funded through other funders and ministries within both the provincial and federal governments. For example, in describing requirements for proposals by service providers, the ODSP-ES policy directives state the following:

Service providers’ proposals must include the expectation/assurance that they will work with other service providers and organizations in the community that provide employment services, and services that may be available to clients through other funders such as the federal government, the Ministry of Training, Colleges and Universities, the Ministry of Education, etc. These linkages will ensure that the best services are provided to clients, from the appropriate source, and thus eliminating the possible duplication of services and/or funding. (Employment Supports Funding, ODSP-ES Policy Directive #5.1, 2006, p. 2)

Despite clear expectations of collaboration under the revised ODSP-ES policy, the new outcome-based funding model and the need to achieve job placement targets have led to increased competition between programs and service providers who are struggling to attract clients, form connections with local employers, and secure funding. Such circumstances have constrained collaborative relationships and undermined efforts to share innovative practices and work together to improve employment prospects of people with disabilities. In this section I outline how the expectation of collaboration has played out in practice.
5.3.1. The Potential of Collaboration

Some policy and program informants described collaboration between service providers as a strategy that has been implemented to push the field forward by sharing innovative ideas and resources, discussing best practices, fighting stigma, improving employer outreach, and increasing public awareness of the benefits associated with hiring persons with disabilities. For example, one policy informant stated the following: “It certainly makes the service providers work together. They share resources and that's sort of... this way the model is kind of making that happen more and it's making for a closer knit, you know, community in that sense” (Interview 21). Several program informants described how service providers were initially very motivated to collaborate with each other because there was a great deal of fear around the changes and how programs were going to survive and stay profitable: “I think with the changes people were panicked. At the time it was like ‘oh my gosh, how are we ever going to stay afloat’. And so it was just about sharing best practices… where that really wasn't done before” (Interview 18).

Informants from large service organizations explained how they are often able to create a system of sharing and collaboration across programs within their organization. These large organizations are typically funded by several sources to provide various employment support services. Each program within the organization might have a different mandate and different eligibility criteria. They can work with clients through their various programs and transition them to and from ODSP-ES depending on their specific needs. For example, a few program informants described that they receive funding from the MOHLTC and HRSDC to provide pre-employment supports for their clients, and that they draw on these supports to work with clients before bringing them onto the ODSP-ES funded programs. For example, one program informant from a large non-profit organization with funding from multiple sources indicated they used job coaching and wage subsidies available from the Opportunities Fund for Persons with Disabilities.
funded by HRSDC to supplement the supports available through ODSP-ES in order to meet the needs of their clients:

The reason that it [ODSP-ES] is a very positive program is that we still have access to the very needed, necessary supports which are... the job coaching.

Without the job coaching, so if the federal program, for instance the Opportunities Fund, closed its doors tomorrow we would be in a bind. We would not be able to provide the services required to support the individuals in a job. (Interview 16)

Informants also noted that having additional funders for employment supports can also allow service providers to forge better relationships with local employers because they have more job developers out in the community creating more job opportunities for their clients. One informant, the director of a large non-profit employment agency for persons with disabilities, described how his organization has been successful under the new policy by accessing services from their multiple funders:

So we've taken all our employment programs and sort of thrown them together and the staff are working towards placing all our clients in employment… some may be an ODSP client, some may be through our Job Quest program which is designed to service people that are homeless or at risk of homelessness. Or our Ministry of Health funded programs…. So it's given us more critical mass, we have a lot more staff that are out there, looking for jobs… and then if we find a job, we'll place a client that's most suited for that position, no matter what program he or she is in. (Interview 5)
This type of collaboration across programs within a single organization is an example of how large organizations are ideally suited to respond to the revised ODSP-ES policy in ways that improve their capacity to meet their targets.

5.3.2. Challenges to Collaboration

Under the previous ODSP-ES policy, some agencies specialized in certain aspects of employment supports such as conducting employment assessments or developing employment plans. With the shift to the revised policy there is an expectation that all employment services will be responsible for providing the full continuum of employment supports. Policy informants described their vision of agencies working together to ensure individuals have access to all of the supports they need to find and keep a job. According to some informants, this type of collaboration has not transpired because it would mean that organizations who previously specialized in specific pieces of the employment support process would always be reliant on other organizations in their communities to refer clients to them and pay them accordingly. One policy informant elaborated on this issue:

Moving into the new model it was kind of understood or communicated that everyone should be responsible to do the whole continuum of employment. So you do the assessment, you work with them in getting a job and retaining the job. And I guess I would have liked that if an agency had a great... you know, assessment piece that perhaps other agencies could have just purchased that assessment from that agency and that the agency didn't actually have to do the full gamut of the employment placement. But it's hard to kind of pull back after the fact and it's hard for that agency, you're not then directly funding them. They're always reliable on maybe the other 6 or 7 agencies in the community
who use their agency for the assessment piece and kind of pay them accordingly whatever they work out. (Interview 12)

One informant, a director in a large non-profit organization, further elaborated on how the new outcome-based funding model has prevented service providers and employment programs from adopting this collaborative model of working with employment programs across organizations. Because ODSP-ES funding is only earned when job placements are secured, collaboration between organizations requires complex funding arrangements:

The Ministry [MCSS] wants us all to share and be collegial right so they would like us to refer people to say a training agency or an agency that has some special groups or something like that right? Well…the issue with that is a) how are we going to pay that other agency? Are they going to wait until we get the person a job and we get paid and then we can pay them? (Interview 15)

Therefore, despite the push for service providers and programs to collaborate, the funding model itself poses a significant challenge to collaboration across organizations who have to ensure that they maintain a stable source of funding.

Notwithstanding these challenges, service providers have come together in order to form a network of agencies who deliver services under ODSP-ES in at least two regions within Ontario. The Job Opportunity Information Network (or JOIN) “assists persons living with disabilities to find and maintain employment, and assists employers to recruit qualified candidates to meet their hiring needs” (JOIN website, “Who we are”). JOIN is set up to link potential job seekers to ODSP-ES service providers in their communities. For employers, it operates through an account management system in order to meet their hiring needs and help them find suitable candidates. Therefore, each JOIN service provider specializes in various sectors of the labour market and
this specialization is meant to improve their ability to connect with potential employers. As described by one service provider who spoke very positively about JOIN:

So we share job leads, we share marketing, we share a website, we share outreach with employers, we have a Business Advisory Committee. The whole idea is that none of us could do it alone. We could only do it by working together and we work together through an Account Manager System. So if I had a client who needed a job... and maybe you were the Account Manager for Tim Horton's or the bank and I would phone you up and say, you know, do you have any jobs for so and so? My client wants to do this. You would have a good relationship with the bank and would be able to say yes they're hiring now or they're not. I would send a referral to you and from there you would work with my client to get them in the door at the bank.... So in effect we're sort of working with each other's clients getting them jobs but it really is a wash. I mean that's ideally what we hope will happen.... So, it's a much more effective use of manpower but it means that we all have to share. (Interview 10)

Several program informants expressed concern about the feasibility of collaboration between organizations through an account management system under the revised ODSP-ES policy. These informants described how the system can only be successful in a culture of trust and that service providers must be able to freely share clients and job leads without fear of losing out on their funding and income generating activities. Some program informants noted that if they are unable to meet their targets, such collaboration will be difficult. These informants expressed ongoing struggles with this aspect of the policy and were unable to fully commit to partnering and collaborating with other service providers out of fear of losing their clients. These
service providers felt that the new funding system inhibits true collaboration because they are essentially competing with other service providers to find the best clients and job placements in order to earn the associated funding and stay in business:

> Plus we actually are competing with all the other providers for clients. And like they've actually set up a very competitive model I think. But they [the MCSS] don't actually agree that it's a competitive model. And, you know, it's kind of funny that way. So most people are tending to hang onto their clients and until we get that comfort that I mentioned with risk around what we can invest, we're not going to be referring to anybody. (Interview 15)

Furthermore, collaboration among service providers is hampered by the stigma that service providers attach to mental illness. The account management system requires service providers to share clients and refer clients to each other who have interests in various sectors of the labour market. A few program informants and advocates expressed concern that some service providers who do not normally work with people living with mental illness might be hesitant to work with these clients due to stigma, a lack of understanding of mental illness and its impact on employment, and a lack of skills for supporting people living with mental illness. According to these informants, stigma among service providers can further jeopardize the potential of an account management system and collaboration across programs and organizations.

### 5.4. Discussion of Findings in Relation to Extant Knowledge: Relying on Market Forces to Implement and Operationalize Policy

In this chapter, I examined the implementation of the revised ODSP-ES policy in practice and explored its effect on employment services for people living with mental illness. The trends that have emerged under the revised policy include a shift in the focus of services from pre-employment to job placement, a decreased capacity to address barriers to employment, and
constrained collaboration and increased competition between programs and service providers. Although the voices of program and consumer informants dominate the descriptions and explanations of these trends, I also drew on data collected from policy informants and the policy directives to describe the policy change and explore the stated objectives. These multiple perspectives were essential in order to analyze the trends and highlight the tensions that are occurring in practice.

This analysis highlights how programs and service providers have operationalized the policy in practice; they have adopted practices that focus on rapid placement of clients into jobs and have re-tooled their intake processes to ensure that clients they accept into their program are ready to go directly into jobs. The revised funding model has led to increased competition between employment programs and service providers in order to secure their share of the market and secure program funding. This increased competition has made it challenging to establish collaborative relationships between service providers and programs across organizations. These findings suggest that the MCSS appears to be using neoliberal, market-based strategies (such as the introduction of competition) to drive programs and service providers towards meeting job placement and retention targets. This trend is consistent with evidence from the literature that reports on the adoption of neoliberal, market-based strategies in social services for marginalized groups in order to reduce public spending and increase accountability (Chouinard & Crooks, 2005; Pedlar & Hutchison, 2000).

Constructing the problem of unemployment among persons with disabilities as an individual problem grounded primarily in personal attributes such as a lack of motivation is consistent with social constructions of the unemployed in the general population (Lightman, Mitchell, & Herd, 2005a; Lightman et al., 2005b; McDonald & Marston, 2005). Stigmatizing beliefs about people living with mental illness, and fears of service providers regarding the
instability and unpredictability of mental illness, further exacerbate this individual-level focus, where efforts are directed primarily at trying to “fix” the individual. This construction of the problem of unemployment among persons with disabilities prevents real investment towards changing aspects of the system that continue to be ineffective and constraining, and supersede a critical look at poverty, stigma, and other contextual factors and their impact on employment. In the next chapter I revisit these practice trends as I analyze the consequences of the revised policy on employment services for people living with mental illness.
Chapter 6: Analysis of Consequences of the Revised ODSP-ES Policy

Programs and services offered under ODSP-ES have traditionally operated from a social service/client-centered model where funding was generally available to support service provision regardless of the outcomes achieved. Under this model, services were typically directed at assessing the individual client’s strengths and barriers to employment, and then developing an action plan to find jobs to match the profile (Job Placement, ODSP-ES Policy Directive #4.1, 2006). The new outcome-based funding model has supported the trend towards a marketing model of employment supports. Service providers are encouraged to undertake marketing and outreach activities directed at local employers in order to develop employment opportunities and job placements for potential clients. The policy directives position the job development/marketing model as the preferred approach for employment programs which will lead to greater success: “Service providers who use this approach have higher success rates in filling job requests, and improved success in placing people who have significant employment barriers” (Job Placement, ODSP-ES Policy Directive #4.1., 2006, p. 3).

In this chapter, I consider the consequences of the ODSP-ES policy change and the shift towards a marketing model of employment supports from the perspectives of the key informants. In doing so, I revisit the issues that were examined in the previous two chapters in which I considered the construction and implementation of the revised policy and how it unfolds in practice. I also draw on the policy directives to consider not only how the policy is framed, but also the implications of the policy and tensions that have developed.

6.1. Impact of the Focus on Job Placements

Some informants reported that the rate of job placement has gone up under the revised ODSP-ES policy. For some, this observation was made anecdotally, based on their perception of how they are doing under the new policy. Most informants noted that at the time of the
interviews, it was too early for any meaningful comparative analysis of outcomes. One policy analyst specifically commented on this issue:

> From an employment supports point of view, we've always placed more clients each year. And, during this transition period, the numbers kind of went a bit wonky… it's only been like two and a half years or something…. But it's still going up, it's just because at the beginning there was the uncertainty and then there was the transition of like just new forms and everything, and just taking the time to figure out, so it was hard on staff, it was hard on clients, it was hard on everybody… And so in the employment supports, clients have gone up (Interview 23).

Although there was widespread agreement among the informants that the changes to ODSP-ES have led to the adoption of practices that support rapid placement into jobs, and that this trend has improved job placement and short-term retention rates, there were concerns expressed about the implications of the move away from pre-employment supports. Informants expressed considerable uncertainty about what constitutes best practice in the field. Several program informants concurred that the effectiveness of extended pre-employment services was not supported by the available evidence; however, they wondered whether previously offered pre-employment supports effectively addressed barriers to employment, thereby advancing employment goals and providing opportunities for career development. As described by one consumer informant, the trend among service providers to limit pre-employment supports provided to clients and promote rapid placement could actually work against their capacity to meet targets: “It’s like shooting yourself in the foot, because you’re saying we’ve got to get these people jobs, so we can’t work with them to get them ready to do the job” (Interview 25b). Some program informants expressed doubt that rapid placement in the absence of ongoing support,
training, and matching clients to appropriate jobs was sufficient to meet the complex needs of their clients. Given these concerns, there was a call to identify pre-employment steps that might be helpful and important to keep as part of an evidence-based approach to employment supports. One program director elaborated on this issue:

So it's good that their focus is on employment, but you know, maybe there also can be at some point a focus on looking back at some of the steps. Not long-term prevoc stuff, but maybe some transition steps to get people to employment that they feel more comfortable. I don't think we have the understanding or technology for retention yet and this model puts a lot on placement and retention and I just don't think we're there yet. (Interview 10)

These concerns about the consequences of the shift from pre-employment to job placement services and supports raise questions about the effectiveness of the ODSP-ES policy despite the perceived increase in job placement and short-term retention rates. In the following sections, I examine these consequences in more depth.

6.1.1. Quality of Employment

Several informants expressed concern about the types of jobs being provided through ODSP-ES. These informants described how clients are being pushed into low paying, dead-end jobs regardless of their skills, experiences and goals. With the heightened focus on rapid placement, service providers often prioritize clients who fit easily into positions available through their established employer connections in order to meet their targets and contain their costs. Although these conditions might improve overall job placement rates under ODSP-ES, many informants questioned if this type of employment would really help individuals move forward and improve their quality of life. For example, one program informant lamented that she is often forced to convince her clients to accept entry-level jobs or what she referred to as
“survival jobs”, meaning dead-end, low paying jobs, regardless of their skills, abilities or aspirations: “That's all that we can offer them right now because... we don't have the time to invest, to search, to take the time to find these amazing higher positions” (Interview 22). Other informants noted that such jobs are easy to find and that most individuals could probably do so independently. For example, one consumer informant articulated this concern as follows:

I know that a lot of the service providers, because they get paid by head now, as opposed to getting annualized funding, are complaining about that, and my sense from the people that I see, it seems to me that the whole focus is on entry-level jobs. And there's no career planning, there's no room for that, there's no interest in it really. And that to me is a big, a big issue, because entry-level jobs - a lot of people can get and access entry-level jobs on their own.

(Interview 23)

Furthermore, many informants expressed concern about the lack of attention being dedicated to career development under the revised ODSP-ES policy. As previously noted, the focus on rapid placement leaves little room for training or preparing individuals to advance in the workplace. One informant, a program manager, described the current focus of services as follows: “Let’s get busy today with something as opposed to looking to build a career and look at getting a job at the end of the year, right? It's about what can you do today” (Interview 17). According to this informant and others, the goal is to find “any job” rather than a job that is well suited to their career goals. The lack of funding and supports earmarked for skills training and skills upgrading through ODSP-ES further perpetuates the focus away from career development, which seems to position the policy as a mechanism for increasing the number of individuals placed into jobs rather than considering the long-term career needs of persons with disabilities. Some informants expressed concerns that the new funding model created a situation where
service providers are focused exclusively on meeting their job placement targets and on securing their funding rather than working with clients to address their barriers to employment, secure appropriate jobs and develop their careers.

Some informants questioned whether getting people dead-end, low-paying jobs did much to improve their quality of life. For example, one program informant asked: “Does putting people into a working poor situation, is that any better than being poor on benefits? I mean does it really improve your life?” (Interview 10). As described by a consumer leader who does advocacy work in this area: “People are going from the welfare poor to the working poor… and that's not solving poverty, one bit…. No. It's just moving the responsibility of who pays” (Interview 3). Another informant working as a policy consultant and service provider trainer further elaborated on this problem and emphasized the need to encourage service providers to move away from exclusively targeting low-end and entry-level jobs in their job developing efforts. Although more complex and challenging to do, developing higher level positions and providing the full gamut of job opportunities would better meet the needs of persons with disabilities:

What the service provider is doing is basically selling to the low end of the market because the low end of the market doesn't have as many restrictions on the candidate that they'll get. That's all they're doing. So they're there because they can't sell any higher than that. They then force their candidates into the low end of the market. We sell every element of the market. We sell right from entry-level positions that are basically minimum wage right up to positions that are paying hundreds of thousands of dollars. We sell everyone. (Interview 9)

These concerns call into question the entire purpose of the ODSP-ES policy. If individuals can secure these kinds of jobs on their own, why would they sign up for ODSP-ES? Some informants argued that although ODSP-ES aims to help people escape poverty through
employment, it actually further marginalizes individuals by placing them into dead-end jobs that have few opportunities for career advancement, security, and growth. Other informants reflected on how the current content of ODSP-ES contributes to a sense of hopelessness about the future. A program informant asked: “So clients used to come in with a lot more hope and with a lot more... let's say... positivity about the future” (Interview 17).

The funding model of ODSP-ES does include a provision to reward service providers for helping their clients secure higher paying jobs and earn more money. The payment to employment programs during the first 15 months of retention for clients who are on income support is 60% of the recipient’s chargeable earnings, which represents the savings to the income support program. However, none of the service providers mentioned this provision. Rather, they referred to the $250 per month minimal retention payment. As explained by a policy analyst, it is rare that 60% of the chargeable earning is greater than $250 because of all the available deductions through ODSP income support. According to this informant, the inadequacy of the provision to reward service providers for securing higher paying jobs was unintentional as they did not realize the full impact of improving the available deductions for employment earnings among income support recipients during the policy revision. Thus, service providers are generally earning $250 for retention and the incentive to help individuals find higher paying jobs and increase their monthly earnings is rarely being realized:

That chargeable earnings is often very low. Because we've made these deductions so good. So from an employment supports point of view, when we do the job retention… As I said, it's $250 or 60% of the savings to income support. But there's not a lot of savings to income support that's going on because those deductions are so good…and not that the point was to create
savings. But it would have been like a side benefit…. We found that it's rare that somebody is getting that 60% because 250 is often higher. (Interview 24)

Related to these concerns about the types of jobs being targeted through ODSP-ES, several informants questioned the overall quality of employment being achieved under the revised ODSP-ES policy. These informants noted that the new funding model encourages service providers to place individuals into jobs with little regard for the match between the person and the job. For example, one program director described how service providers are only thinking in terms of reaching 13 weeks of cumulative employment rather than helping individuals achieve long-term success by taking time to ensure there is a good fit between the person, the job and the workplace environment: “I'm sure service providers look at a job and even if it's not the right fit they believe ‘well we can get 13 weeks out of this job and get paid’” (Interview 20). As a result, several informants noted that job retention has become problematic and that many individuals are cycling in and out of jobs in order to reach the 13-week mark. For example, one informant, a policy consultant and service provider trainer, described that service providers and programs should plan to provide more than one job in order to achieve 13-weeks of cumulative employment: “So again we designed a strategy to take that into account which means potentially we have to find 4-6 jobs for this person. So we don't get all bent out of shape when we lose the first one” (Interview 9). Another informant, a job developer, noted the impact of cycling in and out of jobs in order to reach 13-weeks of cumulative employment when describing her work with clients under this policy:

Absolutely we'll find ourselves sometimes you know scouting for jobs and to get to those 13 weeks... I have one now in particular client and this person is on their 5th job to get to that 13 weeks. What does that tell you? That they've lasted a week or two at each job and that becomes really stressful again to both
parties; to the coach/job developer and to the client and of course aiming to meet management's targets. (Interview 22)

The new funding model supports this type of job cycling because the payment to employment programs is based on 13 weeks of cumulative employment. Service providers are rewarded for achieving the 13-week milestone with little regard for the quality of the employment, the number of job placements it takes, or the suitability of the job for the individual. Some informants highlighted how the need for job matching is particularly significant for people living with mental illness. These informants argued that people living with mental illness often benefit from finding a job that is well matched to their strengths and limitations. Otherwise, their capacity to keep a job and advance in their career can be compromised. For example, one informant, a service provider in the mental health field, described this need as follows:

Well because I think that people with mental illness… you have to look for the right fit in job…I really think that…they really don't benefit… from a job, any job…. You tend to have to find the right job for the right person…And, I think that this [policy] takes that away…Because it becomes about a job, any job. (Interview 6)

Cycling in and out of jobs in order to reach 13 weeks of cumulative employment creates a new set of inefficiencies for service providers. Employment programs are paid a flat rate for each client who successfully achieves 13 weeks of cumulative employment. There is no additional funding available for clients who experience job loss during the retention period and need assistance finding a new job. Some program informants reflected on how this funding model influences the amount of effort that they can realistically invest in their work with clients when they experience multiple job losses:
And certainly that $6,000 does not cover all the months that we did all the work to initially get them to a position so then only having them lose it in retention to only get them a job and only get paid the $250. So absolutely, yeah... when they lose their job actually we lose a lot of motivation because we're thinking we're going to do all this work only to get $250 to retain. So that's a challenge as well to the agency. (Interview 22)

These findings raise questions about the effectiveness of the ODSP-ES policy in assisting persons with disabilities to find and keep competitive employment despite the widespread perception that job placement rates have increased.

6.1.2. The Need for Marketing Capacity

The shift towards job placement and job retention services requires programs to recruit and hire staff with skills that differ from those needed previously. Specifically, the policy directives state that “actively developing employer networks and hiring staff with marketing skills and private sector connections” could improve job placement outcomes (Job Placement, ODSP-ES Policy Directive #4.1, 2006, p. 3). Informants described that in order to be successful under the new policy, service providers have to sell their clients to potential employers. According to these informants, service providers have to know the labour market and the businesses they are working with in order to develop jobs and offer meaningful and helpful on-the-job supports to their clients. For example, one job developer/job coach contrasted her current role under the new model with what she used to do with clients:

It's almost more of a sales type of position as opposed to someone who was more of a coach and helping that client progress and grow from coming into the agency, not sure of what they wanted to do. Not even sure if they wanted to work and almost sort of forcing the issue and pushing it for them to get work.
We don't spend the amount of time that we would like to get that client up and ready. (Interview 22)

Informants highlighted that there are significant differences between the skills that service providers traditionally used in employment supports and the skills required to be effective in terms of job placement and retention services. Several program informants noted that the new policy requires programs to have service providers who can market their clients to employers and compete with other service providers for limited clients and job placements. According to these informants, experience working with individuals with disabilities, or having a therapeutic or supportive counselling background is secondary. Some informants noted that seasoned service providers and established programs who have traditionally operated from a counselling and support perspective are struggling to survive under the new model. One informant, a program director, elaborated on these issues and described the challenge this shift presented to the field. According to this informant, the fundamental characteristics required of service providers under the revised policy are not characteristics normally found among individuals who go into the social services field:

The competitive drive would not be the defining characteristic of people who work for social service agencies. However, it is actually what we need in some of our Job Developers…. You know, it's great they have to at the same time be able to cooperate and work well or collegially with the employer or other services professionals. But really, they have to be out there and they have to be the best and they need to have a drive to be the best. (Interview 15)

Another informant, a service provider trainer, honed in on the skills and competencies of service providers. This informant noted that many service providers have focused their attention on trying to fix their clients rather than improving their ability to develop job placements by
marketing their clients to potential employers. According to this informant, the problem is that service providers do not have the right skills and fundamentally see themselves as counsellors focused on supporting the client rather than marketing the client to potential employers:

The vast majority of service providers are trained in counselling or vocational development. They are not trained in the engagement of the employer which is classically a selling job. So most of them are actually quite terrified of being involved with the employer. From a very fundamental point of view that's not who they see themselves. (Interview 9)

These findings highlight that a consequence of the revised policy has been a change in the demands on service providers and the need for programs funded through ODSP-ES to build their marketing capacity by hiring staff with different skills.

6.1.3. Whose Needs are Being Met?: Employers versus Clients

Within the ODSP-ES policy directives there is a clear statement that the overall goal of the policy is to help clients find and keep jobs and that service providers have a responsibility to “assist the client to secure a job that is appropriate to the client’s abilities and skills, taking into account the existing opportunities in the local labour market” (Job Placement, ODSP-ES Policy Directive #4.1., 2006, p. 2). However, the full policy mandate is actually two-fold. Beyond helping individuals with disabilities obtain employment, the policy is also intended to “help employers meet their business needs by providing supports to hire and retain employees with disabilities” (Introduction to ODSP Employment Supports, ODSP-ES Policy Directive #1.1, 2006, p. 1). The marketing model of employment supports, which is positioned as the preferred model of delivering employment supports through ODSP-ES, prioritizes the relationship between employers and service providers in order to secure job placements. For example, the marketing model is specifically described in the policy directives as “positioning the service to
assist employers with their human resource needs” (Job Placement, ODSP-ES Policy Directive #4.1., 2006, p. 3). The needs of clients are also addressed within the marketing model, but only as a result of meeting the human resource needs of employers: “The needs of job candidates are met when those candidates get jobs” (Job Placement, ODSP-ES Policy Directive #4.1., 2006, p. 3).

When discussing the policy change, none of the program informants specifically addressed the first component of the marketing model, to help employers with their human resource needs. This omission is quite striking given its prominence in the policy directives. Although service providers described feeling constrained in their ability to meet the needs of their clients under this model, none referred to how this policy enabled them to work more closely with local employers. For example, one program informant made the following statement when reflecting on her work with her clients under the new policy and what the changes have meant in terms of her role and how the program operates: “It's become more of a business model, you know, we almost sound like a temp agency” (Interview 22). Thus, service providers have responded to the policy and the shift towards a marketing model of employment supports by revising their approach with clients; however, they have not expanded their identity or their mandate to include meeting the needs of local employers.

6.1.4. Target Population of ODSP-ES

With the shift to a marketing model of employment supports, several informants discussed the target population of ODSP-ES, those who are prioritized and those who are excluded. Specifically, there is a focus on individuals who are ready and able to go directly into an available job rather than someone who might need more intensive support in order to succeed with employment or someone who might be interested in particular types of jobs. As described by one program informant, the ideal client is, “someone who's going to be flexible, someone who
is willing to take any job we have for them whether it's a survival job or whatever. We don't care we just want them employed” (Interview 22). Under these conditions, several informants expressed concern about how client needs are being met and how access to services for some populations might be compromised.

Most informants felt that the new outcome-based funding model of ODSP-ES and the shift to a marketing approach reduced the amount of support that service providers could provide to each client. Although there is clear acknowledgement in the policy that individuals with disabilities have varying needs and will require different types and amounts of support to find and keep a job, there is little provision for individuals who might need more intensive support to successfully find and keep a job. Ultimately, service providers must ensure that their program remains profitable. As a result, several informants noted that service providers are being selective about the clients they accept into their program and many are limiting their work to individuals who present as being more challenging to place and retain in a job. Program informants described turning away potential clients who require high levels of support or taking them on but giving them lower priority on their caseload: “We want to work with people who we think are ready to work or can be ready in a short time as opposed to anybody we get referred” (Interview 17). Therefore, individuals who fit well with the types of jobs readily available in the labour market are prioritized under the new ODSP-ES policy. For example, one program informant described the type of client that she prioritizes within her work as a job coach:

And of course the higher functioning candidates who are ready to fit into a position that we have or more of a realistic position where their time is more flexible, the hours are more flexible and they're willing to take "any job" to get back into the workforce, those clients would be considered... a candidate that could move forward a lot quicker. (Interview 22)
One consumer informant further elaborated on this situation by comparing it to a customer browsing in a shoe store:

If you go into a store to buy a pair of shoes and you're just browsing, they're [salesperson] just going to turn their back on you after they ask you if they can help… and if you're really not serious, or they sense that… or they think this is going to be a difficult transaction, then they lose interest, or they lose faith in you and they go on to other clients. (Interview 2)

According to some informants, there are currently so many unemployed people with disabilities and such poor employment outcomes associated with the previous ODSP-ES that there seems to be little concern from the MCSS regarding priority given to individuals who have less complex barriers to employment. The main focus is getting people with disabilities into jobs, improving employment rates among persons with disabilities, reducing pressure on income support and meeting the labour needs of local employers. There appears to be little interest in investing in people with more complex barriers to employment or those seeking higher-level positions. For example, one policy informant who was heavily involved in the construction of the policy dismissed the ongoing concerns about access to employment supports for persons with more complex barriers. This informant argued that there are not enough clients who need minimal supports to keep programs in business, therefore, market pressures alone will force programs to invest in “harder-to-serve” clients in order to meet their targets and secure funding. Furthermore, this informant argued that as long as job placement rates are going up among individuals with disabilities, it does not matter who is being given priority:

I'm not suggesting that we encourage service providers to take the quick wins but it's not such a bad thing anyhow. I mean everybody who gets a job is a good thing, you know. And the nature of the clientele, the people who are
coming to us, it's not like there's a lot of cream. There's not a lot of quick wins. These are people who have tried for the most part on their own for a long period of time to get jobs and haven't been able to do so. They're going to need a lot of support, you know. So in essence what I would say is... there wasn't a lot of cream so how much time and energy do we want to spend worrying about that? (Interview 8)

Other informants echoed this perspective and agreed that the limited number of clients signing up for ODSP-ES services might be preventing widespread exclusion of individuals with complex barriers to employment within programs and services funded through ODSP-ES. Although service providers might prefer to work with clients who present with less complex barriers to employment and who appear ready to go directly into an available job, the need to meet targets and secure funding has created a competing tension for employment programs to recruit a sufficient number of clients. Although there are many individuals with disabilities who are unemployed, many program informants felt they did not have a sufficient volume of clients to meet their target. Despite concerns around access to employment supports under ODSP-ES among people living with mental illness, some informants noted that service providers have not been able to be as selective as they want regarding the individuals they work with because they are constantly worried about being able to recruit sufficient clients to meet their targets. For example, one service provider described this challenge as follows: “You can only make those difficult decisions [to turn people away] if you know that there's going to be somebody coming through the door after the person you've declined” (Interview 17). A consumer leader further elaborated on how limitations in the client pool and the drive to secure funding might be keeping the field in line and preventing the exclusion of individuals deemed hard-to-serve. This informant described how her initial fears about prioritizing clients who require less support had
not transpired because of the limitations in the client pool and service providers struggling to meet their targets: “I guess my concern about people being weeded out… not being deemed marketable; I don't think that that's happened to the degree that I thought it might happen. Because people are struggling to get the dollars, right…so that hasn't happened” (Interview 23).

Despite this explanation and suggestion that “creaming” or prioritizing clients who require less support to find and keep a job is not a real concern within the revised ODSP-ES policy, some informants outlined significant concerns about excluding individuals who are in need of more intensive supports to achieve success with employment. Several program informants specifically noted how this issue made them question their choice to work in this field. For example, one program informant highlighted the difficult decisions she has to make as an employment support worker in order to ensure her organization meets their targets and earns sufficient funding. She expressed frustration about her limited capacity to work with individuals with significant barriers to employment in light of the need to meet the needs of her organization, and how this aspect of her job is contrary to how she sees her role as an employment support worker for people living with mental illness:

We didn't commit to the social service industry to pick and choose clients to work with. We came to work with all types of people that have barriers and need different kinds of supports and we just don't have the time to provide that because it's an outcome-based model. (Interview 22)

These findings highlight the competing priorities that service providers must balance under the revised policy, and their discomfort with the pressure to meet job placement targets in order to secure program funding.
6.2. Impact of Decreased Capacity to Address Barriers to Employment

The focus on achieving job placement and retention targets challenges service providers and employment programs to adequately and efficiently address barriers to employment faced by their clients. According to many program informants, they are limited in their capacity to address complex barriers to employment. Generally, service providers have prioritized personal barriers to employment over contextual and systemic barriers. This focus on the personal extends to the ODSP-ES system and the approaches utilized to increase the number of ODSP income support recipients who sign-up for employment supports. The revised ODSP-ES policy constrains how service providers are able to work with individuals with complex barriers to employment. In this section, I consider the impact of how barriers to employment are addressed within ODSP-ES.

6.2.1. Prioritizing Personal Barriers to Employment

This analysis suggests that ODSP-ES has generally prioritized personal deficits and personal barriers to employment over systemic and contextual barriers. For example, the information sessions being held for income support clients (described on page 131) are focused on motivating and encouraging recipients to consider employment and sign up for employment supports, rather than addressing the deeply-rooted systemic and contextual issues that can prevent even the most motivated individuals from pursuing employment. As highlighted in the previous chapter, most program informants agreed that motivation is important and that there is a need to ensure that eligible individuals are made aware of ODSP-ES; however, many informants described these information sessions as inadequate and having little relevance to the people they are targeting. Service providers noted that they are rarely successful in recruiting clients from these sessions. According to several consumer and program informants, the assumption embedded in this approach is that individuals are unemployed because they are unmotivated. One program informant further elaborated on this issue: “It’s like an attitude…. It’s that they
don’t want to work and it’s that stigma like somebody is milking the system or whatever” (Interview 18). As described by one consumer informant:

They see us as an extension of OW [the general welfare program]. They see OW clients in a negative way. They see us as taking advantage of the system. We want to sit at home and loaf and… you know, we have a sore back or a sore ear or something and we don't want to go to work and… we want to live off the government and just hang around. When in fact… it's probably the opposite of the truth for most people with disabilities. (Interview 2)

In contrast to the prominence of personal attributes, much less attention is paid to contextual barriers to employment such as stigma and access to social and material resources within the policy directives and ODSP-ES funded services. Consumer and program informants described how contextual barriers to employment tend to be considered beyond the scope of ODSP-ES. Individuals are expected to come onto the program after they have addressed these issues and are ready to go directly into a job. One consumer informant articulated this issue as follows: “And that was really ODSP's perspective, that you're job ready, and you're ready to go. If you're not, then don't come near us” (Interview 2). Another informant, a program director, described how many social and material resources that impact employment have not traditionally been part of ODSP-ES:

Certainly in terms of working with people with severe mental illness… it's well documented in the literature… that one of the reasons why they don't keep their job, has very little to do with their skill levels. It has more to do with other situations… issues around housing, issues around relationships. And those kinds of supports… traditionally have not been deemed as… supportable under ODSP. (Interview 5)
An exception to this trend of prioritizing personal barriers to employment is the recognition that structural barriers exist; for example, the changes to the rules surrounding employment within ODSP income support. As previously described, there is now greater flexibility for ODSP income support recipients to earn money from employment and the benefits associated with employment have been improved. Several informants emphasized that the changes to the rules around the treatment of earnings from employment within ODSP income support were positive. A few informants went further to suggest that these improvements will gradually encourage more individuals to sign up for employment supports and pursue employment if the problems that were previously discussed are sorted out. According to these informants, recipients who know about the changes and understand the new rules for income support will realize that finding a job can enable them to earn more money and improve their quality of life without necessarily losing their income support benefits. For example, one service provider described the impact of these revisions as follows: “I think it's to actually motivate the clients more now saying that even though they're on ODSP, it's still okay to go out there and find work… this is actually an added push for them to go and do that” (Interview 11). Another informant, an advocate, described her understanding of the impact of the policy change: “Just anecdotally or from what we know, it has encouraged some people to work, or possibly to work a little more, than they did before” (Interview 1). A policy informant summarized the impact of the changes to ODSP as follows: “Maybe clients are looking at the program [ODSP-ES] you know that, yes, I can work, I will keep more of what I make. I'll have more money in my pocket…” (Interview 21).

However, these changes to the system have not always played out in practice during the implementation of the policy. Several informants noted that there is a need to ensure that the incentives that were put in place to encourage ODSP income support recipients to work are
implemented as intended. They maintain that if clients are told that they will receive employment benefits and that they will be able to keep their drug benefits, these things must occur in practice. According to these informants, failure to do so perpetuates fear and mistrust in the system. Such fear and mistrust can spread rapidly through the community and discourage others from signing up for employment supports and from pursuing employment. Several program informants noted how these system level errors regarding income support benefits are sabotaging their efforts to recruit new clients and meet their targets: “Because they tell their friends, you know, it's not working… I got cut off my drug plan, right? So the next person asks, ‘am I going to get cut off my drug plan?’” (Interview 16).

As a result of prioritizing personal over contextual and systemic barriers, critical barriers to employment within ODSP-ES persist and continue to curtail efforts to promote employment among people living with mental illness. Some consumer and program informants specifically noted that in order to deal with these contextual issues within the constraints of the ODSP-ES policy, service providers are referring clients to other programs and supports in the community and inviting them to come back when they are ready to go directly into a job: “Who’s funding those things so that we can plug the clients in there and then when they're done that, come back to us and we'll support them in actually finding the job and keeping them in the job” (Interview 12). Although in some cases the same service provider from large organizations might be able to provide these other community supports and services that provide a foundation for employment through other program funding, many clients are being transferred between service providers and organizations. Some consumer and program informants expressed concern that such circumstances add fragmentation to the system rather than increased efficiency. Furthermore, it raises doubts about the extent to which the principles of rapid placement have actually been adopted in practice. These informants questioned whether individuals were actually being placed
into jobs faster or whether there was just a change in how services and supports were being funded and delivered.

6.2.2. Addressing Complex Barriers to Employment

Funding is available for clients who need “exceptional work-related disability supports” such as an assistive device or technical equipment (Employment Supports Funding, ODSP-ES Policy Directive #5.1, 2006, p. 1); however, there is no additional funding available for clients who might need additional supports from service providers to find a suitable placement and succeed at a job. Service providers who are trying to support individuals with complex barriers to employment are particularly challenged to stay profitable under this policy. As it currently stands, there is little incentive built into the funding model to encourage service providers to take risks with clients perceived to have more complex barriers to employment or to develop competencies in working with more challenging clients. For example, one program manager described how service providers should be financially compensated for the extra investment they have to make in order to provide employment supports to some individuals: “Because obviously you have to invest more time into a person like that and you have to have a staff that has a certain skill-set” (Interview 14). Several informants felt that there is a critical need to acknowledge the extra costs associated with serving individuals who might need additional supports in order to find and keep a job. Some program informants described the challenge of trying to balance the competing demands of meeting the needs of clients with more complex barriers to employment with their need to ensure their program is able to secure sufficient funding, and reflected uncertainty about whether they would be able to stay in business:

That's a really hard way to do business... because we put a lot of dollars into each client and it's not like you break even on that client. We would literally lose lots and lots of money. So I think the negative part of this whole thing
rather than a fee-for-service is that it's based on the 13 weeks. If you don't hit that, you know, with enough clients that money goes back and it's like a double whammy because we've already spent that money. (Interview 20)

Several informants expressed discomfort with these conditions and noted that they are particularly problematic for people living with mental illness who often have complex barriers to employment but can be successful with employment if provided with appropriate supports and matched to a suitable job. Service providers who work with people living with mental illness under ODSP-ES described being challenged to secure sufficient funding to keep their program profitable. These informants felt that many people living with mental illness may need additional supports to get to the point of being able to accept a job. Furthermore, many mental illnesses are episodic, resulting in intermittent periods of wellness and illness. Therefore, their ability to maintain a job might be compromised. As described by several program informants, people living with mental illness are often perceived as being a bad risk for service providers under this funding model. One program director from an organization that works exclusively with people living with mental illness described how these concerns are why her organization decided to become involved with ODSP-ES:

As well this model works with those clients who are "job ready". It doesn't work with those clients who are, many mental health clients who need a longer time and longer support. There's an eligibility determination for employability. And I'm concerned and that's one of the reasons we got into it because many of our clients don't present well... only can work a few hours a day.... Most service providers wouldn't take them on their caseload or wouldn't keep them on for very long or wouldn't understand. (Interview 10)
In order to stay profitable and manage their targets, service providers noted that they need to balance individuals with high service needs with individuals who need very little support. Having clients with low support needs and who are easy to place into jobs enabled them to meet their targets so that they can afford to take on individuals who need more support and who present as a greater financial risk. One program manager described this need to manage risk within her agency in order to stay profitable:

I mean we have individuals that come, that really need limited support and encouragement and so... but I need volume. So unless I have volume again I wouldn't be able to hold the longer, the people that need longer services..... We set standards for ourselves. At 13 weeks everyone is placed into a job... ideally [laughing]. That doesn't always happen but it does happen for enough of the individuals that come through our door that we can sustain ourselves and I'm able to spend more time with the others to make sure that, you know, they get what they need in order to be successful. (Interview 16)

This focus by service providers on finding individuals who are ready to work and could fit quite easily into the available jobs in order to balance out their work with more challenging clients was echoed by policy informants. However, these informants emphasized that the job placement and retention payment is intended to be an average and that service providers should be managing their risks and staying in business by taking on a sufficient volume of individuals who are “very straight forward” (Interview 21) and can move into employment with minimal support. For example, a policy analyst described how service providers can still work with more challenging clients under this model by taking on some clients who are easier to place:

So $6000 is the amount that they receive per client. It's an average dollar amount. So some clients might cost, you know, $1000 in supports to that
service provider. And then they bank the rest. And others might cost $7000 or
$8000…and then they're, you know, at a bit of a disadvantage with that client.
But the money they saved with the first client can offset it. So it's an average
amount. So when the service provider negotiates with the regional office, they
say I'm going to place ten people this year, and so they get $6000 times ten.
And it's an average. So if they place those ten people at $3000 each then
they've made a good profit. (Interview 24)

According to several informants including service providers, consumers and advocates, the
need to have individuals who need very few supports to find and keep jobs in order to ensure the
program remains profitable is problematic for several reasons. First, as previously noted, it can
limit employment options for persons with disabilities and prevent them from pursuing the full
gamut of employment opportunities. Such conditions essentially ignore the skills, abilities, and
career ambitions of clients during the job placement process as clients are placed into available
jobs rather than jobs that match their skills and preferences. Second, these circumstances can
limit the success of the program since individuals who feel underemployed or poorly matched to
their job are more likely to leave their position prematurely. Accordingly, many informants
argued that the new funding model perpetuates a focus on entry-level jobs and hampers
innovation and growth in the field. Third, service providers are not encouraged to develop the
expertise and competencies needed to work with clients with complex barriers to employment or
clients who are looking for professional positions.

Given that the data for this study were collected during the first year of the outcome-based
funding model, there was much concern that many service providers were still developing the
expertise needed to be successful, especially in terms of working with individuals with more
complex barriers to employment such as those with mental illness. Therefore, some informants
felt the MCSS should provide more guidance to service providers and help them develop the required expertise and adopt best practices. In particular, several informants felt there was a need to build a funding model that rewards service providers for taking extra steps to meet the diverse employment needs of persons with disabilities. One informant, a policy consultant, described this concern as follows:

So the funder either has to say we will guide you to the expertise that we want you to use or we will vet you on the expertise we need you to have, right. Now they don't do anything like that. They don't vet and they don't guide. They kind of just say well you're an expert in the field you go out and do it. The problem with that model is that it hurts the hard to serve because they never get served because the expertise isn't there. (Interview 9)

This same informant described how other jurisdictions in the United States and Australia have implemented employment support systems using outcome-based funding that rewards service providers for developing expertise in meeting the needs of clients with more complex and challenging barriers to employment:

So they have a system where if they work with harder and harder clients and get more and more success with them they get more money. They get more recognition. That's the kind of system we want, right. Now it's still solely a funding that you [the service provider] run your own show but the funder is basically saying, I have a goal here and that is to cut deeper and deeper into this population. That's my goal…. So if you have a more significant employment barrier they give way more money. So $6000 would be for normal employment barrier, probably average employment barrier. $20,000 for a more severe employment barrier. So what it does is it encourages service providers to go
out and get the expertise to deal with the $20,000 pot of gold. Still solely funding. (Interview 9)

These findings highlight the need to build in a mechanism to address the needs of individuals with more complex barriers to employment within the revised ODSP-ES policy.

6.3. Impact of Constrained Collaboration and Increased Competition

Despite the promise of improved efficiency through collaboration among service providers, several program informants and advocates described how the new outcome-based funding model and the shift towards a marketing approach to employment supports perpetuates a state of competition between service providers, agencies and organizations. Service providers are competing with each other to attract the “best” clients. Under these circumstances, the “best” client becomes a person with a disability who wants to work, who is ready to fit into a job, and who requires minimal support to find and keep a job. As described by one policy advocate: “They take the best, the most job ready candidates, they bet on the sure thing” (Interview 4). They are also competing with each other to secure job placements with local employers, secure funding and stay profitable.

Competition between service providers has both positive and negative implications. It can push service providers to adopt tactics to ensure they are meeting their targets. In some cases, it can encourage the adoption of evidence-based approaches to employment supports. However, it can also lead to tactics that serve the financial interests of employment programs at the expense of client care. In this section I consider the implications of competition on employment support services for people living with mental illness and the service delivery system.

6.3.1. Accountability and Innovation

Some informants described the benefits of increased competition in the field in terms of weeding out ineffective and inefficient service delivery processes and practices by introducing
increased accountability and quality control. As service providers now compete with each other to recruit clients and secure job placements, they look for ways to improve their track record and reputation in the community. Some informants described how the new outcome-based funding model has pushed service providers to adopt best practices and more effective processes. For example, several program informants described how they re-tooled their approach to working with clients under the new policy to focus on rapid placement into available jobs in order to improve their job placement success: “Competition is good. You know that there are other people doing similar things and people choose based on comfort levels and what they heard or what they saw” (Interview 16). Several informants felt that this type of competition and accountability further strengthened the field. For example, one program informant from a for-profit organization provided the following account of the impact of the new funding model in terms of weeding out ineffective practices and providers, and making those left more accountable:

I think one thing it's going to do for sure, it's going to weed out the people, the providers that can do the work and those who can't…. I know a few providers who have fell by the wayside that, you know, were very small and kind of did it fee-for-service and weren't really successful at it. So they're going to be weeded out and I don't think that's a bad thing at all. I still think there's too many service providers for our client base… people that are left can do the work. (Interview 20)

However, service providers and programs are rewarded only for achieving and surpassing their job placement and retention targets. According to some consumer informants and advocates, accountability for other aspects of service delivery, such as the quality of employment, client satisfaction, and supporting clients and employers on the job, is beyond the
scope of the system. The emphasis is on developing effective practices in terms of increasing rates of job placements. Other important components of employment supports are given less priority and are often left unaddressed.

Furthermore, because of the way programs earn their funding and the intense competition in the field, service providers seem to be holding on to their practices and approaches rather than sharing and collaborating with each other. For example, none of the program informants interviewed for this research were willing to share their internal practices or their program’s approach to helping clients find and keep jobs. When asked about them, one program director explained his reluctance as follows:

We're doing some things that… you know, the tools are all available out there…. We're not doing anything magical. But we're doing some things that others aren't and it's important for me.... I don't want to sort of put out, you know, some of our techniques. (Interview 15)

It is conceivable that the competitive drive that is pushing the field forward in terms of the adoption of best practices could also be stalling progress and innovation in the field by preventing the sharing of resources and practices across organizations.

6.3.2. Small Organizations and Employment Programs

Smaller organizations and employment programs without additional funding from alternative sources appear to be particularly disadvantaged under the revised ODSP-ES policy. Without other funding sources to fill in some of the service delivery gaps of ODSP-ES and manage the increased financial risks, they struggle to fully meet the employment needs of their clients. As discussed in the previous chapter, such programs are expected to partner with other organizations in their communities and help their clients access the additional supports they need. However, several program informants noted that partnering with other ODSP-ES providers
is not a viable option because of the competition between programs to meet targets and secure funding. Rather, some program and policy informants described partnering with community resources that are open to the general public. One policy informant described this situation as follows:

I think you're seeing a lot more partnering with community resources because service providers are trying as much as possible to access any other available supports in the community so they don't necessarily have to pay out of their own service contracting funds for, you know, specific types of service that might be available. (Interview 19)

Although this approach could improve service efficiency and reduce service duplication, the purpose of the ODSP-ES is to address the unique needs of persons with disabilities, “to help people with disabilities who want to work for whom their disability represents the primary barrier to employment to be able to get the kinds of services and supports that they need to overcome that particular barrier” (Interview 8). Several informants felt that persons with disabilities have unique needs that could not easily be addressed by generic services. Relying on other programs funded by other ministries could further fragment employment supports for persons with disabilities, thereby jeopardizing access to employment supports and the ability of service providers to meet the needs of their clients.

A few informants noted that smaller programs have been warned by the MCSS that they need to partner and collaborate in order to survive. For example, a policy informant noted that she has suggested and encouraged further partnering among small employment programs in her region in order to make them more efficient and financially viable: “In some situations we've actually suggested to them that they might consider partnering together with another service provider in terms of joining organizations together to make them a more viable unit kind of
thing” (Interview 19). Furthermore, a program director stated the following in describing the challenges for employment programs under the new funding model:

We've heard that if a program is going to succeed with this model they have to have other funding coming in.... Before you had private practitioners; there's no way a private practitioner could manage. So it has to be an organization and you have to have other funding. (Interview 10)

While an expected consequence of the policy change may have included decreasing the number of small employment programs and independent service providers in the field by encouraging mergers and partnerships, several program and policy informants noted that there was significant hesitancy around forming partnerships. They attributed this hesitancy to the competition and uncertainty around funding that has been introduced into the sector through the outcome-based funding model.

6.3.3. Implications for Employment Programs: Assessing and Managing Risks

The revised ODSP-ES policy and the increased competition in the system has significant implications for employment programs that now have to assume a significant amount of financial risk and uncertainty. These circumstances represent a change in how employment programs are used to operating. Under a fee-for-service or project funding model, service providers were paid for the actual services they provided and had more predictable annual earnings. Although the current policy directives state that service providers should offer a range of services to respond to the needs of clients and employers, some program informants expressed concern about the lack of recognition for the work they do with their clients to help them get ready for employment. The financial arrangement between local employment programs and the MCSS puts significant pressure on employment programs who must ensure that they are meeting targets in order to
receive funding. As previously noted, programs must manage risks and stay profitable, and strategize their efforts based on competing priorities – the economic realities of their operation, and their commitment to supporting persons with disabilities who face complex barriers to employment. One informant, a program director, described this challenge as follows:

Ontario’s gone with one payment and I think the challenge for the service provider is that you have to learn what your risk comfort is. What your failure rate will be because that will determine how much risk you can take spending your future payment which has not yet been received on interventions for that particular person. (Interview 15)

Informants described the current climate of employment support services under ODSP-ES as being focused on securing program funding so they can stay in business. For example, one consumer informant described this focus as “We’ve got to get this money, we’ve got to keep our doors open” (Interview 23). Many program informants expressed concern about their ongoing capacity to stay in business unless they make significant changes to their approach and internal operations. For example, one policy consultant pondered about what will happen as the transitional funding ends and the outcome-based funding becomes fully operational: “I don't know how many of them will survive. I don't know if there'll be a bunch of political pressure brought on that will change ODSP back…. I don't know what will happen…. Service providers will be out of business” (Interview 9). Another informant, a program manager, reflected on the situation within his own program and described how the new funding model has made the future of his program uncertain:

Quite frankly this will be our tell-tale year. To see if we have adapted or not. This will be it. When we come to March 31st 2009, we will have a sense from the Ministry [MCSS] and literally the writing will be on the wall… whether or
not we were able to adapt. We are used to having that base funding…. To be quite honest, we're having some success. But those targets are there, and they're staring us in the face all the time. (Interview 25a)

Some of the policy informants suggested that one of the expected consequences of the policy was to reduce the number of programs receiving ODSP-ES funding. For example, one policy informant who was involved in developing the policy described that her expectation was that some employment programs would stop providing ODSP-ES services altogether because of the changes to the policy and the new demands being placed on service providers. In her opinion, the loss of some programs was anticipated as a result of the revised policy and was not necessarily considered a bad thing:

We did go into it [the revised policy] knowing that some service providers would either, not want to do the whole thing or that they wouldn’t be able to. And we knew we were going to lose some service providers, and from our perspective, we weren’t surprised, we were expecting that. And if truly, if they weren’t able to participate fully… it’s not that we didn’t want them, but we want the people who can fully participate…. So that was the hope. (Interview 24)

Another policy informant working out of a regional ODSP-ES office further alluded to this desire to reduce the number of programs receiving ODSP-ES funding by noting that there were too many programs operating in her region: “Perhaps in my region I’ve kind of said I have too many service providers…. I’d rather work with a few less I guess…. But they’re there and they’re all, you know, wanting to produce the results” (Interview 12).

The pressure to meet targets and secure program funding trickles down to the frontline service providers who work directly with clients. Several program informants expressed concern
that the efforts they put forth to manage risks and ensure their financial viability compromised their ability to meet the needs of their clients. For example, one program manager described the impact of the new funding arrangement on her staff: “The focus has gone from being client-focused to being focused on the dollar and I mean we always have to be focused on the dollar but for staff to be like that is... it changes the quality of service” (Interview 14). Other informants described situations where service providers used questionable and unethical tactics to keep their clients in jobs for the 13 weeks and meet their targets. For example, some informants expressed concern about the amount of pressure service providers put on clients to accept the first available position and the impact on clients and their overall employment success. A few program informants described how service providers would sometimes pay a $200 bonus to clients if they stayed in a job for 13 weeks: “Just stay in the job, and here, take this... and you'll get this, so that we get our money” (Interview 6). These informants elaborated on how service providers would negotiate with employers to keep the person employed long enough to reach the 13-week milestone: “I've heard of service providers negotiating things with employers, ‘listen just keep this person for 13 weeks’ and... then it turns into being about us as the service providers and not about the person” (Interview 14). Another program informant working for a small for-profit employment program elaborated on this issue by describing her work with clients under this policy. Although she prefers to see her clients succeed in a job, her focus is on meeting targets, especially if she has already invested several weeks or months into supporting the client:

And we're trying to push because, you know, even if they've done 11 weeks, right, and the client quits. And it's like you're trying to get another two, right. Or the employer doesn't want them on for another two weeks.... So you're trying to push... just give me another two weeks! (Interview 11)
According to several informants, these strategies to manage risk call into question the success of the policy regardless of whether or not more clients are getting jobs. In reflecting on these conditions, some informants were quite critical of the system and the impact it has on employment supports for people with mental illness. They felt that the 13-week milestone was not necessarily the best measure of success. One informant, the director of a for-profit program, articulated these concerns as follows:

The idea is we get them a position and that they stay in that position and, you know, they build their life and they move to other positions and they, you know, get more hours per week and more pay per hour just like everyone else. I think that what the Ministry [MCSS] has set up is sort of that type of situation where, you know… we all focus on that 13 weeks and I think that's something to be worried about. That really does not measure the success of a person working by any means. (Interview 20)

This informant and others felt that there was a need to expand the focus of ODSP-ES beyond job placements to include career development and other indicators of employment quality.

6.4. Discussion of Findings in Relation to Extant Knowledge:

Consequences of the Policy – Compromised Job Quality, Heightened Competition and Competing Priorities

In this chapter I explored the consequences of the revised ODSP-ES policy and the impact on employment services and supports for people living with mental illness. I considered these consequences from the perspectives of multiple stakeholders including organizations who operate employment programs, service providers, clients and policy-makers. In some ways the policy has been successful in meeting its intended goals. For example, the focus is now on employment rather than providing pre-employment supports, and the key informants generally
felt that the rate of job placement has increased. The increased competition between employment programs that has resulted from the revised policy has introduced some accountability into the system; programs cannot sustain themselves unless they meet their targets. However, there have also been consequences that have had negative effects on employment opportunities for people living with mental illness. There are concerns about the quality of employment being achieved and about restricted access to service for those who face complex barriers to employment or who are seeking particular types of jobs. Competition between programs to secure funding may be preventing collaboration and stalling progress in the field. These practice trends, and the associated consequences are visually depicted in Figure 3 on page 185.

The financial imperative to meet job placement and retention targets, and the shift from pre-employment to employment services encourage the rapid placement of clients into competitive jobs. Research on an evidence-based approach to supported employment for people living with mental illness has demonstrated that rapid placement, along with attention to job matching, the integration of mental health and employment services, and the provision of ongoing individualized support, are associated with improved employment outcomes (Bond, Drake, & Becker, 2008). However, rapid placement in and of itself is not grounded in the available evidence. The findings presented here raise concerns about the adoption of some components of evidence-based practices in the absence of others. In this case, rapid placement into any available job is consistent with trends within the general welfare program that emphasize the shortest route to a job as a mechanism to prevent dependency and promote self-sufficiency (Lightman et al., 2005b).

Under the revised ODSP-ES policy, the problem of unemployment among persons with disabilities is addressed by imploring individuals to accept personal responsibility for their circumstances and on fitting individuals into available jobs rather than taking time to ensure
individuals are matched to appropriate jobs that are suited to their strengths and limitations. This approach can lead to improved job placement rates which can be used to support the government’s claim that they are effectively addressing the problem of unemployment among individuals with disabilities (Schneider & Ingram, 1993). However, improved job placement rates do not necessarily indicate that individuals are finding suitable jobs, sustaining employment, or achieving financial independence. Furthermore, there is accumulating evidence that employment in dead-end, low paying jobs, with little opportunity to exercise choice about the work or the working conditions can have negative consequences in terms of both mental and physical health (Vezina, Bourbonnais, Brisson, & Trudel, 2004). Therefore, job placement rates alone do not provide sufficient information about the effectiveness of the revised ODSP-ES policy.
Revisiting the social construction of target population framework (Schneider & Ingram, 1993; Ingram et al., 2007), the findings presented here suggest that people living with mental illness are often viewed as a bad risk to service providers under the revised policy. A prevalent assumption held by service providers about people living with mental illness that emerged from this analysis (and was presented in Chapter 5) is that they are unstable, unpredictable, and unmotivated, and therefore, less capable of succeeding with employment. This social construction of people living with mental illness conflicts with the social construction of people with disabilities under the revised policy as generally capable of working (see Figure 2, page 111). Therefore, the findings of this research suggest that people living with mental illness and others with complex barriers to employment present as a particular challenge to service providers.
under this policy. Service providers are often hesitant to accept them onto their caseloads, fearing that they will need to invest too much time and effort supporting them towards their employment goals. As a result, people living with mental illness might not get the support they need to be successful, thereby perpetuating assumptions that they are less capable in the context of employment. These findings highlight the impact of stigma on employment supports and how social constructions of the target population in the context of public policies such as ODSP-ES can sabotage efforts to achieve policy goals.

The finding that the marketing model of employment supports prioritizes the needs of employers over those of individuals who are unemployed is consistent with previous research on welfare and social assistance in neoliberal states (Hartman, 2005). Most noteworthy is the finding that service providers and employment programs have not embraced this priority and have resisted positioning their work as meeting a human resource need for local employers. There is a notable discrepancy between the policy directives, which encourage employment programs to focus on meeting the needs of employers, and the descriptions of practice outlined by the service providers, which capture their discomfort with their inability to fully address the needs of clients with complex barriers to employment. This dissonance can be analyzed by drawing on research that suggests that policy implementation is characterized by ongoing tension between top-down and bottom-up approaches (Smith & Larimer, 2006). Policy directives are written by decision-makers within the MCSS; they provide an overview of the policy, the roles and responsibilities of the key stakeholders, and specific rules and processes involved in each component of the policy. Although expectations of the MCSS are included, the directives do not specifically outline how services should be designed and delivered under this policy. While programs must ultimately meet job placement and retention targets in order to secure funding, they have considerable discretion about how they will carry out their work with clients. This
flexibility within the policy allows skilled service providers to adapt their services to meet the unique needs of their clients as long as they are successful in meeting their targets. However, many service providers in the field seem to lack the necessary marketing skills and program resources to adequately respond to the expectations of the revised policy. Some are managing by drawing on other sources of funding and using questionable tactics to ensure they meet their targets (such as paying clients to stay in their jobs for 13-weeks). Others are operationalizing the directives by focusing their efforts on meeting their job placement and retention targets and working with clients who are “easy-to-serve”. This tension between top-down and bottom-up policy implementation, and how discretionary practices are used to operationalize policy change, is further discussed in the next chapter.
Chapter 7: Discussion

In this final chapter I synthesize the findings of my analysis. I position the key findings from this research within the context of existing literature on neoliberalism, outcome based funding, public policy reform, and the construction of discourses regarding social problems such as unemployment. I discuss the implications of these findings and recommend future directions for practice and research in terms of employment supports, the potential of outcome-based funding, and policy construction and implementation for marginalized groups. The intent is to present the findings and make them useful to decision-makers and stakeholders involved in constructing and implementing public policy, and in delivering employment supports for marginalized groups such as people living with mental illness. Throughout the discussion I revisit the three study objectives that have guided this research: 1) to understand the values, ideas and assumptions that were influential in the construction of the problem and the policy; 2) to explore how service providers, programs, and employment support workers are responding to the policy; and 3) to explore the intended and unintended consequences of the policy. These objectives provided a starting point for the research and I return to them now to focus my discussion of the findings and the implications for practice, policy and research.

7.1. The Processes and Consequences Involved in Implementing the Revised Policy

This study contributes to our understanding of how policy is produced and experienced in everyday life. The findings of this research outline the consequences of adopting neoliberal policies to guide the delivery of services for marginalized groups. Prior to the changes that were implemented in 2006, ODSP-ES was grounded in a traditional social service model whereby services were provided to support individuals towards employment. Funding was provided based on the services delivered rather than the outcomes achieved. The adoption of an outcome-based
funding model has promoted a marketing model, whereby services are focused on increasing rates of job placement and short-term job retention in order to meet targets and earn funding. Introducing market-based principles into social services has had significant implications for employment services and supports for people living with mental illness, some positive and some negative. There has been a shift in focus from pre-employment to job placement services and increased pressure to achieve job placements for clients in order to secure funding. These changes have altered how service providers work with individuals to address barriers to employment and secure employment. Although there is general consensus among key informants that more clients are being placed into jobs, this analysis has revealed several secondary consequences that undermine the potential of the revised policy to improve employment services. Overall, the findings of this research highlight that within an outcome-based funding model, employment programs are required to carry more financial risk in terms of meeting their targets and securing their funding. Although this increased risk has led to increased accountability in terms of securing job placements, attention to career development has decreased and jobs have remained concentrated at the entry-level with low pay and little security or benefits. The findings also raise concerns that access to services among those with more complex barriers to employment has decreased as some service providers focus their attention on individuals who require less support. Furthermore, competition between service providers under this policy seems to be constraining collaboration and progress in the field, as programs seek to hold on to their practices in order maintain their competitive edge. Although this competition and focus on outcomes could push service providers to adopt best practices, the findings highlight that programs are adopting components of evidence-based approaches without adherence to implementation fidelity.
Policy analysts and critics often distinguish between intended and unintended consequences of policy implementation (Schouwstra & Ellman 2006; Pal, 1992; Stone, 2002; Merton, 1936), suggesting that consequences are either one or the other. Intended consequences are the primary goals of the policy and are usually clearly stated in the policy directives. The unintended consequences are the “side effects” (Schouwstra & Ellman, 2006, p. 8) of a policy, the secondary consequences that emerge as the policy is implemented and carried out in practice. The findings of this study reveal that some of the processes and associated consequences that emerged during the implementation of the revised ODSP-ES policy were not entirely intended or unintended; some, although not explicitly stated within the policy directives, were clearly anticipated and expected. For example, despite the stated focus on social inclusion, the issue of creaming and focusing on clients who are easier to serve was foreseen by several stakeholders involved in the construction of the policy; indeed, some expressed comfort with its potential implications. Although such consequences might have been anticipated, they were not part of the primary objectives of the policy and are thus described as unintended or secondary.

Therefore, in addition to considering whether consequences are intended or unintended, it is important to consider how processes for operationalizing the policy and the associated consequences have emerged, that is from the top-down or the bottom-up. Processes and consequences that emerged from the top-down were explicitly stated in the policy directives or by the stakeholders involved in developing the policy. These processes and consequences can be described as intended since they were part of the primary objectives of the policy. Processes and consequences that emerged from the bottom-up were described by stakeholders as the response to the policy in practice and can be considered unintended or secondary, even if anticipated. Figure 4 on page 191 outlines the tension between top-down and bottom-up policy
implementation, the processes for operationalizing the revised policy in practice, and the associated consequences.

**Figure 4: Processes and Consequences Involved in Operationalizing the Revised Policy: Top-down versus Bottom-up Policy Implementation**

### 7.1.1. The Marketing Model and Neoliberalism

The findings of this research highlight how the new outcome-based funding model has increased competition between service providers who are struggling to secure funding, and to attract clients who can fit into available jobs. Although the policy aims to increase social participation among individuals with disabilities through employment, there is much concern about whose needs are being met, whose needs remain unmet, and whether some groups are being further marginalized. The marketing model privileges the needs of employers by promoting a response to their human resource needs and makes it difficult for service providers
to work with individuals who might require more support to obtain and maintain employment. There is a financial incentive for service providers to increase job placement rates without increasing services in order to remain profitable and competitive. Therefore, the majority of clients are expected to be ready to go directly into employment before they begin working with a service provider. Many programs are now focused firmly on their bottom-line by strengthening their capacity to secure funding without increasing their expenditures, thereby forcing service providers to make difficult choices about who they are able to work with and the type of services they are able to provide.

Neoliberal ideology promotes the notion of competition as a means to improve outcomes and increase efficiency (Hartman, 2005; Randall & Williams, 2006). According to Gamble (2001), neoliberalism favours creating conditions for markets to flourish, “which means removing as many restrictions on competition as possible” (p. 132). Neoliberalism is grounded in the belief that competition promotes efficiency and that government subsidies and other forms of market protections perpetuate inefficiencies and restrict the effectiveness of free markets. However, the findings of this research highlight the risks associated with increased competition between service providers and employment programs for marginalized groups. Despite hopes of improved outcomes and efficiency, the findings highlight how competition can constrain collaboration and the sharing of innovative practices between programs and service providers, while restricting access to supports for some individuals who are deemed harder to serve.

Concerns around the introduction of competition between programs and service providers in social services have been expressed with regards to public policies that have instituted neoliberal, market-oriented strategies and competitive processes for securing funding (Barrett, 2004). For example, Pedlar and Hutchison (2000) report that the consequence of competition is a focus on clients who are seen as easy to serve rather than finding more effective ways to meet the
needs of individuals with higher service needs. These authors argue that the result of creaming is that individuals with the greatest service needs become further marginalized and disadvantaged. Similarly, Shankar and Collyer (2004) found that the adoption of outcome-based funding for employment supports for persons with disabilities in Australia led to increased competition between service providers who were seeking “quick wins” rather than developing innovative practices. These authors suggest that competition between service providers leads to decreased employment options for the most disadvantaged and marginalized groups. They state:

Although the Government claims that competition and outcome-based funding will enhance “choice” to consumers, improve the quality of services, encourage innovativeness, and ensure equity in service provision, in practice, this system forces employment service agencies to compete rather than cooperate with one another for the “best clients,” that is, for those who are less disabled, whose disabilities are predictable, need minimum employment support and tend to achieve “quick outcomes”. (Shankar & Collyer, 2004, p. 40)

Furthermore, past research has also uncovered negative outcomes associated with market-based reforms in health and social services as a result of inadequate competition. For example, Randall and Williams (2006) explored the impact of instituting a neoliberal, market-oriented model for rehabilitation homecare services in Ontario in 1996. Positioned as a mechanism to improve cost-efficiency and service quality, this market-based approach that included a competitive bidding process resulted in higher per-visit costs and reduced access to services. These authors suggest that the introduction of market-based reforms assume the presence of a fully functioning market, which is not the norm in specialized health and social services. In the case of rehabilitation homecare services in Ontario, there was inadequate competition in the field to support a market-based model, resulting increased costs and reduced access to services.
(Randall & Williams, 2006). These findings further highlight the risks associated with adopting neoliberal, market-based reform in health and social services.

Research conducted by Chouinard and Crooks (2005) and Wilton and Schuer (2006) suggest that the trend towards a neoliberal marketing model within ODSP pre-dates the policy revisions that occurred in 2006. These authors argue that the introduction of ODSP in 1999 was also grounded in neoliberalism. Social welfare became increasingly hostile towards individuals who were unemployed (Chouinard & Crooks, 2005) and competitive employment became the principle condition of citizenship and social inclusion (Wilton & Schuer, 2006). The adoption of an outcome-based funding model for ODSP-ES continues this trend and firmly established ODSP-ES within neoliberal ideological principles. The policy utilizes market-based, individually-oriented strategies to shift responsibility and financial risk from the government to employment programs, service providers, and individual clients.

Consistent with earlier versions of ODSP, this embracement of neoliberalism remains obscured by stated policy objectives which focus on social inclusion and social participation through competitive employment. According to DeVault (2008a) “much of what happens on the ground can slip from view” (p. 291). In other words, the realities and experiences that can result from such policies are not always readily evident. The findings of this research highlight the need to unpack the implications of the policy change and explore the consequences from multiple perspectives. Brodkin (2003) refers to this type of analysis, which explores beyond what is visible and examines what occurs below the surface and touches everyday practices, as deep dish analysis and street-level research. Brodkin states:

This approach is most valuable when policy implementation involves change in organizational practice, discretion by frontline workers, and complex decision-making in a context of formal policy ambiguity and uncertainty. By focusing
on specific institutions and the informal, lower-level routines through which they create policy at the point of [service] delivery, it is possible to give greater transparency to policies that are otherwise opaque and provide a fuller picture of how policy is produced and experienced in everyday life. (p. 145)

Thus, by examining the construction and implementation of ODSP-ES, this study has created new knowledge about the impact of neoliberal ideologies on policy construction and policy implementation for marginalized groups.

7.2. Discussion of Lessons Learned

In this section, I provide an analytic discussion of the lessons learned from this research in light of existing literature. I specifically outline lessons learned about the problem of unemployment among people living with mental illness, the consequences of the revised ODSP-ES policy, outcome-based funding, and constructing and implementing public policy for marginalized groups. This analysis demonstrates how the findings of this research address the study objectives.

7.2.1. Understanding the Problem of Unemployment

The findings of this study highlight that ODSP-ES and services available through the policy are grounded in the assumption that people are unemployed because of personal deficits such as a lack of motivation or ongoing issues associated with their illness. Service providers are focused on personal motivation for work as the key issue in assessing employability and determining who they will take on as clients. These findings mirror suggestions that have been made regarding welfare-to-work programs that have incorporated the assumption that unemployment and poverty are caused by personal deficits and moral failings in this segment of the population (Dias & Moynard-Moody, 2007; Lightman et al., 2005a; Lightman et al., 2005b; McDonald & Marston, 2005; Morgen, 2001; Somers & Block, 2005). This assumption tends to
blame marginalized individuals for their circumstances rather than acknowledge the contribution of deeply-rooted social and structural inequalities (Chouinard & Crooks, 2005; Colley & Hodkinson, 2001; Wilton, 2004a). Accordingly, strategies used to move recipients into employment are generally directed at addressing personal limitations and fail to adequately address the social disadvantage experienced by marginalized groups. For example, Scott and London (2008) explored the impact of time limits on the provision of welfare in the United States on the lives of marginalized women and conclude by posing the following question: “Is laziness really the problem, dependence really the evil some imagine it to be?” (p. 175).

The assumption about the primacy of personal deficits in causing unemployment found in this study underlies pervasive understandings of unemployment among people living with mental illness as laziness and lack of motivation (Shankar & Collyer, 2004). Efforts to tackle unemployment among people living with mental illness often revolve around these beliefs and are focused on addressing poor motivation. Findings of past research suggest that the impact of motivation on employment among people living with mental illness is important but perhaps not worthy of such intense focus. For example, Shankar and Collyer (2003) suggest that although enthusiasm and motivation for work are important, these characteristics might be related to past experiences at work rather than being a quality of the individual that leads to unemployment. Consistent with these findings are those of Krupa et al. (2009), which further highlight how stigma associated with mental illness can be internalized by people living with mental illness and can undermine motivation to secure and maintain employment. Dias and Moynard-Moody (2007) warn against blaming poor employment outcomes on a lack of motivation on the part of the client, stating: “Given the clients’ educational and skill deficits and their difficult personal situations, motivation is a relatively simple and superficial problem” (p. 201). Shakespeare and Watson (1997) also warn of the dangers of continuing to focus on individual aspects of disability
while ignoring the systemic and contextual barriers that can limit social participation, stating: “While it would be incorrect to suggest that motivation or psychological state is irrelevant to rehabilitation, or indeed to other dimensions of the disability experience, it is extremely dangerous to give primacy to such victim-blaming and value laden approaches” (p. 297). These findings and reflections by researchers immersed in the field of social policy suggest that personal motivation may not merit such intense attention within employment supports for people living with mental illness. It may be detrimental for service providers to screen out individuals who they deem to be lacking motivation without further exploration into the circumstances of each individual and their past experiences with employment and their disability.

The assumptions about unemployment revealed through this analysis revolve around a discourse of individual pathology and personal inadequacy. Powerful discourses construct and perpetuate “truth” about human beings (Cheek & Porter, 1997). In reflecting on the power of discourse to influence our understanding of social problems, Chambon (1999) explains:

We come to “see” things in particular ways through the concepts and theories we develop about them: how we name, characterize, explain, and predict…. Things do not exist outside our naming them. It is the act of naming that creates things. (p.57)

Discourses become embedded in societal structures that serve to produce and reproduce them. The dominant assumptions that were revealed in this research about the problem of unemployment being caused by personal deficiencies were influential in the construction and implementation of the ODSP-ES policy. These dominant assumptions foster the development of interventions focused on addressing individual-level problems such as poor motivation rather than considering contextual, systemic level forces that contribute to unemployment, and suggest that individuals must take personal responsibility for their own circumstances (Chouinard &
The discourse of individual pathology and personal inadequacy produce and reproduce stigma towards persons who are unemployed and reliant on social assistance (Chouinard & Crooks, 2005; Hartman, 2005). Individuals are implored to take responsibility for their own circumstances of unemployment and seek out support to establish themselves as self-sufficient and productive citizens (Cheek & Porter, 1997; Chouinard & Crooks, 2005; Hartman, 2005). As revealed through these findings, these circumstances fail to account for the complex reality faced by individuals with disabilities who are unemployed.

**Contextual barriers to employment**

The social context of employment and the systemic barriers that restrict employment opportunities are key factors in policy development for marginalized groups, and for people living with mental illness in particular. Barriers such as stigma, poverty and poor labour market conditions can have significant implications for people living with mental illness in the workplace. The findings of this research highlight the importance of considering structural issues in developing policy to enhance the productivity and participation of marginalized groups in society.

The findings of this research emphasize the severe impact that poverty can have on efforts to secure and maintain employment among people living with mental illness. Although several authors have positioned the provision of employment supports as an anti-poverty strategy (Access Committee of the ODSP Action Coalition, 2008; Marrone & Golowka, 1999; Nordt, Muller, Rossler, & Lauber, 2007), the impact of poverty on employment is rarely acknowledged. There are some exceptions worth mentioning. Alverson, Alverson, Drake and Becker (1998) include access to the “minimal necessary material resources” (p. 39) and the absence of unrelenting poverty as possible predictors of employment. Cook (2006) acknowledges the impact
of poverty on work recovery among people living with mental illness by noting how inadequate income can restrict employment opportunities. According to Cook, individuals living in poverty typically reside in neighbourhoods where jobs are scarce and they often cannot afford transportation and lack the resources required to obtain training, pursue postsecondary education, and purchase job-related equipment. Furthermore, in a review of employment assistance programs in Ontario Works and ODSP, Matthews (2004) acknowledges that deep and sustained poverty can reduce employment prospects: “Finding stable housing, enough food, and raising their children can exhaust all their energy, leaving nothing left for training and job searches. They have no energy left to think about what they need to do to improve their future” (p. 17). It is therefore incumbent upon policymakers and service providers to attend to these deeply rooted structural issues as a means of enabling participation and productivity, in addition to being a result of doing so.

Fear of losing benefits and jeopardizing one’s position on benefits is a pervasive concern expressed by the informants in this study that is stalling progress in the area of employment. While this issue emerged relative to people living with mental illness, it may also be a barrier for other marginalized groups who are struggling to enter the paid workforce. Such concerns are not new and have been cited extensively in the literature as critical barriers to employment (Cook & Burke, 2002; Noble, 1998; O'Brien et al., 2003; O'Day & Killeen, 2002). The findings of this research demonstrate that even efforts to remove structural disincentives to work can be met with mistrust and disbelief. Careful attention within ODSP services must be devoted to disseminating and explaining the content of the policy and the employment benefits available to recipients to enlist their trust; even information sessions seem to do little to subdue these fears. Other research has described this phenomenon as well; for example, Baron (2000) describes the fear of losing benefits despite policy changes to increase work incentives as “unshakeable” (p. 386). According
to Lawand and Kloosterman (2006): “It also takes time to overcome the legacy of mistrust and apprehension that beneficiaries have of dealing with income support programs. Fear of financial and emotional risks associated with the benefit system can be strong deterrents to seeking employment” (p. 283). Although the fear associated with losing benefits and misunderstandings about the new rules might subside over time, there is a legacy of mistrust that is undermining efforts to improve employment prospects of people living with mental illness.

Successful transition to employment cannot occur without attention to contextual constraints and disabling aspects of workplace environments and processes (Wilton & Schuer, 2006); however, under a marketing model, unemployment among marginalized populations is conceptualized at an individual-level. Efforts tend to be directed to supporting potential employees, encouraging them to take personal responsibility for their circumstances, and attending to their personal limitations with a focus on how they might fit into available jobs. What remains lacking is attention to creating jobs and workplaces that can accommodate the needs of each client, and directing efforts towards matching individuals to jobs that are well suited to their strengths and limitations (McDonald & Marston, 2005; Roulstone, 2000). The findings of this study are consistent with evidence in the area of employment among people living with mental illness in highlighting the need to move beyond personal barriers to employment and focus on addressing the social context of employment by combating stigma and poverty (Grover & Piggott, 2007; Krupa et al., 2009; Krupa, Kirsh, Gewurtz, & Cockburn, 2005), creating more inclusive workplaces (Gewurtz & Kirsh, 2009), and overcoming the legacy of fear and mistrust embedded in systems of income support (Baron, 2000; Henry & Lucca, 2004; Matthews, 2004; Noble, 1998; O'Day & Killeen, 2002). In considering the provision of employment supports for marginalized people who have experienced long-term unemployment in two states of Australia, McDonald and Marston suggest that the challenge is to “resist the
temptation to understand unemployment as a list of risk indicators or character deficits, and insist on placing the problem of unemployment within a social context of power and authority” (p. 397).

Combating stigma, addressing poverty, creating more inclusive workplaces and overcoming the legacy of fear and mistrust are big undertakings. Such issues require cross ministerial collaboration that extends beyond a singular domain, in this case ODSP and the MCSS. The importance of intergovernmental collaboration and partnerships were outlined by Krupa et al. (2005) in a response to the interim report on mental health, mental illness and addiction by the Standing Senate Committee on Social Affairs, Science and Technology. Many of these issues were further addressed in the final report of the Standing Senate Committee on Social Affairs, Science and Technology (2006), “Out of the Shadows at Last – Transforming Mental Health, Mental Illness, and Addiction Services in Canada” and have been taken on by the Mental Health Commission of Canada (see Mental Health Commission of Canada – www.mentalhealthcommission.ca). Real progress around employment among people living with mental illness cannot be achieved without addressing these critical contextual and systemic issues.

7.2.2. Understanding the Consequences of ODSP-ES

The findings of this study demonstrate how service providers and employment programs are responding to the policy change in terms of the services they provide, the people they serve, and the way they work with their clients and each other. The study points out that while outcome-based funding may lead to benefits in some areas, it results in significant losses in others. As with most policy changes, there are winners and losers and the implications of the policy differ depending on which perspective is taken (Schofield, 2001). Although all the informants felt that job placement rates have increased, there were concerns expressed about
what has been lost with the adoption of the new ODSP-ES policy and the implications for clients, service providers, employment programs, and employers. By examining the construction and implementation of ODSP-ES and its implications for employment programs and services for people living with mental illness from multiple perspectives, the findings reveal varying degrees of implementation in practice, and the many ways in which policy is molded to fit the service contexts as it is carried out.

**Rapid placement as an evidence-based approach**

A benefit of outcome-based funding is its potential to shift services towards the adoption of practices that can improve outcomes. In the case of ODSP-ES, the best practice known as *rapid placement* was more widely incorporated into employment services than it had been in the past. The funding model adopted by ODSP-ES seems to support and encourage rapid placement into available jobs. However, rapid placement as a best practice is supported by the evidence as one of several principles of a supported employment program (Bond et al., 2008). Rapid placement alone, in the absence of companion principles – job matching, ongoing and comprehensive supports - is not supported by the available evidence. Breitenstein et al. (2010) suggest that poor implementation fidelity of evidence-based interventions in community settings may explain why interventions that have proven to be effective do not transpire in practice.

The findings of this research suggest that the imperative to place clients into jobs as quickly as possible can restrict options for employment and limit the quality of employment. There is less attention to skills training and the provision of ongoing support. Such circumstances have been found in social assistance programs where legislation mandates the shortest route to a job (Vick & Lightman, 2010), and in other employment support programs that receive outcome-based funding (Brodkin, 1997; Dias & Moynard-Moody, 2007; Gates et al., 2005; Shankar & Collyer, 2003). In both cases, there is an imperative, whether legislative or financial, to place
clients into jobs as quickly as possible. Client preferences and needs are circumscribed and clients are placed into low status, low-paid, unstable positions with few opportunities for advancement (Barnes, 2000; Dean, 2003; Vick & Lightman, 2010). Accordingly, some authors argue that employment supports for persons with disabilities create a local reserve of cheap workers that meets the needs of corporations (Grover & Piggott, 2005; Hartman, 2005; Wilton & Schuer, 2006). For example, Grover and Piggott state: “The needs of disabled people come second to the needs of capital as disabled people are repositioned as a potential supply of labour for entry-level jobs” (p. 715). Although the rate of job placements might increase, inadequate attention to job quality, skills training or the provision of ongoing support can maintain individuals in unstable, low-paid jobs that do not improve their quality of life. Furthermore, such precarious employment where individuals have little control over their work conditions has been shown to compromise both physical and mental health (Vezina et al., 2004)

7.2.3. Outcome-Based Funding Models

This research highlights how funding models can influence service delivery and outcomes for marginalized groups within health and social services. Funding can change how service providers work with clients and the services that are offered. The introduction of outcome-based funding leads to more a coercive approach to policy implementation as funding is tied directly to achieving results (Barrett, 2004). As demonstrated by the findings of this research, there is little doubt about what government funders expect from service providers and programs, and what is regarded as satisfactory performance. Success and failure, at the program level, is judged primarily on the basis of meeting pre-set targets and there is little room for compromise between competing interests. According to Barrett, as a result of this top-down approach, service priorities become skewed in fear of failing to meet pre-set targets, or as she states, “Performance becomes conformance” (p. 260). The focus is on compliance and achieving prescribed
objectives. Barrett argues that this coercive approach can stall innovation and creativity as programs focus their efforts on meeting targets rather than addressing the needs of their clients. Although accountability can increase, the findings demonstrate that such increase is superficial and restricted to service targets associated with funding. Schouwstra and Ellman (2006) describe this challenge as follows: “If implementers know they will be held accountable for the success of the policy… and this success will be measured only with reference to certain performance indicators, the implementers will tend to focus on performing well on those indicators only” (p. 6).

**Managing the increased financial risks and unintended outcomes**

Outcome-based funding creates a financial necessity for programs to achieve results. The findings of this research highlight that employment programs struggling to meet their targets may resort to questionable tactics to secure their funding that do not always serve the interests of their clients. For example, some took to negotiating with employers to keep their clients employed for 13-weeks and pressuring clients to accept the first available job regardless of their preferences. Similar practices have been reported by other researchers (Grover & Piggott, 2007; Marshall, Rapp, Becker, & Bond, 2008; Piggott & Grover, 2009). In their research on outcome-based funding for publicly funded mental health residential programs in the city of Philadelphia, Faith et al. (2010) report that the initial target was focused solely on improving occupancy rates. Although occupancy rates rose quickly (by 22% over 18 months), the heightened emphasis on occupancy inadvertently suppressed discharge rates. These authors concluded that there is a need to expand the focus to include measures of effectiveness in the outcome reimbursement schedule, such as graduation to a lesser level of care and decreased use of psychiatric services. Indeed, Brodkin (2003) describes how quotas and targets, which are used to increase accountability in the frontlines of policy implementation, can have significant negative consequences by distorting...
the implementation process and “skewing attention to making the numbers without regard for how quotas were being achieved” (p. 155). Such consequences are especially prevalent when there are few milestones in the system that trigger a payment from the funder, thereby shifting the financial risks from the funder to the service provider (Faith et al., 2010; Frumkin, 2001; Novak et al., 1999; O'Brien & Revell, 2005). These circumstances can undermine the potential of employment supports to improve quality of life and career prospects of clients, and can maintain individuals in a precarious state of poverty.

The need to manage financial risks within an outcome-based funding system can also result in certain types of clients being privileged over others. In this study, service providers sought to stack their caseloads with sufficient clients who appeared ready to go directly into a job with very little support and were willing to accept jobs that were readily available in the current labour market. These findings parallel existing research on outcome-based funding, suggesting that service providers are often discouraged from working with harder to service clients who might present with more complex issues and unfavourably skew their outcomes (Behn & Kant, 1999; Corden & Thornton, 2003; Frumkin, 2001; O'Brien & Revell, 2005; Rapp, 2002; Shen, 2003). Shankar and Collyer (2004) found that when employment services were restructured in the state of Oregon, the most disadvantaged individuals were frequently denied services and people living with mental illness were made particularly vulnerable in this regard. These authors summarize this situation as follows: “There is little room in this system for those with severe psychiatric disabilities who may be successful at work but need innovative and challenging approaches to employment support” (p. 40). Similarly, Chouinard and Crooks (2005) report that with the introduction of ODSP in 1999 there was a significant shift away from assisting individuals on the basis of need towards delivering employment assistance to individuals deemed most able to succeed. Such a focus is even more prevalent under the new funding model where
there is a financial imperative to ensure clients are successful at finding and keeping a job for 13 weeks in order to trigger a payment to the service provider. These findings suggest outcome-based funding can lead to decreased access to services for individuals who have higher support needs.

The findings of this research, together with existing research, highlight several concerns with this focus on individuals who are deemed easier to serve. Most importantly, publicly funded health and social services are often the last resort for marginalized populations (Shen, 2003) and there are significant social implications if those most in need are being turned away (Chouinard & Crooks, 2005; Scott & London, 2008). Such individuals might be left with few options. In the case of employment supports in particular, the findings of this research highlight that the technology to assess employability remains underdeveloped and that most service providers have few reliable means of making these determinations early in the employment support process. People living with mental illness seem especially disadvantaged in this regard as they often do not present well in an initial interview and might require specialized supports to find and keep jobs. Furthermore, efforts to weed out those with high service needs seem to further encourage a focus on personal barriers to employment, which can lead to a rather simplistic understanding of the problem of unemployment among people living with mental illness.

These findings suggest that there exist many possible unintended consequences associated with the implementation of outcome-based funding as programs seek to manage their increased financial risk. The need for sufficient clients in order to meet targets and secure funding might be sufficient to prevent widespread creaming and ensure that programs continue to work with more complex clients. This finding is consistent with past research by McLellan et al. (2008) on performance-based contracting in the addictions field, where a requirement to maintain 90% capacity utilization in order to secure base funding helped ensure that programs continued to
work with more severe clients. However, the findings of Faith et al. (2010) on outcome-based funding in residential services highlight the need to monitor these capacity requirements to ensure they do not constrain system flow and lead to a decrease in discharges in order to artificially maintain high system utilization. Together, these findings highlight that challenges associated with the implementation of outcome-based funding can often be effectively managed with appropriate system level requirements or additional milestones to ensure service effectiveness. However, it takes time, ongoing monitoring and deliberate effort to effectively address the myriad of challenges that can arise.

**Outcome-based funding and evidence-based practice**

The findings of this research suggest that the imperative to improve outcomes within an outcome-based funded system encourages programs to revisit their practices and procedures in order to improve their capacity to meet their targets. These circumstances could lead to the adoption of evidence-based practices. However, in many cases, the new funding model left programs struggling to meet their targets and resorting to questionable, and even unethical practices to secure their funding. These findings seem to conflict with those of McLellan et al. (2008), who report on the adoption of performance-based contracting within outpatient addiction treatment programs in Delaware and suggest that it led to an increase in the use of evidence-based approaches. However, in the Delaware case, the funder specifically encouraged programs to adopt contingency strategies to improve outcomes and offered training in two evidenced-based approaches – Motivational Interviewing and Cognitive Behavioural Therapy. Together, these findings suggest that market forces alone are inadequate to drive the adoption of evidence-based practices; however, outcome-based funding, along with the provision of resources such as training for service providers in various evidence-based approaches, can promote the adoption of evidence-based practices.
Furthermore, the findings of this research suggest that programs and service providers are more likely to adopt evidence-based approaches when they are directly linked to funding. The literature on outcome-based funding in employment services suggests that including milestones consistent with evidence-based practice can counteract some of the perverse incentives associated with outcome-based funding. For example, McGrew et al. (2005) demonstrated the effectiveness of implementing a combination of evidence-based supported employment and outcome-based funding in the state of Indiana. The funding schedule adopted in the study by McGrew et al. differs from the one adopted by ODSP-ES in that it included more than one milestone, and the milestones were consistent with evidence-based supported employment. The results of the McGrew et al. study suggest that improved employment outcomes can be achieved by “specifying and incentivizing milestones even with programs already using and faithfully implementing an evidence-based model” (p. 97). Although improved outcomes were still limited to those included in the reimbursement schedule, the findings of McGrew et al. are promising and highlight the benefits of incorporating multiple milestones within an outcome-based funding system, and ensuring that the milestones included in the system are consistent with an evidence-based approach to employment supports.

7.2.4. Constructing and Implementing Public Policy for Marginalized Groups

The findings of this research provide several key lessons about constructing and implementing public policy for marginalized populations. First, the findings illustrate that policy implementation occurs unevenly across the field and that frontline service providers have significant discretionary powers that can mold policy in practice and resist change under new policy directives. This finding is consistent with existing research which has examined the discretionary power of frontline workers to bargain and negotiate policy modification in even the
most rule-bound environments (Barrett, 2004; Brodkin, 1997, 2003; Riccucci, 2005). Those involved in designing ODSP-ES described how they were trying to design a policy that had built-in financial incentives to encourage service providers to adopt practices to help clients find and keep jobs. Wolman (1981) notes, however, that “incentives are prone to fail where we lack an adequate understanding of the motivations of human behaviour which the incentives are designed to affect” (p. 445). Using financial arrangements to motivate desired behaviour assumes that programs are reliant on this funding and will adapt their approach in order to secure this funding. However, this research illustrates how some programs have circumvented drastic changes to their practice by drawing on other funding sources to supplement their work under ODSP-ES. In particular, large employment programs or programs situated within large organizations are best positioned to absorb much of the financial risk involved in the outcome-based funding system without instituting significant changes.

Policies are rarely absolute failures or full-fledged fiascos (Larson, 1980). In the case of ODSP-ES, the findings suggest that the policy has been somewhat successful at achieving its stated objective of connecting people with disabilities to competitive employment. However, it has been less successful at assisting clients to achieve quality jobs or advance their careers. Furthermore, the policy has led to several secondary consequences that further compromise its success and raise questions about its overall utility. These secondary consequences have been outlined above and are included in Figure 4 (see page 191). This research highlights that determining the success or failure of policy is an interpretative exercise (Bovens, ‘t Hart, & Peters, 1998) and illustrates the importance of exploring policy implementation from multiple perspectives beyond the stated objectives (Schouwstra & Ellman, 2006). This research reinforces the socially constructed nature of policy development as it highlights multiple perspectives of reality involved in the construction and implementation of public policy and how different
stakeholders view policy events and outcomes based on their positions and experiences. Bovens and ‘t Hart (1996) argue that “the key to policy science’s unique contribution lies in its reflective potential” (p. 149). This research demonstrates the complexity of policy reform in social services by unpacking the construction and implementation of a policy from the perspectives of key stakeholders.

7.3. Implications

The findings of this research suggest several important implications for future research, policy development, and practice. These implications are presented here and organized in three levels: 1) ODSP-ES and employment supports for people living with mental illness in Ontario; 2) outcome-based funding in general; and 3) the construction and implementation of public policy for marginalized groups. In this section I outline these implications by drawing on the findings of this research in light of existing knowledge in the field.

7.3.1. Implications for ODSP-ES

ODSP-ES policy is framed within the policy directives as a way to help people with disabilities find jobs; however, as this research has shown, it is grounded firmly in neoliberal ideology, relying on market forces to ensure that some people with disabilities are placed into jobs that are readily available in the labour market. This move has shifted the focus from the provision of services to the achievement of job placement and retention targets in order to secure payment. The findings of this research demonstrate that job placement rates alone provide insufficient information about the quality of employment being achieved and raise questions about whether career development, quality of life, and the needs of individuals with more complex barriers to employment are being adequately addressed. Individuals are being forced into precarious employment situations despite the perception of improved job placement rates. There is a need for further investigation into the employment support process and the
employment trajectories of individuals with disabilities who are reliant on income supports. Such research could focus on the experiences of service providers and their clients to discern how the employment support process unfolds in practice and the factors that constrain the process.

There is little financial incentive within ODSP-ES to encourage service providers to develop the necessary skills to infiltrate the labour market beyond entry-level positions. This finding is consistent with other research on employment services for people living with mental illness that also reports that jobs tend to be concentrated at the entry-level, in positions that provide little security, benefits, or room for growth and development (Baron, 2000; Bond, Becker et al., 2001; Marrone et al., 2005; O'Day & Killeen, 2002). There is a need to ensure that programs continue to evolve and develop the necessary competencies to support clients in securing jobs that match their skills and qualifications, improve their quality of life and advance their careers. In order to address these concerns, both Frumkin (2001) and Novak et al. (1999) argue that funding should emphasize job quality over quantity and include significant financial incentives for service providers to secure better jobs for their clients. The funding formula needs to accommodate and promote benefits to service providers who enable their clients to become trained in skills that are marketable and will result in job placement and career development. Such funding, if applied to ODSP-ES, could offset the additional investment required of service providers and employment programs to infiltrate this sector of the labour market and to secure higher paid positions for their clients.

Fears of losing one’s status as a person with a legitimate disability who is eligible for disability-based income support continue to constrain efforts around employment. These fears are not new and point to a deeply-entrenched culture of mistrust with the ODSP and welfare systems. Despite the separation of the two branches of ODSP, the success of the current ODSP-ES policy is greatly influenced by the process of qualifying for income support and the fear
associated with losing benefits. Although rules have evolved in order to promote employment and encourage more income support recipients to pursue employment, there is a general level of mistrust among persons with disabilities who fear that pursuing employment will automatically disqualify them from income support and could leave them unable to meet their basic needs. The persistence of these fears highlights how hard it is to shake entrenched beliefs. ODSP must take every available opportunity to manage and allay such fears. As a first step, ODSP must ensure that every income support recipient is made aware of the changes to the policy and the treatment of earnings from employment. There is a need to revisit the process of communicating with clients so that trust in the system is reinstated; as an example, automatic letters stating benefits will be suspended should no longer be sent out. Rather, clients should have personal contact with workers who can answer their questions and ensure they receive their benefits. Such system-level changes can make the process of pursuing employment less risky for individuals who are reliant on ODSP income support.

The changes associated with ODSP-ES have blurred the distinction between the deserving and undeserving poor. Populations that are considered “deserving” have generally been exempt from the mandatory work participation requirements within the general welfare system. Although ODSP-ES is a voluntary program, it is grounded in the discourse of general welfare where individuals are required to accept personal responsibility for their impoverished circumstances and engage in employment supports to maintain their eligibility for income support (Chouinard & Crooks, 2005; Wilton, 2004a). Employment and self-sufficiency are encouraged and promoted as ideal and desired (McDonald & Marston, 2005; Morgen, 2001) regardless of disability. The benefit of this blurring is that individuals with disabilities are now seen as potential employees and as persons who can and should enter the workplace. However, it also introduces stigma associated with ongoing unemployment and reliance on income support.
There is a need to reconcile this tension and reconceptualize our understanding of the problem of unemployment among persons with disabilities.

The findings highlight a decreased capacity to address barriers to employment within the constraints of ODSP-ES. While service providers were able to assist individuals with their social conditions and skill levels prior to the policy revisions, these areas are more difficult in light of the new funding arrangement. The findings highlight the need for service providers and programs to find innovative ways to meet these needs under the revised policy. For example, they may find ways to form strong alliances with local employers and create more accommodating workplaces; or they may partner with other community services to ensure their clients have access to adequate housing, opportunities for training, and that other non-vocational issues that can restrict employment prospects are adequately addressed. Service providers and programs must continue to exert pressure on policy-makers to ensure that the policy continues to evolve to better meet the needs of persons with disabilities.

7.3.2. Implications for Outcome-Based Funding

Outcome-based funding has been used as an approach to push the field from service delivery to focus squarely on helping clients find and keep jobs. However, there is a need to reconcile the services that have been lost and find some middle ground between the social service model and the marketing model. Although a return to a fee-for-service approach for funding employment supports could jeopardize the gains that have been made in the field in terms of job placements, there is a need to address the negative consequences associated with the adoption of an outcome-based funding model. Thinking beyond quick and simple solutions for the problem of unemployment among people living with mental illness will enable the implementation of strategies to address poverty, discrimination, and unaccommodating work environments. Specifically, additional funding and targets to address these critical indicators
could be added to the ODSP-ES payment schedule\(^2\). The findings presented here, along with existing research on outcome-based funding (M. Boyce, 2008; McGrew et al., 2005), suggest there is a need to expand the current focus on job placement and retention targets and align the funding schedule with evidence-based practice; provision of ongoing support for clients and a focus on client preferences, job quality, worker satisfaction, job tenure and career development must be incorporated. Furthermore, provisions should be made within the system to support service provider training in evidence-based practices, and encourage programs to incorporate evidence-based approaches into their programming.

Additional funding for individuals with particularly pervasive barriers to employment can be implemented to help compensate service providers for the extra efforts required to help some individuals find and keep jobs. This strategy has been recommended by others in the field as a way of dispersing some of the risk associated with working with individuals with more complex barriers under an outcome-based funding model, and encouraging service providers to develop the competencies required to provide effective employment supports across the spectrum of persons with disabilities (Corden & Thornton, 2003; Frumkin, 2001; Novak et al., 1999; O'Brien & Revell, 2005). Although some of the policy informants dismissed the issue of creaming, it is a concern that was raised by the program and consumer informants and requires attention. There is a need to create financial incentives for service providers to work with individuals with more

\(^2\) Subsequent to the completion of data collection and data analysis, an additional milestone payment was added to the ODSP-ES funding model for the 2009-10 fiscal year. According to a key message statement released by ODSP in June 2009 (ODSP-ES Branch, 2009), programs will now earn a milestone payment of $1000 when a client has worked for six weeks. The program will also earn the standard $6000 placement fee if the client continues in employment to 13 weeks. Furthermore, ODSP has set limits on the number of milestone payments that programs can earn. Programs can only earn milestone payments for up to twice the number of job placements they set as a target through negotiation with the regional ODSP-ES office. These changes appear to address some of the consequences that emerged from this analysis. It is promising that the MCSS seems aware of some of the implications of the revised policy and the negative consequences that have ensued, and have made a commitment to monitor the results and respond to concerns. Although these enhancements might begin to address some of the issues raised in this analysis, they do not appear sufficient to fully mitigate the incentives associated with the outcome-based funding model adopted by ODSP-ES that contribute to negative consequences for people living with mental illness.
complex barriers to employment and develop increased competencies in helping them find and keep jobs.

7.3.3. Implications for Public Policy

The findings of this analysis highlight the unique challenge of helping people living with mental illness find and keep jobs and the difficulty of meeting the needs of marginalized groups in the context of cross-disability policy. People living with mental illness are considered one of the most marginalized groups among persons with disabilities and face unique challenges in the context of work rehabilitation (Mechanic et al., 2002; The Standing Senate Committee on Social Affairs, Science and Technology, 2006). This research highlights how illnesses and disabilities that are largely invisible and episodic in nature can be particularly problematic in the context of designing, delivering, and funding public policy. This finding is consistent with those of Lightman, Vick, Herd and Mitchell (2009) which highlight how individuals living with episodic disabilities do not fit within the existing parameters of social assistance. These authors suggest that there is a need to conceive and legitimize episodic disabilities in public policy in order to ensure access to needed supports. The problem of episodic disabilities in employment supports and social assistance merits further research in order to develop guidelines for public policy.

A trend in public policy revealed in this research is the introduction of competition within the service delivery system. Although competition can push providers to improve outcomes, it can also halt collaboration and reduce service quality (Randall & Williams, 2006). There is a need to ensure a collaborative culture is maintained between organizations in the social service field in order to counteract some of the negative consequences associated with competition. A balance between competition and collaboration could continue to push programs to improve their services, while still promoting sharing of innovative ideas and the emergence of effective partnerships (McLellan et al., 2008). Efforts to support collaboration are likely most effective if
initiated from the frontlines, as in the case of JOIN and service providers who have chosen to work together in order to advance their common goal. However, such initiatives must be supported by governments and funders who can encourage collaboration and ensure sufficient and sustainable funding is available within the field. Such collaborative efforts can ensure ongoing progress and innovation in the field.

Furthermore, the findings of this research suggest that there is a need to find an appropriate balance in public policy between prescription and flexibility. Prescriptive policies with very specific rules have been criticized for restricting innovation and the development of localized approaches to practice (Herd et al., 2009; Stone, 2002). The findings of this research describe significant changes that have occurred in the field of employment supports for individuals with disabilities. During this time of transition, there may be a need for more precise service delivery guidelines and process-oriented milestones to help programs adapt and ensure service providers are able to acquire skills and competencies for success. Furthermore, funding should be made available to programs and service providers to help them obtain the necessary skills and expertise to respond effectively to the new policy. Such strategies have been successfully implemented in other jurisdictions. For example, when outcome-based funding was implemented by the New York State office of Mental Health in the United States, service delivery requirements were included with each milestone (Gates et al., 2004).

Questions around the use of research in policy-making emerged from this analysis and highlight the importance of using research properly when constructing and implementing public policy. Some aspects of the revised ODSP-ES policy seem to be well grounded in the available research while others are not. For example, while the importance of competitive employment and linking funding directly to achieving outcomes are well supported by research evidence, the decisions to move to a single milestone system and to have no additional financial incentives for
clients with more complex barriers are not (Gates et al., 2004, 2005; McGrew et al., 2005, 2007; O'Brien & Revell, 2005). It remains unclear exactly how and when evidence from research was consulted in the formulation of the revised ODSP-ES policy; however, the findings highlight that incomplete adoption and implementation of evidence-based approaches can have negative consequences.

7.4. Strengths, Limitations, and Future Research Directions

There are several limitations to this research. First, I did not interview employers, therefore, their perspectives are missing from this analysis. They are a key stakeholder group involved in the provision of employment supports and their perspectives could add important insight into the implementation of this policy. Specifically, it is important to explore whether this policy has helped them successfully hire and retain employees with disabilities. Although I interviewed consumer leaders, I did not focus on the experience of individuals who have accessed ODSP-ES services. This perspective could also add insight into the impact of the policy change in practice. Furthermore, I did not explore regional variations regarding ODSP-ES across the province. Ontario is a large province with local variations that have implications in terms of available employment options and barriers to employment, as well as potential benefits. Research examining these variations might be warranted in some communities in order to better respond to local needs.

One of the strengths of this research is the in-depth examination of the key tensions involved in the construction and implementation of ODSP-ES using qualitative methods. However, quantitative data would add a critical perspective to this research. Specifically, the collection and analysis of quantitative data could provide information about the characteristics of clients being accepted by service providers, those being turned away, and the outcomes associated with the policy including job placement and retention rates, quality of life, client
satisfaction, changes in monthly income, the number of hours worked, and job tenure. Such data would greatly enhance the findings of this research and are a critical next step in order to fully evaluate the impact of the policy.

The findings presented here suggest that more research should be directed at better understanding the factors that constrain the employment prospects of marginalized groups including people living with mental illness, and developing innovative approaches to address such issues within employment support services. Although we are unlikely to find simple solutions to complex issues such as stigma, poverty, and workplace accommodations, more work needs to be done. We cannot continue to focus our attention solely on personal deficits and limitations. We must work to develop strategies and policies to better engage employers, promote more inclusive workplaces, and address the real needs of individuals in order to improve the employment prospects of people living with mental illness and other marginalized groups.

The findings of this research also highlight the complexity of implementing evidence-based practices. In this research, the adoption of outcome-based funding increased the use of some but not all aspects of evidence-based practices for employment supports. This finding suggests that practitioners adopt pieces of evidence-based approaches that are most closely tied to funding structures. There is a need to further understand how funding structures influence the adoption of evidence-based practices.

7.5. Conclusions

The findings of this research highlight how public policy is constructed and implemented for marginalized groups by exploring the case of ODSP-ES in the mental health sector. The findings highlight the implications and consequences of shifting from a social service to a marketing-based model of employment supports. There is a tendency to focus on personal
deficits and limitations rather than addressing the complex contextual and social issues that can restrict employment prospects for individuals living with mental illness. Furthermore, employment programs must balance their need to secure funding and stay economically viable with their efforts to meet the needs of their clients. The findings of this research highlight the consequences associated with adopting neoliberal strategies in social services and the importance of considering multiple perspectives towards the construction and implementation of public policy. Marginalized groups present as a particular challenge in public policy. They face complex barriers that are often deeply-rooted and longstanding. It is critical to design public policies that encourage the adoption of evidence-based practices and address the systemic and contextual barriers that continue to restrict progress.
References


Appendix A: Interview Guide (Policy Informant)

Thank you for agreeing to be interviewed. As you know from the discussions we have had as you agreed to this, we have decided to interview a number of people to better understand how the recent ODSP employment supports policy change has been developed and implemented in the mental health sector.

I have some questions to ask, but they are meant to be starting points, so please feel free to add anything that you think is important.

1. Can you describe your involvement in the development of the new ODSP employment supports policy?  
   What were your hopes for the new policy?

2. What would you say was the overall intent of the policy?  
   What factors and issues were considered in the construction of the policy?  
   What outcomes were you and others striving for with this new policy?  
   Were there underlying principles upon which it was based?

3. Were there any challenges or dilemmas in development of this policy?  
   Were there compromises, omissions, and additions to the policy that you supported or opposed?

4. What has been the response from stakeholders (program administrators, service providers, consumers)?  
   How is this similar or different to what you were expecting?

5. How has this policy change impacted employment services for people with mental illness in Ontario?  
   What have been some of the benefits?  
   What have been some of the challenges?  
   How are the issues being addressed?

6. In what ways has this policy been successful?

7. Has there been any unintended or unanticipated responses, outcomes, or side effects to this policy change?

8. What could be done to improve this policy?

9. Is there anything else you would like to add?
Appendix B: Interview Guide (Program Informant)

Thank you for agreeing to be interviewed. As you know from the discussions we have had as you agreed to this, I have decided to interview a number of people to better understand how the recent ODSP employment supports policy change has been developed and implemented in the mental health sector.

I have some questions to ask, but they are meant to be starting points, so please feel free to add anything that you think is important.

1. Can you describe your involvement in developing employment services under the new ODSP employment supports policy?

2. What would you say was the overall intent of the policy?
   What factors and issues do you think were considered in the construction of the policy?
   What outcomes are you striving for with this new policy?

3. How has this policy change impacted employment services for people with mental illness in Ontario?
   What have been some of the benefits?
   What have been some of the challenges?
   How are the issues being addressed?

4. In what ways has this policy been successful?

5. Has there been any unintended or unanticipated responses, outcomes or side effects to this policy change?

6. What could be done to improve the policy?

7. Is there anything else you would like to add?
Appendix C: Interview Guide (Consumer Informant)

Thank you for agreeing to be interviewed. As you know from the discussions we have had as you agreed to this, I have decided to interview a number of people to better understand how the recent ODSP employment supports policy change has been developed and implemented in the mental health sector.

I have some questions to ask, but they are meant to be starting points, so please feel free to add anything that you think is important.

1. Can you describe your work related to the ODSP employment supports policy?

2. What would you say was the overall intent of the ODSP employment supports policy? What factors and issues do you think were considered when this policy was developed? What outcomes do you think they were striving for with this new policy?

3. How has this policy changed impacted employment services for people with mental illness in Ontario? What have been some of the benefits? What have been some of the challenges? How are the issues being addressed?

4. In what ways has this policy been successful?

5. Have there been any unintended or unanticipated responses, outcomes or side effects to this policy change?

6. What could be done to improve the policy?

7. Is there anything else you would like to add?
Appendix D: Informant Questionnaire (Policy/Program Informant)

Interview code name:

Interview date:

Job Title:

Background – (discipline/profession/training):

Number of years on this job:

Number of years in the mental health field (if appropriate):
Appendix E: Informant Questionnaire (Consumer Informant)

Participant Code Name:

Gender:

Age:

Length of time in Mental Health System:

Involvement in mental health policy, program planning/development or advocacy/activism:
Appendix F: Consent Form (Policy/Program Informant)

Project Title: Constructing public policy for marginalized groups: A case study of ODSP employment supports in the mental health sector

Student Investigator: Rebecca Gewurtz, PhD. Candidate, Graduate Department of Rehabilitation Science, University of Toronto, 416-946-8579, rebecca.gewurtz@utoronto.ca

Faculty Supervisor: Bonnie Kirsh, PhD. Associate Professor, Graduate Department of Rehabilitation Science, University of Toronto, 416-978-4647, bonnie.kirsh@utoronto.ca.

Background and Purpose of Research:
The overall purpose of this research is to explore how the change in ODSP employment supports policy been constructed and implemented in the mental health sector. This research is being conducted as part of the requirements for a PhD in the Department of Rehabilitation Science at the University of Toronto. Approximately 14 to 18 individuals involved in policy or program development in the mental health sector will be invited to participate in this component of the study.

Invitation to Participate:
You are invited to participate in this study and share your insights and experiences with the ODSP employment supports policy. To participate in this component of the study, you must have either (a) been involved in the development or implementation of employment policy for people with mental illnesses in Ontario; or (b) been involved in the development or delivery of employment services for people with mental illness in Ontario. This information letter is to tell you about the study and to invite you to share your experiences.

What is involved?
If you decide to participate in this study, you will asked to meet with the student researcher, Rebecca Gewurtz, to discuss your experiences and insights about the development and implementation ODSP employment supports policy. You will also be asked to complete a brief questionnaire about your background. The interview will be held at a time that is most convenient to you and will take approximately one hour. The location of the interview will either be at your office or in the research office at the University of Toronto depending on your preferences.

Voluntary Participation:
Your participation in this study is voluntary. You are free to contribute as much or as little as you wish. You can change your mind about participating in the study at anytime with no adverse consequences. If you choose to withdraw, the researcher will destroy all the information that was collected from you. If you choose not to answer any particular question, you will not be pressured to do so.

Risks/Benefits:
There are no risks expected from this study. You can ask to take a break, or re-schedule the interview at anytime. You can also decide to end your participation in the study at anytime. If there are any questions that you do not wish to answer, you will not be pressured to do so. If you feel uncomfortable during or after the interview, please inform the researcher. Although you may not benefit directly from this study, your participation may help us better understand the drivers and impacts of the ODSP policy change on employment services for people with mental illness. This understanding may help in the ongoing efforts to improve employment outcomes and opportunities for people with mental illness.

**Privacy and Confidentiality:**

The information we gather in the interview will be kept confidential. The interview will be audiotaped and then transcribed (typed). When it is transcribed, code names will be given to each interview. Personal and organization names (your name, your organization or agency) will be removed from the transcript and replaced with pseudonyms (false names) to protect your confidentiality. We will not use your name or any names you mention in any documents or presentations that result from this study. Only members of the research team will have access to the tapes and the transcripts. The tapes and transcripts will be stored in a locked cabinet in a research office at the University of Toronto. The tapes will be destroyed as soon as the project is completed and the transcripts will be destroyed one year after the completion date.

**Publication of Research Findings:**

The findings from this research may be published in the future. The publications that result from this study may contain aggregate findings and quotations from the interviews. However, no names or identifying information will be included.

**Research Findings:**

The student researcher may wish to contact you in the future for more information or feedback related to this study. For example, you may be invited to review the preliminary findings from this study and provide feedback by telephone or email. You can choose to accept or decline this invitation. You may also request a copy of the final report of this research.

**Contact Person**

If you have questions about the interview or the project, you can speak with the student researcher or her faculty supervisor. Our names and contact information are listed at the beginning of this letter.

If you have questions about your rights as a research participant, please contact Jill Parsons, Health Sciences Ethics Review Office, University of Toronto, at 416-946-5806 or by email jc.parsons@utoronto.ca.

We thank you for considering participation in this study. You are being given a copy of this informed consent to keep for your own records.

__________________________________  _________________  ________________
Signature                              Printed Name                     Date
Consent Form for Audio Taping
[to be printed on letterhead]

Project Title: Constructing public policy for marginalized groups: A case study of ODSP employment supports in the mental health sector

Student Investigator: Rebecca Gewurtz, PhD. Candidate, Graduate Department of Rehabilitation Science, University of Toronto, 416-946-8579, rebecca.gewurtz@utoronto.ca

Faculty Supervisor: Bonnie Kirsh, PhD. Associate Professor, Graduate Department of Rehabilitation Science, University of Toronto, 416-978-4647, bonnie.kirsh@utoronto.ca.

I consent to participate in an interview on the topic of ODSP employment supports and to have the interview tape-recorded. The tape will be used for this project alone and is not intended for future research studies.

___________________       _______________________         ____________________
Signature   Printed Name   Date
Consent Form for Future Contact
[to be printed on letterhead]

Project Title: Constructing public policy for marginalized groups: A case study of ODSP employment supports in the mental health sector

Student Investigator: Rebecca Gewurtz, PhD. Candidate, Graduate Department of Rehabilitation Science, University of Toronto, 416-946-8579, rebecca.gewurtz@utoronto.ca

Faculty Supervisor: Bonnie Kirsh, PhD. Associate Professor, Graduate Department of Rehabilitation Science, University of Toronto, 416-978-4647, bonnie.kirsh@utoronto.ca.

I consent to be contacted again by the student researcher regarding this study. I am free to accept or decline any future offers to be involved in this research.

___________________       _______________________         ____________________
Signature   Printed Name   Date
Appendix G: Consumer Recruitment Flyer

An Invitation to Participate in a Study on ODSP employment supports Services

Are you familiar with ODSP employment supports and some of the changes that have occurred in the past 2 years? Are you an advocate, committee member, or board members in the mental health sector? Do you have a mental illness?

A graduate student in the Department of Rehabilitation Science at the University of Toronto is conducting a study and is interested in hearing about your insights and experiences with some of the recent changes to ODSP employment supports. The objective of this research is to better understand the development and implementation of the recent changes in the mental health sector.

You are invited to participate and share your experiences in an individual interview

The interview will last approximately 1 hour and will be arranged in a convenient location

In appreciation of your participation, you will be provided with:
A beverage during the interview
A “thank-you” will be provided
Appendix H: Consent Form (Consumer Informant)

[To be printed on department letterhead]

**Project Title:** Constructing public policy for marginalized groups: A case study of ODSP employment supports in the mental health sector

**Student Investigator:** Rebecca Gewurtz, PhD. Candidate, Graduate Department of Rehabilitation Science, University of Toronto, 416-946-8579, rebecca.gewurtz@utoronto.ca

**Faculty Supervisor:** Bonnie Kirsh, PhD. Associate Professor, Graduate Department of Rehabilitation Science, University of Toronto, 416-978-4647, bonnie.kirsh@utoronto.ca.

**Background and Purpose of Research:**

The overall purpose of this research is to explore how the change in ODSP employment supports policy been developed and implemented in the mental health sector. This research is being conducted as part of the requirements for a PhD in the Department of Rehabilitation Science at the University of Toronto. Approximately 4-6 consumer/survivors who are involved in the mental health system and are familiar with the ODSP employment supports policy will be invited to participate in this component of the research.

**Invitation to Participate:**

You are invited to participate in this study and share your insights and experiences with the ODSP employment supports policy. To participate in this component of the study, you must be a person who has a mental illness, involved in mental health services (as, for example, an advocate, committee member or board member) and familiar with the ODSP employment supports policy. This information letter is to tell you about the study and to invite you to participate in an interview to share your experiences.

**What is involved?**

If you decide to participate in this study, you will asked to meet with the student researcher, Rebecca Gewurtz, to discuss your experiences and insights about the development and implementation ODSP employment supports policy. You will also be asked to complete a brief questionnaire about your background. The interview will be held at a time that is most convenient to you and will take approximately one hour. The location of the interview will either be at your office or in the research office at the University of Toronto depending on your preferences.

**Voluntary Participation:**

Your participation in this study is voluntary. You are free to contribute as much or as little as you wish. You can change your mind about participating in the study at anytime with no adverse consequences. If you choose to withdraw, the researcher will destroy all the information that was collected from you. If you choose not to answer any particular question, you will not be pressured to do so.

**Risks/Benefits:**
There are no risks expected from participating in this study. You can ask to take a break at anytime. You can also decide to end your participation in the study at anytime. If you feel uncomfortable or distraught during or after the interview, please inform the researcher. Although you may not benefit directly from this study, your participation may help us better understand the drivers and impacts of the ODSP policy change on employment services for people with mental illness. This understanding may help in the ongoing efforts to improve employment opportunities for people with mental illness.

**Privacy and Confidentiality:**

The information we gather in the interview will be kept confidential. The interview will be audiotaped and then transcribed (typed). When it is transcribed, code names will be given to each interview. Personal and organization names (your name, your organization or agency) will be removed from the transcript and replaced with pseudonyms (false names) to protect your confidentiality. We will not use your name or any names you mention in any documents or presentations that result from this study. Only members of the research team will have access to the tapes and the transcripts. The tapes and transcripts will be stored in a locked cabinet in a research office at the University of Toronto. The tapes will be destroyed as soon as the project is completed and the transcripts will be destroyed one year after the completion date.

**Publication of Research Findings:**

The findings from this research may be published in the future. The publications that result from this study may contain aggregate findings and quotations from the interviews. However, no names or identifying information will be included.

**Compensation:**

In appreciation of your participation in the study, you will be provided with a beverage during your interview and a $20 thank-you. These compensations will be provided to you even if you decide to withdraw from the study part way through the interview or the questionnaire.

**Research Findings:**

The student researcher may wish to contact you in the future to provide further insight or feedback. For example, you may be invited to review the preliminary findings from this study and provide feedback by telephone or email. You can choose to accept or decline this invitation. You may also request a copy of the final report of this research.

**Contact Person**

If you have questions about the interview or the project, you can speak with the student research or her faculty supervisor. Our names and phone numbers are listed at the beginning of this letter.

If you have questions about your rights as a research participant, please contact Jill Parsons, Health Sciences Ethics Review Office, University of Toronto, at 416-946-5806 or by email jc.parsons@utoronto.ca.

We thank you for considering participation in this study. You are being given a copy of this informed consent to keep for your own records.

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Signature   Printed Name   Date
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I consent to participate in an interview on the topic of ODSP employment supports and to have the interview tape-recorded. The tape will be used for this project alone and is not intended for future research studies.

___________________       _______________________         ____________________
Signature   Printed Name   Date
Consent Form for Future Contact
[to be printed on letterhead]

Project Title: Constructing public policy for marginalized groups: A case study of ODSP employment supports in the mental health sector

Student Investigator: Rebecca Gewurtz, PhD. Candidate, Graduate Department of Rehabilitation Science, University of Toronto, 416-946-8579, rebecca.gewurtz@utoronto.ca

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I consent to be contacted again by the student researcher regarding this study. I am free to accept or decline any future offers to be involved in this research.

_________________________________  ________________________  ____________________
Signature                           Printed Name                        Date