Gender matters in the transition to employment for young adults with physical disabilities

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Gender matters in the transition to employment for young adults with physical disabilities

Abstract

Purpose: The purpose of this study was to explore the role of gender in the transition to employment for young adults with physical disabilities.

Methods: This study drew on in-depth interviews with a purposive sample of 33 participants (23 youth, and 10 clinicians). The youth in our sample included 13 females (mean age 22.9) and 10 males (mean age 21.3) who had various types of physical disabilities. The person-environment-occupation (PEO) model informed our analysis.

Results: Our research showed several similarities and some differences between young males and females with physical disabilities as they transition to employment and adulthood at the person, environment and occupational level. At the person level, issues included managing their condition, self-advocacy and willingness to ask for help. At the environment level, themes focused on parental and social support, accommodations, stigma and discrimination, and transportation challenges. Finally, in the occupation component of the PEO model we found that males and females with disabilities had different levels of engagement in employment. Although most clinicians commented on gender differences, many reported that they did not tailor their clinical practice accordingly.

Conclusions: Gender sensitive vocational approaches are needed for youth with disabilities as they transition to employment.
Many youth with disabilities find the transition to adulthood and entry into the labor market challenging [1-3]. Competing for jobs may be especially difficult for youth with disabilities who are often seen as doubly disadvantaged because of the barriers they encounter when looking for work. Such obstacles include stigma and discrimination, barriers in the physical environment, inadequate supports (e.g., transportation and accommodations), and inaccessible jobs [4-8]. As a result, the abilities of youth with disabilities are often overlooked where they are half as likely as their peers to be employed during high school [5,7,9,10]. Despite common misconceptions, many people with disabilities are willing and capable of working, yet they are among the largest source of untapped talent in the labor force [2,3,5]. Employment rates for young males with disabilities range from 50-76% compared to 1-27% for young females with disabilities [11]. Research consistently shows that having a disability can make it challenging to securing and maintaining employment [3-5,7]. For example, employment rates of youth with disabilities are persistently half or less compared to typically developing youth [3]. However, there is a lot of encouraging research showing that companies are making efforts to recruit from this untapped labour pool [12] who have much to offer.

Focusing on young adults is salient because they are at a critical point in their development and those youth with disabilities may need some additional support with developmental tasks, social development, and role functioning [13]. Helping youth to realize their strengths and abilities is an important part of the process in securing employment [1]. Moreover, increased attention is being paid to emerging adulthood, a distinct developmental
period between 18-25 years characterized by identity explorations, instability, self-focus, and continued development of executive functioning, which is salient for job skills and independence [13]. This developmental period represents a critical window of opportunity to optimize positive behaviours, develop work-based identities, and prevent impaired work productivity [1,2,4,13].

Exploring the role of gender in youths’ transition to employment is important because young women with disabilities continue to lag behind their male counterparts on a variety of health and social outcomes [14]. Gender shapes how people with disabilities cope with the transition to adulthood, their career aspirations, whether they engage in vocational training, and if they secure employment [15]. In turn, socio-environmental factors also influence gender roles that can impact employment outcomes. For example, women typically perform more of the domestic and caregiving duties [16,17], which can impact their ability to work full-time and/or to be promoted [17]. Women with disabilities also lack career development opportunities compared to men which can impact their employment outcomes and pay [18-20]. Article six of the United Nations’ Convention [21] recognizes that women with disabilities experience multiple forms of discrimination. Although the gender gap in employment is decreasing for women with disabilities, they are more likely to be unemployed, work fewer hours, and hold lower status occupations compared to men with disabilities [22-25]. Among young women with disabilities who are employed, they have significantly lower starting wages (approximately $4360 lower) than men with disabilities and this gap persists over time (i.e., six years) [26]. Furthermore, women with disabilities face particular challenges in career development including: poorer social and communication skills, lowered family expectations, gendered role assumptions, decreased self-confidence, and limited vocational training [25,27]. It is important to emphasize that such
gender differences are mainly a result of inequitable opportunities and supports rather than individual short-comings [28,29].

A recent systematic review on the role of gender in finding and securing employment among youth with disabilities found that young men with disabilities had better employment outcomes than women with disabilities [11]. Further, men with disabilities worked more hours and had better wages compared to women with disabilities [11]. The authors of this systematic review also found several gender-related barriers and facilitators to maintaining employment including social supports and gender role expectations [11]. For example, significantly more women with disabilities report that family responsibilities were a barrier to employment compared to men with disabilities [30]. Females also often encounter lowered career expectations and parental overprotectiveness while males are often expected to live independently and secure employment [31].

Several studies report that there is a need for gender-specific vocational supports for youth with disabilities [32-36]. For example, a recent study focusing on gender differences in vocational rehabilitation among youth with autism reported that there is a need for individualized, and gender-specific vocational services [36]. Yet, few studies consider the role of gender when examining employment for young people with disabilities [37,38]. A systematic review on the transition to employment and adulthood for people with a variety of disabilities revealed very little mention of the role of gender [38]. Of the limited research focusing on gender and employment among youth with disabilities, the attention is concentrated on quantitative employment outcomes and pay differences. Thus, there is a critical need for further research to unpack the complex relationship between gender and employment among youth with disabilities [22,39], particularly from a qualitative perspective. Understanding this intersection is critical
because inequalities in employment outcomes are significant for both men and women with disabilities, compared to their typically developing peers [40]. Furthermore, exploring gender is important for decision-making, communication, stakeholder engagement, and uptake of interventions [41]. A focus on gender is also salient because many journals now require greater transparency and rigour in the reporting of sex/gender to ensure that the results apply to everyone [41,42].

**Theoretical perspective**

We draw on the Person-Environment-Occupation (PEO) model [43] to help us understand our findings. The aim of this model is to highlight the interactions between persons, environments and occupations. In this case, person refers to a unique individual with particular characteristics and abilities, who engage in various roles that vary across time [43]. Each person has life experiences and skill sets that can affect their occupational performance. Within this model, environment refers to the socio-economic, cultural, institutional, physical and social aspects that influence roles and occupational behaviours [43]. Environments can interact with personal characteristics to influence occupational behaviours and outcomes. Finally, occupation refers to the activities or tasks that a person is engaged in to meet their needs for expression and self-fulfillment. The model contends that occupational performance is a reflection of the interaction between person, environment and occupation [43].

**Methods**

Our objective was to explore the role of gender in transition to employment for young adults with physical disabilities. We used a descriptive qualitative design to conduct in-depth, semi-structured interviews with youth and clinicians. Such a design is particularly useful for
investigating areas that are relatively unexplored [44]. We received ethical approval from a pediatric rehabilitation hospital and a local university research ethics board.

**Sample**

Our sample involved youth aged 18-25 with physical disabilities and clinicians who assist youth in their transition to adulthood and employment. Youth participants were recruited through a large urban pediatric rehabilitation hospital in Ontario, Canada. We had advertisements and letters of information that were distributed to potential participants. This paper draws on a larger study on youth transitions that involved a mailed survey to all youth who participated in at least one appointment with a clinician offering post-secondary transition services from 2004-2015. Youth who completed the survey and/or who consented to take part in an interview were contacted to arrange a time for an interview. All youth who provided written consent were interviewed either in-person or over the phone, based on their preference.

For the clinicians in our sample, we invited all those within our hospital (e.g., occupational therapists, social workers, psychologists) who currently or recently worked with youth with disabilities and have at least one year of paid experience helping youth to transition to adulthood. Such clinicians were invited to take part in an interview (total eligible sample was 15). All eligible participants were sent an information letter describing the study and inviting them to participate. Those who provided written consent were interviewed at a time and location of their choice.

Our sample consisted of 33 participants (23 youth and 10 clinicians). The youth in our sample included 13 females (mean age 22.9) and 10 males (mean age 21.3) with various types of physical disabilities, including cerebral palsy, neuromuscular disorders, and spina bifida (see table 1-2 for overview of participants). We had 10 clinicians in our sample, including
psychologists, social workers, occupational therapists, nurses, a life skills coach, a community
resource teacher, and a youth facilitator.

[Tables 1 and 2 here]

**Data collection and analysis**

We conducted interviews from June 2015 to September 2016, which were audio recorded and
transcribed verbatim. They lasted an average of 56 minutes. Each transcript was checked for
accuracy against the audio recording and anonymized before analysis began. All participants
received a $10 gift card as a token of appreciation, as recommended by our ethics board. Our
interview guide (see supplemental table) was developed based on key transition principles (e.g.,
structural factors, organization and availability of care relational and personal factors [45,46].
Questions for youth asked about experiences in transitioning to employment (e.g., activities
engagement in, preparation, accommodations, role of family, career plans, work experience and
training). Questions for clinicians asked about their role and experience and working with youth
how have disabilities, examples of successful transitions to employment, common challenges
and career pathways, how they support youth and any gender differences noted (see supplement
for detailed guide). We pilot tested our interview guide with a youth with disability and a
clinician with relevant experience on the topic to ensure that our interview questions were
comprehensive. Two research assistants, who both have training in qualitative methods,
conducted the interviews.

Our analysis was guided by our research question, with the overall aim to understand the
role of gender in the transition to employment among youth with physical disabilities. We first
analyzed both groups of participants separately (i.e., youth and clinicians) before we compared
and contrasted themes between the two groups. Next, we focused on gender differences more
specifically by analyzing the male and female transcripts separately before comparing and contrasting through team discussions. The authors, who have experience in childhood disability, gender, occupational therapy, psychology, and anthropology, read through the transcripts independently several times. Then we applied an open coding, thematic approach [47]. After developing a list of themes, we compared and contrasted using a constant comparative method. An additional three team members read through a subsample of the interviews and independently developed a list of themes, which were then discussed and incorporated into the final coding framework. The first author applied the codes to all of the interviews. Ongoing discussions amongst the research team (i.e., peer debriefing strategy) helped to enhance the trustworthiness of the findings [48]. Our research team agreed that we reached thematic saturation which occurs when a theme is well developed and no new data emerges regarding a theme with further interviews [49]. Further, our sample size is sufficient for a qualitative, non-probabilistic sample [49].

We used a peer debriefing, validation process to help ensure that the themes encompassed the range of ideas that were expressed by the participants [47]. Such a process helps to increase the trustworthiness of the findings. We selected direct quotes that were representative of each theme while still considering the whole context of the interview [47]. Member checking was conducted at the end of each interview to ensure that the interviews were complete and that the themes were an accurate reflection of participant’s experiences. Reflexivity of the researcher’s backgrounds and positions were addressed within team discussions to consider any bias that may have influenced the interpretation of the findings [47]. We kept a journal of the data analysis process. Further, our inclusion of two different perspectives (i.e., youth and clinicians) helped to contribute to our understanding of the role of gender in the transition to employment [47].
Results

We found several similarities and some differences between young males and females with physical disabilities as they transition to employment and adulthood. We organized our findings using the Person-Environment-Occupation model [43]. At the person level, issues included managing their condition, self-advocacy and willingness to ask for help. At the environment level, themes focused on parental and social support, accommodations, stigma and discrimination, and transportation challenges. Finally, in the occupation component of the PEO model we found that males and females with disabilities had different levels of engagement in employment (see table 1).

Person

At the individual level, youth described the challenges of managing their condition (i.e., self-care) as they transitioned to employment. Youth considered how their disease affected them in regards to looking for and securing employment. For example, nine females and five males described how their condition affected their physical strength (e.g., lifting or standing for long periods) or self-care (e.g., fatigue, medication management, toileting) which limited potential jobs that they could perform. Others reported that they altered their career path based on their physical abilities.

Eight females and one male emphasized that they needed strong self-advocacy skills to sell abilities to potential employers. Youth articulated how and when they disclosed their disability, which depended on the visibility of their condition, their comfort level in disclosing, and their willingness to ask for help. For example, a female with a visible disability shared her experiences:
“I'm very open. I'd rather people hear it from me as opposed to assume things about me. It is obvious that I have a disability. I use a wheelchair. I have a service dog, but I make sure that if employers do bring it up...I don't go into a lot of detail in the interview phase because it's not something that would impact my job ability. It's just, accommodations are things that will help me be successful in my job” (female 2).

Another female shared her perspective on the visibility of her condition and the importance of being straightforward with potential employers. To illustrate, she said,

“I'm just transparent. You can see I'm in a wheelchair. So, I will need an accessible space for my chair and I talk about all the things that I can do…My disability is quite obvious; so, it’s easier because even if I needed some help typing and voice recognition software my employer was very prepared to accommodate because they had a lot of people with disabilities on staff” (female 6).

In contrast, some youth who had less visible conditions described the difficulties with disclosing because people often did not believe them. For example, one female commented, “Because of the way that I look and talk there was a lot of issues with believing that I have a disability” (female 8). Meanwhile, a young male shared a thoughtful perspective on accommodations. He said, “don’t look at everyone in the same light. I mean, not everyone has the same disability so they all can’t have the same accommodations. Every disability is unique and should be handled uniquely” (male 9). This example highlights the complexity in disclosing a disability and requesting accommodations. Many youth, both males and females mentioned that they needed more support in learning how to effectively disclose their condition to employers.

**Comfort level with disclosing:** Six females and one male said they were comfortable asking others for help. Meanwhile, four males specifically mentioned how they did not feel
comfortable talking about their disability and made efforts to hide it. Youth, mostly females, expressed how they needed to have a certain comfort level with their supervisor or employer before they considered disclosing their condition and asking for accommodations. For instance, one female highlighted the impact of disclosure and being able to receive accommodations: “A lot of employees do not feel comfortable disclosing. You could have someone in your team and think they're a great employee but you don’t actually know their background and the fact that they have a disability. From a work aspect that would be a really important thing” (female 3). Others similarly expressed concern about the potential stigma and discrimination if they disclosed their condition. A female explained,

“I don’t feel comfortable telling...it’s just the way they [employers] talk or the way they treat people. I feel like if I was to talk to them about my accommodations that their attitude towards that whole disability thing would negatively affect me. Or, I wouldn’t feel comfortable talking to them without it changing their perspective of me” (female 5).

Another female had a similar experience: “I have started disclosing to [my colleagues] I do have [a disability] and I kind of do it in a joking way,” yet she chose not to disclose to her employer because, as she mentioned, “I think that they [employers] would have used that as the reason not to hire me” (female 13). One young woman described how her comfort level with disclosing was linked with employer attitudes. She explained, “You want to know that you're a competitive candidate…you might have an employer who is not interested in accommodating you…There are employers who hope you aren’t aware of your rights as a person with a disability in terms of accessing employment” (female 10). In contrast, another female explained how her comfort with disclosing stemmed from an already existing relationship, “my mom actually worked there. So, they [employers] knew my mom and they knew me. So, accommodating me was no problem”
The males in our sample did not provide examples where they were comfortable disclosing their condition in an employment situation.

**Asking for help:** There were several differences between males and females regarding asking others for help. In particular, females were often comfortable asking for help, while most males were not—even sometimes hiding their condition altogether. Females described the importance of being able to advocate for their needs, which included asking for help. For instance, one mentioned, “having a voice is very important and being able to approach people when you need it, and not being afraid to ask for help. It’s a very valuable skill to have” (female 9). Another female described,

“I connect really well with people and I’m not afraid of asking for help…People expect us to need help as opposed to men and so, they’re more willing to help us. Everybody wants to help me and so, I don’t mind asking for help. I think men may have a hard time and they may feel like a lot of the jobs are more physical in nature as opposed to females” (female 6).

Youth emphasized the importance of “learning to advocate for yourself” (female 8). Although females gave many examples of self-advocacy, such examples were less prominent amongst male participants. For example, a female expressed, “you have to practice your advocacy skills and describe your accommodations and your needs…You have to advocate for yourself. It’s easy to have someone else do it at the time, but you should learn how to do it because you’re going to need to do it a lot” (female 4).

Another female described, “my mom always taught me how to use my strengths to accommodate my weaknesses. So, instead of depending on people to accommodate me, I was accommodating me” (female 5). Others agreed on the importance of self-advocacy, particularly
when looking for and maintaining employment. To illustrate, one female explained, “Being able to speak up for yourself is a really valuable skill. People don’t always know what you want and you can’t really complain that people aren’t meeting your needs if you don’t speak up for yourself” (female 7).

Similar to the female participants, clinicians also highlighted the importance of being able to ask for help when you have a disability. For example, “it’s a strength to be able to ask for help; to know not only what you’re good at but what your challenges are, and it takes great courage to be able to reach out” (clinician 3). Several clinicians noted that females are often more willing to ask for help, support, and accommodations, whereas males often do not. For example, a clinician explained, “I really find the boys are more adamant that they need to do things on their own instead of asking for help. That takes longer and it frustrates them and things don’t get done as opposed to, no, I made this decision, I need help so I can move on and carry out the things I have to do in my life” (clinician 7).

**Hiding the disability:** A notable gender difference regarding self-advocacy and asking for assistance included men’s reluctance to ask for help and inclination to sometimes hide their condition. A young male described how he did not want people to know about his disability and actively hid it. For example, he explained,

“No one really knew about my condition…I didn’t talk about it too much because it was my own thing…People knew I was wearing [orthotics] because they’re noticeable. People would ask and I would just, make stuff up, but I wouldn’t really tell them what the problem was…I never really talked about my problems to anyone. I kept things to myself…I just wanted to talk to someone that wouldn’t judge me as much…Guys don’t really talk about their problems. They just want to solve them themselves” (male 7).
This example illustrates how this particular young man wanted support and to feel comfortable talking to others about his disability but was unable to. A clinician shared a similar example that she noted regarding gender and help seeking:

“It's about asking for help. I think females are a little bit more willing to ask for help than males. Males are ‘oh, I'm fine, I do everything independently’ and then when you ask their parents they don’t do much independently. Their parents are doing everything for them…I think men can let it slide until it's not fine and they're it's complete crisis mode. I think then they're like I don’t know what happened” (clinician 7).

Clinicians also commented on factors at the person level that affect youth’s transition to employment. In particular, some noted that young men are less participatory in their own planning whereas they found that females are often clearer about their career goals. A clinician mentioned, “females tend to be clearer about their goals” (clinician 7). Meanwhile, other clinicians noted that young men were sometimes less involved in their transition planning and relied on their parents to make their decisions. For example, “many more times the young men are very quiet and less participatory in their own planning. They just answer yes or no to their parents. It can lead to a point where I recommend that they spend time with me on their own and then we invite the parents in afterwards” (clinician 1). Similar to the youth’s examples, clinicians also noticed that females are often have stronger self-advocacy skills and are more willing to ask others for help whereas males are often reluctant to ask for help.

In sum, at the person (individual) level, youth (both male and female) and clinicians highlighted that self-advocacy, condition management and willingness to ask for help were important components in their transition to employment.

**Environment**
Our findings showed that males and females with disabilities experienced differing amounts and types of social support, resources, and accommodations that either helped or hindered their ability to find and secure employment. Lacking supports and resources combined with transportation difficulties and experiencing stigma and negative attitudes from others often created challenges for both males and females. Clinicians also commented on the role of parental and social support.

**Social supports and resources:** Most youth, both males and females, reported that their parents helped them to advocate for their needs and provided social, emotional, and practical support. Most females described how their mom was a source of support, while for males it was often both their parents, their dad, or another male influence, like their brother. For example, one female said, “my parents were definitely great about helping me” (female 3). A female explained how her parents encouraged her to be as independent as possible. For example, “they would always be there to support me, whenever I need it but it’s kind of like the baton passing...when you're younger you might not speak up, but then gradually I would be the one that would be advocating myself and my parents would be there to support me” (female 2).

Males often had contrasting experiences regarding the level of support from their family where some were supportive and others were not. For instance, one youth expressed, “my parents helped me out along the way” (male 2). Another male revealed the role his brothers played in pursuing employment, “I wanted to be like my brothers; they all experienced their independence. I was more dependent on them so that’s why they wanted me to be independent...If it wasn’t for my brother pushing me so hard I wouldn’t be where I am right now” (male 5). Meanwhile, other males disclosed that they had less support. To illustrate, one young man commented, “my parents didn’t really help me” (male 7).
Most males and females expressed how their social network provided them with support and encouragement. For example, one youth said, “I had a great support network around me. Mainly my family and my parents” (female 13). A female conveyed how her family and social network helped her to find a job, “I had a lot of supports from family. A few of my relatives work at [company] and they had connections…and would introduce me to people and would tell me about different kinds of options” (female 5). Another young woman explained, “I just met more people that looked past my disability and they’re genuine friends and they encourage people” (female 14). Meanwhile, a young male revealed, “I had close people that were in those fields [of employment] so I would have face-to-face conversations, on the phone, via email. So, in that regard I was pretty lucky” (male 10). Another male expressed how he was only able to open up about his problems “[to] my friends because it was hard to talk about with my family because they’ll bring me down…I just wanted to talk to someone that wouldn’t judge me so much” (male 7).

**Parental overprotection:** There were many examples of parental overprotection—particularly regarding safety concerns for females. Youth explained how their parents were hesitant about them (both males and females) moving out on their own. However, reasons often differed by gender. For example, females said their parents often expressed concerns about safety, not only regarding them living on their own but also travelling independently. A female revealed, “I wanted to live on my own but my Dad wouldn’t let me…He was just scared…it comes from a lot of fear. They still worry about me in the job area…I don’t think anything will make them not worry” (female 6). A young woman mentioned a similar situation:

“My parents don’t feel comfortable with me taking the public transit by myself…So, they kind of prefer to drive me…they are very protective of me and they want to make sure I
have the best possible care. I’m very overwhelming for them so they took control of the whole transportation aspect…I get the impression it’s because I’m a girl that they feel I’m more vulnerable” (female 9).

Another female described, “It's overprotectiveness, and I guess if you almost died as a baby your parents have a lot of anxieties about you…my parents have significant say in what is best for me so that I can stay healthy” (female 8). A female participant shared her experience:

“My parents are scared for me. I guess it’s just a fear that I’m by myself downtown because they want to make sure that I don’t get stuck anywhere…their fear is because I’m a girl on top of that because I’m in a wheelchair…They have this irrational fear that I’m going to get hurt constantly if I’m not surrounded by somebody to help me” (female 13).

Others shared that they were unaware of the extent that they were overprotected until they were older and needed to start becoming more independent. For instance, a female explained, “I didn't realize how much I was sheltered and how much I had been taken care of” (female 10).

Four clinicians also commented on parental overprotectiveness and safety concerns, especially for females. To illustrate, one articulated, “I think especially with females their parents are really worried they’re going to be taken advantage of like, sexually is what I hear a lot about. So, that conversation, because of stereotypes, doesn’t really happen a lot with guys. But the women it's concern of their overall safety and well-being” (clinician 7). Other clinicians remarked on how parents were concerned for their daughters, “They just want to keep her near; keep her safe” (clinician 9). Another clinician reported, “overprotective parents and safety issues are more exaggerated in the situations where we’re talking about female clients…because they might all be perceived as more vulnerable to their parents” (clinician 8). A clinician also
commented on parental overprotection particularly around letting youth live on their own or navigating public transit. For example, one said, “I think her family discouraged her from volunteering because they didn’t want to have to drive her anymore” (clinician 5).

Males often highlighted that their parents wanted them to stay home for practical reasons (e.g., cost and distance). For example, a male explained how his parents thought that “keeping me at home is better than living out” (male 7). In contrast, another male explained, “my mom disliked living with me and I disliked living with her. So, I moved out on my own” (male 3). This particular male explained that moving out was also related to his mom being unable to afford for him to live at home. Meanwhile, some males felt that they needed to move on. To illustrate, one said, “I just wanted to be on my own. I didn’t want my parents nagging me anymore. I just wanted to be alone for once and actually make my own decisions…they’re getting old—sorry to say and it’s hard for them to help me. They can’t keep doing this. I said to them I think it’s a good idea for me to move” (male 6).

Clinicians also noticed the gender difference in the role of parental support. For example, a clinician described, “moms often say, I don’t want my child to move out of the house when they are done school regardless of the child’s gender. But I’ll have people’s dads say, throw them out of the house; they’re out of here. So, that’s where I see gender having an impact” (clinician 1). In summary, at the environment level, youth and clinicians described the importance of having supports in place to assist their transition. Youth often encountered challenges with finding and securing employment when they lacked supports.

Occupation
Our findings show that youth with disabilities had different levels of engagement in meaningful occupations. Nine of the females were working, while four were volunteering (see table 1). Five of the females had completed university and six were currently attending college or university. Meanwhile, four males were currently volunteering and the remaining six were unemployed, four of whom were actively looking for work. Two males had co-op placements (experiential unpaid work placements) during high school. Seven males were currently in college or university, one had completed their post-secondary education, and one had dropped out.

Both males and females emphasized the valuable contributions they can bring to the workforce. For example, a young man said, “I want to work. I have the desire for this…I want to get paid eventually for my knowledge; everybody does…the vast majority of people with disabilities are hardworking people that just want an opportunity to thrive” (male 10). Others shared a similar view about employers’ seeing “the value in hiring an employee with disability, and help to break those barriers, stigmas, stereotypes about having an employee with disability on their team, from a work standpoint” (female 2).

Both males and females with disabilities described that having early work and volunteer experiences shaped career interests. Both groups also shared the importance of having realistic expectations and adjusting their career aspirations based on their (dis)ability. For example, one youth said, “throughout high school I wasn't able to gain the traditional kind of roles others did—retail and that sort of thing, because physically I wouldn't be able to do the roles” (female 2).

Most males and females thought it was important to be realistic about their work and career aspirations based on their abilities. For example, a youth described, “What kind of job would be suitable for me?; something that has less walking and lifting up heavy things” (male 1). Meanwhile, a young woman said, “Sometimes people with disabilities aren’t realistic of what
they can and can’t do…I’d never be a cashier even in high school because I couldn’t physically handle money, picking up coins and giving them back to somebody” (female 6). Another female described how she needed to be realistic about potential jobs based on the physical nature of the duties. For instance, “I use a wheelchair and not everything was accessible and the jobs that require heavy physical activity…these obstacles would make it harder to do the job—that’s when I started to think what could I do that wouldn’t necessarily be a struggle because of my wheelchair…just going toward something that was practical and that for sure I can get the job” (female 14).

Furthermore, both males and females highlighted the difficulties of finding work and specifically how transportation often posed challenges in terms of looking for work. For instance, a female described, “Getting to work, it’s a lot to do with transportation and it can be a bit challenging” (female 12). Others shared a similar experience, “getting the transportation and getting around was difficult” (male 10). Participants also remarked that distance and the related challenges associated with accessible transport often influenced their job/career choices. Youth, particularly females, often struggled with navigating public transit independently. Sometimes their parents did not want them to travel independently.

Gender differences were noted in the career and job choices of youth. For instance, many of the females described how they gravitated toward the social sciences and helping professions. Three clinicians also noted a trend of females going into social science and helping professions, whereas males often went into technology or computer related disciplines. For instance, a clinician said, “things that are more computer related I notice that more males are interested in those fields. And we do, in general, have a lot of students, for whatever reason interested, in working in the helping professions, but probably even more female than male” (clinician 8).
Another clinician similarly commented, “girls usually go into the helping field either with kids and the guys usually are into computers” (clinician 7). In summary, males and females with disabilities engaged in a range of meaningful occupations including post-secondary education, volunteering and/or paid work.

**Clinician views on the role of gender in youth’s transition to employment**

When asked directly about gender, most clinicians claimed that they did not notice any gender differences within their practice (see table 2). For example, one said, “Gender does not matter. It's individual” (clinician 5). Meanwhile, another commented, “I don’t think gender has any impact at all. I can’t think of what I do differently for young women versus young men in the transition or in my assessments and documentation and feedback meetings” (clinician 2). Others agreed, “gender doesn’t affect my practice, the assessments or the goal planning…I'm not sure I've noticed the gender element” (clinician 6). It was interesting to note that several clinicians shifted the focus to culture when we asked about gender. For example, a clinician stated, “My observations have mostly not been with gender; they’ve been with cultural groups” (clinician 10).

A few clinicians mentioned gender differences, such as the development of rapport with youth, client engagement/advocacy, parental overprotectiveness especially for females, and youth’s willingness to ask for help. For example, one clinician explained how she felt her gender influenced rapport with clients,

“I find it's easier for girls to open up to me. I find a lot of times with guys, if one of their goals…An intimate relationship type thing, they might not want to share that with me. I'm a young [female clinician] so they might feel uncomfortable…it's harder for me to build a therapeutic relationship with a teenage client who's a man. I'm really trying not to
be too pushy with them. I try to say, listen these are the things we need to do.” (clinician 7)

Some clinicians described how females were more engaged in their vocational and transition planning. For instance, “the examples that stand out in my mind in terms of successful transitions have been the females” (clinician 3).

It is important to underscore that although seven clinicians noticed gender differences within their practice in helping youth to transition to employment (as highlighted throughout the results), most claimed that they did not tailor their approach (i.e., gender sensitive) accordingly. To illustrate, a clinician mentioned, “I don’t have a different approach of a male versus female” (clinician 9).

**Discussion**

Adolescence is a critical stage for the development of skills to successfully transition to adulthood [50]. The transition into employment is challenging for youth, particularly for those who have a disability [1-3]. Although there is a growing literature on the transition to employment among youth with disabilities, little is known about the role of gender. Exploring gender is critical because it shapes how youth engage in vocational rehabilitation and secure employment [15]. Women of all abilities, but particularly those with disabilities, are at a greater disadvantage and continue to lag behind their peers, especially regarding employment outcomes and salary, compared to males with disabilities [21]. Several studies highlight that there is a critical need for gender-specific vocational supports for youth with disabilities [32-35]. Thus, it is essential to develop a better understanding of the role of gender in transition to employment among youth with disabilities. In an effort to begin to address this gap, we explored how gender influences how youth with disabilities secure and maintain employment.
In drawing upon the Person-Environment-Occupation [43] model, our findings highlighted important issues at the individual level included: managing their condition and being aware of how their condition affected them, self-advocacy and willingness to ask for help. Our results also showed that both males and females needed to be realistic about their abilities and often made some career adjustments accordingly. This result is comparable with previous research showing that youth with disabilities sometimes need to tailor their career pathway based on their condition [1-3,5,7].

At the environment level, themes focused on parental and social support, accommodations, stigma and discrimination and transportation challenges. Consistent with research on transition to adulthood and employment for youth with disabilities [1-3,5], we found that both males and females encountered transportation challenges which influenced their job choices and ability to find work. Having access to reliable transportation is critical to quality of life, community integration, and independence, particularly for finding and maintaining employment [4]. Some females in our study reported difficulties with travelling independently, mostly because of parental overprotection and safety concerns. Such apprehensions are a consistent trend amongst parents of children with disabilities, particularly females, which can potentially hinder the development of their independence skills [31,51,52]. Past studies show that females are often viewed as more vulnerable and are often more dependent and in need of protection [31]. As a result, youth with disabilities often have a complex relationship with parents which affects their self-advocacy skills [40]. Parents may feel they are helping their child by shielding them from harm but such overprotection can actually cause more damage [53]. For example, lowered expectations and overprotection of people with disabilities can cause lowered self-esteem and result in under-achievement and ability to reach full potential [53].
Our findings showed that both males and females received social and emotional support from their parents but that this often manifested differently. Females reported that their mothers are often the primary source of support, while for males it was often both parents or their dad. Indeed, some studies report that males with disabilities may be less likely to experience the strong relationships with a parent that females describe [14,53,54]. Our findings showed that males often had contrasting experiences with the extent of support they received from their family, where some were supportive and others were not. We also found that females often drew on a more extensive social support network, which can be helpful for finding employment. Other research similarly highlights that young women emphasize the importance of social support, whereas young men have a tendency to avoid talking about emotions [55]. Munir [56] reports that women with chronic conditions perceived practical support in the workplace to be more important compared to men, indicating that women may be influenced by availability of support. This is an area that deserves attention in future research.

We found several differences between males and females regarding asking for help and requesting workplace accommodations. In particular, females were often comfortable asking for help, while most males were not—even sometimes hiding their condition altogether. Our findings are consistent with past research showing that women are more willing to seek help while men tend to have less favorable attitudes towards seeking help [57,58]. This trend may be partly a result of men being expected to be more self-reliant and independent within many cultures [58,59]. Past research shows gender differences where males often emphasize being strong and independent, whereas females tend to emphasize connections with others [51,60]. Some researchers contend that females have significantly lower perceptions of social acceptance, which may be a reflection of the importance they place on social connections [60]. Others argue
that gender may influence the perceived social costs associated with seeking help at work, where the risk to self-esteem and image is greater for men than women [61]. Some research on women with disabilities suggests that they have different experiences than men related to the type of transition goals they establish and the factors shaping those goals (i.e., self-perception, mentors, peers, family, and exposure to opportunities) [31]. Further research is needed to unpack some of these gender differences within the transition to employment among youth with disabilities.

Our findings showed that youth’s decision to disclose their disability depended on the visibility of their condition, their comfort level in disclosing, and their willingness to ask for help. Males and females differed in their comfort level with disclosing to employers, asking for help, and requesting accommodations. Youth, mostly females, expressed how they needed to have a certain comfort level with their supervisor or employer before disclosing their condition and asking for accommodations. This trend is consistent with a recent systematic review on workplace disclosure and accommodations among youth with disabilities—highlighting the need to have effective communication and development of rapport with employers [62]. The males in our sample did not give examples where they were comfortable with disclosing their condition in an employment situation. Future research should explore this in further depth, particularly to understand the situations that young men are comfortable disclosing.

At the occupation level of the PEO model, we found that both males and females with a physical disability have a desire to work. Consistent with previous research [3,5], our results highlight the important value that people with disabilities bring to the workforce. We found that youth with physical disabilities often go into gender stereotypical careers, with females gravitating towards the social sciences and helping professions and males going into technical and computer related fields. Youth with disabilities are significantly underrepresented in the
sciences, technology, engineering and math (STEM) workforce, which is a highly employable field [63]. Past studies reveal that youth with disabilities are often discouraged from taking courses in high school that they would need to pursue a career in STEM [3,64]. Clinicians and educators should make more of an effort to encourage youth with disabilities into nontraditional disciplines, including STEM, to help address this gap.

It was interesting to note that although most clinicians commented on gender differences within their practice, most claimed that they did not tailor their approach accordingly (i.e., gender sensitive). In fact, most clinicians were uncomfortable with even being asked to reflect on the role of gender, which is an important component of the rehabilitation process [65,66]. For example, some researchers have highlighted gender inequities whereby vocational rehabilitation for men is often more extensive and starts earlier than for women. Further, men also return to work more successfully after rehabilitation [66,67]. Others have found that male employees were referred to a vocational specialist more often than female employees [65].

Research on the role of gender and transition among youth with acquired brain injury shows that young women expressed a preference for same-sex health care providers, which young men did not demonstrate [46]. Other research also shows a trend of same-sex preference for health care providers among youth [68,69]. Gender preferences for health care providers is often linked to the provision of care in intimate and psychosocial health problems [69]. Therefore, it is important that vocational rehabilitation clinicians consider how their gender may influence their clinical practice. Future research is needed to understand whether and how the gender of the provider may influence outcomes.

Our findings somewhat contrast the literature showing that women with disabilities tend to have poorer employment outcomes than males with disabilities (anonymous). This could be a
result of women receiving more vocational, parental and other social supports compared to males with disabilities. Gender-related facilitators of employment include social supports. For example, Lindstrom [54] found that females with disabilities who were successful in finding employment had good supports and stronger family relations than males with disabilities. More attention (i.e., programs and interventions) is needed to supporting young men with disabilities, particularly around self-advocacy and asking for help (e.g., workplace accommodations). For example, peer mentoring (males mentoring males) could help young men to feel more comfortable talking about their condition and how it affects them in securing employment. Another way to reach out to youth would be to hire more male occupational therapists or job coaches to work with young men. Implementing such a solution may be difficult because allied health professions tend to attract more females than males, with 91.8% of occupational therapists in Canada being female [70,71].

Limitations: It is important to consider the limitations of our study. First, the sample was drawn from only one health center and may not be reflective of other settings. Nevertheless, we had a fruitful sample that included two perspectives (i.e., youth and clinicians). Second, all of the clinicians in our sample were female; however, the sample of potential clinician participants from our hospital was female-only. This sample is reflective of the female-dominated nature of these professions [70,71]. Future studies should explore potential gender differences amongst clinicians in offering vocational support to youth with disabilities (e.g., different styles, development of rapport, offering of support etc.), as previous research has shown that there are gender differences between female and male clinicians in regards to patient satisfaction, communication, interactions, and outcome of care. For example, female physicians have higher
satisfaction rates and are more likely to engage in counseling and partnership with patients, whereas male physicians are more assertive and give more advice and interpretation [72-74].

Such gendered-issues are important to discuss within female-dominated professions. There may be a need for professional development to consider the gender differences affecting transition to employment. Third, we did not ask youth about their parents’ employment and expectations, which could affect their motivation to look for work and also their career pathways. Fourth, given the qualitative nature of the study it may not be representative of the broader population of youth with disabilities. In particular, our sample included more females who were working for pay compared to males. Future research should include more of a range of perspectives of working for pay, volunteering, different industries and roles.

**Conclusion**

The transition to employment for young males and females with physical disabilities is a critical stage of development for adolescents. Our study addresses an important gap in the literature by exploring the role of gender in the transition to employment for youth with physical disabilities. Our research showed several similarities and some differences between young males and females with physical disabilities as they transition to employment and adulthood at the person, environment and occupational level. At the person level, issues included: managing their condition, self-advocacy and willingness to ask for help. At the environment level, themes focused on parental and social support, accommodations, stigma and discrimination, and transportation challenges. Finally, in the occupation component of the PEO model we found that males and females with disabilities had different levels of engagement in employment. Although most clinicians commented on gender differences, many reported that they did not tailor their
clinical practice accordingly. Gender sensitive vocational approaches are needed for youth with disabilities as they transition to employment.

Acknowledgements
(on title page—withheld for blind review)

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# Table 1—Overview of youth participants

<table>
<thead>
<tr>
<th>ID</th>
<th>Age</th>
<th>Sex</th>
<th>Disability</th>
<th>Person</th>
<th>Environment</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>F</td>
<td>Cerebral palsy</td>
<td>-Need self-advocacy skills and advice on how to disclose and ask for accommodations earlier on</td>
<td>-Received some rehabilitation resources; -Parent (particularly mom) advocacy and family support (some overprotection); -Location and commuting distance influenced job choices</td>
<td>-Co-op (work placement); volunteered; -Interested working with children and community service; -Early work/volunteer experiences shaped career choices</td>
</tr>
<tr>
<td>2</td>
<td>25</td>
<td>F</td>
<td>Neuromuscular disorder</td>
<td>-Need self-advocacy skills especially with asking for accommodations; -Could not do a lot of the jobs requiring physical labour</td>
<td>-Parents encouraged independence and self-advocacy skills; -Some difficulties with accessibility and transportation; -There is a need to break down stereotypes</td>
<td>-Completed university; volunteered in high school; currently employed; -Interested in business; did career aptitude testing at school; -Volunteered and worked during summers of university; -Comfortable with disability disclosure and managing self-care at work</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
<td>F</td>
<td>Cerebral palsy</td>
<td>-Uncomfortable with disclosure sometimes; -Self-advocacy</td>
<td>-Thought it would be easier to live at home during college; -Some help from guidance counsellors, family supports, and social networks</td>
<td>-In university; not working; -Interested in arts/theater</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Cerebral palsy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>---</td>
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</tr>
</tbody>
</table>
| 4 | 26 | F | -Difficulties with physical and fine motor skills limited career and employment options  
-Self-advocacy skills, disability disclosure and requesting accommodations  
-Comfortable asking for help | -Some difficulties with accessibility, accommodations, and discrimination  
-Parents concerned about her finding a job  
-Lack of role models with a disability  
-Some transportation challenges | -Finished university, works full-time  
-Interested in counselling/social work  
-After several job interviews, found part-time work at first, then full-time  
-Received workplace accommodations |
| 5 | 19 | F | -Self-advocacy  
-Difficulties with self-care  
-Comfortable asking for help | -Parental (mom) advocacy and expectations and (overprotection)  
-Difficulties accessing accommodations  
-Experienced discrimination | -In school; co-op program  
-Went to school for disability studies |
| 6 | 26 | F | -Has multiple (some episodic and invisible) disabilities  
-Difficulties with physical strength and mobility | -Parents (mom) advocated for her needs; family/friend support  
-Continues living at home for supports to manage condition  
-Does not drive so had to learn how to navigate public transit | -Completed college; employed (2 part-time jobs)  
-Studied social services/recreation  
-Volunteer positions led to career path |
<table>
<thead>
<tr>
<th>Age</th>
<th>Age</th>
<th>Gender</th>
<th>Diagnosis</th>
<th>Adaptive Strategies</th>
<th>Challenges</th>
<th>Accommodations/Disclosure</th>
<th>Educational Pathway</th>
</tr>
</thead>
</table>
| 7   | 20  | F      | Spinal cord atrophy | -Self-advocacy; asks for help when needed  
-Needs to have an attendant to manage personal care  
-Parents drive her to work, did not want her taking public transit by herself  
-Family and friend networks/supports | -Parents wanted her to stay home for university  
-Difficulty with physical accessibility | -In university; works part-time; volunteers  
-Studying psychology | |
| 8   | 28  | F      | Cerebral palsy     | -Did not ask for accommodations, manages in own way (disability is less visible)  
-From a very academic family with high expectations, but supportive  
-Mom helped with support and advocacy; supportive network  
-Commuting/travel difficulties | -Went to same university as brother so had supports in place | Completed university; employed (2 part-time jobs)  
-Had to adjust career aspirations because of disability  
-Volunteering helped to obtain employment  
-Did not disclose disability during job application, interview, or employment |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th><strong>Disability</strong></th>
<th><strong>Difficulties</strong></th>
<th><strong>Support</strong></th>
<th><strong>Secondary Participation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>22</td>
<td>F</td>
<td>Cerebral palsy</td>
<td>Difficulties with mobility/travel/commuting</td>
<td>-Mom provided support and advocacy (somewhat overprotective)</td>
<td>-Volunteering helped secure paid employment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self-advocacy</td>
<td>-Some stigma/discrimination with accommodations</td>
<td>-Has some challenges with transportation; parents help</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Was unprepared for how independent you need to be in university</td>
<td>-Needs help sometimes; aware of the supports and accommodations she needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-In university; volunteers</td>
<td>-Studying sociology/psychology (chose this field to accommodate disability)</td>
</tr>
<tr>
<td>10</td>
<td>23</td>
<td>F</td>
<td>Spina bifida</td>
<td>Needs to have comfort level before disclosing</td>
<td>-Lives away from home for university</td>
<td>-In university; works part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Some issues with accessibility and bowel and bladder care</td>
<td>-Parental support and advocacy (somewhat overprotective)</td>
<td>-Volunteering helped secure paid employment</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Feels guilty when she needs time off work for medical reasons</td>
<td>-Some concerns about discrimination/lack of accommodations from employers</td>
<td>-Has volunteer and relevant experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Willing to ask for help when needed</td>
<td>-Completed university; works part-time</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>20</td>
<td>F</td>
<td>Spina bifida</td>
<td>Able to communicate openly/disclose/ask for help and accommodations</td>
<td>-Some issues with accessibility</td>
<td>-Completed university; works part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bowel and bladder management issues</td>
<td>-Supportive parents/advocacy</td>
<td>-In university</td>
</tr>
<tr>
<td>12</td>
<td>24</td>
<td>F</td>
<td>Spina bifida</td>
<td>Bowel and bladder management issues</td>
<td>-Parental influence on career choice / advocacy (some overprotection)</td>
<td>-Completed college; works part-time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Difficulties with mobility; does not get out much and lacks social network</td>
<td>-Has some challenges with transportation; parents help</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Gender</td>
<td>Diagnosis</td>
<td>Needs</td>
<td>Accommodations</td>
<td>Challenges</td>
<td>Activity</td>
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</tr>
<tr>
<td>13</td>
<td>F</td>
<td>Spina bifida</td>
<td>Asks for help when needed</td>
<td>Needs comfort level to disclose and ask for accommodations</td>
<td>-Difficulties with lifting/physical limitations and mobility</td>
<td>-Works part-time and volunteers</td>
</tr>
<tr>
<td>20</td>
<td>M</td>
<td>Spina bifida</td>
<td>Physical limitations of the disability (lifting, standing for long periods)</td>
<td>Lack of parental and social support</td>
<td>-Lack of social network -Lack of job readiness preparation and self-advocacy skills</td>
<td>-Volunteering; not working -Difficulty finding a job</td>
</tr>
<tr>
<td>25</td>
<td>M</td>
<td>Spina bifida</td>
<td>Hides disability and is reluctant to disclose and ask for help</td>
<td>-Parents are supportive, advocate (somewhat overprotective) -Lacked career guidance and support -Worries about potential discrimination from employers</td>
<td>-Completed college; not working</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>M</td>
<td>Spina bifida</td>
<td>-Limitations of ODSP (security benefits) and being able to work -Lack of parental support -Lack of job readiness support</td>
<td></td>
<td>-In college; looking for work</td>
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<tr>
<td>4</td>
<td>19</td>
<td>M</td>
<td>Cerebral palsy</td>
<td>-Had to change original career paths (needed to be realistic about abilities) -Reluctant to ask for accommodations -Discrimination in applying for jobs -Parental support and advocacy -In college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>21</td>
<td>M</td>
<td>Spina bifida</td>
<td>-Reluctant to disclose disability and ask for help -Received some guidance counselling -Takes public transit independently -Parents expected him to get a job -In college; doing co-op -Developed references from co-op experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>M</td>
<td>Muscular dystrophy</td>
<td>-Mobility challenges -Difficulties with transportation -Went to a college close to home -Parents wanted him to move out (lack of support) -Exclusion and discrimination -Inadequate supports and accommodations (school) -Lack of career planning and direction -In school; not working -Wants a job that is compatible with disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>22</td>
<td>M</td>
<td>Cerebral palsy</td>
<td>-Guys often do not talk about their problems -Hides the disability; does not want to talk about it or -Lack of support from guidance counsellors -Lack of family and social support (disability is not -Dropped out due to lack of interest; changed programs into something he was more interested in (computers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Year</td>
<td>Gender</td>
<td>Condition</td>
<td>Challenges</td>
<td>Accommodations</td>
<td>Future Goals</td>
</tr>
<tr>
<td>-----</td>
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<td>--------------</td>
</tr>
<tr>
<td>8</td>
<td>22</td>
<td>M</td>
<td>Neurological condition</td>
<td>Disclosed difficulties with standing and fatigue, especially during placements</td>
<td>Discussed at home</td>
<td>No paid employment</td>
</tr>
<tr>
<td>9</td>
<td>22</td>
<td>M</td>
<td>Hydrocephalus</td>
<td>Not prepared for self-care, independence, or advocacy</td>
<td>Picked a college close to home</td>
<td>In college; volunteered</td>
</tr>
<tr>
<td>10</td>
<td>23</td>
<td>M</td>
<td>Cerebral palsy</td>
<td>Difficulties with fatigue and medication management</td>
<td>Experienced some discrimination</td>
<td>In college; volunteers; unemployed but wants to work</td>
</tr>
</tbody>
</table>
Table 2—Overview of themes from clinicians*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Person</th>
<th>Environment</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>-Young men are less participatory in their own planning</td>
<td>-Moms are often more reluctant for youth to move out than dads</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>-Some males are reluctant to ask for help and receive supports -Females tend to seek out supports</td>
<td>-Does not do anything differently in assessments based on gender</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>-Works with the most accessible parent, which is most often the mom, but tries to include dads</td>
<td>-Many female clients have had a more successful transition than males</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>-Gender differences in sense of responsibility to get a job -Females are more comfortable asking for help</td>
<td>-Females tend to have a larger social network -Was uncomfortable with reflecting on the role of gender</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>-Does not feel that gender makes a difference in the transition</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>-Some males are reluctant to ask for help and accommodations -Females are more social and open to discussing accommodations</td>
<td>-Uncomfortable with reflecting on gender within her practice -Sometimes parents are overprotective of females</td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>-Females are often clearer about their goals</td>
<td>-Moms are often overprotective</td>
</tr>
</tbody>
</table>

*Most females want to go into the helping and
| 8 | Female | -Females tend to have stronger self-advocacy skills  
-Males tend to think about the physicality of whether they can do a job  
-Females are often better at planning their transition | -Does not have a different approach when working with male or female clients  
-Overprotective parents (especially for females)  
-Was not sure of the gender composition of her clients | -Females are interested in pursuing areas related to the social sciences and helping professions whereas males are often interested in computer sciences |
| 9 | Female | -Parents often overprotective of females  
-Gender does not impact how she offers her practice/services she offers to clients  
-Gender differences in expectations around transitioning are more to |
| 10 | Female | Any differences are more to do with culture than gender | Both males and females face the same challenges |

*Specific roles need to remain confidential to protect anonymity of the clinicians.*