**Disability and Work in Canada Conference 2019: Strategy-in-Action**

**Parallel Discussion Session III: Sharing best practices for accommodating employees with disabilities**

**Date:** Dec. 4, 2019

**Time:** 3:00 – 4:15 pm

**Session:** Parallel Session III - Sharing best practices for accommodating employees with disabilities

**Location:** Delta Hotels Ottawa City Centre, Ballroom A

**Session leads:** Steve Mantis and Kathy Hawkins

**Speakers:** Eric Latimer, Gillian Axten, Jason Patterson

**Notetaker:** Sabrina Imam

**Assistant:** Mandy Penney

**Key points:**

* For helping people with severe mental health illnesses and disabilities, the IPS model (Individual Placement and Support) should be implemented within mental health services themselves, within settings where there are mental health teams. Employment specialists should be integrated into clinical services for those with mental health illnesses. An employment specialist on a clinical team can remind the clinical team that work is a possibility for clients.
* There is a need to address systemic issues and change at both employer level and WSIB system. First, WSIB and government needs to put more pressure and onus on accident employers to prove undue hardship or at least take their workers back and accommodate them. Secondly, if they can accommodate, WSIB must give actual input on what their future will look like and what their training is going to be.
* On the issue of self-disclosure, the employer needs to know enough about functional limitations, but it should be all they need to know, e.g. “What can’t I do within my job tasks, and how can job tasks be met so I can do them?” But only disclose when need to.

**Key points: (in Day 1 recap presentation)**

* + IPS model (Individual Placement and Support) should be implemented within mental health services with partnership with employment specialists
  + There is a need to address systemic issues and change at both employer level and the WSIB system.
  + The workplace and employer need to foster an environment of trust so that self-disclosure is only about functional limitations and accommodations for success

**Session Notes:**

**Intro by Kathy H**, coming from Newfoundland, part of organizing committee

Three panelists, no introductions, panelists will introduce themselves as they come forward

SLIDO

1. **First panelist, Dr. Eric Latimer:**

* Privilege to be here dealing with disabilities on national level, economist, professor depart of psychiatry McGill, research centre psychiatric disorders
  + Cost practices for people with severer mental illness and disability
  + Help people with severe mental health, model called IPS, individual…
    - Model developed 30 years ago by Debbie Becker and Bob Drake
      * Bob is a psychiatrist, Debbie a practitioner
      * Model evolved with 100s of studies, major journals, now exists from several countries, half states in US, England, Spain, Netherland, Japan, Norway, etc.
      * What is IPS?
        + Google IPS employment centre, find website by bob and Debbie and their group, watched at by world, inf
        + 8 principles

Competitive employment is goal, not transitional, competitive employment

Rapid job search – get you there without transitional experiences, volunteer experiences

Client preferences – like to work close to home, part time, no more than 4 hours/week, working in a garage, try to find a garage nearby willing to take someone 4 hours/week

Systematic job development- meet employers face to face at least 6x per week, approach employers

Integration with mental health team, not done in Ontario, very important that employment specialist part of clinical team following those who have severe mental illness

Approach to help every person with mental illness who wants to work, still try to help them, even if prognosis not good, doctors help save the person

Provide information on consequences of working for their benefits, access to medications, etc., those consequences vary across provinces

Individualize long-term supports, many employment agencies, not funded by Ministry of Health Long-term Care, high case load, no time to provide supports on the job, can’t afford to do that with payments

* + - * + In IPS model, serving people having difficulties in labour market, for up to a year holding job steadily
        + 100 peer-reviewed studies, randomized control trials, all show IPS more effective in any country that tested than what compared to
        + 2nd important finding, closer get to IPS model, the better the results
        + 3rd – one of directions research currently, what extent adapt IPS to other disability communities, i.e., spinal cord injuries, autism
        + Two final remarks, not going on typically in Ontario, best way to implement IPS, not though agencies that provide employment services, but within mental health services themselves, i.e., CMHA in OTTAWA, within settings there are mental health teams, there should also be IPS services
        + Growing evidence, for people that IPS helps transition in a career as non-worker to career as worker, probably data suggests difference for quarter of clientele
        + Launch them on trajectory of work, maintains itself over time, so they don’t need IPS forever, results in reduction use of in mental health service

Evidence not conclusive, but getting stronger year by year as new studies come out

Question from SLIDO: Explain acronym IPS, individual placement and support, idea fought for every client in front of you, not 10 jobs at Walmart, but what would you like to do, what is your background what are your strengths, nothing tod o with Walmart jobs, individual, and placement directly in a job, and cone placed, don’t drop them but keep f0llowing them, either on jobs side if there is disclosure and have employment specialist coach them on the job, or if no disclosure, meeting will be at coffeeshop after work how did the day go and job going?

1. **Second panelist, Gillian Axten:**

Professor, St. Lawrence College chief steward, also OPS?

Accommodation in unionized environment

Injured worker or member entering workforce who needs accommodation, employer, unions, and employee at table,

Newly acquired accommodations, need to have all three parties at table

Union advocates for its members, facilitate discussion and supports member requiring accommodations

Employees cooperate process.

Employer wants more info than employee comfortable with, i.e., addictions and mental health, where barrier and how much info employer wants to know and where want to know, good for good relationships, getting members and employers understanding that going to ask why, why they need to know information, employee needs to disclose, a lot of systemic and personal stigma where don’t want to disclose, where employment difficulties if don’t disclose, so encourage members to disclose, and employers to take disclosure as need for accommodation and not problem with employee, get employee to disclose ahead of time and not when something goes wrong

If mental health, great employee not great, late, crying, haggard, not just personal issue, employer duty has to ask are you okay, and employee needs to answer no, not and not going to be disciplined because this

Employee needs to understand all possibly

Undue hardship, i.e., no ramp

My employer n ever said we are going to have tot close our doors because of this accommodation, high bar to meet. Unions work with employee and employer to look at all job tasks the person needs accommodations, and identify all barriers that exist within accommodations, can we bundle task together to have employee do those tasks, so both have to understand the work of the employee and not just job description

Union ahs two roles, advocate for its’ members, and advocate for its members, saying it twice, union advocate for member that needs accommodation and all the other members too.

If those accommodations step on rights o the collective, have to advocate for collective as well, and consider the collective agreement, can’t step on human rights on PWD who needs that accommodation.

Exhaust all possible accommodations, and get rationale why PWD can’t be accommodated in current job, often way round if look at job tasks and skills the individual members have, those individual skills can make all difference when looking for accommodations, i.e., technology, schooling, if we have will and creativity of employer, dual interesting, and poses issues how does accommodations imp act seniority list, who does not have to work evenings or nights, may help person’s mental health if don’t have to work shift work but can trump seniority. Union has to be at table so collective members don’t have their rights taken away by employer/employee using quick easy way of accommodating, not member who wants to go against agreement/colleagues, but often employers idea , quick and easy so do it this way, employer must consider all reasonable ideas, effective ways is to find it cooperatively

Ask?

what are the barriers?

What in workplace can be changes?

Is there technology can be assist?

How can

What are systemic biases that all of us have? Employer, employee asking for accommodations and union might have, how look at those to reduce them ?

1. **Third panelist, Jason Patterson**:

Injured worker, employee of office of worker advisor, advocate wing of MOL, represent non-unionized workers

* Doing work for 20 years, first claim worked on was my own, April 7, 1999, nickel mines in Sudbury, part of mining fatality, friend holding explosive, partner inadvertently set up, finding the, left myself and colleagues with severe PTSD, and friend’s family without a father and husband
  + Union environment, accommodation relatively easy for me, last shift in mines, at mine sight but in warehouse
  + Talked about stigma, 23-year old kids selling boots and gloves to 30+ year employers, asked how did you get this job, do I disclose or laugh and chuckle and let it go
* I’m speaking on behalf of disability rights and non-unionized work accommodations
  + I see the negative stories, when WSIB goes wrong for workers, and we have to step in for advocacy, need too ensure good transition planned but I don’t see them out there
  + Worker gets injured on job in non-unionized workplace, we deal with workers from all walks of life, first case scenario, worker terminated, if one year less of service, than WSIB odes not have to comply, if they do have more WSIB can force employer to accommodate without undue hardship
  + If WSIB finds employer does not fulfill obligation, they can change employer full charge of the claim, doesn’t happen that often
    - Obligation only lasts 2 years after the injury, however employer has obligation has to accommodate up to point of undue hardships under legislation
    - If worker does not have means, they are stuck in system arguing on three fronts,
      * Human rights complaint - employer discriminate
      * WSIB
      * Labour board for wrongful dismissal claim – need legal professional
    - Next scenario, workers get injured, employer says no accommodations
      * E.g., 25 years of truck driver, employer let off hook to accommodate, pushed into work transition, expected to retrain as customer service rp3resantive, with often no input if they want to be in customer service role, forced into role and schooling they haven’t done in 30-40 years, stressful situation, Dr. Latimer focuses on worker preference
      * In WSIB, little worker preference when worker pushed in to work transition, max employer will go is two years, but WSIB will put pressure to accept cheapest and quickest option to get them back into labour force
      * Worker completes transition (?), re-trained in new suitable occupation chosen, finish work transient plan Friday, expected to have job on Monday, or wages are decreased based on job expected – deeming
      * Two issues that would help:
        + First, WSIB and government put more pressure and onus on accident employers to prove undue hardship or lese take their workers back and accommodate
        + Secondly, if they can accommodate, WSIB must give actual input on what their future will look like and what their training is going to be

Don’t know who going to happen, encourage get involved and speak to injured worker, systemic issue that needs to be addressed and changed at both employer and WSIB system

**Q and A:**

Mic runners - Kathleen and Steve

Question: What is your experience accommodating worker with disability?

Responses from floor:

* To create a joint labour management RTW committee.
* Depends mostly on type of manager
* Also train staff in ASL to communicate with deaf staff and clients, accessibility technology and work-stations.

Question: When you talk about employers’ undue hardship, maybe we should talk about undue hardship on employee to make it fair. Nothing changed in last 30 years, gotten worse. Thank you OWA/Jason.

Question from SLIDO:

Why is IPS more suitable for severe mental health client other than those with other diagnoses?

Eric:

* Employment specialist have 20 max case load, gives them time to help them find suitable employer, do supports to those already working, and integrate with clinical team
* Important to integrate with clinical team, two-fold
  + Start job in morning but medications make them sleepy, employment specialist find this out and contacts clinician to adjust medication, so client doesn’t fall asleep on job
  + Also, employment specialist part of clinical team, and they can remind clinical team that work is possibly for clients, can organize sessions where stories can be told, that principle is important
  + Less severe mental illness, i.e., depression anxiety, tend to need less support
  + What is missing in whole picture is mechanism to help people with severe mental illnesses on ODSP to get intensity of help they need to re-integrate into workforce

Question from floor: Question on IPS model, is this something widely practiced? How someone able toa access it, or is this something that is advocating for wider practice? What is landscape of practising IPS? Are there ways to advocate and help implement it on a larger scale?

Eric: Until recently, two places in Canada where IPS intentionally pursued:

In Quebec, currently 3 sites:

1) Quebec, Douglas Hospital

2) Quebec City, relatively new program

3) Rural northern Quebec, Saguenay region

The other part of Canada it existed, since 2001: Vancouver

Two occurred independently of each other.

2015, Au travail/At Work, led by CMA Toronto/Steve, obtained funds to enhance employment programs in CMHA across Canada from St. John’s NL to Vancouver Island. Roll out of programs implementation results published, experience mixture of PEI already have clubhouse model that does employment in own particular way not interested in changing, took money to continue do what they are doing.

Vancouver continue IPS, thank you for the money.

Toronto, not all IPS, certain principle but not whole thing, doing hybrid model.

Ottawa site worked hard at enhancing their fidelity, did well.

Some of my researcher colleagues have had different vision for supported employment than IPS, so not push for academic sector as well.

Questions from SLIDO about IPS:

Used in coop/post-secondary? Veterans administration?

Eric: Veterans administration, yes, particularly for people with PTSD in the VA, pay for success as funding mechanism for that.

Post-sec - integration with clinical service, not going to just places for people with disabilities, but going to places where specific mental health programs are delivering mental health services to people with severe mental illnesses, and then link up those services for those clients to get jobs.

Someone only following GP prescriptions, can’t really respect integration with clinical team in common setting, can we get funding to get teams that would serve that population and do rigorous evaluation.

Steve: Thank you panelists for stimulating discussion.

Question form floor: Strategy talks about monitoring and evaluation, we looked around if we can find programs that had rigours evaluation. If people have program they think works, tips how to get that evaluated?

Second for Jason or Gillian: One of components for IPS different is support goes on for some time whether getting in or accommodation. What is your experience with longer term action?

Gillian: Unionized environment, once person settled in, annual revaluation, arduous process than necessary, so person with invisible disability, paper work that congenital disability is stable and that need accommodations, every 5 years need to get re-evaluated through neurological assessments, costs $5000, union covers some of that, gave to employer what is covered by benefits, employer decided that disability is stable and accommodations stable, and don’t need to evaluate. Really depends on waxing and waiting and how much employer wants to get involved, if employee and employer okay, could be great or horrible depending what going on.

Jason: Only time we get involved after we have assisted worker integration plan within WSIB cont3ect, is if another issue arose with that context, we could come in, or we active in claim come back in.

For once work transition plan completed, there is no follow-up, they are deemed whether working or not and best of luck.

SLIDO: IPS website address, ipsworks.org

Question from SLIDO: What are most accommodations for people with sever mental health disabilities at work?

Gillian: Medication issues, can’t work mornings, so given time to sleep in mornings, and no rotating shifts, most common.

On occasion issues with members needing reduced stressful environments to reduce level of anxiety and stress to monitor and manage mental health status

Jason: Cause of severe mental health issues in injured workers, are from dealing with the WSIB (clapping).

Unfortunately dealing with this process, as arduous as it is, is not deemed as something part of the claim, not work related, it is WSIB problem not, work injury per say, difficult to get support in this way

Question from floor:

Invisible disability. How decide how much info to share with employer and co-workers so don’t treat you negative.

Gillian: Line we walk. Employer needs to know enough about functional limitations, should be all they need to know in ontioar, what can’t I cant do within my job tasks, and how can job tasks be met so I can do them?

I’m a professor, if I have a sleep issue, not teaching past 4:30 is one, deemed non-function accommodation.

Functional limitations - can’t lift 50 lbs or need 6 hours of rest before I sleep.

Dealing with colleagues, involves self-stigma, stigma of current workforce/team, and overall culture of my employer, I’ve chosen to disclose when needed and not until then. When I feel my performance is subject to criticism or from colleague, then I’ll disclose, that this is a barrier to me. I am person with invisible disability, spent life wanting to tattoo in forehead, but I don’t so I can get trough life easier. Have you disclosed during job interview? Absolutely not, don’t’ want to face discrimination or unconscious bias, i.e., is there an employee that we can get that doesn’t have to have accommodations. I disclose only when I need to, I have a dual role when I have to disclose to students as I am a professor, turns their words sometimes but probably not in a bad way.

Question from SLIDO: What happens when accommodation puts person in conflict, i.e., seniority issues

Gillian: When seniority issue, is there any other potential to get around it without breaking collective agreement. Exhaust all potential all job tasks, bundle, to avoid stepping on seniority list, if not possibly, the sign off and yes, our member is still a member and that is their essential right, not going to hurt anybody’s employment hopefully if they are given a position in a warehouse.

Question from SLIDO: How does union balance bundling, for an individual with a collective agreement classifications…?

Gillian: We can bundle certain tasks and be creative how we assign those tasks. If employer wiling to pull out certain tasks and create new position, that is easier than stepping on another employees seniority

Question from SLIDO: Employers can terminate without cause, quite easily, to get around accommodation, and a person can’t afford to challenge?

Jason: Can’t terminate without cause but get away with it, e.g., they’ll terminate one other person who may be problem as well and call it downsizing, but employers know what workers’ means on, and if they’re going to take wrongful dismissal, that takes time, worker loses in 2-3 years before they get justice, and in human rights tribunal, it is dollar figure and doesn’t make worker whole, and if labour board issue, required to bring worker back, if worker comes late 5 minutes couple times and then they are fired for cause.

Injured workers and governments and legislation have to change to protect inured workers.

Gillian: Unions have your back, but employers find way around agreement to dismiss unionized workers, i.e., making accommodations and getting info to dismiss for cause, e.g., lateness

If disclose afterwards its seen as excuse and rational for discipline versus they thought they will be stigmatized, and employer caused the discipline and not the employee, but argument that employers don’t want to hear.

Question/comment from floor: Not many go to tribunal, I’ve seen there will be an agreement that is confidential, and employee mysteriously leaves, talks of agreement that is confidential, agreement of being paid off to not make a fuss, I am a human rights advisor, don’t’ know what to do with that, sometimes confidentially dismissed employee will speak at margins, I don’t know what to do with that information.

Jason: If work-related injury, clear claim suppression, employers may or may not do that.

Kathy H: Breakfast 8 am – 8:45 am.

Thank you to panelists, not giving gifts, used funding to bring folks with lived experiences to the conference.