Contextual Impacts on Disabilities Services:

Influences of Rural and Urban Environments and Race on Vocational Rehabilitation (VR) Services

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What Are Contextual Impacts?
Paradigms of Contextual Impacts

- **Bio-Medical (BM)**
  - Impairment based model
  - Disability of person at issue

- **Social Cultural (SC)**
  - Life goals based
  - Focus on achievement of

- **NIDRR Domains**
  - Health & Function
  - Employment
  - Participation and Community Living

- **Paradigms**
  - NIDRR Long Range Plan
    - Social Capital
    - WHO/ICF
    - ASHA’s Scope of Practice

- **BM/SC**
  - Combines bio-med & social Cultural approach
  - Emphasis on integration of the two to help consumers
Models: Traditional

- Bio-Medical
  - Traditional viewpoint--patient’s disability must be treated

- Social-Cultural
  - “Patient’s Rights” philosophy
  - Doctor/patient team approach

- Combination of Bio-Medical and Social-Cultural

Speech Language Therapy Session Set-Up for Electropalatography Therapy
Pseudo Shift in Bio-medical Model

- Consumer involved in planning his/her care
“The contextual paradigm of disability and rehabilitation research will continue to frame the NIDRR research agenda.

- Overcomes the limitations imposed by a medical model of disability:
  - "disability is a product of the interaction between characteristics of the individual (e.g., conditions or impairments, functional status, or personal and social qualities) and
  - the characteristics of the natural, built, cultural, and social environments." (NIDRR Long-Range Plan 1999-2003-2009)
Adverse Environmental Factors

- Inaccessible communities
- Lack of information
- Racism
- Poor health care
- Economic hardship
- Poverty
- Lack of transportation
- Lack of affordable, accessible housing
TYPICAL HOUSEHOLD'S CONTACTS
Constructing a social network for a household of two adults and two children starts by identifying their contacts with other people throughout a typical day.

This diagram shows where the household members go and what they do all day but reveals little about how their individual contacts might be interconnected or connected to others.
International Classification of Function (ICF)
International Classification of Function (ICF)

• The ICF is a meta theory that draws upon impairment and social cultural factors in the assessment and treatment of consumers

• It describes health from the perspectives of the consumer, the individual with a disability and the consumer’s “built environment”
Interaction of Concepts

Condition (disorder/disease)

Body function & structure (Impairment)

Activities (capacity) (Limitation)

Participation (performance) (Restriction)

Environmental Factors

Personal Factors
Minorities and Disparities
Disability/Chronic Poverty Cycle

- Disability and Discrimination
- Poverty
- Limited Education and Employment Opportunities
- Limited Social Supports
- Exclusion from Legal Process
- Low Expectations from Self and Community
- Increased Risk of Impairment
- Chronic Poverty
Race/Ethnicity Proportionality

*Hispanic Origin can be any race.

Percentages

- Native American: SD 9.8%, NSD 12.1%
- Black: SD 7.8%, NSD 12.2%
- White: SD 9.4%, NSD 10.3%
- Hispanic Origin*: SD 6.9%, NSD 8.4%
- Asian/Pacific Islander: SD 4.9%, NSD 5.0%
Race/Ethnicity Proportionality

New Data

Native American: 21.4%
Black: 24.3%
White: 16.2%
Hispanic Origin*: 18.3%
Asian/Pacific Islander:

*Hispanic Origin can be any race. Percentages
Disabled vs. Non-Disabled Employment

- **Both Sexes:**
  - SD: 20%
  - NSD: 82.1%
  - No D: 89.8%

- **Men:**
  - SD: 20%
  - NSD: 82.1%
  - No D: 89.8%

- **Women:**
  - SD: 20%
  - NSD: 74.5%
  - No D: 89.8%

% Percentages
Gender Disparity

- Women represent more than 50% of disabled persons
- 21.7% Black
- 21.8% Hispanic
- Black women have more multiple disabling conditions than any other group of women.
Disability

Persons with disabilities are less likely to be meaningfully employed.

Severe Disability

Severity of disability impacts job status and job quality

Women

Less likely to have employment regardless of disability (11.2%/8.8% women to men)

Minorities

Least likely to benefit from VR and become employed.
Service Disparities

• The vocational rehabilitation services received by minority persons with disabilities result in lower rates of successful competitive employment outcomes when compared to persons with disabilities from non-minority backgrounds Flowers, Edwards and Pusch (1996).

• The rate of service delivery to minorities with disabilities may be 33 to 50 percent less than that provided to their non-minority counterparts Walker, Akpati, Roberts, Palmer, and Newsome (1986) (RECENT REFERENCE Needed).
Economic Disparities

Median monthly earnings, by disability status and gender, 21-64 years

Access to Public Transportation in a Southeastern State, NTPS, 1990-91

Access to Public Transportation in a Southeastern State, NTPS, 1990-91
Results for Minority Consumers with Disabilities

A. Less likely to be employed

B. Less likely to comply with VR program

C. Greater failure rates. Consumers more likely to be closed as “non-successful.”

D. Consumer health status and well-being have a greater chance of deteriorating

E. Less likely to be integrated into their “built environments”

F. Greater dependence on social programs
Research Disparities

- Descriptive statistics regarding subjects/participants in research activities may be insufficient to detail the true complexities of cultural diversity exemplified by any individual or group.

- Latinos with disabilities are classified as “ineligible for services” more frequently than their White counterparts (Leal, 1990).

- Racial/ethnic category, “African Americans” is a mix of foreign born immigrant cultures and native descendants of slavery in America.
Impetus for Change

- Amendments to the Rehabilitation Act of 1973 (1978, 1992, 1998) designed to be responsive to:
  - Shift in ethnic, racial and cultural composition of the U.S. & in the economy
  - Disparities in service VR service delivery system for whites VS non-whites
  - Need to coordinate similar benefits (Social Security, IDEA, etc.)
Prelude to The Study

• In a focus group study, conducted by Saravanabhavan, Walker, and Leung (1997), culturally diverse consumers indicated the following to be the major barriers to their achieving a successful outcome: (a) issues of distrust, (b) negative stereotyping by counselors, (c) traditional Vocational Rehabilitation procedures, and (d) lack of knowledge about the Individualized Plan of Employment (IPE)
Systemic Factors Impacting Racial/Ethnic Minorities with Disabilities

- Attitudes
- Services Provided
- Resources Employed
- Outcomes
Non-compliant Consumer
Health Effects

GREATER USE OF EMERGENCY SERVICES

INCREASED MORBIDITY AND CO-MORBIDITY

DEATH

INCREASED SUSCEPTIBILITY TO DISEASE

INCREASED REHABILITATION FAILURE RATES

DEATH

INCREASED MORBIDITY AND CO-MORBIDITY
The research design was descriptive evaluation research, based on qualitative focus group discussions with cohorts of consumers, their family members, and vocational rehabilitation (VR) counselors in a southern state of the United States.
Research Design

Objectives

• Consumer VR Experiences
• Consumer VRC Experiences
• Family Member Perceptions

Purpose

• To examine contextual impacts of disability and built environments on minorities with disabilities

Respondents

• Urban and rural AA and CA consumers from one southeast state

Areas of Interest

• Awareness
• Availability
• Accessibility
• Appropriateness
Focus Group Cohorts

AA Urban: 20%
AA Rural: 20%
CA Urban: 10%
CA Rural: 10%
FM Urban: 10%
FM Rural: 10%
VRCs Urban: 10%
VRCs Rural: 10%
RESEARCH QUESTIONS

- What consumer experiences demonstrate awareness of availability of vocational rehabilitation services?
- What consumer experiences demonstrate awareness of accessibility of vocational rehabilitation services?
- What consumer experiences demonstrate appropriateness of vocational rehabilitation services received?
- What is the expected versus actual role of VR counselors and family members leading to successful consumer experiences in the VR service delivery system from the perspective of consumers, counselors and family members?
RESEARCH DESIGN

- The research design was descriptive evaluation research, based on qualitative focus group discussions with cohorts of consumers, their family members, and vocational rehabilitation (VR) counselors in a southern state of the United States.
METHODOLOGY

- Three sets of guided discussion questions were prepared: 1) a consumer set, 2) a counselor set, and 3) a family member set.
- Focus Groups held in a neutral location in local communities
- Data were recorded at each focus group interview by a court reporter,
- Data were provided to the HURTC in three formats: on computer disk, on an audiotape and as transcribed text.
- The Research Director reviewed the written text and used audiotape for clarification in the data cleansing process.
- The research analyst used the computer discs to import the data into NVivo, a qualitative software data analysis package that enables data storage, creation of text categories, text coding and compilation of data for reports.
CONSUMER SAMPLE SELECTION

- Consumer volunteers for the study were selected by a quota sampling method in which individuals are recruited to fit a pre-determined profile in regard to certain characteristics (race/ethnicity, gender, vocational rehabilitation closure status (22, 26, 28, and 30), geographic location, and age). All participants were current or post rehabilitation participants in the state/federal VR program.
A heterogeneous racial/ethnic group of 16 vocational rehabilitation counselors working in the VR system from various ethnic/racial backgrounds, providing VR counseling services to the consumers that volunteered to participate in the study.
10 volunteer family members of study participants from rural and urban areas comprised two focus group---one urban and one rural
Data Analysis

• Data imported into NVivo, a qualitative software data analysis package
• Three passes (iterations) through the data to determine domains/themes
• Culled common broad themes relative to the research questions
• Researchers met with analyst to review data and refine and interpret data in the context of VR policies and procedures
• Analyst synthesized researcher feedback to modify, revise and drop codes as new codes were developed
• Completion of data coding was followed by data analysis within and across groups of participants to determine theme commonalities and differences
Determining Data Matrices Across Variables

Inductive Data Analysis

First Iteration
Coding of Utterances

Second Iteration
Analyzing domains to discover themes in relation to research questions

Hypotheses & Theories
Developed from themes appearing across domains
<table>
<thead>
<tr>
<th>Caseloads</th>
<th>Differences in treatment based on ethnicity</th>
<th>Problems/challenges encountered</th>
<th>What’s done for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>- deaf -all groups; but mainly black women</td>
<td>- let Black deaf women know will get services - let know get same opportunities - provided coach with signing skills</td>
<td>- need persons who can sign different languages - get clients to understand benefits will lose if quit - frequent job loss - need to teach what’s expected; how to interview, fill out application</td>
<td>- lack of job retention support - not time to do all needed - work adjustment better and cheaper than supportive employment - supportive employment doesn’t work with deaf - need to provide training before put on job - client goes thru supported employment numerous times - may get more from SSI - lose more than gain with job - employers want VR to supply interpreter - counselors take blame for system - frustrating how exemptions are made</td>
</tr>
<tr>
<td>Consumer</td>
<td>Positive experiences</td>
<td>Negative Experiences</td>
<td>Personal Initiative</td>
</tr>
<tr>
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</tr>
<tr>
<td>physical impairment</td>
<td>first counselor; helped transition from hospital to community; got involved with school; make sure books paid for; became a friend</td>
<td>trouble getting equipment—computer, wheelchair -said couldn't pay for van, transportation -know white people who got van -others get things you can't -couldn't get help modifying house accessible -have to stay on counselor or doesn't do anything -takes so much time to get things done -bureaucracy, paperwork</td>
<td>didn’t know loans available</td>
</tr>
</tbody>
</table>
Domains (consumers & families)

- Positive VR experiences
  - Counselors
  - Job
  - Training

- Negative VR Experiences
  - Counselors
  - Job
  - Training

- Access problems
  - Transportation
  - Equipment
Domains (consumers & families)

- Family support
  - Financial
  - Activities
  - Care
- Change system
  - Counselors
  - Process
  - Treatment
  - Job coaches
- Cultural competence
  - Training
  - Attitudes
Awareness of Available Services
Positive Rural Experiences

Caucasian

- **M** “sent to school; got a job; willing to assist and help; evaluated to find what I was suited for”
- **F** “went to school and got certification; paid for school; first counselor followed up”
- **F** “able to keep driver’s license and job counselor was attentive”
- **M** “helped get hearing aid; first counselor very good; second counselor caring, compassionate”

African American

- **M** “got sent to school; got artificial leg; helped get SSI so could afford housing”
- **M** “had many classes; finally got job”
- **F** “first counselor helped transition from hospital to community; got involved with school; made sure books were paid for; became a friend”
- **F** “Counselor got[her] a job; obtained a lot of stuff to help live on own; learned to drive”
Awareness of Available Services

Negative Rural Experiences

**Caucasian**

- **M** “Couldn’t verify proof of income so couldn’t get help”
- **F** “hard to reach counselor; doesn’t return calls; took many tests but don’t have a job right now”
- **M** “counselor turned me over to “worthless sperm [vendor, name protected]; counselor said she ran out of money; now on a list at the vendor; I won’t live long enough to get service”
- **M** “got an initial job; haven’t heard from the counselor since

**African American**

- **M** “had trouble getting a leg: for 2 years no one would do anything”
- **F** “trouble getting equipment—computer”
- **F** “said they couldn’t pay for van transportation; know white people who got van; others get things you can’t; couldn’t get help modifying house to make it accessible”
Awareness of Available of Services
Positive Urban Experiences

**Caucasian**
- M  “paid for training; paid for equipment and training”
- F  “like the job coach I have; job coach is nice to me”
- F  “got a job quickly; job coach is nice”
- F  “paid for GED”
- M  “got me into work field-gave reason to live; gets you out of depression”

**African American**
- F  “people attentive to needs and willing to assist with extra things; helped understand what to do to focus at home; helped get independence; learned how to talk; state paid for training”
- M  “got a hearing aid”
- M  “made good effort to get employment”
<table>
<thead>
<tr>
<th>Caucasian American</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>M</strong> &quot;couldn’t get approval for gloves needed for welding&quot;</td>
<td>• <strong>F</strong> &quot;didn’t use my best qualities; evaluation was shallow; didn’t get the training I wanted&quot;</td>
</tr>
<tr>
<td>• <strong>F</strong> &quot;seemed to take time to get job and coach; problems with job but told not to quit; dropped from caseload&quot;</td>
<td>• <strong>M</strong> &quot;never got a job&quot;</td>
</tr>
<tr>
<td>• <strong>M</strong> &quot;job coach didn’t show up&quot;</td>
<td>• <strong>M</strong> &quot;got a job, but not a career type job&quot;</td>
</tr>
<tr>
<td>• <strong>F</strong> &quot;employment not adequate for experience; took a year to find placement&quot;</td>
<td>• <strong>F</strong> &quot;put in class with impaired people; tried to close case&quot;</td>
</tr>
<tr>
<td>• <strong>F</strong> &quot;didn’t understand disability&quot;</td>
<td>• <strong>F</strong> &quot;lady in computer class didn’t have time for me&quot;</td>
</tr>
</tbody>
</table>
Rural Consumers’ Perception of VR Counselors

**Caucasian**

- **M** “second counselor didn’t help get job; was fixing to retire; hard to reach counselor; doesn’t return calls; should be faster
- **F** “counselors should follow up; keep consumers informed of what’s happening”
- **M** “counselors don’t check on you”

**African American**

- **M** “Counselors sometimes prevent you from getting what you need”
- **F** “counselors should meet needs with heart; don’t look at me as a number”
- **F** “counselor should seek out what clients need; make known what’s available and make it accessible”
Urban Consumers’ Perception of VR Counselors

Caucasian
- Did an outstanding job
- Treated me as human; gave a reason to live
- Wouldn’t return calls

African American
- Was courteous; did follow up
- Made an effort to get me employment
- Terrible experience; didn’t understand disability; claimed not college material
- Only work with you to a certain level; didn’t understand people need mental & physical help; counselor negative
- Told me I wouldn’t make it; didn’t take time
Rural Consumer Issues

• African American and Caucasian consumers described more negative than positive experiences in securing similar benefits (SS, Medicare, etc.)

• Transportation presented a major barrier for rural consumers due to lack of affordable public transportation & access
• African American consumers appeared to need greater assistance in obtaining basic services for living such as housing, transitioning into community, resources to live on.

• Caucasian Americans received services more specifically related to employment (schooling, assistive devices, evaluation, substantial counseling and follow-up).
Rural Family Members
Perception of VR

• “VR is our worst nightmare; can’t get answers”
• “call VR, you get answering machine or are put on hold”
• “get angry with you for trying to get follow through; never get back to you;”
• “VR didn’t understand disability; didn’t understand he was slow and couldn’t keep up; didn’t give enough time; rehab dropped him; never get back to you; not patient enough”
• “lack of transportation; transportation not suitable”
• “need to treat clients like they have feelings”
• “find suitable jobs; don’t know how to get SSI”
• “[counselors] need evaluation so they know what to do; help family know what to do; evaluate counselors; do surprise visits; consumers need better evaluations; need to test strong and weak points; people with disabilities don’t know about VR”

• “investigate what goes on in job; look what happens when job manager changes”

• “vendors mistreating consumers from VR”
• Consumers do not receive adequate assistance in obtaining employment.
• Counselors are not caring and do not show genuine interest in the cases assigned to them.
Domains (counselors)

- Diversity challenges
  - Getting out information
  - Need for staff
  - Education/testing

- Racial/ethnic strategies
  - Kinds of strategies
  - Reasons for strategies

- Other challenges
  - VR policies/support
  - Consumer characteristics
  - Vendors/community services

- Cultural competence
  - Training
  - Attitudes
Comments from Counselors about Consumers

• “no vocational direction; students lack self esteem, confidence; school counselors not providing guidance; unreasonable expectations”
• “get clients to understand benefits will be lost if they quit their jobs; frequent job loss; need to teach what’s expected”
• “clients want jobs like had before disability; unrealistic expectations; hard to get them to stay on the job; lack social skills; low academics”
• “blacks don’t have connections for jobs”
• “low expectations among low SES and African Americans; counselors have to overcome this; drug abuse, mental health clients don’t have family support”
Comments from Counselors about Consumers, Cont.

- “higher SES try to get around system; lower SES have less information”
- “minorities don’t test well; no black evaluators; counselors have to fix damage from evaluators”
- “biased tests; use of ACT scores for college entrance; counselors can’t use discretion; difficult to get African Americans into college”
- “white schools prepare students for standardized tests; unqualified teachers (for black students), kids not learning; guidance counselors drop the ball”
Counselor Perceptions of Consumer Issues

- Noted differences in labels given to consumers based on racial/ethnic differences
  - CAs labeled ADD
  - AAs labeled learning disabled or intellectually limited
- School system was not adequately preparing students for the world of work, particularly ethnic/racial individuals with disabilities.
- Families sometimes barrier to successful rehabilitation for consumers receiving SSI, as family members are reluctant to have the family member give up the Social Security check.
- Lack of parity in services for some populations such as consumers with deaf and psychiatric problems.
Results

• With the exception of systemic and some counselor problems, it appeared that Caucasians and African American consumers experience mutually exclusive VR programs relative to their needs.
Core Problems Experienced by Caucasians

- Systemic Problems
- Rural Transportation Problems
- Counselor Problems
Core Problems Experienced by African Americans

- Establish Relationship of Trust w/ Counselor
- Counselor Caseload Problems
- Racial Discrimination
- Maltreatment by Vendors
- Failure to Involve Consumer’s Family
- Rural Transportation Problems
- Systemic Problems
- Lack of Information and Knowledge
- Lack of Employment
- Distant Location of Services
Interpreting Results using the International Classification of Functioning (ICF)

Condition
(disorder/disease)

Body function & structure
(Impairment)

Activities (capacity)
(Limitation)

Participation (performance)
(Restriction)

Environmental Factors

Personal Factors

Contextual Factors
Contextual Factors can serve as:

Barriers

Or

Facilitators

Contextual factors more frequently served as barriers for AA consumers and as facilitators for CA consumers
Contextual Factors affecting Availability & Accessibility of VR Services

Person
- Gender
- Age
- Other health conditions
- Coping style
- Social/cultural background
- Education
- Profession
- Past experience
- Character style

Environment
- Products/technology
- Natural environment and human changes to environment
- Support & Relationships
- Attitudes
- Services, systems, & policies
Themes Across Domains & Data Sets

• VR System’s Organizational Culture
  – Hierarchical organization
  – Rules/mandates determine what is done & how

• VR and Consumer Culture
  – VR: (linear-active) task-oriented; depend on facts/figures; speech is for informational exchange, adhere to logic not emotion
  – AA consumers: (multi-active) value compassion, human warmth; nonlinear concepts of time

• Power Relationships
  – VR system hierarchical – counselors don’t have power
  – Power distance between CAs and AAs
Personal Contextual Factors: Location & Race

- Urban/rural influence
  - Urban consumers had easier access to transportation, more opportunities for training
- African American consumers more impacted by personal factors (race & education) than Caucasian consumers
Personal Contextual Factors: Location & Race

Compared to CA consumers, AA consumers in VR system:

- Expressed greater needs, but VR system less responsive
- Lacked information about how VR works
- Lacked networks to connect to job market
- Did not feel supported by the system
- Less education, so more frequently denied further education
- Diagnostic testing blocked training and career opportunities for AA consumers; promoted training and jobs for CA consumers
Environmental Contextual Factors

• Interaction of personal & environmental factors
  – Counselors interaction styles compatible with CA consumers but not AA consumers
  – Counselor lack of knowledge and experiences with certain disabilities and other cultures
    • Only 1 AA counselor
    • Counselors could not specialize in disability areas
  – Counselor strategies for serving consumers of color
    • Some indicated that all consumers were served in the same manner
    • Some counselors felt it important to find role models for AA consumers; to work with AA mothers
    • Keep collateral records for AA consumers because of mobility
Caucasian Rural

- M “get people oriented people; need people who really want to help others”
- M “Figure out a way to work with the school system so people can get education they need”
- F “some [counselors) have too much to do and others are doing nothing”
- M “need more talented people, not just more people; more sensitive, compassionate people”
- F “counselors should follow-up; keep consumers informed of what’s happening”
- M “VR doesn’t advertise; hard to find VR in phone book;
Perceived Causes of Systemic (environmental) Problems

African American Rural

- **F** “counselor should seek out what clients need; make known what is available and make it accessible”
- **M** “counselors should be intelligent, caring, and compassionate”
- **F** “takes so much time to get things done; too much paperwork and bureaucracy”
- **F** “be able to change counselors”
Environmental Contextual Factors

Structure & resources of the VR system that functioned as barriers

- Services not timely
  - Red tape delays response
  - Attitudes: Impatience of counselors; doing a “rush job” when more time is needed
- Insufficient # of counselors for the caseloads
- Agency guidelines/practices
  - Counselors did not have authority to make decisions
  - Had to use supportive employment services (viewed as less effective) rather than work adjustment programs
Environmental Contextual Factors

• Automated phone system discourages use

• Insufficient resources
  – Lack of sufficient funds for services
  – Lack of support to understand and complete paperwork

• Knowledge & attitudes
  – Staff have insufficient training and experience in disabilities and diversity
  – Vendors uncaring, abusive; have unrealistic expectations; not accountable
Environmental Contextual Factors

• Need for external resources: transportation, housing, medical/ pharmaceutical; information on resources

• Need alternative response systems
  – Leadership that leads with the heart rather than relying on testing
  – Emphasize strengths of consumers rather than weaknesses
  – Allow consumers to change counselors
  – Locate services more conveniently
  – Less paperwork
Effects of Systemic Problems
(Environmental Factors)

- Both groups frustrated with bureaucracy
  - Significant delays in receipt of services, but AAs experienced the longest delays
- African Americans indicated perceived discrimination
  - indicated knowledge that whites were given services that AAs were told they could not have (e.g., van & home modifications, etc.).
- Getting jobs
  - Caucasian Americans received training to prepare them for job placement without reliance upon personal initiative
  - No AA indicated receipt of such training services & most indicated they had to rely upon personal initiative to get needed services
- African Americans reported that they did not know what was available to them
  - believed counselors were not forthcoming in providing appropriate knowledge to them
Urban Consumer Perception of Systemic Problems
(Environmental Factors)

Caucasian
Identified a need to change or improve:
• Job-coaching services
• Flow of paperwork between the state agency and the vendors with whom it contracts
• Location of services in better proximity to consumers
• Greater collaboration among VR service providers
• More fiscal resources
• Greater and more timely feedback from counselors

African Americans
• Focused on issues related to their perceived socio-cultural treatment.
• Felt not listened to, felt put down, and generally received treatment based on their weaknesses as opposed to their capabilities.
• VR counselors needed to be more competent in finding ways to get to know them better instead of relying on “testing” to determine what consumers can or cannot do.
• change all of the people in the state agency” in order to improve the VR service system.
Systemic Issues (Environmental Factors) identified by Counselors

- Counselors have responsibility without authority
- System lacks sufficient diversity in the counselor ranks
- Inadequate time for professional training on cultural competence or a mentoring program to address the issue of diversity,
- Inconsistent application of agency policy on exceptions
- Excessively large caseloads; some reluctance to accept new VR policies (supported employment vs work adjustment) and
- Vendor abuse and misuse of the system.
SOCIAL RELATIONSHIPS

• Crux of Social Capital
  - fundamental to finding jobs and to finding better jobs
• 40-70% of persons find their jobs through contact persons in their social network (Granovetter, 1994; Silliker, 1993)
• Applicants with a referral were more than twice as likely to get an interview; once interviewed over three times likely to get a job offer (Weinberg, 1997)
• Research on social capital and employment appears to have received scant attention

• Persons with disabilities are disadvantaged relative to the general population re: job networks (Potts, 2005)
MORE EFFECTIVE NETWORK CHARACTERISTICS

- Size—being larger (Potts, 2005)
- Having contacts that are well connected
- Having low redundancy
- Having a high proportion of weak ties
- Including employees in desired places of employment
- Having a network that will think of you when a job opportunity presents itself
- Having prestigious contacts
• Potts, et al., (2004) found that social capital impacted employment among individuals with serious speech disability

• Roy, et al., (1998) found that visually impaired college graduates obtaining jobs spent more time socially outside of home in bars, social clubs or informally meeting with friends and had a larger network of persons who regularly helped them look
MOTHER WIT

- Doctor Prognosis: Institutionalization
- Placed in Special Education
- Mother worked at University
- Mom knew Dr. Sylvia Walker (HURTC)
- Mom accessed appropriate services
- Mom instituted home training program
- Daughter employed as secretarial assistant; volunteers at library