Protocol: Barriers and facilitators to vocational rehabilitation and employment-related support for indigenous peoples – systematic review

Review title

Barriers and facilitators to vocational rehabilitation and employment support for Indigenous peoples: a systematic review

Working group (bold = core working group)
Dr Matire Harwood, University of Auckland
Dr Joanna Fadyl, Auckland University of Technology
Dr David Anstiss, Auckland University of Technology

Collaborators

Māori Stakeholder Reference Group

Background

People who experience health conditions and/or disability often also have difficulty accessing employment due to a number of complex factors. These factors are very often associated with broader societal issues. They include stigma, poorly-informed judgements about what makes somebody 'work-able', fear of negatively affecting health and safety in the workplace and/or making the workplace vulnerable to higher costs, and challenges in negotiating work arrangements that are outside the norm when needed (Fadyl & Payne, 2016; Harlan & Robert, 1998; Louvet, 2007; Pacheco, Page, & Webber, 2014; Schur, Kruse, Blasi, & Blanck, 2009). Case management, vocational rehabilitation and employment support can all help to address these challenges and improve work outcomes for people experiencing health conditions and/or disability, and various approaches exist within these broad categories that have been tested in research (e.g. Fadyl, McPherson, & Nicholls, 2015; Fleming, Del Valle, Kim, & Leahy, 2013; Trexler, Trexler, Malec, Klyce, & Parrott, 2010).

Addressing inequities in health between Māori and non-Māori are a critical focus in Aotearoa New Zealand, and it is important to seek literature about challenges that specifically affect Māori. In addition to challenges associated with a health condition or disability, this may also include issues associated with cultural fit and experiences as an indigenous population that need to be explicitly included and acknowledged in the reporting of findings (Kara et al., 2011). Not assuming that Māori and other indigenous peoples are the same, it is likely that the effects of colonisation will be reflected in research with indigenous populations around the world, and that insight from this research could be of value.

We are conducting an overview of systematic reviews on this topic combined with update reviews in four specific areas. One of these areas is specifically in relation to indigenous people's experiences and outcomes. This review will specifically investigate barriers and facilitators to vocational

rehabilitation and employment support for indigenous people. We will seek evidence from the last 15 years.

Review question

The objective of this review is to report on evidence that relates to barriers and facilitators to vocational rehabilitation and employment support for indigenous people.

Our review questions are as follows:

- 1. What are the experiences of vocational rehabilitation and employment-related support services for indigenous people?
- 2. What are the barriers and facilitators to vocational rehabilitation and employment support for indigenous people?
- 3. What is the quality of current research relating to barriers and facilitators to vocational rehabilitation and employment support for indigenous people?
- 4. What evidence gaps exist relating to barriers and facilitators to vocational rehabilitation and employment support for indigenous people?
- 5. What recommendations for policy and service delivery can be derived from the current literature?

Condition or domain being studied

For the purpose of this review we will consider indigenous people to be people who identify as and/or live according to an indigenous culture.

For the purpose of this review, paid work is defined as:

- Commencement of either full- or part-time paid work as defined in the Resolution concerning statistics of the economically active population, employment, unemployment and underemployment, adapted by the Thirteenth International Conference of Labour Statisticians (1982).
- Commencement of legal occupation that generates a livelihood (e.g. indigenous practices that generate resources to live on but are not paid employment).

Participants/population

We will include any study focusing on indigenous people, as defined above. This includes studies from the perspectives of indigenous people and also studies that consider broader societal views of and attitudes to indigenous people that affect their participation in vocational rehabilitation and/or experiences of gaining work in the context of a long-term condition.

Phenomena of interest

We will include qualitative or quantitative studies concerned with:

- Barriers and/or facilitators for engagement or success in relation to employment support services or vocational rehabilitation. For the purposes of this review, employment support services includes the following:
 - Training or education to prepare people to apply for employment (e.g. preparation of resumes; development of work skills; job-specific skills training and licencing (e.g. drivers licence), training in employment interview techniques; motivational and behavioural

- interventions to help people increase their self-efficacy for employment and engage in work)
- Vocational counselling to help people identify their work skills and aptitude, seek work, or find and apply for jobs
- Provision of support for people to apply for jobs or actively seek employment in other ways (including peer support programmes).
- Job development (e.g. working with employers to create non-standard or modified positions)
- Job placement schemes
- Provision of support for people newly in employment
- Provision of financial and related supports to move into employment (e.g. appropriate clothing, equipment, transportation, transitional loans, etc.)
- Job coaching (short or long-term) to develop skills and strategies to manage a job
- Community development specifically focused on creating employment opportunities for people living with long-term conditions and/or disabilities (e.g. development of business initiatives that need employees with lived experience of disability, employer awareness, incentive programmes, social enterprises focused on work for this population).
- Community and family support initiatives focused on enabling participation in paid work.
- Work-readiness training or transitional employment where the focus is on transitioning into paid employment or providing skills for people to immediately enter paid employment at the completion of the training.
- Identification of environmental barriers to employment (e.g. workplace, transport, or attitudinal barriers) and implementation of supports and/or strategies to reduce or remove those barriers (e.g. job accommodation, workplace modification – including access, provision of equipment, employer education, supporting workplace relationships and other psychosocial interventions, negotiating health and safety requirements, providing adapted transport).
- Analysis of social and cultural factors that affect opportunities for engagement or success with employment support services or vocational rehabilitation.
- Intersection between what 'work' means for indigenous people and the content and mode of provision of employment support services and vocational rehabilitation.

Comparator(s)/control

N/A

Types of studies to be included

Quantitative: We will include controlled trials including parallel design randomised controlled trials (RCTs), cluster RCTs, pseudo-randomised controlled trials, and non-randomised controlled trials.

Qualitative: We will include studies that have used qualitative methodologies for data collection (e.g. interviews, focus group discussions, document analysis, observation) and analysis designed to inquire about experiences or social and cultural conditions. Some examples are:

- Kaupapa Māori and other indigenous methodologies
- Qualitative descriptive
- Phenomenology
- Ethnography

- Grounded theory
- Discourse analysis

We will include also mixed-methods studies.

We will exclude studies where it is not possible to tease out our phenomena of interest from other phenomena where multiple aspects have been examined together. We will exclude studies in which the report is not available in English or Te Reo Māori. We will examine peer reviewed articles, Proquest Dissertations and Thesis manuscripts, and grey literature. Upon assessing the quality of studies (see below), all corresponding authors of included studies will be contacted about other potentially relevant or pending sources.

Primary outcomes of interest (Quantitative studies)

The primary outcomes we will include this review will be:

- Commencement of either full- or part-time paid work as defined in the *Resolution* concerning statistics of the economically active population, employment, unemployment and underemployment, adapted by the Thirteenth International Conference of Labour Statisticians (1982).
- Commencement of legal occupation that generates a livelihood (e.g. indigenous practices that generate resources to live on but are not paid employment).
- Successful maintenance of new paid work for six months or longer.

Although measurement of work-ability is of interest, especially in contexts where there may be limited employment opportunities, we do not consider the measures in this area to be sufficiently developed for unemployed populations to justify inclusion as a main outcome separate from commencement of paid work.

Timing and effect measures (for main outcomes – quantitative studies)

We will collect data on rates of work placement in any type of paid work or legal work that generates livelihood, and whether these placements are full-time or part-time; casual, fixed term, or permanent. For the purposes of this review, we will consider part-time work to be working less than 30 hours. We will not consider gaining an employment contract alone to constitute commencing work if no paid work is carried out. We will collect data on maintenance of new work using count data (e.g. number of people maintaining employment at 6 months) and continuous data (e.g. duration of time employment has been maintained by the end of a study) as reported by the study authors. We will consider work to be successfully maintained if paid work has been continuously sustained over a period of time regardless of whether or not that work was in the same job. We will consider any gap greater than 4 weeks between jobs to be non-continuous employment. Where the type of work itself requires alternative measures of maintenance (e.g. for indigenous practices or seasonal workers), we will report on the measures given by study authors.

We will consider outcomes at three time points: the end of intervention (as reported by study authors); up to one year after the end of an intervention; more than one year after end of an intervention.

Additional outcomes (Quantitative studies)

Secondary outcomes for this review will be:

- Proportion of full time work
- Satisfaction of employers with employment outcomes or work performance
- Satisfaction of participants with work outcomes
- Pay rates
- Cost of vocational interventions
- Cost of ongoing work support
- Quality of life
- Happiness
- Cost-benefit analyses
- Community participation
- Financial autonomy for person with long-term condition
- Self-esteem
- Self-efficacy

We will also report on negative outcomes if they are reported by study authors:

- Deterioration in health status
- Tensions between work expectations and requirements for rehabilitation, treatment or health care needs (e.g. time to go to specialist appointments etc).

Timing and effect measures (Quantitative studies)

We will report proportion of full time work in terms of number of hours employed as a proportion of a standard working week as reported by the study authors. We will also report absolute hours worked each week by participants. We will report employer and participant satisfaction with employment, and employer satisfaction with work performance, on the basis of scores on standardised job satisfaction surveys. We will report costs and pay rates in the currency reported in studies, noting the year that study authors reported these figures. We will report on standardised measures of quality of life, noting whether they have been validated in the Indigenous population that they were used with (see Angell et al., 2016). We will consider outcomes at three time points: the end of intervention (as reported by study authors); up to one year after the end of an intervention; more than one year after end of an intervention.

Identification and selection of studies

Search methods for identification of studies We will identify relevant studies by searching

- MEDLINE (OvidSP)
- PsychINFO (OvidSP)
- AMED (OvidSP)
- CINAHL (EBSCOhost)
- Proquest Dissertations and Theses database.
- Business Source Complete (EBSCO)
- ERIC (Ovid)
- Informit Indigenous Collection

- Hei Hauhake Whakaaro Kaupapa Māori literature collected by Te Kupenga Hauora Māori -University of Auckland.
- <u>iPortal: Indigenous Studies Portal Research Tool</u>, University of Saskatchewan Library.

Search strategy for MEDLINE is presented in the Appendix. We will adapt this search as appropriate for each database. We will search all databases from the latest date covered by the last high-quality systematic review identified in the overview of systematic reviews, or 2004 to the date of the search. We will include only studies reported in English or Maori. We will seek full reports of any potentially eligible studies that are published as abstracts or conference proceedings only.

We will also hand-search the following key sources:

- AlterNATIVE journal
- International Indigenous Policy Journal
- MAI journal
- Fourth World Journal
- Conference programmes Healing Our Spirit, PRIDoC, INIHKD, Nga Pae o te Maramatanga, NAISA
- Ngā Pae o te Māramatanga funded study reports repository
- Grant announcements especially indigenous development funds (e.g. HRC Māori project grants, Māori career development, etc, Australian equivient, US and Canada also may have).

Selection of studies

Two review authors will independently consider the title and abstracts from the identified studies and apply the inclusion criteria described above. Disagreement or uncertainty about relevance at this stage will be resolved through consideration and discussion of full study reports, involving a third review author where necessary.

Quality assessment (Qualitative studies)

Two review authors will independently assess the <u>methodological quality</u> of the included studies. We will use Sections A and B of the Critical Appraisal Skills Programme (CASP) quality assessment checklist for qualitative research (Section C addresses external transferability, which will be addressed using stakeholder reference groups in this review).

CASP questions in sections A and B are:

- 1. Was there a clear statement of the aims of the research?
- 2. Is a qualitative methodology appropriate?
- 3. Was the research design appropriate to address the aims of the research?
- 4. Was the recruitment strategy appropriate to the aims of the research?
- 5. Was the data collected in a way that addressed the research issue?
- 6. Has the relationship between researcher and participants been adequately considered?
- 7. Have ethical issues been taken into consideration?
- 8. Was the data analysis sufficiently rigorous?

9. Is there a clear statement of findings?

Reviewers will score each question 'yes', 'no' or 'can't tell'. Disagreements will be resolved through discussion.

Studies where the consensus answer to all questions is 'yes' will be included for data extraction.

Where the consensus answer to question 2, 3, 5, 8 or 9 is 'no', the relevant study will be excluded from data extraction. A 'yes' to these questions is considered essential for confidence in the reported findings.

Where the answer is 'can't tell' and the information is critical to quality assessment, study authors will be contacted for further information. If they cannot be reached or cannot provide the requested information, the study will be excluded from data extraction.

Any notes or concerns will be referred to in interpreting the findings during data analysis and synthesis.

Assessment of external transferability

We will discuss the review findings in the preliminary stage with four stakeholder reference groups (one indigenous focused group, and three condition-focused groups: mental health, amputees and multiple sclerosis). We will incorporate the feedback on external transferability based on lived experience into the grading of confidence in evidence (see below).

Grading of confidence of evidence in included studies

Combining the quality assessment and the feedback on study findings from our stakeholder reference groups (relating to local applicability and congruence with local context), we will be guided by the CERQual criteria in order to evaluate confidence in the main findings arising from this review (Lewin et al., 2018). CERQual draws on information from critical appraisal of study quality in conjunction with evaluation of the coherence of the findings, adequacy of data, and relevance of data to the review question to draw conclusions regarding confidence in these findings. The overall assessment of confidence in each finding will be a product of a weighting of these respective components, and we will assess it as either 'very low', 'low', 'moderate', or 'high' (Lewin et al., 2018).

Risk of Bias assessment (Quantitative studies)

Risk of bias assessment

We will use the Cochrane Risk of Bias tool (Higgins et al., 2011) to assess risk of bias for each included study. This will contribute to grading of quality of evidence.

Grading of quality of evidence in included studies

Two review authors will determine whether the evidence arising from each comparison is of high, moderate, low or very low quality, based on the following definitions from the GRADE approach (Guyatt et al., 2008):

- High quality: when further research is very unlikely to change our confidence in the estimate of effect
- Moderate quality: when further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

- Low quality: when further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
- Very low quality: when we are very uncertain about the estimate.

The review authors resolve the disagreements through discussion and will involve the third author when necessary.

Data extraction

Two review authors will independently extract data. Disagreements will be resolved by discussion, with assistance from a third review author where necessary. We will extract data on review methodology and characteristics, and data on study findings.

Quantitative studies

For review methodological and content characteristics, we will extract data on:

- Full citation
- Year published
- Corresponding author
- Country (or countries) of affiliation with the authors of the review
- Methodological characteristics:
 - Methodology and study design
 - Study aims
 - CONSIDER checklist for indigenous research (Huria et al, 2019)
- Content characteristics:
 - PICO components of the study, as defined by study authors
 - Population
 - Intervention(s)
 - Comparison(s)
 - Outcomes primary and secondary
 - Setting of the rehabilitation interventions researched (e.g. home, community service, workplace)
 - Number of participants included in the study
 - Type and number of analyses conducted
- Study authors' comments on methodological issues
 - Study limitation as stated by authors
 - Study authors' conclusions regarding the effectiveness of the interventions under consideration
 - Study authors' recommendations for future research
- Information on interventions (refer to page 2 for additional detail):
 - Training or education initiatives
 - Development of work skills
 - o Job-specific skills training and licencing
 - o Training in employment interview techniques
 - Motivational and behavioural interventions for self-efficacy

- Vocational counselling to identify work skills and aptitudes
- Support provision (e.g. peer support programs)
- o Identification and/or strategies to remove or reduce barriers
- Job development
- Job placement schemes
- Job coaching
- Financial and related supports
- Community development
- Community and family support
- Work-readiness training or transitional employment

For quantitative study findings we will extract data on:

- Information on specific outcomes relevant to the objectives of our review
 - Number of participants behind each outcome presented
 - Intervention effects for the outcomes presented by the study authors
 - risk ratios (RRs), odds ratios (ORs), or mean differences (MDs), or standardised mean differences (SMDs); 95% confidence intervals (Cls)
 - Narrative text of results if no statistical results presented.
 - Population behind the outcome age, severity, time post-diagnosis as reported by the study authors
 - Intervention behind the outcome as reported by the study authors, using the TIDieR
 Checklist (Hoffmann et al., 2014)
 - o Comparison for the intervention with the outcome as stated by the review authors
 - Reason for evidence being downgraded or upgraded for the outcomes presented as stated by the review authors
- Information on outcomes (refer to Outcomes of Interest section above for additional detail):
 - Primary outcomes for our review
 - Commencement of full- or part-time paid employment
 - Moving into legal occupation that generates a livelihood
 - Successful maintenance of new employment for 6 months or longer
 - Other outcomes of interest (as reported)
- Rates of work placement
 - o Proportion of full-time employment
 - Satisfaction of employers with employment outcomes or work performance
 - Satisfaction and/or perceived 'success' of participants with employment outcomes
 - Pay rates
 - Cost of vocational interventions
 - Cost of ongoing work support
 - Quality of life
 - Happiness
 - Cost-benefit analyses
 - o Community participation
 - Financial autonomy for person with long-term condition

- Self-esteem
- Self-efficacy
- Type of employment arrangement (casual, fixed term, permanent)
- Satisfaction with socio-cultural context at work
- Deterioration in health status
- Tensions between demands and other areas of life
- Tensions between employment expectations and requirements for rehabilitation, treatment or health care needs (e.g. time to go to specialist appointments etc).

Qualitative studies:

For review methodological and content characteristics, we will extract data on:

- Full citation
- Year published
- Corresponding author
- Country (or countries) of affiliation with the authors of the review
- Vocational rehabilitation program details (session frequency, duration, content)
- Participant characteristics (age, gender, ethnicity, diagnostic history if stated)
- Theoretical/conceptual perspective of study
- Method and methodology
- CONSIDER checklist for indigenous research (Huria et al, 2019)
- Sample size
- Description of intervention (if relevant) or note absence of information
- Description of outcomes associated with intervention (if relevant) or note absence of information

Data extraction beyond this will be conducted as outlined in Data analysis and synthesis below.

Data analysis and synthesis

For quantitative studies we will report findings from the studies descriptively. We will not re-analyse data from primary studies. We will provide a report on the characteristics of all included studies using simple statistical analysis and narrative accounts. We will report on publication trends, the range of study topics (i.e. types of populations, types of interventions, and their contexts), the range of outcomes reported, and the quality of included studies. We will synthesise information on common problems with quality of reporting, quality of methodology, and quality of evidence.

We will base our categorisation on our GRADE assessments for quality of evidence. High quality evidence will be needed to classify an intervention as "effective" or "ineffective", moderate quality evidence will be needed to classify an intervention as "promising" or "probably ineffective", and low to very low quality evidence will be needed to report that "no conclusions are possible". The review authors will discuss the categorisation of the effectiveness of intervention, resolving any disagreements by discussion, until a consensus is reached. We will examine the spread of evidence across the review to identify any large evidence gaps that exist for particular populations or people, types of interventions, or types of outcomes relevant to this review.

For qualitative studies:

If there are few studies and/or if the studies are not appropriate to combine, we will report study findings individually.

If there are sufficient studies and those studies are appropriate to combine thematically, we will synthesise qualitative data using a thematic synthesis.

Thomas and Harden (2008) have proposed the examination of all text in the 'results' or 'findings' sections of qualitative studies in their entirety. From there, Thomas and Harden (2008) code the text and develop descriptive themes. During coding, each sentence is attributed a code which represents the content and meaning of the sentence. Over the course of coding, an across-studies 'bank' of codes is built up and adjusted in an ongoing process. Codes are then grouped hierarchically and organised into higher order themes. These higher order themes are then considered and reshaped within the context of the initial research questions of the meta-synthesis. Throughout this process, we will also consider the contextual characteristics and quality of articles as discussed above.

We will review the evidence in light of feedback from our Maori stakeholder reference group regarding specific areas of interest. In particular, we will reflect on the following questions formed in the initial stakeholder reference group meeting:

How are the following concepts addressed in the review findings?

- Equity
- Systems vs individuals
- Contexts
- Rights and responsibilities
- Indigenous practices as work and livelihood
- Ethnic differences in work types and work demands (therefore ability to maintain or return to that work) paper by Jeromn Douwes (Emma has emailed to Jo).
- People stopping work becuase of issues that are too difficult to confront e.g. drug testing issue for people who use drugs to manage mental health or as medication
- Worries about stress as a causative factor in illness or health condition or injury whānau may be unwilling to support a RTW due to associated stress.
- Family caregivers giving up work to care.
- Literacy around entitlements and rights

Key overarching questions:

- What are meaningful outcomes?
- How can we achieve equity?
- Indigenous-led solutions what are they and where are they?

Dissemination plans

We aim to publish at least one paper in a peer reviewed journal. Wherever possible, the author group should include the members of the Maori Stakeholder Reference Group.

We will produce a report for the funders (MSD and HRC) as part of the report for the overall study. We will also produce a separate report on these specific findings and make it available as supplementary information.

The Maori Stakeholder Reference Group will suggest other avenues of dissemination at our third SRG meeting, planned for early 2020.

References

- Angell, B., Muhunthan, J., Eades, A.-M., Cunningham, J., Garvey, G., Cass, A., . . . Jan, S. (2016). The health-related quality of life of Indigenous populations: A global systematic review. *Quality of Life Research*, 25, 2161-2178. doi:10.1007/s11136-016-1311-9
- Fadyl, J. K., McPherson, K., & Nicholls, D. (2015). Re/creating entrepreneurs of the self: discourses of worker and employee 'value' and current vocational rehabilitation practices. *Sociology of Health & Illness*, *37*(4), 506-521.
- Fadyl, J. K., & Payne, D. (2016). Socially constructed 'value' and vocational experiences following neurological injury. *Disability and Rehabilitation*, *38*(22), 2165-2177.
- Fleming, A. R., Del Valle, R., Kim, M., & Leahy, M. J. (2013). Best practice models of effective vocational rehabilitation service delivery in the public rehabilitation program: A review and synthesis of the empirical literature. *Rehabilitation Counseling Bulletin*, *56*(3), 146-159.
- Guyatt, G., Oxman, A., Vist, G. E., Kunz, R., Flack-Ytter, Y., Alonso-Coello, P., . . . GRADE Working Group. (2008). GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*, 336, 924-926. doi:10.1136/bmj.39489.470347.AD
- Harlan, S. L., & Robert, P. M. (1998). The social construction of disability in organizations: Why employers resist reasonable accommodation. *Work and occupations, 25*(4), 397-435.
- Higgins, J. P. T., Altman, D. G., Gotzsce, P. C., JUni, P., Moher, D., Oxman, A., . . . Cochrane Statistical Methods Group. (2011). The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *BMJ*, 343(d5928), 1-9. doi:10.1136/bmj.d5928
- Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., . . . Johnston, M. (2014). Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. *BMJ*, 348, g1687.
- Kara, E., Gibbons, V., Kidd, J., Blundell, R., Turner, K., & Johnstone, W. (2011). Developing a Kaupapa Māori Framework for Whānau Ora. *AlterNative: An International Journal of Indigenous Peoples, 7*(2), 100-110. doi:10.1177/117718011100700203
- Lewin, S., Bohren, M., Rashidian, A., Munthe-Kaas, H., Glenton, C., Colvin, C. J., . . . Carlsen, B. (2018). Applying GRADE-CERQual to qualitative evidence synthesis findings—paper 2: how to make an overall CERQual assessment of confidence and create a Summary of Qualitative Findings table. *Implementation Science*, *13*(1), 10. doi:10.1186/s13012-017-0689-2
- Louvet, E. (2007). Social judgment toward job applicants with disabilities: Perception of personal qualities and competences. *Rehabilitation Psychology*, *52*(3), 297-303.
- Pacheco, G., Page, D., & Webber, D. J. (2014). Mental and physical health: re-assessing the relationship with employment propensity. *Work, employment and society, 28*(3), 407-429.
- Schur, L., Kruse, D., Blasi, J., & Blanck, P. (2009). Is disability disabling in all workplaces? Workplace disparities and corporate culture. *Industrial Relations*, 48(3), 381-410.
- Trexler, L. E., Trexler, L. C., Malec, J. F., Klyce, D., & Parrott, D. (2010). Prospective randomized controlled trial of resource facilitation on community participation and vocational outcome following brain injury. *Journal of Head Trauma Rehabilitation*, 25(6), 440-446.

Appendix 1. MEDLINE (OvidSP) search strategy

